

RECEIVED
17 JAN 2018

EQ INSURANCE CO. LTD.

Notify Insurance Company to Conduct Inspection

Date: 16/01/2018From: MR ONG KONG WEETo: EQ INSURANCE CO LTD

Dear Sir / Madam

**MOTOR ACCIDENT ON 13/01/2018 ALONG PIE TOWARDS TUAS
INVOLVING SKB9800H & SFL6080U**

I am registered owner of motor-vehicle registration no SKB9800H which was involved in an accident with motor-vehicle registration no SFL6080U insured by you.

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

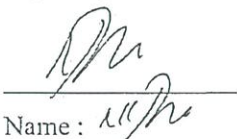
Herewith, I enclose the estimate and GIA report from the repairer, M/s MOVA AUTOMOTIVE PTE LTD at Blk 1008 Bukit Merah Lane 3 #01-04/06/08 Singapore 159722 for your perusal and kindly arrange your surveyor to survey my vehicle at MOVA Automotive Pte Ltd. Any doubt or queries, please contact MOVA Automotive 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 16 day of JAN 2018

Signed by:


Name: Mr Ong Kong Wee

cc. MOVA Automotive Pte 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

16/01/2018

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

Attention :- XA039

Page # :- 1

Veh # :- SKB9800H

Veh Model :- BMW 523I

Estimate# :- CK416925

Claim # :-

ACC. Date :- 13/01/18

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	FRONT BUMPER	1 PC	1,398.00	1,398.00
2.	FRONT BUMPER LOGO	1 PC	90.00	90.00
3.	FRONT BUMPER GRILLE LH	1 PC	130.00	130.00
4.	FRONT BUMPER GRILLE RH	1 PC	130.00	130.00
5.	FRONT CENTER PARKING SENSOR	4 PC	265.00	1,060.00
6.	FRONT BUMPER LOWER GRILLE	1 PC	80.00	80.00
7.	FRONT FOG LAMP COVER RH	1 PC	125.00	125.00
8.	FRONT FOG LAMP COVER LH	1 PC	125.00	125.00
9.	FRONT WASHER JET COVER RH - CHECK	1 PC		
10.	FRONT WASHER JET RH - CHECK	1 PC		
11.	FRONT BUMPER SPONGE	1 PC	65.00	65.00
12.	FRONT BUMPER REINFORCEMENT	1 PC	736.00	736.00
13.	FRONT BUMPER CLIPS	10 PC	3.00	30.00
14.	FRONT BUMPER UNDER COVER - CHECK	1 PC		
15.	FRONT RADIATOR AIR GUIDE	1 PC	405.00	405.00
16.	A/C CONDENSER	1 PC	1,250.00	1,250.00
17.	RADIATOR - CHECK	1 PC		
18.	HEADLAMP LH	1 PC	2,827.00	2,827.00
19.	HEADLAMP RH	1 PC	2,827.00	2,827.00
20.	HEADLAMP PANEL LH	1 PC	155.00	155.00
21.	HEADLAMP PANEL RH	1 PC	155.00	155.00
22.	FRONT SUPPORT FR PANEL	1 PC	188.00	188.00
23.	FRONT BRACE PANEL LH	1 PC	25.00	25.00
24.	FRONT BRACE PANEL RH	1 PC	25.00	25.00
25.	FRONT FENDER TOP GARNISH RH	1 PC	115.00	115.00
26.	FRONT FENDER TOP GARNISH CLIPS	10 PC	3.00	30.00
27.	BOOTLID	1 PC	1,715.00	1,715.00
28.	BOOTLID LOGO	1 PC	75.00	75.00
29.	BOOTLID EMBLEM (523I)	1 PC	78.00	78.00
30.	BOOTLID REFLECTOR LAMP LH - CHECK	1 PC		
31.	BOOTLID LOCK	1 PC	245.00	245.00
32.	BOOTLID WEATHERSTRIP	1 PC	130.00	130.00
33.	REAR BUMPER	1 PC	1,585.00	1,585.00
34.	REAR BUMPER CENTER BRACKET	1 PC	105.00	105.00
35.	REAR BUMPER ADAPTER	1 PC	88.00	88.00
36.	REAR BUMPER CENTER LOWER GUIDE	1 PC	103.00	103.00
37.	REAR BUMPER RETAINER LH	1 PC	168.00	168.00
38.	REAR BUMPER RETAINER RH	1 PC	168.00	168.00
39.	REAR BUMPER REINFORCEMENT	1 PC	258.00	258.00
40.	REAR REVERSE SENSOR	4 PC	265.00	1,060.00
41.	REAR END PANEL - CHECK	1 PC		
42.	REAR END PANEL TOP GARNISH	1 PC	155.00	155.00
43.	HEADREST LH	1 PC	1,158.00	1,158.00
44.	HEADREST RH	1 PC	1,158.00	1,158.00
45.	SEATBELT BUCKLE LH	1 PC	388.00	388.00
46.	SEATBELT BUCKLE RH	1 PC	388.00	388.00



