

AXA Ins. Space Prelim
8 Shenton Way
#27-01 AXA Tower
Space 068811

Date: 12/1/18

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles G8A 5240L & SGT 4310R

On 12/2/18 at Kaki BT Ave

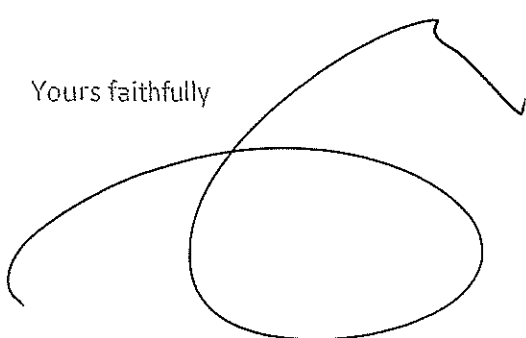
It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: SGT 4310R

As the above vehicle was insured by your insurance company at the material time of the accident. I would appreciate that you could kindly arrange your surveyor to survey my vehicle soonest possible at the following address :-

Kan Fook Sing Motor Workshop
61 Defu Lane 12
Singapore 539147
Tel : 67479560 (O)

Thank you

Yours faithfully





簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquater: 61 Defu Lane 12 Singapore 539147

Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428

E-mail: ryan@kanfs.net/ patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883

Tel: (65) 6481 5150 Fax: (65) 6481 8683

AXA INSURANCE SINGAPORE PTE LTD

DATE : 12-02-2018

8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

VEHICLE NO. : GBA5240L

ACCIDENT DATE : 12-02-2018 10:00

THIRD PARTY REF. : SGT4310R

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE GBA5240L RENAULT KANGOO

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT HEADLAMP RH	450.00
2	1	FRONT FENDER RH	395.00
3	1	FRONT FENDER SHIELD RH	153.00
4	10	FRONT FENDER SHIELD CLIP@\$5.00	50.00
5	1	FRONT APRON PANEL	560.00
6	1	FRONT BUMPER	540.00
7	1	FRONT BUMPER SIDE RETAINER RH	33.00
8	1	FRONT BUMPER PAD RH	190.00
9	10	FRONT BUMPER CLIP@\$3.00	30.00
			<hr/>
			2,401.00
			<hr/>
			LESS 20 %
			480.20
			<hr/>
			TOTAL (A)
			1,920.80
			<hr/>
			LABOUR CHARGES
1	1	TO CHECK WIRING SYSTEM	30.00
2	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	550.00
3	1	SPRAYPAINTING CHARGES	680.00
			<hr/>
			TOTAL (D)
			1,260.00
			<hr/>
			ESTIMATE TOTAL
			3,180.80
			<hr/>

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 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	12/02/2018 11:24
Date Of Accident	12/02/2018 10:00
Exact Location Of Accident	X KAKI BUTKI AVE 1 & BEDOK RESERVIOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA5240L
Insured/Policyholder	
Name Of Registered Owner	MARISAH HAIRDRESSING AND BEAUTY SALOON
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67410632

Vehicle Particulars

Manufacturer	RENAULT
Model	KANGOO
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCG18000183
Cover Note Number	

Driver

Name of Driver	WANG AH MENG
NRIC No	S0256040B
Date Of Birth	09/09/1937
Occupation	INDOOR
Date Of Driving Pass	16/06/1959
Driving Experience	58 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96790092
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	13 MINARET WALK 467383
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	2
Passenger 1	NAME: : MILDRED
	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

REFER TO ATTACHED REPORT

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	SGT4310R
Vehicle Make/Model/Colour	TOYOTA RUSH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JENNIE
NRIC/Passport Number	
Contact Number	97775566
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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.

Use Chop Sign & Return
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

Bedok Reservoir.

Kaki
Buloh
Ave



A: GBA 5240L
B: SGT 4310R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the straight + turning lane, as I wanted to make a right. When light was in my favour. I proceed to move but vehicle B on the turning lane, suddenly move straight as a result collided onto my vehicle, right side portion

Insurer Co.	Grgo
Policy No.	GBA 5240L
Date of Accident	12/2/18
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	
<input type="checkbox"/> Other Workshop	lcf8

DECLARATION

MAKUSAH HAIRDRESSING AND BEAUTY SALON
We declare the foregoing particulars are true in every respect.
121 Bedok Reservoir Road
#01-202, Singapore 470121

[Signature]



Please Chop Sign & Return
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.: