

Kent Seng Car Services

Blk 1017 Yishun Industrial Park A #01-240

Singapore 768759 HP 91004390/HP 91254449 Fax 64841482

Email:kentsengcarservices@gmail.com

24.08.2022

Our Ref : SMA 8886 Z

Your Ref : SNF 8566 J

Eddy Yong Heng Kit
C/O Kent Seng Car Services

Attn: Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street, #04-05
IOB Building
Singapore 049711

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING SMA 8886 Z & SNF 8566 J ON 13.07.2022.

We are repairer of vehicle no. SMA 8886 Z which was involved in an accident with vehicle no. SNF 8566 J which is insured with you.

The accident was clearly caused by your insurer's negligence. We are therefore seeking compensation from you for our client's financial losses as itemized below:-

Cost of Repair				\$3,100.00
Loss of Use	5	Days	\$100.00	\$500.00
LTA Search				\$7.45
Total				<u>\$3,607.45</u>

We enclose copies of the relevant documents to support our claim.

Your prompt settlement of our claim would be much appreciated.

You may contact Susan (HP:91004390) or Fion (HP:91254449) should you have any queries.

Thank you for your kind attention.

Yours faithfully,



Kent Seng Car Services

KENT SENG CAR SERVICES

Blk 1017 Yishun Industrial Park A #01-240
Singapore 768759 HP 91004390/HP 91254449 Fax 64841482
UEN:53342454B Email: kentsengcarservices@gmail.com

Invoice No : 0448

M/s India International Insurance Pte Ltd	DATE	24.08.2022
64 Cecil Street #04-05 IOB Building	CAR NO	SMA 8886 Z
Singapore 049711	MAKE	Subaru Forester

FINAL COST OF REPAIR FOR THE ABOVE MENTIONED VEHICLE.
YOUR INSURED : SNF 8566 J

Pc	Pcs	JF1SJ5KC5JG110444	UNIT PRICE	AMOUNT
		<u>Recommended Parts</u>		
1	pcs	Front bumper		
10	pcs	Front bumper clips		
1	pcs	Front bumper LH retainer		
1	pcs	Front LH fender		
1	pcs	Front LH fender inner cowling		
8	pcs	Front LH fender inner cowling clips		
1	pcs	Front LH head lamp		
		<u>Recommended Labour</u>		
		Straightening, repairing and realigning onto the front affected area, cutting front LH fender, Dismantle & replace the above mentioned parts.		
		To putty & respray painting on front bumper, front LH fender & touch up front LH door.		
		Rust proofing on the front accident affected parts.		
		Lump Sum Cost of Repair		\$3,100.00
			Total	\$3,100.00

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Total \$3,100.00

KENT SENG CAR SERVICES

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Jul 2022 / 10:04:33

Receipt Date/Time : 18 Jul 2022 / 10:04:33

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220718-000688

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SNF8566J As at 13 Jul 2022/21:07:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SNF8566J Enquiry Fee 20220718100317330523	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	558860XXXXXX9082		eNETS Credit Card	7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.


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	15/07/2022 11:46 (SGT)
Reported by	Driver
Date of Accident	13/07/2022 21:07 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	ALONG AYE TWDS JURONG AFTER EXIT 13
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8886Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	EDDY YONG HENG KIT
NRIC No	S0223500E
Email Address	eddyyong8485@gmail.com
Mobile Phone No	(Phone) +65-91393681
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1995

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00818830/02

DRIVER

Name of Driver	YONG SHI WEI, OLIVIA
NRIC No	S8108501C
Date Of Birth	15/03/1981
Occupation	Indoor

Date Of Driving Pass	27/03/2002
Driving experience	20 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97453857
Alt. Phone Number	-
Email Address	rav3naers81@gmail.com
Address	BLK 678B JURONG WEST ST 64 #04-321
Address complement	-
Postcode	642678
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NA
Gender	Male

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

ON 13/7/2022 AT ABOUT 2107HRS.I WAS TRAVELLING ALONG AYE TWDS JURONG AFTER EXIT 13.I WAS TRAVELLING STRAIGHT ALONG THE SAID ROAD. VEHICLE B WHO WAS TRAVELLING ON THE LANE 2 SUDDENLY SWERVED INTO MY LANE AND HIT ONTO MY VEHICLE.AS VEHICLE B WANT TO AVOID A LORRY WHO CUTTING INTO HIS LANE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF8566J (III)
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KAY CHUNG
NRIC No	S1830761H
Contact Number	(Phone) +65-97370525
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the date of the accident that occurred on the insurance policy.
2. This document is **completed by the Policyholder and/or the Authorized 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 insurance policyholder of this automobile insurance is advised that an act of fraud or other illegal activity on the part of the insurance policyholder is prohibited.
5. **Any false reporting may be referred to the Police for investigation.**
6. Any information that is provided in this report is for the use of the insurance company and its authorized agents and adjusters. Any disclosure of any portion of this report without a formal, written, express approval by interested parties is prohibited.
7. By the filing of this report to the insurer, you hereby consent to the use of the information provided in this report and to the release of this information to the insurer and its authorized agents and adjusters.
8. **Consent under the Personal Data Protection Act (PDPA)**

- I, the undersigned, hereby consent to the following:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 insured vehicles, insured vehicles and other insured vehicles of all insurers who have insured vehicles in Singapore. The Personal Information may be used by the Insurers for the purposes of:
 - (i) investigating the accident and/or my claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
 - (iv) all information will be made available to the relevant insurance companies and their insurers to assist in the investigation of the accident and/or my claims;
 - (v) my Personal Information may be disclosed to any of the insurers and/or GIA to their third party service providers or adjusters in order to assist in the claims handling process;
 - (vi) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (vii) the information requested under (d) above may be shared, disclosed, transferred, processed, stored, transmitted, disseminated, published, made available to the public, or otherwise used for the purposes stated, or for any other purpose that may be required for the business interests of the insurer and/or GIA.

Policyholder's Signature
Date & Time
Wahin Sun
14/02/22 3:00

Driver's Signature
If driver is not the policyholder
Date & Time
[Signature]
14/02/22 3:00

Responsible Officer/Workshop's Signature
Name
Date & Time
[Signature]
14/02/22 3:00

SKETCH PLAN



A- 2014 12/12

B- 2014 12/12

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In distance of about 100m. I was travelling along AYE road towards the
 East. I was travelling through along the road and vehicle B was
 travelling on the road & suddenly vehicle B crossed the road and hit
 my vehicle. As vehicle B was to avoid a car who came into the road.

DECLARATION

I/We declare the foregoing particulars are true in every respect

[Signature]
 Name of Driver
 Date & Time: 12/12/2014

[Signature]
 Name of Driver
 Date & Time: 12/12/2014

[Signature]
 Name of Driver
 Date & Time: 12/12/2014