

Date : 9/5/18

To : India International Insurance

Fax No : _____

Attn : Motor Claims Department

Dear Sir / Mdm

Accident involving SKN6375A and SH7995R on 7/5/18.

I am the owner of vehicle no. SKN 6375A. My vehicle was damaged in the above accident by your insured vehicle no. SH7995R.

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,

Chui Yin Yen
(Signature of vehicle owner)

Name : Chui Yin Yen

NRIC No : S1660370H



QUOTATION

KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Customer : INDIA INTERNATIONAL INSURANCE
64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711
Registration No : SKN6375A
Chassis No : JHMRC1880EC202124
Model : ODYSSEY 2.4 EX-S 14YM(EURO 4)
Owner's Name : CHUI YIN YEN
Ins Policy No. :
Date of Accident : 7/5/2018

Document No. : SQT18001879 **Page** 1
Date : 8. May 2018
Customer No. : WZI007
Svc Advisor : LIEW THYE WEI
Engine No : K24W71001116
Date | Time : 8. May 2018 8:33:16 AM
Surveyor Name :
Survey Date :
Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: CHUI YIN YEN OWNER INSURER: AXA INSURANCE ACC DATE: 7/5/18 SURVEYED BY: DATE: REF NO: TP INSURER: MS FIRST CAPITAL INSURANCE LIMITED TP VEH: SH7995R						
04715-T6A-000ZZ	FACERR.BUMPER	1	527.00	25	395.25	27.67	422.92
71507-T6A-003ZG	FACEL.RR.BUMPER GARNISH	1	75.30	25	56.47	3.95	60.42
91505-TM8-003	CLIPBUMPER	9	2.00	25	13.50	0.95	14.45
71593-T6A-003	SPACERR.RR.BUMPER SIDE	1	18.70	25	14.02	0.98	15.00
71598-T6A-003	SPACERL.RR.BUMPER SIDE	1	18.70	25	14.02	0.98	15.00
33555-SLJ-013	REFLECTOR ASSYL.RR.	1	44.50	25	33.37	2.34	35.71
NMRS-4P-TM3040L	4PCS ACT RR.SENSOR	1	320.00		320.00	22.40	342.40
Sum Item					846.63	59.27	905.90
BOSUN	SUNDRIES	1	30.00		30.00	2.10	32.10
BA02R	REMOVE, CHECK & INSTALL REVERSE SENSORS-4 PCS (N)	1	120.00		120.00	8.40	128.40
BKTG02K	STRAIGHTEN ALIGN TAILGATE. REPLACE DAMAGED PARTS.	1	1500.00		1500.00	105.00	1605.00
BP02R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (2P)	1	1500.00		1500.00	105.00	1605.00
Sum Labor					3150.00	220.50	3370.50

Survey By

Date & Time

Excess

Total Amount 3,996.63 279.77 4,276.40

Total (Inclusive of GST) 4,276.40



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SINGAPORE 049711
Registration No : SKN6375A
Chassis No : JHMRC1880EC202124
Model : ODYSSEY 2.4 EX-S 14YM(EURO 4)
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Ins Policy No. :
Date of Accident : 7/5/2018

Document No. : SQT18001879 **Page** 2
Date : 8. May 2018
Customer No. : WZI007
Svc Advisor : LIEW THYE WEI
Engine No : K24W71001116
Date | Time : 8. May 2018 8:33:16 AM
Surveyor Name :
Survey Date :
Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
Status							
Signature							

Printed on 9/5/2018 4:50:56 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	08/05/2018 09:49
Date Of Accident	07/05/2018 08:30
Exact Location Of Accident	U-TURN OPPOSITE NAMLY AVE ALONG BT TIMAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN6375A
Insured/Policyholder	
Name Of Registered Owner	CHUI YIN YEN
NRIC No	S1660370H
Email Address	TWINRAINBOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92338429
Alternative Phone No	OTHERS-92338429

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE VEHICLE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1518177
Cover Note Number	

Driver

Name of Driver	CHUI YIN YEN
NRIC No	S1660370H
Date Of Birth	04/01/1964
Occupation	INDOOR
Date Of Driving Pass	30/09/1983
Driving Experience	34 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92338429
Fax Number	
Contact Number	OTHERS-92338429
Email Address	TWINRAINBOW@GMAIL.COM

Address	8 PRINCE OF WALES ROAD
Postcode	266969
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)	2
Passenger 1	NAME: : LEE HUAN JING 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

PLEASE REFER TO ATTACHED 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	SH7995R
Vehicle Make/Model/Colour	TOYOTA / PRIUS HYBRID / BLUE
Details Of Properties	FRONT BUMPER OF TAXI DAMAGED
Vehicle Category	TAXI
Name of Driver	CHEONG BOO THAI RICHARD
NRIC/Passport Number	S1270192F
Contact Number	91558316
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No SKN 6375A**SKETCH PLAN**

