

SOON SAN MOTOR TRADING

Blk.3006,UBI ROAD 1,#01-390,SINGAPORE 408700,TEL:68414445 & FAX:67473546

Email: soonsanmotor@gmail.com

To: Motor Claims Dept

HSBC LIFE INSURANCE (S,pore) PTE LTD

38, Beach Rd #03-11

South Beach Tower

S,pore 189767

Accident date: 01/03/2023

Date:19/05/2023

Dear sir/Madam:-

Accident involving vehicle no: SLJ 2959B & SKN 3055T along SLE Towards Woodlands Lamp Post 177F.

We understand that you are the insurer of SKN 3055T vehicle.

I/We wish to inform you that my/our vehicle SLJ 2959B have been completed repairs to my/our

Satisfaction by M/S SOON SAN MOTOR TRADING we therefore propose to claims from your as

Follows:-

Cost of repair lump sum	\$5,350.00
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LTA search	26.75
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Car rental 1 day \$130 X 10	1,300.00
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Total:	\$6,676.75
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Please let us your reply soonest possible

Thanks,
SOON SAN MOTOR
TRADING

Signature

SOON SAN MOTOR TRADING

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Final bill cost to repair vel: SLJ 2959B (Toyota Wish) claims under vel: SKN 3055T.

To contact lump sum repair recommend by your surveyor and ourselves for Total: \$5,350.00 nett

(Sin/Dollars: Five Thousand Three Hundred Fifty Only)

SOON SAN MOTOR
TRADING
Signature


AUTHORIZATION TO ACT

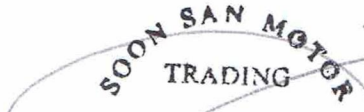
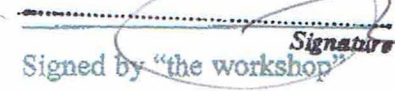
I, TANG CHIN LIANG (the third party claimant) of BIK 178c rinovale Crescent #11-425^S 543178 (address), owner of SLJ 2959 B (vehicle no.) hereby authorize SOON SAN MOTOR TRADING ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no SLJ 2959 B that was damaged pursuant to the accident which occurred on 01/03/2023 (date) along BKE (location) involving vehicle no/s SKN 3055 T ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 01 (day) of 03 (month) 2023 (year)


Signed by "the third party claimant"
(with chop if applicable)



Signed by "the workshop"
(with chop)

" The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

SOON SAN MOTOR TRADING

Block 3006, Ubi Road 1, #01-390, Singapore 467890
Tel : 68414555 Fax : 67473546 408700

DISCHARGE VOUCHER

My / Our Toyota wise

Claim No. Vehicle No. SLJ 2959B

I / We TANG CHIN LIANG

NRIC No. S7143805 H of BIK 178C Rivervale
Crescent #11-425 Singapore 543178

hereby declares that I have received my / our motor vehicle No. SLJ
2959B from the above company in satisfactory condition

after repairs and have no further claims what-so-ever for the repairs

done which have been involved in an accident on 01/03/2023

The repairs were done to my satisfaction and what ever money due

Please pay to the repairers

Thank You.

Signature.....

Date : 01/03/2023

" The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

B & O VEHICLE RENTAL

Blk 5033, Ang Mo Kio Industrial Park 2 #01-279 (off Ang Mo Kio Ave. 3)
Singapore 569536 Tel: 6482 5577 (3 Lines) Fax: 6482 5000
Reg. No: 53060835M

TOWING SERVICE: 6858 4067 (After 10.30 pm)

SLJ 2859B

车辆出租合同 VEHICLE RENTAL AGREEMENT

Date: 01/3/2023

Owner: B & O VEHICLE RENTAL ("the owner")

Hirer:

NRIC / Co. Reg. No:

Tel:

Fax:

H/P:

Address:

Owner and Hirer have agreed to enter into this Vehicle Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both sides of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Vehicle Reg. No: SMX8010 M		Agreement No.: 21390	
Driver's Particulars		Odometer:	
Name: Tang Chin Liang		Date & Time Out: 1/3/2023 2400	
Address:		Date & Time In: 11/3/2023 1100	
I/C No: 7743805H	Dr/Licence No: 7743805H	Hour @\$	
Date of Issue: 6/4/2011	Occupation: Sales Manager	10 Days @\$ 130/	
Date of Birth: 9/11/1977	Tools: one Spare Tyre: one	Wks @\$	
		Mths @\$	

Third Party Claim

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive). Hirer unconditionally agrees to pay Owner S\$ 3000/ excess comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

Own Vehicle Damage

Hirer is responsible for the first \$ 3500/ excess for collision/damage to first party, (i.e.) B & O VEHICLE RENTAL (including windscreen) plus loss of earnings while damaged vehicle is under repair.

Authorised Driver

Hirer shall pay additional excess of S\$1500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

Driver Not Cover By Insurance

General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 2 year and below.

