

Date : _____

To : AXA

Fax No : _____

Attn : Motor Claims Department

Dear Sir / Mdm

Accident involving SLH5132K and SLH1171E on _____.

I am the owner of vehicle no. SLH5132K. My vehicle was damaged in the above accident by your insured vehicle no. SLH1171E.

My vehicle is presently at :

Kah Motor Co Sdn Bhd
15 Ubi Road 4 (S) 408610 (/)
6A Mandai Estate (S) 729903 ()

Kindly arrange for your surveyor to inspect my vehicle at the above premises within 2 days from the date hereof, failing which, I shall instruct my repairer to proceed with the repairs and all invoices will be forwarded to you for settlement.

Enclosed are the repairs estimate and relevant supporting documents for your easy perusal.

I shall be grateful if you could kindly settle the cost of repair directly with the repairer Kah Motor Co Sdn Bhd.

I look forward to receiving your confirmation of settlement.

Thank You.

Yours Faithfully,



(Signature of vehicle owner)

Name : GUAN YOU JIE

NRIC No : S8725620J

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	27/02/2018 11:10
Date Of Accident	26/02/2018 17:55
Exact Location Of Accident	MCE TUNNEL TWDS PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH5132K
Insured/Policyholder	
Name Of Registered Owner	GUAN YOUJIE
NRIC No	S8725620J
Email Address	NICKELNI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87815993
Alternative Phone No	OFFICE-87815993
Vehicle Particulars	
Manufacturer	HONDA
Model	HR-V-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	16-MV010182-R00
Cover Note Number	
Driver	
Name of Driver	GUAN YOUJIE
NRIC No	S8725620J
Date Of Birth	16/08/1987
Occupation	INDOOR
Date Of Driving Pass	16/05/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87815993
Fax Number	
Contact Number	OFFICE-87815993
EMail Address	NICKELNI@HOTMAIL.COM

Address	BLK246 SERANGGON AVE 3 #03-210
Postcode	550246
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	COLLISION - HEAD TO REAR
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU1171E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG WEI LING ADELINE
NRIC/Passport Number	S7440176G
Contact Number	90128274
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	GUAN YOUJIE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLH5132K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



QUOTATION

KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Customer : AXA INSURANCE S'PORE PTE LTD
8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE 068811
Registration No : SLH5132K
Chassis No : JHMRU1830GX200851
Model : HRV LX-SIN CVT YM 2016
Owner's Name : GUAN YOUJIE
Ins Policy No :
Date of Accident : 26/2/2018

Document No. : SQT18000857 Page 1
Date : 28. Feb 2018
Customer No. : WZA006
Svc Advisor :
Engine No : L15B4530852
Date | Time : 28. Feb 2018 7:37:08 AM
Surveyor Name :
Survey Date :
Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incl GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER:GUAN YOUJIE OWNER INSURER:TOKIO MARINE ACC DATE:26/02/2018 SURVEYED BY: DATE: REF NO: TP INSURER:AXA INSURANCE TP VEH:SLU1171E						
68100-T7A-J20ZZ	TAIL GATE COMP	1	838.90	35	545.28	38.17	583.45
74440-T7A-003	WEATHERSTRIPTAILGATE	1	96.80	35	62.92	4.40	67.32
74800-T7A-J02	LOCK ASSYTAILGATE	1	76.60	35	49.79	3.49	53.28
74813-T5A-003	STRIKER ASSYTAILGATE	1	24.70	35	16.05	1.12	17.17
74810-T4N-H01	SWITCH ASSYTAILGATE OPENER	1	103.20	35	67.08	4.70	71.78
73211-T8N-T01	GLASS SETRR.WINDSHIELD	1	739.80	35	480.87	33.66	514.53
73214-T7J-H01	RUBBER CR.WINDSHIELD DAMPER	1	19.30	35	12.54	0.88	13.42
73226-SZW-000	DAMPERSTD 5X5	1	8.30	35	5.39	0.38	5.77
73254-T7J-H01	RUBBER CL.WINDSHIELD DAMPER	1	19.30	35	12.54	0.88	13.42
76711-T6A-003	CAPPIVOT	1	4.70	35	3.05	0.21	3.26
91501-S70-003	FASTENER BW/SHIELD	4	3.20	35	8.32	0.58	8.90
91502-S70-003	FASTENER B	2	4.90	35	6.37	0.45	6.82
91536-SS0-J01	FASTENER AW/SHIELD	2	3.50	35	4.55	0.32	4.87
BO-WS-SEALANT	WINDSCREEN SEALANT (N)	2	60.00		120.00	8.40	128.40
84435-T7A-J01ZA	LINING ASSYR.TAILGATE SIDE	1	20.90	35	13.58	0.95	14.53
84433-T7A-J01ZA	LINING ASSYTAILGATE UPPER	1	58.10	35	37.76	2.64	40.40
84485-T7A-J01ZA	LINING ASSYL.TAILGATE SIDE	1	20.90	35	13.58	0.95	14.53
84435-T7A-J01ZA	LINING ASSYR.TAILGATE SIDE	1	20.90	35	13.58	0.95	14.53
04715-T7A-900ZZ	FACE,RR.BUMPER	1	463.70	35	301.40	21.10	322.50
04718-T7A-000ZZ	FACEL.RR.BUMPER CORNER	1	92.30	35	59.99	4.20	64.19
04717-T7A-000ZZ	FACER.RR.BUMPER CORNER	1	92.30	35	59.99	4.20	64.19

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Service and Body Repair

Tel: +65 6841 3838

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For 24-hours Roadside Assistance, Call 98203838

QUOTATION

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Customer : AXA INSURANCE S'PORE PTE LTD
8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE 068811

Registration No : SLH5132K

Chassis No : JHMRU1830GX200851

Model : HRV LX-SIN CVT YM 2016

Owner's Name : GUAN YOUJIE

Ins Policy No. :

Date of Accident : 26/2/2018

Document No. : SQT18000857 **Page** 2

Date : 28. Feb 2018

Customer No. : WZA006

Svc Advisor :

Engine No : L15B4530852

Date | Time : 28. Feb 2018 7:37:08 AM

Surveyor Name :

Survey Date :

Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
71598-T7A-000	SPACERL.RR.BUMPER SIDE	1	11.50	35	7.47	0.52	7.99
71593-T7A-000	SPACERR.RR.BUMPER SIDE	1	11.50	35	7.47	0.52	7.99
Sum Item					<u>1909.57</u>	<u>133.67</u>	<u>2,043.24</u>
BOSUN	SUNDRIES	1	80.00		80.00	5.60	85.60
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	80.00		80.00	5.60	85.60
BOJSE	BODY JOINT SEALANT.	2	100.00		200.00	14.00	214.00
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	60.00		60.00	4.20	64.20
BKTG02R	REMOVE & TRANSFER ITEMS TO NEW TAILGATE. ADJUST &	3	300.00		900.00	63.00	963.00
BKRP02S	STRAIGHTEN ALIGN RR PANEL & RENEW DAMAGE PARTS.	1	3000.00		3000.00	210.00	3210.00
BP05R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (5P)	1	2000.00		2000.00	140.00	2140.00
Sum Labor					<u>6320.00</u>	<u>442.40</u>	<u>6,762.40</u>

Survey By

Date & Time

Excess

Status

Signature

Total Amount 8,229.57 576.07 8,805.64**Total (Inclusive of GST)** 8,805.64

Printed on 28/2/2018 9:10:41 AM

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s)

Sketch Plan Pg. 1

Vehicle No SLH 5132 K.