Annex D

IMPORTANT NOTICE

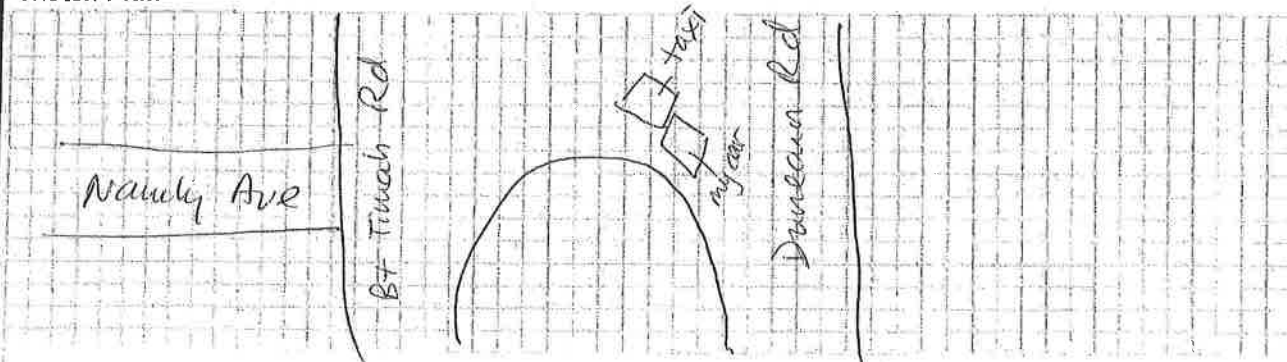
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

Chun Jui Joo 8/5/18

Policyholder's Signature / Date &
Time *9am*

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 SKN 6375A

Annex E

Describe Circumstances of the Accident

I stopped at the U-turn along Bukit Timah Rd, opposite Namly Ave, waiting to turn onto Dunearn Rd. My car was 1st vehicle waiting to turn. I was waiting for green light to turn.

The taxi (SA 7995 R) crashed into my car from behind. The front of the taxi was also damaged.

The driver admitted it was his fault, that he was not paying attention to the road while driving.

Declaration

We declare the foregoing particulars are true in every respect.

Chunfeng 8/5/18
 Policyholder's Signature / Date &
 Time 9am

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

h
 Witnessed by Reporting Centre
 Personnel

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



Private Cars COMP
 POLICY SCHEDULE
 RENEWAL
 Duplicate

POLICY INFORMATION		Policy No. : VPA/P1518177	
Source	:	(01) 03365 WINNER INSURANCE AGENCIES PL	
Insured	:	CHUI YIN YEN	
Address	:	8 PRINCE OF WALES ROAD SINGAPORE 266969	
Business/Profession	:	MANAGER Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 01/07/2017 To 30/06/2018 (Both Dates Inclusive) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 50.00% : SGD 1,083.16 NCD			
Discount (5.00%) : SGD 54.16			
GST 7.00% : SGD 72.03			
Annual Premium : SGD 1,101.05			
Total Payable : SGD 1,101.05			
RISK DETAILS THE MOTOR VEHICLE			
Type Of Cover	:	Comprehensive	
Regn No.	:	SKN6375A	
Type Of Use	:	Private Car	
Make/Model	:	HONDA ODYSSEY 2.4 EX-S EURO 4	
Year of Manufacture	:	2014	Seating Capacity (excl. Driver) : 06
Body Type	:	MULTI - PURPOSE VEHICLE	Engine C.C. : 2356
Engine No.	:	K24W71001116	Chassis No. : JHMRC1880EC202124
Insured's Estimated Market Value	:	Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use : As specified in Certificate of Insurance			
Basic Own Damage Excess		: SGD 600.00	
Named Drivers			
1 CHUI YIN YEN			
ILLEGALITY CLAUSE			
Under no circumstances shall this insurance policy be deemed to provide cover and no liability be incurred to pay or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would cause us to be in breach of, or expose us to any prohibition, or restriction under the laws or regulations of Singapore. .JG			

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S1660370H**
 Name: **CHUI YIN YEN**
 Birth Date: **04 Jan 1964**
 Issue Date: **19 Jul 2003**

000667607H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1660370H**


 Name: **CHUI YIN YEN**
 徐燕瑩
 Race: **CHINESE**
 Date of Birth: **04-01-1964** Sex: **F**
 Country of Birth: **SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3: **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**


PASS DATE: **30 Sep 1983**

NP 428A

Licence No: **S1660370H**



1718667


 NRIC No: **S1660370H**
 Blood Group: **B+** Date of issue: **25-02-1994**

8 PRINCE OF WALES ROAD
SINGAPORE 266969
 NRIC No: **S1660370H** Date: **05-08-2004 (R) No: 6029525**