. 1
Date: 30/4/18
Date: 30/4/18  To: AXA Insurance Spore Ite Ud.
Fax No :
Attn : Motor Claims Department
Dear Sir / Mdm
Accident involving SGE435U and SKP2220D on 28/4/18
I am the owner of vehicle no. SGE 4350. My vehicle was damaged in the above accident by your insured vehicle no. SKP2220D.
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: Suundi Ngaturi NRIC No: S6875467D



# KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

BOSUN

**BOJSE** 

BOBC

**SUNDRIES** 

BODY JOINT SEALANT.

BODY UNDERSIDE COATING (N)

Website: www.honda.com.sg

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

**QUOTATION** 

For 24-nours Roads	ide Assistance, Call 98203838						
Registration No Chassis No Model Owner's Name Ins Policy No. Date of Accident	: AXA INSURANCE S'PORE PTE LTD 8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811 : SGE435U : JHMRB18505C202951 : ODYSSEY 2.4 EXV AUTO : SUWANDI NGATURI	Date Cus Svc Eng Date Sur Sur	eument No. e stomer No. s Advisor gine No e   Time veyor Name horisation D	: 28. : WZ : LIE : K2 : 28.	T1800176 Apr 2018 ZA006 W THYE \ 4A620029 Apr 2018	ΝΕΙ 52	Page 1
Date of Accident	. 2014/2010					0% GST	Amount
ltem	Description	Qty	Unit Price	Disc %	Amount	Amount	incld GST
	TP DIRECT SETTLEMENT (J/NO: )						
	OWNER: SUWANDI NGATURI						
	OWNER INSURER: NTUC						
	ACC DATE: 28/4/18						
	SURVEYED BY:						
	DATE:						
	REF NO:						
	TP INSURER: AXA INSURANCE						
	TP VEH: SKP2220D						
BO-NUM-PLATE	NUMBER PLATE (N)	1	25.00		25.00	1.75	26.75
04715-SFE-000ZZ	FACERR BUMPER	1	815.40	35	530.01	37.10	567.11
71521-SFE-003	MOULDING R RR	3	59.30	35	38.54	2.70	41.24
71526-SFE-003	MOULDING L RR	1	59.30	35	38.54	2.70	41.24
71593-SFE-003	SPACER R RR BPR SIDE	3	17.60	35	11.44	0.80	12.24
71598-SFE-003	SPACERL RR BUMPER SIDE	3	17.60	35	11.44	0.80	12.24
91503-SZ3-003	CLIP ABUMPER	10	3.90	35	25.35	1.77	27.12
04663-SFE-Q00ZZ	STIFFENERRR.BPR FACE	1	445.70	35	289.70	20.28	309.98
74440-SFE-003	W/STRIPTAILGATE	11	131.10	35	85.21	5.96	91.17
68100-SFE-305ZZ	TAILGATE COMP	1	1356.20	35	881.53	61.71	943.24
74890-SFE-305ZN	GARNISH SETTAILGATE	1	498.90	35	324.28	22.70	346.98
75701-SFE-003	EMBLEMREAR CENTER	3	30.20	35	19.63	1.37	21.00
75722-SFE-003	EMBLEM RR (ODYSSEY)	1	35.10	35	22.81	1.60	24.41
84640-SFE-J11ZC	LINING RR PANEL	1	233.30	35	151.64	10.61	162.25
71530-SFE-000ZZ	BEAM RR BUMPER	1	101.70	35	66.10	4.63	70.73
RS-4P	BUMPER SENSOR 4PCS	1	180.00		180.00	12.60	192.60
				Sum Item	2701.22	189.08	2,890.30

1

30.00

80.00

100.00

30.00

80.00

100.00

2.10

5.60

7.00

32.10

85.60

107.00



# KAH MOTOR CO. SDN. BHD.

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: AXA INSURANCE S'PORE PTE LTD

For 24-hours Roadside Assistance, Call 98203838

Document No.

: SQT18001767

Page

2

QUOTATION

Company Ref. No.: S60FC1380G

GST Reg No.: M200050223

8 SHENTON WAY

#27-01 AXA TOWER 068811 Customer No.

: 28. Apr 2018

**SINGAPORE** 

: WZA006

Registration No : SGE435U Svc Advisor **Engine No** 

Date

: LIEW THYE WEI : K24A62002952

Chassis No

: JHMRB18505C202951

Date | Time

Model

Signature

Customer

: ODYSSEY 2.4 EXV AUTO

Surveyor Name

: 28. Apr 2018 2:45:38 PM

Owner's Name

: SUWANDI NGATURI

Survey Date

Authorisation Date :

Ins Policy No. Date of Accident

: 28/4/2018

Item	Description	Qty	Unit Price Di	isc %	Amount	0% GST Amount	Amount incld GST
BP00R	APPLY BODY UNDERSIDE COATING (N).	1	250.00	70	250.00	17.50	267.50
BML02I	INSPECT RR LIGHTING MECHANISMS. PERFORM WATER	1	80.00		80.00	5.60	85.60
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N) 1		120.00		120.00	8.40	128.40
BMI02D	REMOVE & INSTALL SPEAKER BOARD RR SEATS TRUNK	1	350.00		350.00	24.50	374.50
BG02D	REMOVE & INSTALL RR. WINDSCREEN.(N)	1	300.00		300.00	21.00	321.00
BKTG02R	REMOVE & TRANSFER ITEMS TO NEW TAILGATE. ADJUST &	1	450.00		450.00	31.50	481.50
BKRP02M	CUT OFF & RENEW RR PANEL. STRAIGHTEN	1	2800.00		2800.00	196.00	2996.00
BP05R	SPRAY PAINTING ON REPAIRED OR REPLACED AREA (5P)	<sup>AS.</sup> 1	2800.00		2800.00	196.00	2996.00
			Sum	Labor	7360.00	<u>515.20</u>	<u>7.875.20</u>
Survey By							
Date & Time	·		Total Ar	mount	10,061.22	704.28	10,765.50
Excess			Total (Inclusive of	GST)			10,765.50
Status	( <del></del>						