SKETCH PLAN

Annex D

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 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

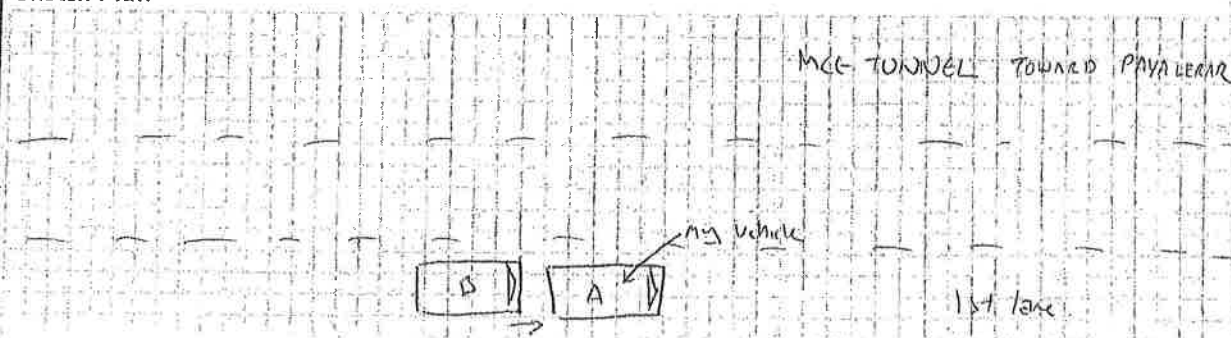
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Please continue to Annex E

Vehicle No SLH 5132 K

Annex E

Describe Circumstances of the Accident


I was travelling home after work via MCE tunnel. Somewhere before the paya lebar exit the accident occurred. Traffic was quite heavy and during this period.

in front

I saw a vehicle applying brakes, so I started to apply the brakes. Then the vehicle in front came to a complete stop and I also managed to stop in time. This was when my car was hit from the rear.

Declaration

We declare the foregoing particulars are true in every respect.

 27/10/17

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20180227/2024

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 3

Report No. T/20180227/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2018 09:48		Vide Report No.:		Station Diary No.: 28
Informant's Particulars				
Name of Informant: GUAN YOUJIE		Address: APT BLK 246 SERANGOON AVENUE 3 #03-210 SINGAPORE 550246		
ID Type / ID No.: NRIC NO / S8725620J		Contact No.: Home/Office: Mobile: 87815993		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 16/08/1987	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: IT SECURITY ENGINEER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD MCE towards Paya Lebar Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH5132K	Car	HONDA	HRV 1.5 LX CVT	Blue	Slightly Damaged	0
SLU1171E	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH5132K	TOKIO MARINE INSURANCE SINGAPORE LTD.	MV010182	08/11/2016	07/11/2018



**SINGAPORE
POLICE FORCE**



T/20180227/2024

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

2 of 3

Report No. T/20180227/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GUAN YOUJIE	ID No.	S8725620J
Related Vehicle	SLH5132K (Car)	Contact No.	87815993
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/02/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Ng Wei Ling Adeline	ID No.	S7440176G
Related Vehicle	SLU1171E (Car)	Contact No.	90128274
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/02/2018 at about 1800hrs, I was driving my vehicle SLH5132K straight along MCE towards Paya Lebar exit. There was a vehicle in front of me which slowed down and I also slowed down and stopped. Suddenly there was a vehicle SLU1171E which did not managed to stop in time and hit onto the rear of my vehicle. I then stopped to exchange particulars.
I then later felt pain on my back and proceeded to see a doctor at Tan Tock Seng Hospital which I was given 3 days MC.



Report No. T/20180227/2024

CONTINUATION OF REPORT

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
F /
Staff Sgt TAN XINYUAN



Date/Time:
27/02/2018 09:48

Classification Of Case:

SN 154



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8725620J

Name
GUAN YOUJIE
(NI YOUJIE)
倪有杰

Race
CHINESE

Date of Birth
16-08-1987

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8725620J

Name
GUAN YOUJIE
(NI YOUJIE)

Birth Date: 16 Aug 1987

Issue Date: 16 May 2007



A019928



NRIC No. S8725620J



Blood Group: AB+ Date of issue: 16-08-2002

Address
APT BLK 246 SERANGOON AVENUE 3
#03-210
SINGAPORE 550246

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 16 May 2007

NP 428A

Licence No: S8725620J

