

Notify Insurance Company to Conduct Inspection

Date: 05/12/17

From: NEOH CHEE KEAT

To: EQ INSURANCE CO LTD

Dear Sir / Madam

MOTOR ACCIDENT ON 27 NOV 2017 ALONG JUNCTION OF HOLLAND ROAD & HOLLAND VILLAGE INVOLVING SKS9574X & SKD7305Z

I am registered owner of motor-vehicle registration no SKS9574X which was involved in an accident with motor-vehicle registration no SKD7305Z insured by you.

As the accident was caused solely by the negligence of your insured's driver, I am holding you fully responsible for the damage to my vehicle.

Herewith, I enclose the estimate and GIA report from the repairer, M/s MOVA AUTOMOTIVE PTE LTD at Blk 1008 Bukit Merah Lane 3 #01-04/06/08 Singapore 159722 for your perusal and kindly arrange your surveyor to survey my vehicle at MOVA Automotive Pte Ltd. Any doubt or queries, please contact MOVA Automotive Pte Ltd at Tel: 6272 3892.

Kindly arrange to have my vehicle surveyed by your appointed motor assessor within 48 hours on receipt of my letter at the above mentioned workshop, failing which I will proceed to appoint my own independent motor assessor to inspect my vehicle and authorize the repair without further notice to you.

Please let me hear from you soon.

Date the 05 day of NOV 2017

Signed by:



Name: LITIA

cc. MOVA Automotive Pte Ltd

RECEIVED
05 DEC 2017

EQ INSURANCE CO. LTD.



Automotive Pte Ltd

Main Office:

Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel : (65) 6476 3333
Fax : (65) 6271 5891
www.mova.com.sg

Workshop Dept:

Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722

Tel : (65) 6272 3892
Fax : (65) 6270 8314

Co. Reg. 198904033G
GST Reg. M2-0088864-2

Estimate

05/12/2017

EQ INSURANCE CO LTD
5 MAXWELL ROAD
#17-00 TOWER BLOCK MND COMPLEX
SINGAPORE 069110

Page # :- 1

Veh # :- SKS9574X

Veh Model :- VOLVO V40

Estimate# :- CK416753

Claim # :-

ACC. Date :- 27/11/17

Terms :- C.O.D Days

Attention :- XA039

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	REAR BUMPER	1 PC	1,450.00	1,450.00
2.	REAR BUMPER LOWER GARNISH	1 PC	450.00	450.00
3.	REAR BUMPER BRACKET RH & LH - CHECK	2 PC		
4.	REAR BUMPER REINFORCEMENT - CHECK	1 PC		
5.	REAR BUMPER CLIPS	10 PC	5.00	50.00
6.	REAR NUMBER PLATE LAMP - CHECK	1 SET		
7.	REAR BUMPER REFLECTOR LH - CHECK	1 PC		
	LIST TOTAL S\$			1,950.00
	10% DISCOUNT S\$			-195.00
				1,755.00
SPECIAL NET ITEMS :				
1.	REAR NUMBER PLATE	1 PC	40.00	40.00
	SPECIAL NET TOTAL S\$			40.00
LABOUR :				
	TO KNOCK AND STRAIGHTEN REAR END PANEL. REMOVE AND REPLACE ACCIDENT DAMAGED PARTS REALIGN ALL CONNECTION			500.00
	SPRAY PAINT REAR END PANEL, REAR BUMPER			400.00
	REMOVE & REPLACE LUGGAGE COMPARTMENT INNER TRIM, GARNISH, COVERING			60.00
	REMOVE AND REPLACE SENSOR AND DIAGNOSE RESET FUNCTION			100.00
	LABOUR TOTAL S\$			1,060.00

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 2,855.00

GST @ 7 % 199.85

AMOUNT DUE S\$ 3,054.85

Customer's Signature/Co. Stamp MOVA AUTOMOTIVE PTE LTD

MMOV17160039 / Mova Automotive Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 05/12/2017 09:36