Automotive Pte Ltd

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Estimate

16/01/2018

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

Attention :- XA039

Page # :- 1 130519

Veh # :- SKB9800H

Veh Model :- BMW 523I

Estimate# :- CK416925

Claim # :-

ACC. Date :- 13/01/18

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
	LIST TOTAL SS			20,996.00
	5% DISCOUNT SS			-1,049.80
				19,946.20
	SPECIAL NET ITEMS :			
1.	TOWING CHARGE	1 PC	88.00	88.00
2.	FRONT NUMBER PLATE	1 PC	40.00	40.00
3.	RADIATOR COOLANT	1 PC	20.00	20.00
	SPECIAL NET TOTAL SS			148.00
	LABOUR :			
	TO CUT/WELD REAR END PANEL. TO KNOCK & STRAIGHTEN FRONT CHASSIS LH & RH, REAR CHASSIS LH & RH, BONNET, REAR FLOOR PANEL. REMOVE AND REPLACE ACCIDENT DAMAGED PARTS. TO REALIGN ALL CONNECTION			1,450.00
	TO SPRAY PAINT ON BONNET, FRONT BUMPER, REAR BUMPER, BOOTLID, REAR END PANEL			1,100.00
	REMOVE AND REPLACE A/C CONDENSER, A/C PIPE, A/C HOSE AND RADIATOR			140.00
	TO REMOVE AND REPLACE SEAT BELT BUCKLES & HEADREST			180.00
	TO DIAGNOSE & REPROGRAM AFTER REPAIR			300.00
	TO APPLY SEAL ON WELDING JOINT			80.00
	TO APPLY RUST PROOF ON AFFECTED AREAS			120.00
	TO REMOVE AND REPLACE FRONT AND REAR PARKING SENSOR AND CHECK FUNCTION WELL			80.00
	TO REMOVE AND REFIX REAR LUGGAGE COMPARTMENT TRIM			180.00
	LABOUR TOTAL SS			3,630.00



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No.	Description	Qty	U.Price	Amounts S\$
-----	-------------	-----	---------	-------------

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 23,724.20

GST @ 7 % 1,660.69

AMOUNT DUE S\$ 25,384.89

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

MMOV18006831 / Meva Automotive Pte Ltd - Bukit Merah
 ENTRY DATE & TIME: 15/01/2018 09:29
 SUBMITTED BY: Enny

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 willful 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	15/01/2018 09:29
Date Of Accident	13/01/2018 22:15
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB9800H
Insured/Policyholder	
Name Of Registered Owner	ONG KONG WEE
NRIC No	S7711790C
Email Address	OKW77@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98205940
Alternative Phone No	OTHERS-98205940
Vehicle Particulars	
Manufacturer	BMW
Model	523I A
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700056963
Cover Note Number	
Driver	
Name of Driver	ONG KONG WEE
NRIC No	S7711790C
Date Of Birth	28/04/1977
Occupation	INDOOR
Date Of Driving Pass	15/11/1994
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98205940
Fax Number	
Contact Number	OTHERS-98205940
EMail Address	OKW77@HOTMAIL.COM

Address BLK 3 PANDAN VALLEY
#14-304

Postcode 597627

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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) 4

Passenger 1
NAME: : ANG SHA KIN
GENDER: : FEMALE

Passenger 2
NAME: : ONG SHIYA
GENDER: : FEMALE

Passenger 3
NAME: : ONG SHILE
GENDER: : FEMALE

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

PRIVATE USE

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 SKQ7843T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFL6080U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKS1031Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


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 lodgment 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.
- (d) 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.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

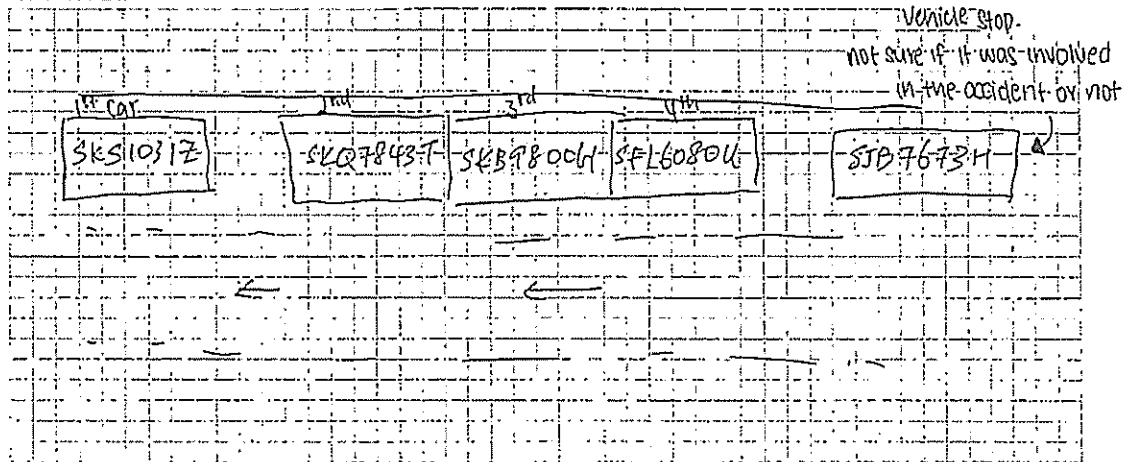

 Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKB9800H	ACCIDENT DATE & TIME: 10.15pm 13/1/18
CONTACT NUMBER: 98205940	E-MAIL ADDRESS: okw77@hotmail.com
LOCATION: PIE in direction towards Tuos, between Stevens Road exit and Eng Neo Ave exit.	
<p>I was travelling home on the right most lane of the PIE, when the car in front of me jammed his brakes and came to a stop. I applied brakes fully, lightly bumped into the car, but the car behind bumped into my car as well.</p>	
<p>Right after the incident at the site, a person from the workshop offered to bring me to his workshop to take my statement, fix the car, and offer a replacement car. His contact details: Bryan Natal, Mobile: 8821 7211 as per the name card, but I noted he was a young Chinese man.</p>	
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:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

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:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

CHARTER MOTOR & TRUCK