

SPECIALISTS MOTOR PTE LTD

Block 3018A, Ubi Road 1, #01-24-26, Singapore 408711

Tel: 67472112 (5 lines) Fax: 67438032

Email: cardoc@singnet.com.sg

Bus. Reg No: 199502604 E GST No: 19-9502604-E

SM/GBL9099U/2210140

19th December 2022

WITHOUT PREJUDICE

The Manager
Motor Claim Dept.
AIG Asia Pacific Insurance Pte Ltd
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120

**RE: ACCIDENT INVOLVING VEHICLES GBL 9099 U AND SJA 1008 Z ON 20TH OCTOBER
2022 AT 1910 HRS AT LOR CHUAN**

Dear Sirs,

We refer to the above matter.

Our Client KSP Food Suppliers Pte Ltd the registered owner of GBL 9099 U.

You are the insurer of motor vehicle no. SJA 1008 Z, which was involved in the above accident.
Please be informed that the collision was caused by the negligent owner/driver of the motor vehicle no. SJA 1008 Z, in consequence of which our client has suffered damages and consequential loss.

Attached a few documents for your reference:

- a) Repair bill
- b) GIA report & LTA search
- c) Car rental bill
- d) An authorisation letter from the owner (GBL 9099 U)

We are claiming as follows: -

LTA search	S\$ 2.00
Repair costs	S\$ 8,871.43
Car rental (7 days x \$90 x 7%GST)	S\$ 674.10
Medical fee & Medical claim	refer to owner

	S\$ 9,547.52
	=====

Dollar: Nine Thousand Five Hundred Forty Seven And Cents Fifty Two Only.

Kindly let us know whether you are prepare to settle the claim within the next ten (10) days from the date herewith .

Please remit the cheque in favour to "Specialists Motor Pte Ltd" as soon as possible.

Thank you,

Yours faithfully,


Karen Ong

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19th December 2022

TAX INVOICE

The Manager
Motor Claim Department
AIG Asia Pacific Insurance Pte Ltd
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120

Date of Accident : 20th October 2022
Location : Lorong Chuan
Name of Policyholder : KSP Food Suppliers Pte Ltd
Policy No : DMCG22009427
Vehicle No : GBL 9099 U Volkswagen Caddy

Supply of Parts & Labours

<u>No.</u>	<u>Particulars</u>	<u>Qty</u>	<u>Price</u>	<u>Amounts</u>
1	Rear boot cover LH	1	2,472.25	\$ 2,472.25
2	Rear boot cover hinge (bottom)	1	216.15	\$ 216.15
3	Rear bumper fascia	1	815.75	\$ 815.75
4	Rear bumper reflector LH	1	51.15	\$ 51.15
5	Rear bumper clips	1set	25.00	\$ 25.00
6	Rear bumper side retainer LH	1	58.85	\$ 58.85
7	Rear bumper under cover LH	1	192.75	\$ 192.75
8	Front bumper fascia	1	1,106.55	\$ 1,106.55
9	Front bumper clips	1set	25.00	\$ 25.00
10	Front bumper side retainer L&RH	2	89.90	\$ 179.80
11	Rear fender cowling LH	1	225.50	\$ 225.50
12	Headlamp assy LH	1	781.25	\$ 781.25
13	Front grille emblem	1	128.95	\$ 128.95
				\$ 6,278.95
		Less	10%	\$ 627.90
				\$ 5,651.05
14	Rear bumper sensor (s/nett)	1set	200.00	\$ 200.00
15	Rear boot cover sticker (s/nett)	1	10.00	\$ 10.00
16	Rear windscreen sealant (s/nett)	1	40.00	\$ 40.00
17	Front number plate (s/nett)	1	40.00	\$ 40.00
				\$ 5,941.05

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19th December 2022

Balance b/f \$ 5,941.05

Labour Charges :-

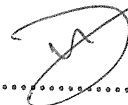
Amounts

Cut out, renew, knocking & welding front support panel, remove & install all damage parts & re-align body	\$ 400.00
Cut out, renew, knocking & welding rear boot cover LH, rear fender LH, rear end panel LH, remove & install all damage parts, straighten & re-align body	\$ 1,000.00
Remove & install rear windscreen glass	\$ 120.00
Remove & install rear bumper sensor	\$ 50.00
Tuff-kote on rear damage parts	\$ 50.00
Spray painting on rear damage parts	\$ 700.00
Check lighting on front & rear after repairs	\$ 30.00
	<hr/>
	\$ 8,291.05
	Add 7% GST
	<hr/>
Total Amount	\$ 8,871.43

S/ Dollars :- Eight Thousand Eight Hundred Seventy One And Cents Forty Three Only.

P/s : Attached the Discharge Voucher signed by the owner.

