



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
8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

DATE : 19-03-2018

VEHICLE NO. : SLA727P
ACCIDENT DATE : 17-03-2018 13:55
THIRD PARTY REF. : SJS1362E

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SLA727P HONDA VEZEL

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT BUMPER	801.70
2	1	FRONT BUMPER SIDE RETAINER LH	20.60
3	10	FRONT BUMPER CLIP@\$4.90	49.00
4	1	FRONT FENDER GARNISH LH	195.00
			<hr/>
			1,066.30
			<hr/>
LESS 20 %			213.26
			<hr/>
TOTAL (A)			853.04
			<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	400.00
3	1	SPRAYPAINTING CHARGES	400.00
			<hr/>
TOTAL (D)			830.00
			<hr/>
ESTIMATE TOTAL			1,683.04
			<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	19/03/2018 12:51
Date Of Accident	17/03/2018 13:55
Exact Location Of Accident	CLARKE QUAY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA727P
Insured/Policyholder	
Name Of Registered Owner	TAN CHENG SIONG
NRIC No	S7720971I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97455140
Alternative Phone No	OTHERS-97455140

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	STATIONARY PARKED
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084148564-01
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	TAN CHENG SIONG
NRIC No	S7720971I
Date Of Birth	30/07/1977
Occupation	INDOOR
Date Of Driving Pass	14/04/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97455140
Fax Number	
Contact Number	OTHERS-97455140
EMail Address	NOEMAIL

Address	BLK 269B #06-189 PUNGGOL FIELD
Postcode	822269
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE HEADQUARTERS
Police Station Address	ROAD: 10 UBI AVENUE 3 SINGAPORE , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Sketch Plan	
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Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS1362E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 19-03-2018 / 12:39

Report No: MT/ _____

D.O.A: 17-03-2018

Vehicle No: SLA727P

Reporting Type: _____

Time: 13:55 hrs

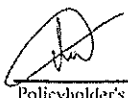
SKETCH PLAN

IMPORTANT NOTICE

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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.



19-03-18 / 12:39

Policyholder's Signature / Date & Time

19-03-18 / 12:39

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

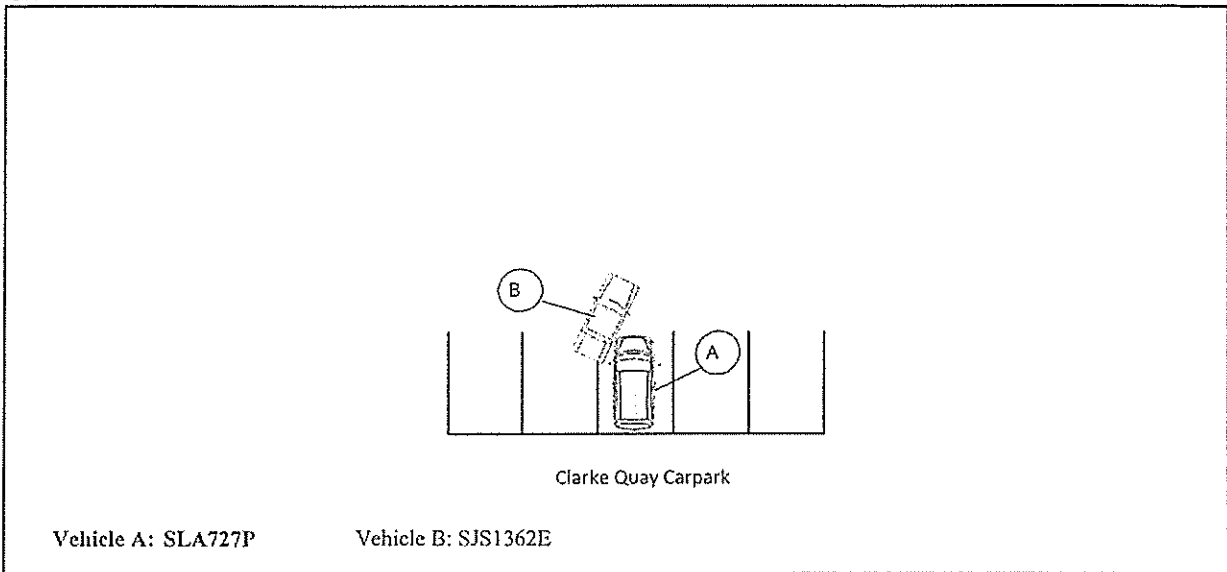
Alan Tang (S098825)
Customer Care Executive
Motor Service Centre



Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Brief Details.

ON 17/3/2018 AT ABOUT 1354HRS

WHILE MY CAR WAS PARKED AT THE CARPARK AT CLARKE QUAY. IT WAS HIT BY ANOTHER CAR AND THE CAR JUST DROVE OFF WITHOUT LEAVING A NOTE.

THE OTHER CAR PLATE NUMBER IS SJS1362E NOT ENTIRELY SURE DUE TO BLUR CAR CAM

Declaration

I/We declare the foregoing particulars are true in every respect.

19-03-18 / 12:39

Policyholder's Signature / Date & Time

19-03-18 / 12:39

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20180319/2045

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180319/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 12:22	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN CHENG SIONG			Address: APT BLK 269B PUNGGOL FIELD #06-189 SINGAPORE 822269		
ID Type / ID No.: NRIC NO / S77209711			Contact No.: Home/Office: Mobile: 97455140		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 30/07/1977	Type of Informant: Driver		
Race:			Language:	Institution / School Name:	
Occupation: Network/Infrastructure architect and engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/03/2018 13:55	Type of Location:
Location: Along Road 1 CLARKE QUAY CARPARK				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA727P	Car	HONDA	VEZEL HYBRID 1.5X A	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA727P	NTUC Income Insurance Co-Operative Limited	5084148564-01	15/09/2017	14/09/2018



**SINGAPORE
POLICE FORCE**



T/20180319/2045

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180319/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN CHENG SIONG	ID No.	S7720971I
Related Vehicle	SLA727P (Car)	Contact No.	97455140
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 17/3/2018 AT ABOUT 1354HRS

WHILE MY CAR WAS PARKED AT THE CARPARK AT CLARKE QUAY. IT WAS HIT BY ANOTHER CAR AND THE CAR JUST DROVE OFF WITHOUT LEAVING A NOTE.

THE OTHER CAR PLATE NUMBER IS SJS1362E NOT ENTIRELY SURE DUE TO BLUR CAR CAM



**SINGAPORE
POLICE FORCE**



T/20180319/2045

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180319/2045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
WONG ZI WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI TAN LEE HWANG DAWN
Contact No.: 65476215

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/03/2018 12:22

Classification Of Case:

Signature: