

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

Date: 25/5/18

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SJL 7281 Y & SKW 4795 L  
On 24/5/18 at SLE

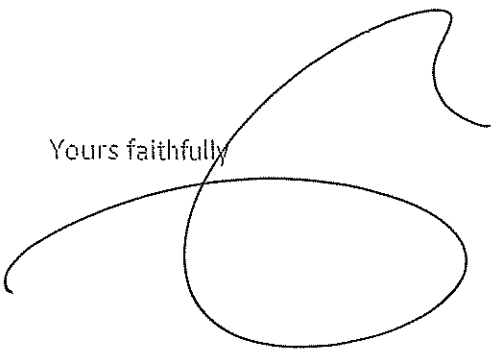
It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: SKW 4795 L

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  
8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

DATE : 25-05-2018

VEHICLE NO. : SJL7231Y  
ACCIDENT DATE : 24-05-2018 19:30  
THIRD PARTY REF. : SKW4795L

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SJL7231Y MITSUBISHI LANCER EX 1.5A

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
NETT ITEMS			
1	1	REAR BOOT COVER	569.00
2	1	REAR BOOT CENTRE EMBLEM	38.00
3	1	REAR BOOT LANCER EMBLEM	43.00
4	1	REAR BOOT EX EMBLEM	32.00
5	1	REAR BOOT LOCK	60.00
6	1	REAR BOOT RUBBER	155.00
7	1	REAR END PANEL	423.00
8	1	REAR END PANEL TOP GARNISH	144.00
9	1	REAR BUMPER	669.00
10	1	REAR BUMPER TOP BEAM	173.00
11	1	REAR BUMPER REINFORCEMENT	670.00
12	2	REAR BUMPER SIDE RETAINER@\$13.00	26.00
13	2	REAR BUMPER REFLECTOR@\$18.00	36.00
14	1	REAR BUMPER TOW COVER	18.00
15	10	REAR BUMPER CLIP@\$2.00	20.00
16	1	REAR NUMBER PLATE LAMP	30.00
			<hr/>
			3,106.00
LESS 10 %			<hr/>
			310.60
TOTAL ( B )			<hr/>
			2,795.40

### SPECIAL NETT ITEMS

1	1	REAR NUMBER PLATE	30.00
2	1	REAR REVERSE SENSOR	200.00



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

VEHICLE NO. : SJL7231Y  
ACCIDENT DATE : 24-05-2018 19:30  
THIRD PARTY REF. : SKW4795L

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
TOTAL ( C )			230.00
LABOUR CHARGES			
1	1	TO CHECK WIRING SYSTEM	30.00
2	1	TO REMOVE/REFIT REAR FENDER INNER GARNISH AND ETC	120.00
3	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	820.00
4	1	SPRAYPAINTING CHARGES	750.00
TOTAL ( D )			1,720.00
ESTIMATE TOTAL			4,745.40

## 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	25/05/2018 09:29
Date Of Accident	24/05/2018 19:30
Exact Location Of Accident	SLE AFTER UPPER THOMSON RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7231Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHOO GUAN JIE (QIU GUANJIE)
NRIC No	S8401651I
Email Address	MINDSCOPEKHOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94893153
Alternative Phone No	OTHERS-94893153

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5096270286
Cover Note Number	27/11/2017 - 09/12/2018

### Driver

Name of Driver	KHOO GUAN JIE (QIU GUANJIE)
NRIC No	S8401651I
Date Of Birth	24/01/1984
Occupation	INDOOR
Date Of Driving Pass	21/11/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94893153
Fax Number	
Contact Number	OTHERS-94893153
Email Address	MINDSCOPEKHOO@GMAIL.COM

Address	BLK 702 BEDOK RESERVOIR ROAD #08-3538
Postcode	470702
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	2
Was any body injured in the Accident?	YES
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)	3
Passenger 1	NAME: : KHOO YU YANG JESPER GENDER: : MALE
Passenger 2	NAME: : HUANG XUEFANG 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

MY VEHICLE WAS TRAVELLING ON THE SECOND RIGHT LANE OF SLE AFTER UPPER THOMSON RD EXIT. TRAFFIC WAS SLOW MOVING. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE REAR PORTION AND VEHICLE B HAD HIT ONTO MY VEHICLE. WE LEFT AFTER EXCHANGING PHONE NUMBERS. BABY STROLLER AT CAR BOOT WHICH WAS DAMAGED SEVERELY UPON IMPACT. COST BOUGHT IN SINGAPORE AT \$300.00

#### 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 Witness 1

Name	IVAN HO
Phone Number	96865321
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW4795L
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR

Name of Driver	JOHN ONG
NRIC/Passport Number	
Contact Number	96516615
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	KHOO YU YANG JESPER
Approximate Age	
Injuries Sustain	HEAD
Injured person in which vehicle?	SJL7231Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 702 BEDOK RESERVOIR ROAD #08-3538
Postcode	470702

## Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No. MI

D.O.A

Vehicle No

Make Model

Report Date: 5/25/2018 Start Time: 9:48 AM

Reporting Type: TP End Time:

### SKETCH PLAN

#### 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.
  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 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.
6. 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 purposes 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 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 reasonable required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, law or court orders

5/25/2018 9:48

Policyholder's Signature  
Date & Time:

5/25/2018 9:48

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

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/Fin No: S990765

SKETCH PLAN

SLE AFTER UPPER THOMSON RD EXIT

Vehicle A: SJH 7231Y      Vehicle B: SKW 4795L


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS TRAVELLING ON THE SECOND RIGHT LANE OF SLE AFTER UPPER THOMSON RD EXIT. TRAFFIC WAS SLOW MOVING. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE REAR PORTION AND VEHICLE B HAD HIT ONTO MY VEHICLE. WE LEFT AFTER EXCHANGING PHONE NUMBERS.

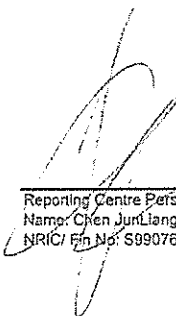
Baby Stroller was  
in car boot which  
was damaged severely  
upon impact.  
Cost bought in Singapore  
at \$300

DECLARATION

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

  
5/25/2018 9:48  
Policyholder's Signature  
Date & Time:

5/25/2018 9:48  
Driver's Signature (if driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765