SPECIALISTS MOTOR PTE LTD

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INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SJA1008Z

Date of Accident

20/10/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **10/12/2021 - 09/12/2022**Requested By **Irene Ting (SPECIALISTS MOT...**Requested Date **25/10/2022 13:42**

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**

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 Actual 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	21/10/2022 13:06 (SGT)
Reported by	Driver
Date of Accident	20/10/2022 19:10 (SGT)
Exact Location of Accident	Lor Chuan, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL9099U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KSP FOOD SUPPLIERS PTE. LTD.
Company Reg No	2XXXXX437R
Email Address	ocean@kspfood.com
Mobile Phone No	(Phone) +65-98317646
Alternative Phone No	(Office) +65-62746108

200700437R

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Caddy
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1968

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22009427

DRIVER

Name of Driver	OCEAN ONG YONG SHENG
NRIC No	SXXXX570H
Date Of Birth	10/09/1993
Occupation	Outdoor

Date Of Driving Pass	20/11/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98317646
Alt. Phone Number	-
Email Address	general@kspfood.com
Address	BLK 322 UBI AVENUE 1 #11-595
Address complement	-
Postcode	400322
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 20/10/2022 AT ABOUT 19:10HRS, I WAS DRIVING VEHICLE A (GBL9099U) ALONG LORONG CHUAN TOWARDS CTE. AS I TRAVELLING STRAIGHT ON SECOND LANE, FRONT VEHICLE B (SHC3866M) APPLIED JAMMBRAKE SUDDENLY. I CAN'T STOP VEHICLE A IN TIME HENCE REAR ENDED ONTO VEHICLE B REAR BUMPER. WHILE MY VEHICLE WAS STATIONARY FOR FEW SECONDS, I FELT AN IMPACT ONTO REAR OF VEHICLE A. VEHICLE C (SJA1008Z) COLLIDED ONTO VEHICLE A REAR LEFT SIDE. EXCHANGED PARTICULARS. I SUSTAINED NECK AND SHOULDER PAIN DUE TO THE IMPACT

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	SHC3866M
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Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	RICHARD LIM EE CHUANG
NRIC No	SXXXX078C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJA1008Z
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BENG WAH GEOFFREY
NRIC No	SXXXX228B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OCEAN ONG YONG SHENG
Gender	Male
Phone No	(Phone) +65-98317646
Address	BLK 322 UBI AVENUE 1 #11-595
Address Complement	-
Post Code	400322
Approximate Age Years Old	29
Injuries Sustained	NECK AND SHOULDER PAIN
Injured person in which vehicle?	GBL9099U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 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. 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

20/10/2022. 21 00HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre Personnel

Sketch Plan

A - GBL9099U
B - SJA1008Z
C - SHC3866M

Describe Circumstances of the Accident

ON 20/10/2022 AT ABOUT 19:10HRS, I WAS DRIVING VEHICLE A (GBL9099U) ALONG LORONG CHUAN TOWARDS CTE. AS I TRAVELLING STRAIGHT ON SECOND LANE, FRONT VEHICLE B (SHC3866M) APPLIED JAMMBRAKE SUDDENLY. I CAN'T STOP VEHICLE A IN TIME HENCE REAR ENDED ONTO VEHICLE B REAR BUMPER. WHILE MY VEHICLE WAS STATIONARY FOR FEW SECONDS, I FELT AN IMPACT ONTO REAR OF VEHICLE A. VEHICLE C (SJA1008Z) COLLIDED ONTO VEHICLE A REAR LEFT SIDE. EXCHANGED PARTICULARS. I SUSTAINED NECK AND SHOULDER PAIN DUE TO THE IMPACT

Declaration

I/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
20/10/2022. 21 00HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ

Witnessed by Reporting Centre
Personnel



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2022 12:51	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: OCEAN ONG YONG SHENG		Address: 322 UBI AVENUE 1 #11-595 SINGAPORE 400322	
ID Type / ID No.: NRIC NO / S9333570H		Contact No.: Home/Office: Mobile: 98317646	
Nationality: SINGAPORE CITIZEN		Email: OCEAN@KSPFOOD.COM	
Sex: Male	Age: 29	Date of Birth: 10/09/1993	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2022 19:10	Type of Location: Straight Road
Location: SERANGOON AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL9099U	Van	VOLKSWAGO N	CADDY	Grey	Slightly Damaged	0
SHC3866M	Car	HYUNDAI		Blue	Slightly Damaged	0
SJA1008Z	Car	MERCEDES BENZ		Blue	Seriously Damaged	2



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBL9099U	ERGO INSURANCE PTE LTSD	DMCG22009427	07/07/2022	06/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	OCEAN ONG YONG SHENG	ID No.	S9333570H	
Related Vehicle	GBL9099U (Van)	Contact No.	98317646	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL	
Date	21/10/2022	Date	21/10/2022	
No. of Days granted Medical Leave	04	Degree of	Slight	
Passenger				
Name	Unknown Passenger	ID No.	NIL	
Related Vehicle	SJA1008Z (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

ON 20/10/2022 AT ABOUT 19:10HRS, I WAS DRIVING VEHICLE A (GBL9099U) ALONG LORONG CHUAN TOWARDS CTE. AS I WAS TRAVELLING STRAIGHT ON SECOND LANE, FRONT VEHICLE B (SHC3866M) APPLIED JAMBRAKE SUDDENLY. I CAN'T STOP VEHICLE A IN TIME HENCE REAR ENDED ONTO VEHICLE B REAR BUMPER. WHILE MY VEHICLE WAS STATIONARY FOR A FEW SECONDS, I FELT AN IMPACT ONTO REAR OF VEHICLE A. VEHICLE C (SJA1008Z) COLLIDED ONTO VEHICLE A REAR LEFT SIDE. EXCHANGED PARTICULARS. I SUSTAINED NECK AND SHOULDER PAIN DUE TO THE IMPACT.