Deposit (Refundable):

Sub-Total:

Balance To Pay: \$1300/-

PETROL/DIESEL AT YOUR OWN EXPENSE
FOR LOCAL USE ONLY

B & O VEHICLE RENTAL

Authorised Signature

Hirer's Signature



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 01 Mar 2023 / 14:03:57
Receipt Date/Time : 01 Mar 2023 / 14:03:56

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230301-002539
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 - SKN3055T As at 01 Mar 2023/08:09:00 Insurance Co: HSBC LIFE (SINGAPORE) PTE. LTD.				
1	Insurance Enquiry - SKN3055T Enquiry Fee 20230301140122185309	24.77	1.98	26.75
Sub-Total		24.77	1.98	26.75
Total Before Rounding		24.77	1.98	26.75
Rounding Difference				0.00
Total Amount Payable				26.75
Paid By				
462845XXXXXX0225		eNETS Credit Card		26.75
Total				26.75
Cash Change				0.00
Tendered Amount				26.75
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 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	02/03/2023 08:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/03/2023 08:09 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TOWARDS WOODLANDS LAMP POST 177F LENTOR FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2959B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TANG CHIN LIANG
NRIC No	SXXXX805H
Email Address	philip1676@hotmail.com
Mobile Phone No	(Phone) +65-97424441
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00251092206

DRIVER

Name of Driver	TANG CHIN LIANG
NRIC No	SXXXX805H
Date Of Birth	09/12/1971

Occupation	Indoor
Date Of Driving Pass	02/03/1995
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-97424441
Alt. Phone Number	-
Email Address	philip1676@hotmail.com
Address	APT BLK 178C RIVERVALE CRESCENT
Address complement	# 11-425
Postcode	543178
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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?	No
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	UNKNOWN
Gender	Female

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

PLEASE REFER TO THE ATTACHED STATEMENT

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	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN3055T
Vehicle Manufacturer	-



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TANG CHIN LIANG
Gender	Male
Phone No	(Phone) +65-97424441
Address	APT BLK 178C RIVERVALE CRESCENT
Address Complement	# 11-425
Post Code	543178
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SLJ2959B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

XUE-JIANG PAN

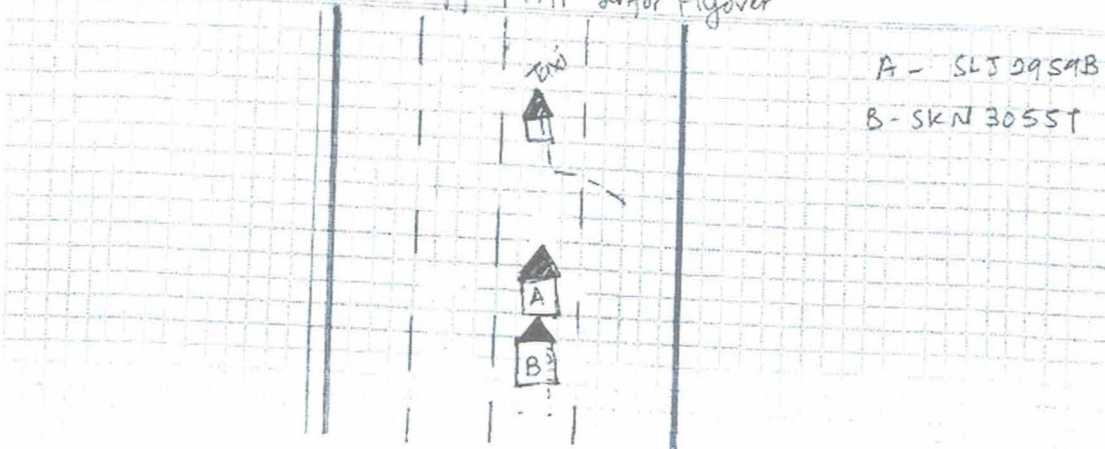
1. This Form is provided to assist the insured in the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as accurate and complete as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind policy liability.
4. The use 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 Traffic Police Department for investigation.
6. This Form will be forwarded by the insurer to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon application by interested parties.
7. By the submission of this report to the insurer, the insured is authorizing the insurer to make a record of the report and to include it in the insured's GIA database as required.

01/3/23

File/Folder: 08/08/2019 / 10:10:10

2/3/23

Station: P10 SLE Towards woodlands lamp post 17717 Junior Flyover



Description of the Circumstances of the Accident:

On the above stated date and time, I was driving on Inter Flyover and it was (SLE) heading towards woodlands. it was raining heavily. I was travelling on the second lane while heading, a taxi was travelling on my right hand side, and suddenly he switch to my lane and caused me to jam break, and that's where vehicle B hit my rear portion of the vehicle. It was a red colour taxi number plated, SHD9985H.

Declaration:

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

Philip 01/3/23

James 2/3/23