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

Date: 27/3/18

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SKB 1586D & SJU 1866H

On 25/3/18 at Whitewater Condo Carpark

It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: SJU 1866H.

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

簡福星嘢哆工廠
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 : 27-03-2018
8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

VEHICLE NO. : SKB1586D
ACCIDENT DATE : 25-03-2018 18:00
THIRD PARTY REF. : SJU1866H

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SKB1586D AUDI A4

#	QTY	PARTS DESCRIPTION	AMOUNT (SG$)
1	1	REAR BUMPER	1895.00
2	1	REAR BUMPER LOWER	226.00
			2,121.00
		LESS 10 %	212.10
		TOTAL (A)	1,908.90

LABOUR CHARGES

1	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	400.00
2	1	SPRAYPAINTING CHARGES	400.00
		TOTAL (D)	800.00
		ESTIMATE TOTAL	2,708.90

MKFS18040335 / Kan Fook Sing Motor Workshop - Defu
ENTRY DATE & TIME: 26/03/2018 11:06
SUBMITTED BY: Lucy Ng

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 witholding 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	26/03/2018 11:06
Date Of Accident	25/03/2018 18:00
Exact Location Of Accident	WHITEWATER CONDO CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB1586D

Insured/Policyholder

Name Of Registered Owner	DOREEN KOAY SIEW CHING
NRIC No	S8365043E
Email Address	DOREENKOAY@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92356026
Alternative Phone No	OFFICE-92356026

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2017-V0100590-VDP
Cover Note Number	

Driver

Name of Driver	DOREEN KOAY SIEW CHING
NRIC No	S8365043E
Date Of Birth	17/07/1983
Occupation	INDOOR
Date Of Driving Pass	08/09/2011
Driving Experience	6 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92356026
Fax Number	
Contact Number	OFFICE-92356026
EMail Address	DOREENKOAY@YAHOO.COM

Address	BLK 27 PASIR RIS ST 72 #13-13
Postcode	518767
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	
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED.

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	SJU1866H
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	JAY
NRIC/Passport Number	
Contact Number	91684722
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

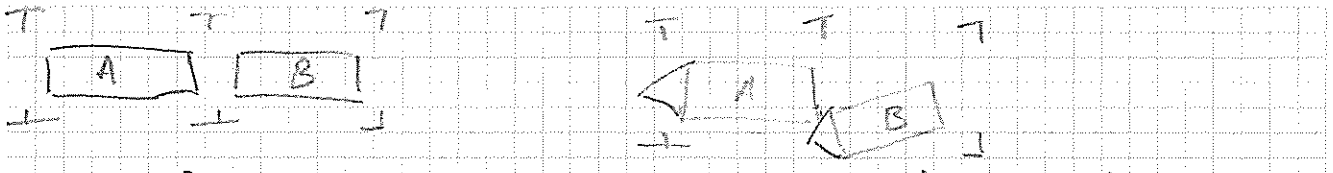
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 26/3/18, 11:15am	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



Vehicle while stationary

Vehicle B coming out of lot

A - SKB 1586B

B - SJU 1866 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked at lot 374 of whitewater condo carpark at 545pm, 25/3/18
Vehicle B was parked right behind my car at lot 375 (parallel carpark)
(carplate SJU1866H)

When I went to my car at around 8pm, I discovered scratch marks at the left back bumper.
vehicle B was no longer in vicinity.

As I remembered the car make/model/carplate number, I searched the whole condo carpark and found vehicle B with scratch marks on his right front bumper.
My husband and I left a note on vehicle B to call us back for discussion/clarification.

The owner of vehicle B called back the next morning admitting to parking behind my car and hitting into my car on his way out, but declined to claim cost that would incur for the repairs

Insurance Co. _____
Vehicle No. _____ Date of Accident _____
☐ Reporting Only
☐ ~~Own Damage Claim~~
☒ Third Party Claim @ KFS Motor W/S

DECLARATION

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

KAH FOOK SING MOTOR WORKSHOP

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 26/3/18, 1115am	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

CLAIMS Sketch Plan Form V1