




REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7615632H





Name  
CAROL KOW SHI PEI  
高詩佩  
Race  
CHINESE  
Date of birth 25-05-1976 Sex F  
Country of birth SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7615632H  
Name:  
KOW MEI LIN (GAO MEILIAN)  
Birth Date: 25 May 1976  
Issue Date: 13 Jan 2003




4 2 5 5 6 6 6



NRIC No: S7615632H  
Date of issue  
29-07-2008  
10 HOUGANG STREET #2 #10-01  
SINGAPORE 538687  
NRIC No: S7615632H Date: 14/01/2015

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Nov 1996



Licence No: S7615632H  
NP 428A

Date: 05/03/2018

To Whom It May Concern,

Accident involving my vehicle no. SFC359D on 03/03/2018 with SKV8880C along Telok Blangah Road.

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

A handwritten signature in black ink, appearing to be 'Ganesan S/O Chandra Moghan', written over a horizontal line.

Ganesan S/O Chandra Moghan  
NRIC No.: S7640551D

Sketch Plan Pg. 7



redefining / insurance

Date: 05/03/18

To: Owner of Vehicle Number: SFC 319D

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff Zila / Eileen / Mui Hong.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ 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 be making due to this accident.
- ☐ 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 \_\_\_\_\_. The 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 the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** 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 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.

☒ Others Claim Turn Key @ Own workshop

Signed and acknowledge by:

x

Name and signature of policyholder/authorised driver

zila  
Name and signature of workshop personnel including company stamp



**Accord Auto Services Pte Ltd**Tel: 6481 9517 / 9740 0999 Fax: 6481 9516 Email: [claims@mycarworkshop.com](mailto:claims@mycarworkshop.com)**Particular Of Insured/Driver & Details Of The Accident**

\*Date of Accident: 03/03/2018 \*Time of Accident: 3:10pm  
 \*Accident Location: Tekong Blangah Rd

**Vehicle Details**

\*Vehicle Number: SFC 359 D \* Make & Model: Audi A4

**Insured / Policyholder**

\*Owner Name: Ganesson S/o Chandra Moghan \*NRIC: S764 0551 D  
 \*Address: 10 Hongkong Street 92 #10-01 Singapore 538 687  
 \*Email: ivanqan76@gmail.com \* HP: \_\_\_\_\_  
 \*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \* Tel / H / Other: 9038 3088

**Driver** ( ) same as above

\*Driver Name: Carol Kow Shi Pei \*NRIC: S7615632H  
 \*Address: 10 Hongkong Street 92 #10-01 Singapore 538 687  
 \*Date of Birth: 25/05/1976 \*Driving Pass Date: 27/11/1996 \* HP: 9763 0441  
 \*Email: peppycarol@hotmail.com \*Gender: Male / Female ☒  
 \*Occupation: Sales Manager (Indoor / Outdoor) \* Tel / H / Other: \_\_\_\_\_  
 \*Driver an employee: Yes / ☒ (If no, what is relationship with the policyholder: Spouse)

**Passengers Details**

\* P/Name: \_\_\_\_\_ (Male/Female) \* P/Name: \_\_\_\_\_ (Male/Female)  
 \* P/Name: \_\_\_\_\_ (Male/Female) \* P/Name: \_\_\_\_\_ (Male/Female)

**Insurance Company**

\*Insurer: AXA \*Coverage: ☒ TPFT / TPO \*Policy No: GA2190311

**Detail of other vehicle / Property 1**

Vehicle No.: SKV 8880 C  
 Make & Model: Honda Vezel  
 Vehicle Category: Private Car  
 Name of Driver: Du Jiangxue  
 NRIC : S8677848C  
 HP : \_\_\_\_\_  
 No. of Passengers (Including Driver): 1

**Detail of other vehicle / Property 2**

Vehicle No.: \_\_\_\_\_  
 Make & Model: \_\_\_\_\_  
 Vehicle Category: \_\_\_\_\_  
 Name of Driver: \_\_\_\_\_  
 NRIC : \_\_\_\_\_  
 HP : \_\_\_\_\_  
 No. of Passengers (Including Driver): \_\_\_\_\_

**For Official Use Only**

\*Claiming against Own Ins.: Yes / ☒ (If No, Reporting Only / TP Claims)

**General Information of the accident**

\*Type of accident: Head-Rear / Side ☒ / others: \_\_\_\_\_  
 \*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / ☒  
 \*Road Surface: Dry / Wet / others: \_\_\_\_\_  
 \*Witness: Yes / ☒ (Name: \_\_\_\_\_ NRIC : \_\_\_\_\_ HP: \_\_\_\_\_)  
 \*Accident reported to police: Yes / ☒ \*Summon against whom: NA  
 \*Injured party: Yes / ☒ \*No. of passengers (include driver): 1  
 -I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No  
 -I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No