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 05/12/2017 09:43

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 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	05/12/2017 09:36
Date Of Accident	27/11/2017 09:45
Exact Location Of Accident	JUNC OF HOLLAND RD & HOLLAND VILLAGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS9574X
Insured/Policyholder	
Name Of Registered Owner	NEOH CHEE KEAT
NRIC No	S6968539J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83381316
Alternative Phone No	OTHERS-83381316
Vehicle Particulars	
Manufacturer	VOLVO
Model	V40 D2 A/T ABS D/AIRBAG 2WD
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN824198
Cover Note Number	
Driver	
Name of Driver	HO KAN TENG
NRIC No	S7087075D
Date Of Birth	17/04/1970
Occupation	INDOOR
Date Of Driving Pass	08/05/2013
Driving Experience	4 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83381316
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	11F GLENTREE, 3 MOUNT SINAI LANE #05-25
Postcode	277055
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

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	SKD7305Z
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

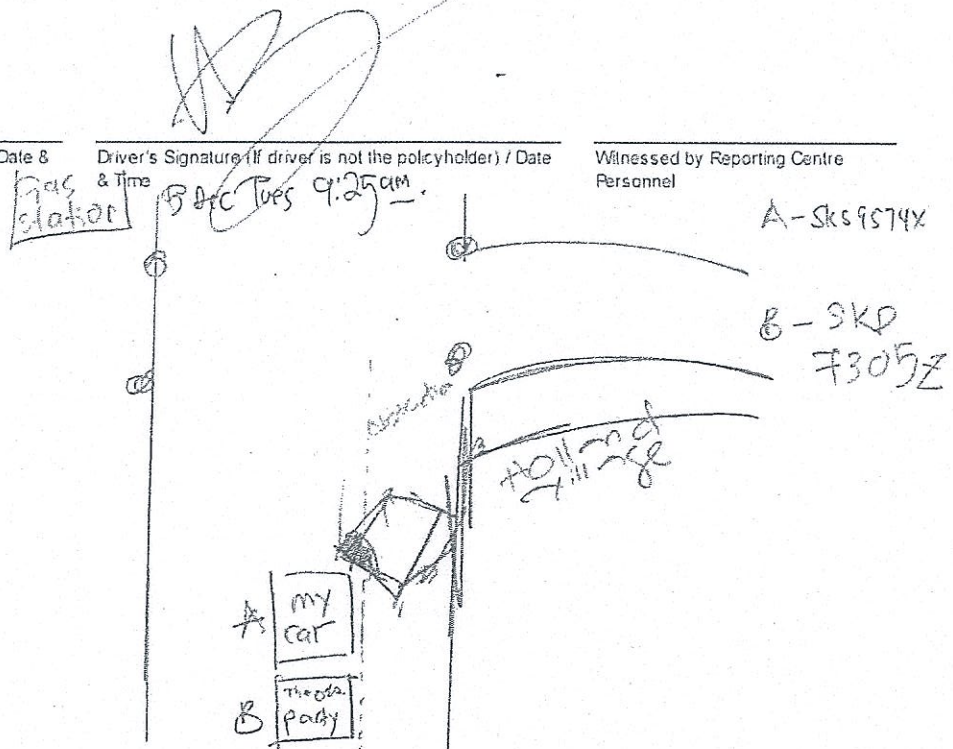
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Sketch Plan Pg. 2

Describe Circumstances of the Accident

LICENSE PLATE NUMBER: SKS 9574X

ACCIDENT DATE: 27 NOV MONDAY

CONTACT NUMBER: 8338 1316

ACCIDENT TIME: about 8:45 - 9:50 PM EMAIL: magdalene.hkt@gmail.com

LOCATION: Junction of Holland Rd + Holland Village.

Vehicle in front of me slowed down and moved to right turning lane as ~~was~~ I traveled towards city. As the front vehicle slowed down, its back rear ~~was~~ juttet out and obstructed my path. I proceeded to slow down further to avoid colliding into the front vehicle. ~~As~~ The front vehicle then halted but its rear still juttet out and obstructed my way. I halted as a result and the car behind me then hit me immediately.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT

AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

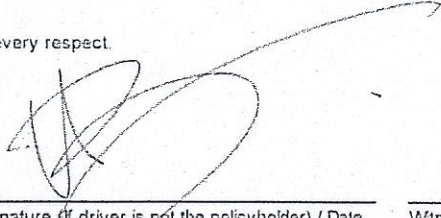
Declaration

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


 5 DEC 9:25 AM
 TOS