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number **EMail Address** 

- 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.	to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/04/2018 12:45
Date Of Accident	28/04/2018 11:25
Exact Location Of Accident	SLIP RD BUKIT BATOK AVE 1 / BUKIT BATOK WEST AVE 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGE435U
Insured/Policyholder	
Name Of Registered Owner	SUWANDI NGATURI
NRIC No	S6875467D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96157883
Alternative Phone No	OTHERS-93808153
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5019357900-11
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	YONAS NGATURI
NRIC No	S9641645H
Date Of Birth	27/10/1996
Occupation	INDOOR
Date Of Driving Pass	13/09/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93808153
Fax Number	

**NOEMAIL** 

Address

BLK 122 #14-417

**BUKIT BATOK CENTRAL** 

Postcode

650122

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

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

4

Number of Passengers (Including Driver)

Passenger 1

NAME:

PASSENGER

GENDER:

: MALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: MALE

Passenger 3

NAME:

: PASSENGER

GENDER:

: FEMALE

## **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**

I was stationary in the slip road of Bukit Batok Ave 1 to Bukit Batok West Ave 6 as there was oncoming traffic along the main road of Bukit Batok West Ave 6. Suddenly, vehicle B hit into the rear of my vehicle A.

#### 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

SKP2220D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

KOH WEE HOCK

NRIC/Passport Number

S2557938J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

82232100

#### Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time:

28-04-2018 / 12:40

Report No: MT/

D.O.A: <u>28-04-2018</u> Time: <u>11:25</u> hrs Vehicle No: SGE435U

Reporting Type:

#### **SKETCH PLAN**

## **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

28-04-18 / 12:40

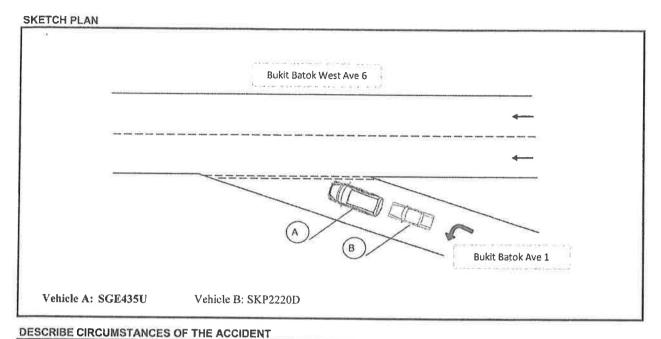
Policyholder's Signature / Date & Time

28-04-18 / 12:40 Driver's Signature (If driver is not the policyholder) / Date & Time Alan Tang (S098825) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Peronnel

Page 4 of 15

# Sketch Plan Pg. 2



I was stationary in the slip road of Bukit Batok Ave 1 to Bukit Batok West Ave 6 as there was oncoming traffic along the main road
The state of the s
of Bukit Batok West Ave 6. Suddenly, vehicle B hit into the rear of my vehicle A.
way, the second of the test of his venter of the

#### Declaration

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

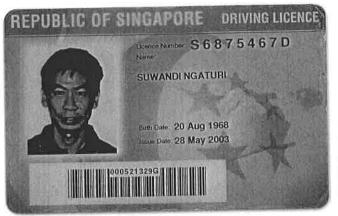
28-04-18 / 12:40

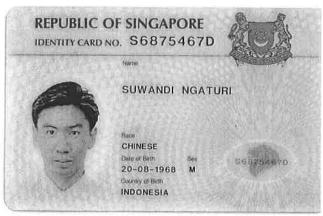
Driver's Signature (If driver is not the policyholder) / Date & Time

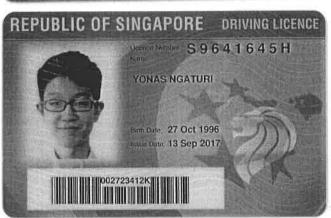
28-04-18 / 12:40

Alan Tang (S098825) Customer Care Executive Motor Service Centre

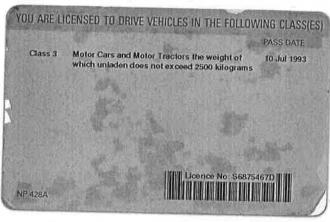
Witnessed by Reporting Centre Personnel



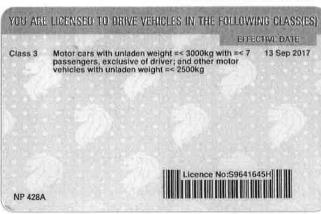


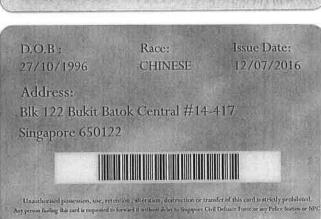
















https://appsonline.income.com.sg

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MENU =

Back to General Insurance

My Policies:

5019357900-11 - PRIVATE CAR



# PRIVATE CAR INSURANCE

Policy No.: 5019357900-11

**Effective Date** 

08-03-2018

**Expiry Date** 

07-03-2019

Cover Type

drivo CLASSIC

Status

In Force

Premium Amount (after GST)

586,95

Sum Assured

N.A.