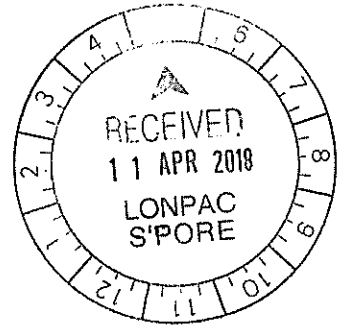


Lonpac Ins. Bhd  
300 Beach Rd  
#17-04/07 The Concourse  
Singapore 199555



Date: 11/4/18

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles 8JP 7984 L & SJF 1185T.

On 10/4/18 at Kovan BKE 210 Open Carpark

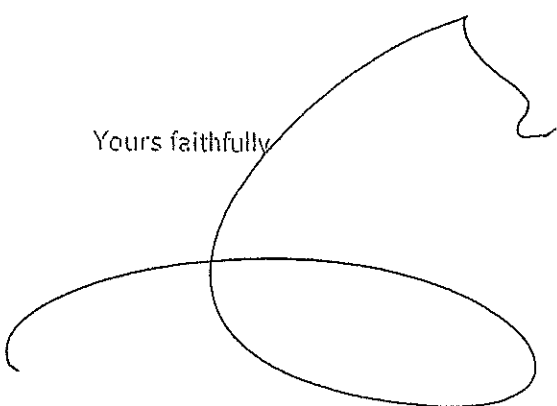
It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: SJF 1185T

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 ( 0 )

Thank you

Yours faithfully





# 簡福星摩王廠

## KAN FOOK SING MOTOR WORKSHOP

Headquarter: 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

LONPAC INSURANCE BHD

DATE : 11-04-2018

300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE  
199555

VEHICLE NO. : SJP7984L

ACCIDENT DATE : 10-04-2018 17:45

THIRD PARTY REF. : SJF1185T

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE SJP7984L SAAB 95

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BUMPER	1200.00
2	1	REAR BUMPER SIDE RETAINER RH	50.00
3	10	REAR BUMPER CLIP@\$3.00	30.00
			<hr/>
			1,280.00
			<hr/>
ADD 15 %			192.00
			<hr/>
TOTAL ( A )			1,472.00
			<hr/>

## SPECIAL NETT ITEMS

1	1	REAR RIM RH	450.00
			<hr/>
TOTAL ( C )			450.00
			<hr/>

## LABOUR CHARGES

1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	400.00	
2	1	SPRAYPAINTING CHARGES	450.00
TOTAL ( D )			850.00
ESTIMATE TOTAL			2,772.00

MKFS18048143 / Kan Fook Sing Motor Workshop - Defu  
 ENTRY DATE & TIME: 11/04/2018 12:06  
 SUBMITTED BY: Margaret Lee

## 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 11/04/2018 12:06  
 Date Of Accident 10/04/2018 17:45  
 Exact Location Of Accident KOVAN BLK 210 OPEN CP  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP7984L  
 Insured/Policyholder  
 Name Of Registered Owner NORDIN BIN ABDUL RAHMAN  
 NRIC No S1421423B  
 Email Address NURHUDA.N@GMAIL.COM  
 Mobile Phone No (LOCAL) +65-98262026  
 Alternative Phone No OFFICE-98262026

#### Vehicle Particulars

Manufacturer SAAB  
 Model 95

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 MSIG INSURANCE (SINGAPORE) PTE. LTD.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number A8042394 QMX  
 Cover Note Number

#### Driver

Name of Driver NURHUDA BINTE NORDIN  
 NRIC No S8713862C  
 Date Of Birth 25/05/1987  
 Occupation INDOOR  
 Date Of Driving Pass 09/11/2006  
 Driving Experience 11 YEARS AND 5 MONTHS  
 Gender FEMALE  
 Mobile Number (LOCAL) +65-94554681  
 Fax Number  
 Contact Number  
 Email Address NURHUDA.N@GMAIL.COM

Address BLK 287C COMPSVALE CRESENT #15-173 S543287

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 COLLISION - MAJOR/MINOR RD

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 TO ATTACHED REPORT

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF1185T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHEANG CHENG LYE

NRIC/Passport Number S1138256H

Contact Number 96374337

Address NA

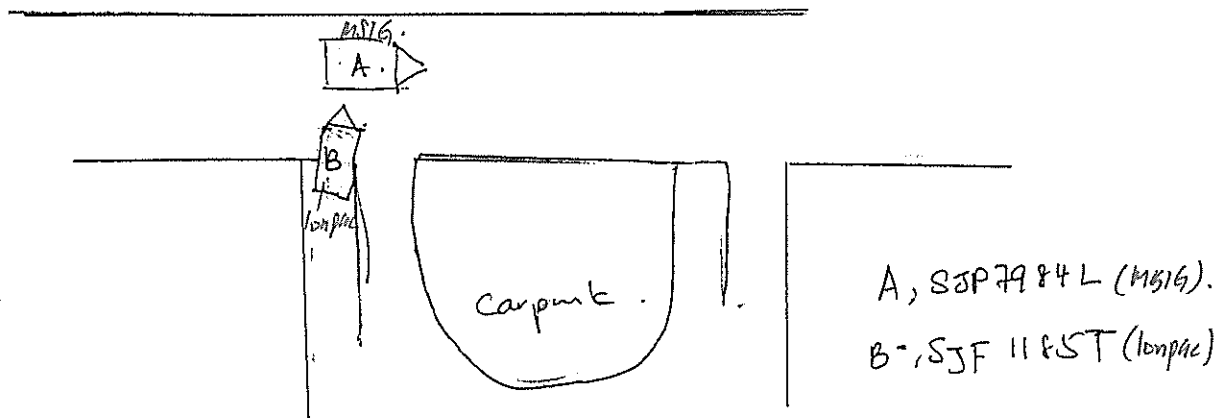
Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

## SKETCH PLAN



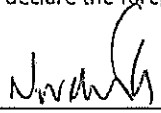
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

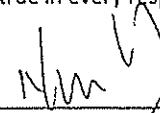
I was driving in the carpark when I passed the side road and suddenly vehicle B hit my vehicle rear.

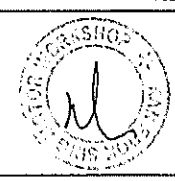
Insurance Co.	MSIG.
Vehicle No.	SJP7984L
Date of Accident	10/4/18
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	
<input type="checkbox"/> Other Workshop	KFS.

## 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: 11/4/18 12:20 pm

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