**SINGAPORE
POLICE FORCE**



T/20221021/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20221021/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

This report is lodged at Traffic Police Kiosk 2
NP168

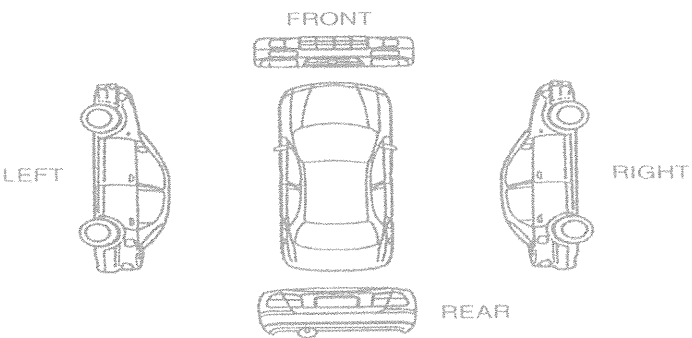




Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/10/2022 12:51

Classification Of Case:

RENTAL AGREEMENT No. ST/ 23007

Ref: GBL 9099U

Hirer Particulars -		Vehicle Number GBL1480D Replace Veh. No.	
Mr / Mrs / Company (as per Identity Card / Co. Cert) KSP FOOD SUPPLIERS PTE LTD		Make / Model CITROEN BERLINO Auto/Manual	
Contact Person & Designation (for Companies)		Date/Time Out 09/12/2017 @ 14.5 hrs KM Out 31595	
Address / Registered Address (& Mailing Address, if different) 8A ADMIRALTY STREET #03-10		Date/Time In 12/12/17 @ 1304 hrs KM In	
Identity Card / Co. Cert. No. 200700437R Mobile		Estimated Date/Time Return	
Email Address Tel (Office) 62746108		Rental Charges -	
(For Individuals)		Hours @ Per Hour	
Employer Occupation		Days @ Per Day 90 630.00	
		Weeks @ Per Week	
		Months @ Per Month	
Authorised Driver's Particulars -		Optional Charges -	
Mr / Mrs / Company (as per Identity Card / Co. Cert) OCEAN ONG YONG SHENG		Delivery @ Per Trip	
Address BLK 322 UBI AVENUE 1		Collection @ Per Trip	
#11-595 (400322)		M'sia Surcharge @ Per Day	
Identity Card (NRIC/Passport) S9333590H Nationality SINGAPOREAN		PAI @ Per Day	
Date of Birth 10/01/1993 Occupation		Others	
D/Licence No. S9333590H Pass Date 20/11/2017			
Expiry Date Country of Issue			
Mobile Tel (Office)			
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES			
		Sub-Total 630.00 Add 7% GST 44.10 (A) Estimated Total Rental 674.10	
OUT IN 		Extension - Extension Rental x M'sia Surcharge x Others - Sub-Total Add 7% GST (B) Extension/others Total (A) + (B) Grand Total Rental Charges Less Prepayment Balance Due	
Physical Damage Excess Singapore - Own Damage S\$2,000.00 Singapore - 3rd Party Claim S\$2,000.00 Malaysia (if applicable) S\$8,000.00 For Driver aged below 24 or above 65 or Less than 2 yrs driving experience regardless of age or Work Permit Holder S\$3,000.00 (Additional)		Hirer's Acknowledgement 	
IMPORTANT NOTE: 1. Only drivers registered with FULCO Leasing Pte. Ltd. (the Owner) are authorised to drive the Vehicle. Should the Vehicle be damaged or stolen while being driven by unauthorised drivers, the Hirer is liable for the full cost of repair or the value of the Vehicle if the Vehicle is being stolen & other losses suffered by the Owner. 2. The Hirer shall not permit the Vehicle to be used for purposes which conflict with the Law in connection with theft, drug pedaling or trafficking, smuggling or any other criminal action. Should the Vehicle be confiscated by the Government under such circumstances, the Hirer shall indemnify the Owner for the full value of the Vehicle plus all cost and expenses incurred by the Owner.		Remarks: The hirer hereby acknowledges that he / it has read and understood all terms and conditions stated on this page and overleaf.  Hirer Signature/Co's Stamp/Date  Signature & Company Stamp	