

Date : _____

To : AXA

Fax No : _____

Attn : Motor Claims Department

Dear Sir / Mdm

Accident involving SJW18055 and SHC5601Y on 17103118.

I am the owner of vehicle no. SJW18055. My vehicle was damaged in the above accident by your insured vehicle no. SHC5601Y.

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.

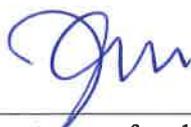
Enclosed are the repairs estimate and relevant supporting documents for your easy perusal.

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 : Doreen Heng Bek Noi

NRIC No : S7326245C



QUOTATION

KAH MOTOR CO. SDN. BHD.
(A Member of the Oriental Holdings Berhad)

GST Reg No.: M200050223
Company Ref. No.: S60FC1380G

Service and Body Repair
Tel: +65 6841 3838 Website: www.honda.com.sg
For 24-hours Roadside Assistance, Call 98203838

Customer	: AXA INSURANCE S'PORE PTE LTD 8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811	Document No.	: SQT18001189	Page	1
Registration No	: SJW1885S	Date	: 20. Mar 2018	Customer No.	: WZA006
Chassis No	: MRHFC5650GT001504	Svc Advisor	:	Engine No	: R16B21601809
Model	: CIVIC 1.6 VTI YM2016	Engine No	: R16B21601809	Date Time	: 20. Mar 2018 2:14:53 PM
Owner's Name	: DOREEN HENG GEK NOI	Date Time	: 20. Mar 2018 2:14:53 PM	Surveyor Name	:
Ins Policy No.	:	Surveyor Name	:	Survey Date	:
Date of Accident	: 17/3/2018	Survey Date	:	Authorisation Date	:

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST	
	TP DIRECT SETTLEMENT (J/NO:) OWNER:DOREEEN HENG GEK NOI OWNER INSURER:TOKIO MARINE ACC DATE:17/3/2018 SURVEYED BY: DATE: REF NO: TP INSURER:AXA INSURANCE							
68500-TEA-N00ZZ	LID COMP TRUNK	1	472.10	35	306.86	21.48	328.34	
74865-TEA-T01	WEATHERSTRIPTRUNK LID	1	70.00	35	45.50	3.19	48.69	
75722-TBA-A00	EMBLEM SETRR.	1	11.50	35	7.47	0.52	7.99	
75725-TEA-T01	EMBLEMRR.	1	10.60	35	6.89	0.48	7.37	
71500-TEC-Q00ZZ	FACE ASSYRR.BUMPER	1	617.20	35	401.18	28.08	429.26	
71530-TEA-T00ZZ	BEAM COMPRR.BUMPER	1	160.00	35	104.00	7.28	111.28	
71598-TEA-T01	SPACERL.RR.BUMPER SIDE	1	11.50	35	7.47	0.52	7.99	
71593-TEA-T01	SPACERR.RR.BUMPER SIDE	1	11.50	35	7.47	0.52	7.99	
33550-TEA-T01	TAILLIGHT ASSYL.	1	273.10	35	177.51	12.43	189.94	
33500-TEA-T01	TAILLIGHT ASSYR.	1	253.80	35	164.97	11.55	176.52	
66100-TEC-307ZZ	PANEL SETRR.	1	236.00	35	153.40	10.74	164.14	
74890-TEA-T11ZB	GARNISH ASSYRR.LICENSE	1	97.70	35	63.50	4.45	67.95	
75701-TBA-A10	EMBLEM,H-MARK	1	11.90	35	7.73	0.54	8.27	
71502-TEX-Y00	GARNISHRR.BUMPER LOWER	1	35.30	35	22.94	1.61	24.55	
91505-TM8-003	CLIPBUMPER	6	2.00	35	7.80	0.55	8.35	
39680-TEX-Y41ZT	SENSOR ASSYPARKING	2	79.80	35	103.74	7.26	111.00	
					Sum Item	1588.43	111.20	1,699.63
BOSUN	SUNDRIES	1	80.00		80.00	5.60	85.60	
BOJSE	BODY JOINT SEALANT.	1	100.00		100.00	7.00	107.00	
BMI03D	REMOVE & INSTALL REAR COMPARTMENT LININGS	1	180.00		180.00	12.60	192.60	
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	80.00		80.00	5.60	85.60	



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Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

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

Registration No : SJW1885S
Chassis No : MRHFC5650GT001504
Model : CIVIC 1.6 VTI YM2016
Owner's Name : DOREEN HENG GEK NOI
Ins Policy No. :
Date of Accident : 17/3/2018

Document No. : SQT18001189 **Page** 2
Date : 20. Mar 2018
Customer No. : WZA006
Svc Advisor :
Engine No : R16B21601809
Date | Time : 20. Mar 2018 2:14:53 PM
Surveyor Name :
Survey Date :
Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	60.00		60.00	4.20	64.20
BKRP02M	CUT OFF & RENEW RR PANEL. STRAIGHTEN	1	2400.00		2400.00	168.00	2568.00
BP05R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (5P)	1	2000.00		2000.00	140.00	2140.00
Sum Labor					4900.00	343.00	5,243.00

Survey By _____
Date & Time _____
Excess _____
Status _____
Signature _____

Total Amount 6,488.43 454.20 6,942.63
Total (Inclusive of GST) 6,942.63

Printed on 20/3/2018 4:34:28 PM

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)

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 11:02
Date Of Accident	17/03/2018 09:00
Exact Location Of Accident	ANG MO KIO STREET 65/66 S569061
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1885S
Insured/Policyholder	
Name Of Registered Owner	DOREEN HENG GEK NOI
NRIC No	S7326245C
Email Address	BRAINDROPZZZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81881335
Alternative Phone No	OFFICE-81881335
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.6 L (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	17-MU005490-R00
Cover Note Number	
Driver	
Name of Driver	DOREEN HENG GEK NOI
NRIC No	S7326245C
Date Of Birth	26/07/1973
Occupation	INDOOR
Date Of Driving Pass	06/02/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81881335
Fax Number	
Contact Number	OFFICE-81881335
EMail Address	BRAINDROPZZZ@GMAIL.COM

Address BLK567 HOUGANG ST 51 #12-67 S530567
 Postcode
 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? 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes,Please state which Police Station
 Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399
 Was notice of intended Prosecution given? NO
 If Yes,against whom?

