

AXA Ins. Spore Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Spore 068811

Date: 22/3/18

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SCJ811M. & GU 3490E

On 21/3/18 at PIG

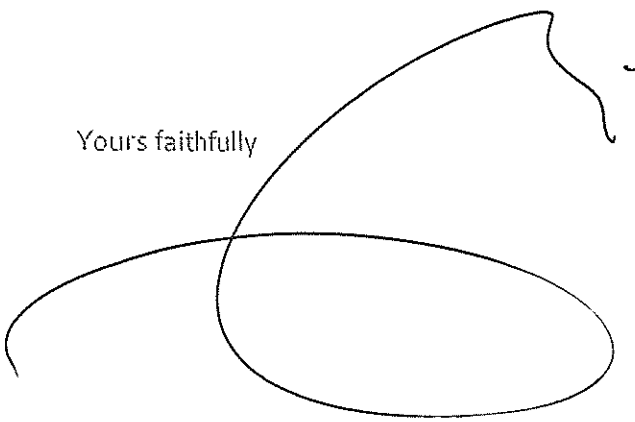
It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: GU 3490E

As the above vehicle was insured by your insurance company at the material time of the accident. I would appreciate that you could kindly arrange your surveyor to survey my vehicle soonest possible at the following address :-

Kan Fook Sing Motor Workshop
61 Defu Lane 12
Singapore 539147
Tel : 67479560 (O)

Thank you

Yours faithfully





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

DATE : 22-03-2018

8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

VEHICLE NO. : SCJ811M

ACCIDENT DATE : 21-03-2018 10:45

THIRD PARTY REF. : GU3490E

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE SCJ811M BMW 523I 2.5 AT ABS

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BOOT COVER	1922.80
2	1	REAR BOOT EMBLEM	83.40
3	3	REAR BOOT EMBLEM CLIP@\$9.60	28.80
4	1	REAR BOOT LOCK TOP	510.40
5	1	REAR BOOT RUBBER	138.30
6	1	REAR BOOT REFLECTOR RH	405.60
7	1	REAR LAMP RH	687.60
8	1	REAR LAMP SIDE COVER RH	34.50
9	1	REAR END PANEL	980.70
10	1	REAR BUMPER	1760.60
11	1	REAR BUMPER FAME	80.80
12	2	REAR BUMPER SIDE BRACKET @\$171.10	342.20
13	1	REAR BUMPER FOAM	70.00
14	1	REAR BUMPER REFLECTOR RH	58.20
15	1	REAR BUMPER TOW COVER	55.75
16	2	REAR BUMPER SENSOR@\$284.25	568.50
17	2	REAR BUMPER SENSOR RING@\$9.60	19.20
18	2	REAR BUMPER REINFORCEMENT	857.10
19	10	REAR BUMPER CLIP @\$7.00	70.00
20	1	REAR UNDERCOVER	70.75
21	1	FRONT BONNET	2669.65
22	1	FRONT EMBLEM	83.75
23	3	FRONT EMBLEM CLIP@\$9.60	28.80
24	2	FRONT GRILLE@\$144.60	289.20
25	2	FRONT FENDER TOP GARNISH @\$82.60	165.20



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VEHICLE NO. : SCJ811M
ACCIDENT DATE : 21-03-2018 10:45
THIRD PARTY REF. : GU3490E

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
26	1	FRONT HEADLAMP@\$3157.40	6314.80
27	1	FRONT TOP PANEL FRT	186.45
28	1	FRONT VERTICAL BAR@\$34.10	68.20
29	1	FRONT HEADLAMP PANEL@\$187.35	374.70
30	1	FRONT AIR DUCTS - SUPPORT CARRIER	271.85
31	1	FRONT BUMPER	1533.10
32	2	FRONT BUMPER WIPER COVER@\$67.75	135.50
33	2	FRONT BUMPER WIPER COVER SPRING@\$18.30	36.60
34	2	FRONT BUMPER WIPER COVER BRACKET@\$19.15	38.30
35	2	FRONT BUMPER WIPER COVER BASE@\$25.00	50.00
36	2	FRONT BUMPER WIPER NOZZLE @\$215.15	430.30
37	1	FRONT BUMPER CENTRE GRILLE	106.55
38	2	FRONT BUMPER SIDE GRILLE@\$98.15	196.30
39	2	FRONT BUMPER SIDE GRILLE GARNISH@\$53.35	106.70
40	1	FRONT BUMPER REINFORCEMENT	821.70
41	1	FRONT BUMPER FOAM	69.60
42	2	FRONT BUMPER SIDE RETAINER@\$18.05	36.10
43	10	FRONT BUMPER CLIP@\$7.00	70.00
44	1	AIR CON CONDENSER	1234.15
45	1	RADIATOR ASSY	1160.85
46	1	RADIATOR TOP GARNISH	57.20

