



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 : KCR0520223005CTI
Your Ref : GBF3347A

Date 28.02.2023

WITHOUT PREJUDICE

China Taiping Insurance (Singapore) Pte Ltd
C/O LKK Auto Consultant Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 408913
Attention : Motor Claim Department

Dear Sirs,

Accident involving SLH3005H and GBF3347A on 30.05.2022 along Blk 614A Woodlands Ave 4 MSCP.

We refer to the above accident. On our record showed that you are the insurer of motor vehicle GBF3347A.

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 Ms Teo Hui Yin, the owner of motor-vehicle no: SLH3005H, we submit his claim to you:

Cost of repairs (Inclusive of 8% GST)	\$ 4,158.00
Loss of Use (3days x \$80.00)	\$ 240.00
GIA search fee	\$ 2.00
	<u>\$ 4,400.00</u>

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

- 1) Tax invoice no: KCR-INV2300054
- 2) GIA report of SLH3005H
- 3) GIA search fee and invoice

We hope to receive your early reply soon.

Thank you.

Yours faithfully,
KANG CAR REPAIRERS PTE LTD



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M/S : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

TEL: 63896111

FAX: 62247175

ATTN: Motor Claim Department

Your Ref No: GBF3347A

Claim Type: Third Party

Accident Date: 30/05/2022

TP Veh Reg No: GBF3347A

Final No: KCR-INV2300054

Claim No: EST2200182

Date: 08 Feb 2023

Policy No: 5125053344

Veh Reg No: SLH3005H

Make/Model: BMW X1 SDRIVE 18I
M SPORT AT LED NAV

Chassis No: WBAHS120605F02420

Engine No: F026H294B38A15A

Reg. Date: 28/10/2016

Tax Invoice to Vehicle No :SLH3005H

PAGE:1

Description	Quantity	List Price	Amount
		S\$	S\$

As recommended by surveyor to proceed repair at total cost/lumpsum cost	S\$ 3,850.00
Add GST @ 8%	308.00
Total Amount payable	S\$ 4,158.00

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND ONE HUNDRED FIFTY EIGHT 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	31/05/2022 18:44 (SGT)
Date of Accident	30/05/2022 23:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Blk 614A Woodlands Avenue 4 multi-storey carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3005H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Teo Hui Yin
NRIC No	SXXXX488B
Email Address	danielle.thy83@gmail.com
Mobile Phone No	(Phone) +65-90736885
Alternative Phone No	+65-90736885

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	5125053344
Cover Note Number	-

DRIVER

Name of Driver	Teo Hui Yin
NRIC No	SXXXX488B

Date Of Birth	13/05/1983
Occupation	Outdoor
Date Of Driving Pass	24/10/2008
Driving experience	13 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90736885
Alt. Phone Number	+65-90736885
Email Address	danielle.thy83@gmail.com
Address	Blk 610 Woodlands Avenue 4 #10-437
Address complement	-
Postcode	730610
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I had parked my vehicle SLH3005H in the parking lot at Blk 614A Woodlands Ave 4 multi-storey carpark. I had just stepped out of my vehicle when I saw the vehicle GBF3347A reversing to park into the opposite lot and his vehicle's front left portion hit onto my vehicle's front left portion, causing damage.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3347A
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Ng Kian Hong
NRIC No	SXXXX435G

Contact Number	(Phone) +65-90821864
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT 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.

31/05 06:12pm
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

reversed and hit A

A) SLH 3005H

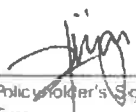
B) GBF 3347A

Describe Circumstances of the Accident

I had parked my vehicle SHH3005H in the parking lot at Blk 614A Woodlands Ave 4 multi-storey carpark. I had just stepped out of my vehicle when I saw the vehicle GBF 3347A reversing to park into the opposite parking lot and his vehicle's front left portion hit onto my vehicle's front left portion, causing damage.

Declaration

We declare the foregoing particulars are true in every respect.

 31/05
0612pm
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

GBF3347A

Date of Accident

30/05/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**

Period of Insurance **17/09/2021 - 16/09/2022**

Requested By **ALICE TNG (KANG CAR REPAIR...**

Requested Date **31/05/2022 18:07**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**