Circumstances of Accident

PLEASE REFER TO POLICE 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 SHC5601Y
 Vehicle Make/Model/Colour FRONTAL DAMAGE
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver IBRAHIM BIN MOHAMED JAAFER
 NRIC/Passport Number S1193283E
 Contact Number 81985447
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

Vehicle No SJW1005C

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 willful 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.

[Signature] 1040hrs
19/03/19

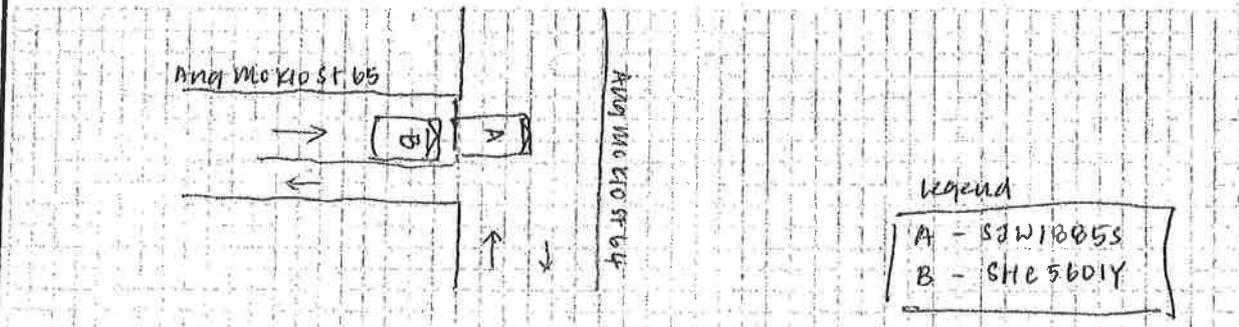
Policyholder's Signature / Date & Time

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 SJW10055

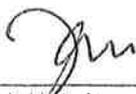
Annex E

Describe Circumstances of the Accident

PLEASE REFER TO ATTACHED POLICE REPORT NO. T/20180317/2104 .

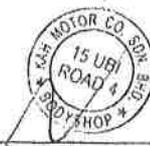
Declaration

We declare the foregoing particulars are true in every respect.

 1040WJ
19103110

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan #2 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180317/2104

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
589784
Tel No: 1800-4849999

1 of 4

Report No. T/20180317/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2018 16:16		Vide Report No.:		Station Diary No.: 74	
Informant's Particulars					
Name of Informant: DOREEN HENG GEK NOI			Address: APT BLK 567 HOUGANG STREET 51 #12-67 SINGAPORE 530567		
ID Type / ID No.: NRIC NO / S7326245C			Contact No.: Home/Office: Mobile: 81881335		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 44	Date of Birth: 26/07/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Polytechnic lecturer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2018 09:00	Type of Location: T-Junction
Location: ANG MO KIO STREET 65				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SHC5601Y	Car				Slightly Damaged	0
SJW1885S	Car	HONDA	CIVIC 1.6 VTI CVT	Blue	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW1885S	TOKIO MARINE INSURANCE SINGAPORE LTD.	MUC05490	05/05/2017	04/05/2019



**SINGAPORE
POLICE FORCE**



T/20180317/2104

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 4

Report No. T/20180317/2104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DOREEN HENG GEK NOI	ID No.	S7326245C
Related Vehicle	NIL	Contact No.	81881335
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	17/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Ibrahim Bin Mohamed Jaafer	ID No.	S1193283E
Related Vehicle	NIL	Contact No.	82985447
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 March 2018 at about 0900hrs, I was driving my blue Honda Civic, SJW1885S along Ang Mo Kio St 65. I stopped at the T-junction of Ang Mo Kio St 65 and Ang Mo Kio St 64 to give way to other vehicles. At this moment, a red taxi from Transcab, SHC5601Y moved forward and bumped into the rear of my car with the front of his car. Both the taxi driver and I exited our vehicles to assess the damages on both cars and exchanged contact information and personal particulars. We then moved our cars to the Kerb side, to avoid holding up traffic, in order to find out what caused the accident.

The taxi driver proposed to settle the matter privately but I was skeptical and called my car dealer for advise. The car dealer advised me to take photos of evidence, exchange contact information and get the car checked out first before agreeing to anything. Both parties then left the scene.

I then proceeded to my car dealership to get my car checked and assess the damages. The right bumper of the car is dented. The damages are assessed to be around five thousand dollars.

Following this, I made my way to Gleneagles Hospital after feeling my neck stiffening up and was worried that I sustained damages to my spine. After the checkup, the doctor gave me 3 days MC from 17/3/18 - 19/03/18.



**SINGAPORE
POLICE FORCE**



T/20180317/2104

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 4

Report No. T/20180317/2104

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20180317/2104

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

4 of 4

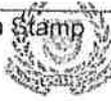
Report No. T/20180317/2104

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: F / Sgt 2 VIVIAN TEO MAN LING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2018 16:16
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No: 65476404	Classification Of Case:
Authentication Stamp NP168  Signature:  Singapore Police Force	SN 025