25,280.75

LESS 10 %

2,528.08

TOTAL (A)

22,752.68

SPECIAL NETT ITEMS

1	1	FRONT NUMBER PLATE	30.00
2	1	REAR NUMBER PLATE	30.00

TOTAL (C)

60.00

LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM (FRONT & REAR)	50.00
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VEHICLE NO. : SCJ811M
ACCIDENT DATE : 21-03-2018 10:45
THIRD PARTY REF. : GU3490E

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
2	1	TO REMOVE/REFIT REAR FENDER INNER GARNISH & ETC	100.00
3	1	TO REMOVE/REFIT/REFILL AIR CON GAS	80.00
4	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS (REAR)	1100.00
5	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS (FRONT)	880.00
6	1	SPRAYPAINTING CHARGES (FRONT & REAR)	1700.00
TOTAL (D)			<u>3,910.00</u>
ESTIMATE TOTAL			<u>26,722.68</u>

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	21/03/2018 16:33
Date Of Accident	21/03/2018 10:45
Exact Location Of Accident	PIE EXIT JALAN BAHAR 36
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ811M
Insured/Policyholder	
Name Of Registered Owner	WONG KIONG
NRIC No	S0016541G
Email Address	WONGKIONG@WONGHINGLONG.COM.SG
Mobile Phone No	(LOCAL) +65-97226366
Alternative Phone No	OTHERS-97226366

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS

Exact Purpose for which vehicle was being used at time of accident

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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D16MTPV01016001
Cover Note Number	01/12/2017 TO 30/11/2018

Driver

Name of Driver	HUANG HONGYU VIKTOR
NRIC No	S8235453J
Date Of Birth	07/11/1982
Occupation	INDOOR
Date Of Driving Pass	22/09/2001
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97231123

Fax Number

Contact Number

Email Address SCORP168@HOTMAIL.COM

Address	55 STRATTON DRIVE (S) 805653
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with attach.

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	GU3490E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN TECK SIAN
NRIC/Passport Number	S1217175G
Contact Number	90216557
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE2517C
Vehicle Make/Model/Colour	TRA5456S

Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAN SHENG KUL
NRIC/Passport Number	G8228949L
Contact Number	84088861
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

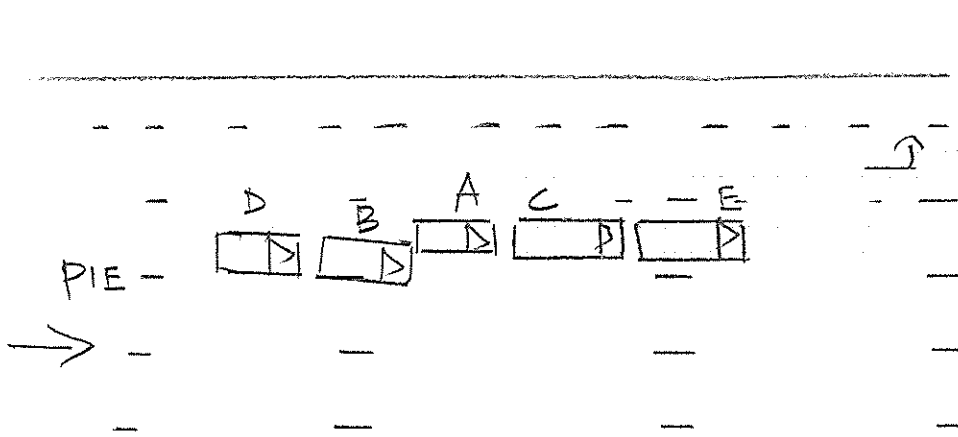
DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YK1813K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEOH YANG KIM
NRIC/Passport Number	S2568066I
Contact Number	90527066
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	XD3904S
Vehicle Make/Model/Colour	
Details Of Properties	TRB9179K
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHENG HENG YU
NRIC/Passport Number	G8127248X
Contact Number	81531472
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



A: SCT811M

B: GU3490E

C: XE2517C /
TRA5456S

D: YK1813K

E: XD3904S /
TRB9179K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE, so vehicle "E" sudden jam break. I was able to stop on time and managed to react on time. Then suddenly, I was hit by vehicle "B" and push me forward to hit the front vehicle. After the accident, we all alighted from our car and realised total 5 vehicles involved in the accident. TP arrived at scene.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/3/18 4.51pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

