



江氏修理汽車私人有限公司
KANG CAR REPAIRERS PTE LTD

1 KAKI BUKIT AVE 6 #02-06 AUTOBAY@KAKI BUKIT SINGAPORE 417883

TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg

Co. Reg. No. 201300201N GST Reg. No. 201300201N

Our Ref : KCR0520229520AXA

Your Ref : S2M040Y3

Date : **1 FEB 2023**

WITHOUT PREJUDICE

AXA Insurance Pte Ltd

8 Shenton Way

#24-01 AXA Tower

Singapore 068811

Attention : Motor Claim Department

Dear Sirs,

Accident involving SLE9520M and SHC8086P on 11.05.2022 along Junction of Houang Ave 10/Buangkok Dr.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle SHC8086P.

We are instructed that the accident was caused by your insured's negligent driving and/or management of his vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense.

On behalf of and as authorized by Mr Balakrishnan, the owner of motor-vehicle no: SLE9520M, we submit his claim to you:

Cost of repairs (Inclusive of 8% GST)	\$ 19,440.00
Loss of rental (21 days x \$120.00)	\$ 2,520.00
Medica Fee (Pravind Raj S/O Balakrishnan)	\$ 145.90
	<u>\$ 22,105.90</u>
	=====

Enclosed herewith are copies of the following documents in support of our client's claim:

- 1) Tax invoice no: KCR-INV2300
- 2) GIA report and certificate insurance of SLE9520M
- 3) Police report No : T/20220511/2075
- 4) Rental invoice and rental agreement
- 5) Medical tax Invoice from SengKang General Hospital

We hope to receive your early reply soon.

Thank you.

Yours faithfully,

KANG CAR REPAIRERS PTE LTD

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江氏修理汽車私人有限公司

KANG CAR REPAIRERS PTE LTD

1 KAKI BUKIT AVE 6 #02-06 AUTOBAY@KAKI BUKIT SINGAPORE 417883

TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg

Co. Reg. No. 201300201N GST Reg. No. 201300201N

M/S : AXA INSURANCE PTE LTD
8 SHENTON WAY
#24-01 AXA TOWER
SINGAPORE 068811

ATTN: Motor Claim Department

Your Ref No: S2M040Y3
Claim Type: Third Party
Accident Date: 11/05/2022
TP Veh Reg No: SHC8086P

Final No: KCR-INV2300032
Claim No: EST2200151
Date: 30 Jan 2023
Policy No: 5120107365-01
Veh Reg No: SLE9520M
Make/Model: KIA CERATO FORTE
1.6SX AT SBS D/AB
2WD 4DR
Chassis No: KNAFW411MA5274862
Engine No: G4FCAH222606
Reg. Date: 14/09/2010

Tax Invoice to Vehicle No :SLE9520M

PAGE:1

Description	Quantity	List Price	Amount
		S\$	S\$

As recommended by surveyor to proceed repair at total cost/lumpsum cost	S\$ 18,000.00
Add GST @ 8%	1,440.00
Total Amount payable	S\$ 19,440.00

TOTAL: SINGAPORE DOLLAR NINETEEN THOUSAND FOUR HUNDRED FORTY ONLY

For Kang Car Repairers Pte Ltd

E. & O. E.

AUTHORISED SIGNATURE



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	11/05/2022 16:45 (SGT)
Date of Accident	11/05/2022 01:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF HOUGANG AVE 10 / BUANGKOK DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9520M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BALAKRISHNAN
NRIC No	SXXXX434C
Email Address	BALAKRISH1826@GMAIL.COM
Mobile Phone No	(Phone) +65-93886461
Alternative Phone No	+65-93886461

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120107365-01
Cover Note Number	DRIVO CLASSIC

DRIVER

Name of Driver	PRAVIND RAJ S/O BALAKRISHNAN
NRIC No	TXXXX503B



Date Of Birth	02/08/2001
Occupation	Indoor
Date Of Driving Pass	06/11/2020
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91016474
Alt. Phone Number	-
Email Address	PRABOII02@GMAIL.COM
Address	BLK 542 HOUGANG AVE 8 #08-1283
Address complement	-
Postcode	530542
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT NO : T/20220511/2075

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	TO EMAIL TO NTUC INCOME
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8086P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PRAVIND RAJ S/O BALAKRISHNAN
Gender	Male
Phone No	(Phone) +65-91016474
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE9520M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	TAXI DRIVER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC8086P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

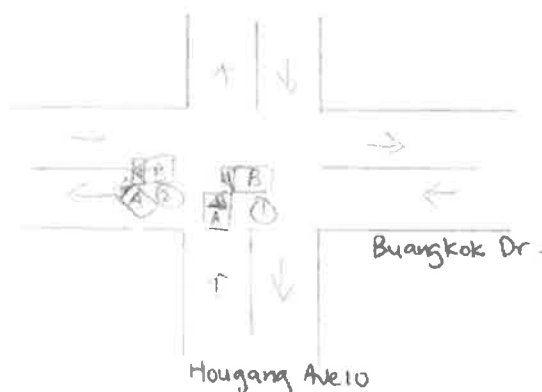
- 1 Please report correctly the details of the accident to speed up the claims process
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability
- 4 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
- 5 Any false reporting may be referred to the Police for investigation
- 6 The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7 By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid
- 8 **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims,
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me,
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLE 9520M
B: SHC 8086P

Describe Circumstances of the Accident

I was driving straight along Hougang Ave 10 with green traffic light in my favour. Suddenly, a taxi (SHC8086P) coming on my right, beat red traffic light & collided to the right portion of my vehicle causing damage. The impact was so great that the taxi went up the kerb. Traffic Police & ambulance came to the scene. The taxi driver & I were conveyed to hospital by ambulance. I have in car camera which captured the scenario.

Declaration

We declare the foregoing particulars are true in every respect:

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20220511/2075

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469876
Tel No: 1800-2449999

Report No: T/20220511/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2022 15:45		Vide Report No.:		Station Diary No.: 71
Informant's Particulars				
Name of Informant: PRAVIND RAJ S/O BALAKRISHNAN		Address: APT BLK 542 HOUGANG AVENUE 8 #08-1233 SINGAPORE 530542		
ID Type / ID No.: NRIC NO / T01235036		Contact No.: Home/Office: Mobile: 91016474		
Nationality: SINGAPORE CITIZEN		Email: praboli02@gmail.com		
Sex: Male	Age: 20	Date of Birth: 02/08/2001	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: Student		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/05/2022 01:45	Type of Location: T-Junction
Location: BUANGKOK DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8086P	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue		1
SLE9520M	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T-20220511/2075

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T-20220511/2075

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE9520M	NTUC Income Insurance Co-Operative Limited	5120107365-01	14/03/2022	13/03/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	PRAVIND RAJ S/O BALAKRISHNAN		ID No.	T0123503B
Related Vehicle	SLE9520M (Car)		Contact No.	91016474
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	11/05/2022		Date Discharge	11/05/2022
No. of Days granted Medical Leave	04		Degree of Injury	Slight

Brief Details.

On 11/5/2022, at about 1.45am, I was driving my vehicle, SLE9520M straight along Hougang Ave 10. When I was at the junction of Hougang Ave 10 and Buangkok Drive, I saw that the traffic light was in my favour as such I continued on. Suddenly, a Comfort Delgro blue taxi (SHC8086P) came from my right, beating the red traffic light and collided with the right portion of my car, causing damage to my car. I also felt pains in my back and my neck. Due to the collision, the taxi went up the kerb from the impact. I wish to state that traffic police came to scene but both me and the taxi driver was conveyed as such I do not have the incident number or the other party's details. I have an in car camera that captured the incident. I was discharged from Sengkang General Hospital and given 4 days MC for my injuries.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20220511/2075

Unit :

Report No: T/20220511/2075

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

G /

SGT 3 BOEY HUI QI MICHELLE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/05/2022 15:45

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMED FEROUZ BIN HUSSEIN

Contact No. 65476206

Classification Of Case:

NP168

Kang Car

FONG MOTORS RENTAL PTE LTD

1 KAKI BUKIT AVENUE 6 BLK C #01-45 (AUTOBAY@ KAKI BUKIT)

SINGAPORE 417883

HP: 8182 0548 H/P: 9633 7504

202109962H

NO: 10261**VEHICLE RENTAL AGREEMENT****HIRER'S PARTICULAR**Name: (as in I/C) BalakrishnanNRIC/PASSPORT NO: 57012434CAddress (Res): BLK 542 Hougang Ave 8

#08-1283 S 530242

Name & Address of employer: _____

Occupation: _____ Driving Exp: 11/3/1995

Driving License No: _____ D/L Type: Local / Int'l

Issue Date: _____ Date of Birth: 18/4/1970Tel: (O) _____ (R) _____ HP: 93886461**ADDITIONAL DRIVER'S PARTICULAR**

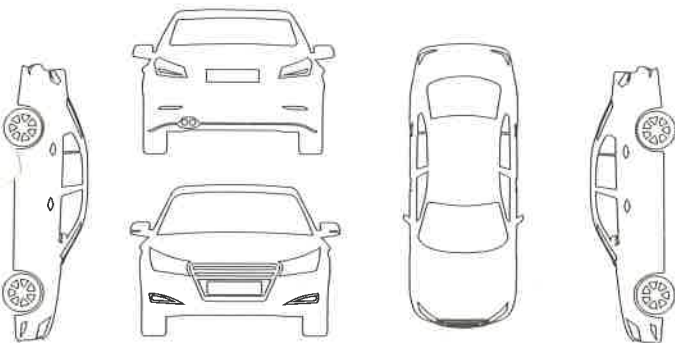
Name: (as in I/C) _____

NRIC/PASSPORT NO: _____

Address (Res): _____

Name & Address of employer: _____

Occupation: _____ Driving Exp: _____

VEHICLE CHECK LIST:

INDICATE:
A - ACCIDENTS

D - DENTS
S - SCRATCHES

Vehicle No SULX3151Y Replace Veh No SLE9520MMileage Out: 214863Make & Model: Toyota Auto / ManualDate Out: 11/5/2022 Time: 2.15pm

HIRE / PERIOD EXPIRY Time: _____

NON-WAIVER EXCESS = \$ _____

CHARGES:Daily 21 @\$ 120 Per day 2520

Weekly @\$ Per week

Monthly @\$ Per month

Hours @\$ Per hour

Malaysia @\$

CDW @\$ Per day/month

PAI @\$ Per day/month

Delivery / Collection Services

SUB - TOTAL \$ 2520PETROL LEVEL 2 male +

Out E 1/4 1/2 3/4 F

Out E 1/4 1/2 3/4 F

EXTENSION

Misc.

TOTAL CHARGES \$ 2520

Hirer's Signature:

Additional Driver's Signature: _____

I have read and agree to the terms and conditions on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have made on the charge/credit card. All information that I have given to **FONG MOTORS RENTAL PTE LTD** in connection with this agreement is true.

***IMPORTANT NOTES**

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY FONG MOTORS RENTAL PTE LTD

RETURN OF VEHICLE. THE HIRER / DRIVER IS TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO FONG MOTORS RENTAL PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	FONG MOTORS RENTAL PTE LTD	SIGNATURE OF HIRER / DRIVER
<u>11/6/22</u>	<u>8.40pm</u>				

Fong Motors Rental Pte. Ltd.

(202109962H)
1 Autobay@Kaki Bukit
#01-45 Singapore 417883
Tel: 6748 5648

INVOICE

No. : FM-000324

C/O KANG CAR- BALAKRISHNAN

BLK 542 HOUGANG AVE 8
#08-1283
SINGAPORE 530542

TEL : 93886461

FAX :

Your Ref. :

Our D/O No. :

Terms : C.O.D.

Date : 25/06/2022

Page : 1 of 1

Item	Description	Qty	UOM	U/ Price S\$	Disc.	Total S\$
1.	SMX3151Y TOYOTA ALTIS 11/05/2022- 01/06/2022 REPLACE VEHICLE NO. SLE9520M REF AGREEMENT NO. 10261	1	CAR	2,520.00		2,520.00

SINGAPORE DOLLAR TWO THOUSAND FIVE HUNDRED TWENTY ONLY

Total **2,520.00**

Notes :

- All cheques should be crossed and made payable to Fong Motors Rental Pte Ltd.
- Goods sold are neither returnable nor refundable. Otherwise a cancellation fee of 20% on purchase price will be imposed.


Authorised Signature