



LONPAC INSURANCE BHD

Policy / Claim No : 16/16/16/VP05/018943

Insured Veh No : SLA 8090P

Accident Date / Time : 20/6/2016.

At / along PIE (LORNIERD) Lane 2

Please select one of the following surveyors to inspect

T/P Veh No. SKE 6234X at workshop

ACA Auto Engineering & Trading Pte Ltd.

Lonpac's Fax No / Tel : 6296 2706 / 6250 7388

Please select one of the following surveyors:

No	Name of Surveyor	Please tick <input checked="" type="checkbox"/>
1	Steven Foong	
2	Xing Guo Qiang	
3	Mohamad Taufikh	<input checked="" type="checkbox"/>
4	Kelvin Ang	
5	Henry Ng	
6	Adrian Ling	
7	Mohammed Rasul	
8	Marcus Chua	
9	Kenneth Kong	
10	Ma Chin Fook	

Prepare by: Eric Woo

***PLEASE NOTE THAT WE REQUEST
SURVEYOR USING MOON AUTO PTE LTD
AND NOT ACA AUTO ENGR & TRDG PTE LTD.**

16/16/16/105/018943.

**ACA Auto****ACA Auto Engineering & Trading Pte Ltd**

Blk 48 Toh Guan Road East #02-125 Enterprise Hub Singapore 608586

Tel: 6515 2338 / 6515 2388

Fax: 6314 1615

E-mail: acaauto@singnet.com.sg

Date: 04.07.2016

Our Ref: SKE6234X

LONPAC INSURANCE BHD

100, Beach Road #19-00

Shaw Tower

Singapore 189702

Tel : 6250 7388

Fax: 6296 3767

Attn: Motor Claim Dept.

Dear Sir / Madam,

RE: ACCIDENT ON 28.06.2016 @ 0950hrs INVOLVING VEHICLE NO. SKE6234X & SLA8090P

We are requested to write to you by the owner of the vehicle no. SKE6234X which was involved in the above-referred accident with vehicle no. SLA8090P.

The said owner intends to make a **third party claim** from you as insurer of the vehicle no. SLA8090P and has sent their vehicle to us for the necessary repairs.

Kindly be informed that the said vehicle no. SKE6234X is **NOT** at our workshop now but a repair estimate has been prepared by us.

Please arrange for your surveyor to make an appointment with us and attend at our workshop at 48 Toh Guan Road East #02-125 Enterprise Hub Singapore 608586 on the 7th or 8th JULY 2016 @ 1000hrs to conduct a physical inspection of our client's damaged vehicle.

We enclose copy of the following for your retention

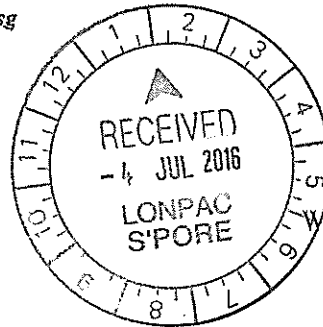
1. Accident Report
2. Sketch Plan
3. Estimate Repair Cost

Yours faithfully,

Mohamed Azrizal

az@moonauto.com.sg

End.



