





CAROL KOW SHI PEI

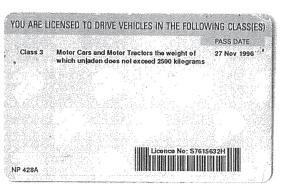
高 詩 佩 Raco CHINESE

CHINESE
Date of birth Sex
25-05-1976 F
Country of birth
SINGAPORE

೧**7615632**H







Sketch Plan Pg. 6

Date: 05/03/2018

To Whom It May Concern,

Accident involving my vehicle no. $\underline{SFC359D}$ on $\underline{03/03/2018}$ with $\underline{SKV8880C}$ along \underline{Telok} $\underline{Blangah}$ Road.

I, <u>Ganesan S/O Chandra Moghan NRIC No.: S7640551D</u> owner of vehicle no. <u>SFC359D</u> am aware of the accident of my vehicle on <u>03/03/2018</u> while car was driven by <u>Carol Kow Shi Pei NRIC no. S7615632H</u>, I hereby, authorise her to make the report.

Ganesan S/O Chandra Moghan

NRIC No.: S7640551D

Sketch Plan Pg. 7

	Æ	M	redefining / insurance	
	Da	ate: _	05/03/10	
	То	: Owr	ner of Vehicle Number: SFC 315D	
	Th	e foll	owing has been advised to you via your workshop, <u>Ah Lim Motor Company</u> through their lila Eileen / Mui Hong.	
	Ple	ease t	ick the applicable box if you had been advice on the content as seen below:	
-	1	+	You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.	
	()	You had been advised by the workshop on the liability and merits of the case accordingly.	
	() You had been advised by the workshop on the claims procedure for the type of claim that you will making due to this accident.			
other option except to indent it from overseas. () There will be no cancellation/withdrawal of the Own Damage claim once the orde have been placed. If you wish to cancel/withdraw the claim, you shall bear all co			There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.	
			There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.	
	() The estimated waiting time for the spare parts to arrive is estimated arrival time does not include the repair period.			
	() You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that vehicle may not be road worthy.			
	(() For vehicles below Three (3) years old, your Insurance Company will use only genuine repair your vehicle.		
			For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.	
	()	You had been advised by the workshop of the Twelve (12) months warranty for $\underline{\text{Own Damage}}$ repairs on workmanship related to the accident.	
	()	For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.	
	1	+	Others Claim Turd Wity @ own northways	
	Signed and acknowledge by:			
×		1		
	Name and signature of policyholder/authorised driver			
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	NE	ama a	and significant and the state of the state o	

Sketch Plan Pg. 8

Accord Auto Services Pte Ltd Tel: 6481 9517 / 9740 0999 Fax: 6481 9516 Email: clair	ns@mycarworkshop.com			
Particular Of Insured/Driver & Details Of The Accident				
*Date of Accident: <u>(3)(3) 20)8</u>	*Time of Accident: 3: 10pm			
*Accident Location: Telok Blungah Rd				
Vahiala Dataila				
<u>Vehicle Details</u> *Vehicle Number: <u> </u>	* Make & Model: <u>Audi A4</u>			
Insured / Policyholder				
	han *NRIC: <u>\$7</u> 64 0551 D			
*Address: 10 Hollgang Street 92 # 10-01 Singapo	re 538 687			
*Email:	* HP:			
*Occupation: (Indoor /	Outdoor) * Tel /H /Other: <u> </u>			
<u>Driver</u> () same as above				
Driver Name: Carol Kow Shi Pei	H CE3 @1 278N			
*Address: 10 Haygang Street 92 # 10-01 Singa				
*Date of Birth: 25/05/1976 *Driving Pass D	ate: 37 11 1996 * HP: 9763 0441			
	*Gender: Male / Female			
	outopor) * Tel /H /Other:			
*Driver an employee: Yes / 🍪 (*If no, what is related	onship with the policyholder:)			
Passengers Details				
* P/Name:(Male/Fe	male) * P/Name:(Male/Female)			
* P/Name:(Male/Fe	male) * P/Name:(Male/Female)			
,	·			
Insurance Company	0			
*Insurer: *Cove	rage:C/TPFT/TPO *Policy No: <u>GA 3\903\ \ I</u>			
Detail of other vehicle / Property 1	Detail of other vehicle / Property 2			
Vehicle No.: SKV 8880 C	Vehicle No.:			
Make & Model: Hondo Vezel	Make & Model:			
Vahicle Category: Private Car	Vehicle Category:Name of Driver:			
Name of Driver:	Name of Driver:			
NRIC : 88677848C	NRIC :			
HP :	HP :			
No. of Passengers (Including Driver):	No. of Passengers (Including Driver):			
For Official Use Only				
	porting Only / TP C(a)ms)			
, (, , , ,	,			
General Information of the accident				
*Type of accident: Head-Rear / Side Wipe / others:				
*Weather conditions: (lear / Raining / others: *Any video cam: Yes / 10				
*Road Surface: Ory / Wet / others:				
	NRIC : HP:)			
	n against whom: <u>N.A</u>			
	No. of passengers (include driver):			
	Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No			
-I/Name:	Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No			