**MOON AUTO PTE LTD**

Blk 48 Toh Guan Road East #02-125 Enterprise Hub Singapore 608586

Tel: 6515 2338 / 6515 2388

Fax: 6314 1615

Email: info@moonauto.com.sg

www.moonauto.com.sg

M/S: LONPAC INSURANCE BHD

100 BEACH ROAD

#19-00 SHAW TOWER

SINGAPORE 189702

TEL: 6250 7388

FAX: 6296 3767

ATTN: Motor Claim Department \ MR. ERIC

Estimate No: EST1510618

Date: 27 Jun 2016

Policy No: P27463449 DMA

Veh Reg No: SKE6234X

Make/Model: VOLKSWAGEN NEW
GOLF 1.4 TSI AT 5K14Q5

Chassis No: WVWZZZ1KZCW189865

Engine No: CAV374055

Reg. Date: 21/03/2012

Your Ref No: SKE6234X

Claim Type: Third Party

Accident Date: 28/06/2016

Estimate Repair Cost to Vehicle No :SKE6234X

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
Special Net:			
1 REAR BUMPER CLIPS	1 SET	70.00	
2 REAR BUMPER LOWER GARNISH CLIPS	1 SET	70.00	
3 REAR REVERSE SENSOR	2 SETS	399.54	
4 REAR NO PLATE	1 PC	45.00	
		584.54	584.54
List Price:			
5 REAR BUMPER	1 PC	1,036.77	
6 REAR BUMPER BEAM	1 PC	477.33	
7 REAR BUMPER LOWER GARNISH	1 PC	367.77	
8 REAR BUMPER RIGHT RETAINER	1 PC	60.35	
9 REAR BUMPER LEFT RETAINER	1 PC	60.35	
10 REAR BUMPER RIGHT BRACKET	1 PC	59.71	
11 REAR BUMPER LEFT BRACKET	1 PC	59.71	
12 REAR NUMBER PLATE LAMP	2 SETS	98.66	
		2,220.65	2,220.65
Labour Charges:			
13 TO REMOVE & FIT REAR BUMPER, NUMBER PLATE, NUMBER PLATE LAMPS	1	450.00	
14 TO UNDERCOAT	1	180.00	
15 TO SPRAY PAINT REAR BUMPER	1	480.00	
16 TO REMOVE & FIT REVERSE SENSOR	1	280.00	
		1,390.00	1,390.00
Total			S\$ 4,195.19

TOTAL: SINGAPORE DOLLAR FOUR THOUSAND ONE HUNDRED NINETY FIVE AND CENTS NINETEEN ONLY

For MOON AUTO PTE. LTD.


 AUTHORIZED SIGNATURE

MVA116077688 / VAC - Bukit Batok
ENTRY DATE & TIME: 28/06/2016 11:27

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 Authorized 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 ability.
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 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 Report 28/06/2016 11:27
Date Of Accident 28/06/2016 09:50
Exact Location Of Accident PIE TOWARDS CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE6234X
Insured/Policyholder
Name Of Registered Owner YIP KONG WAI
NRIC No S7924887H
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97107843
Alternative Phone No Office-97107843
Vehicle Particulars
Manufacturer VOLKSWAGEN
Model GOLF
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
If No, Please state action to be taken Third Party
Vehicle Category Private Car
Insurance Company
Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type Of Coverage Comprehensive
Fleet Policy No
Policy Number P27463449 DMA
Cover Note Number
Driver
Name of Driver CHUA HUI TENG
NRIC No S8211035F
Date Of Birth 07/04/1982
Occupation Indoor
Date Of Driving Pass 27/12/2002
Driving Experience 13 Years And 6 Months
Gender Female
Mobile Number
Fax Number
Contact Number
Email Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Spouse

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident Collision- Chain Collision

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? Yes

Foreign Vehicle Registration Number JPC5888 (Private Car)

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? No

If Yes, Please state which Police Station

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. ALREADY ADVISED DRIVER TO MAKE A POLICE REPORT. ATTENDED BY LYNDIA

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLA8090P

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JPC5888

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGK7589G

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg.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 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.

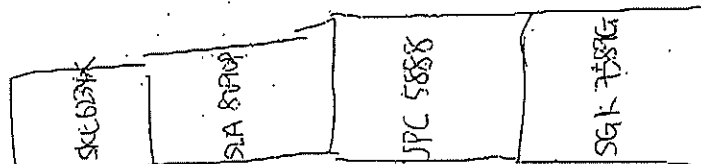
 Policyholder's Signature / Date &
 Time

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

 Witnessed by Reporting Centre
 Personnel

Sketch Plan

PRE (Changi)
 2nd Lane - 1st Lane



Sketch Plan #2 Pg.1

Describe Circumstances of the Accident

Lucas driving along PIE towards Cherry @ about 9.50am
The car in front of me suddenly ~~brake~~^{brake} so I braked as well
I looked at my rear mirror and found 2 cars behind me
was very close to me ~~just~~ after I braked. Then I heard 'beeping'
sound from behind and the car behind me bleep on my car.
After this beeping, I felt dizzy and a little bit of headache.

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