

EQ Ins.
5 Maxwell Rd
#17-00 Tower B
MND Complex
SE 069110

Date: 13/8/18

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SKW 67688 & GBD 3666P
On 7/8/18 at Pioneer Rd, Nanyang

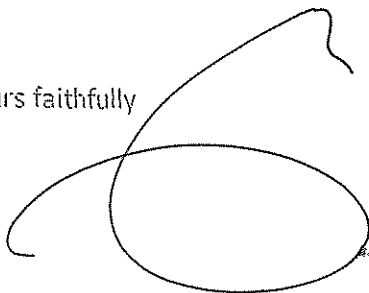
It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: GBD 3666P

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

A large, stylized handwritten signature in black ink, consisting of a large loop and a trailing flourish.



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

EQ INSURANCE

DATE : 08-08-2018

5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEX
SINGAPORE 069110

VEHICLE NO. : SKW6968S

ACCIDENT DATE : 07-08-2018 07:45

THIRD PARTY REF. : GBD3666P

ATTN: EQ INSURANCE

ESTIMATE COST OF REPAIR TO VEICLE SKW6968S HONDA VEZEL 1.5 SA

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BOOT COVER	560.00
2	1	REAR BOOT WINDSCREEN MOULDING	38.00
3	1	REAR BOOT VEZEL EMBLEM	38.00
4	1	REAR BOOT LOCK	65.00
5	1	REAR BOOT RUBBER	50.00
6	2	REAR BOOT REFLECTOR@\$165.00	330.00
7	1	REAR BOOT GARNISH	68.00
8	1	REAR BOOT H EMBLEM	15.00
9	1	REAR BOOT TRIMBOARD	98.00
10	2	REAR BOOT PULL COVER	15.00
11	2	REAR END PANEL	285.00
12	2	REAR END PANEL TOP GARNISH	38.00
13	10	REAR SPARE TYRE BOARD	160.00
14	1	REAR TOOL FOAM	115.00
15	1	REAR BUMPER	185.00
16	2	REAR BUMPER SIDE RETAINER@\$11.00	22.00
17	1	REAR BUMPER SIDE@\$85.00	170.00
18	2	REAR BUMPER RELFECTOR@\$38.00	76.00
19	10	REAR BUMPER CLIP@\$1.50	15.00
20	2	REAR LAMP@\$250.00	500.00
			<hr/>
			2,843.00
			<hr/>
ADD 20 %			568.60
			<hr/>
TOTAL (A)			3,411.60
			<hr/>

SPECIAL NETT ITEMS

1	1	REAR WINDSCREEN GUM	40.00
---	---	---------------------	-------



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. : SKW6968S
ACCIDENT DATE : 07-08-2018 07:45
THIRD PARTY REF. : GBD3666P

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
2	1	REAR WINDSCREEN FILM	200.00
3	1	REAR BOOT CHROME	300.00
4	1	REAR BUMPER CHROME	400.00
5	1	REAR BUMPER LOWER SKIT	480.00
6	1	REAR REVERSE SENSOR	300.00
7	1	REAR END PANEL TOP GARNISH CHROME	350.00
8	1	SOUND PROOF	300.00
TOTAL (C)			2,370.00

LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	30.00
2	1	TO REMOVE/REFIT REAR WINDSCREEN GLASS	100.00
3	1	TO REMOVE/REFIT REAR FENDER INNER GARNISH & ETC	150.00
4	1	TO REMOVE ALL NECSSARY AFFECTE PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	880.00
5	1	SPRAYPAINTING CHARGES	980.00
TOTAL (D)			2,140.00
ESTIMATE TOTAL			7,921.60

MSME18102809 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 08/08/2018 17:32
SUBMITTED BY: Chia Pei Ying

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	08/08/2018 17:32
Date Of Accident	07/08/2018 07:45
Exact Location Of Accident	PIONEER RD NORTH TO AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW6968S
Insured/Policyholder	
Name Of Registered Owner	LEE MUI LIAN JENNY
NRIC No	S6802976G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98194688
Alternative Phone No	OFFICE-98194688

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA130880
Cover Note Number	

Driver

Name of Driver	CHEO CHYE KOON
NRIC No	S1228624D
Date Of Birth	13/07/1957
Occupation	INDOOR
Date Of Driving Pass	21/08/1978
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96657022
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 915 JURONG WEST ST 91 #04-182
 Postcode 640915
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - EMPLOYER
 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) 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

I WAS DRIVING FROM PIONEER ROAD NORTH HEADING TOWARDS AYE. I CHECK ON MY RIGHT SIDE TRAFFIC CLEAR. SO, I PROCEED TO MOVE OUT. THEN I SAW AN ONCOMING TRAFFIC CAME ON MY RIGHT. SO, I STOPPED MY CAR. SUDDENLY, I FELT AN IMPACT FROM MY REAR AND I REALISED I WAS HIT BY VEHICLE (GBD3666P).

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 GBD3666P
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 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: 7/8/18 16:31/18

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

Pioneer
roundaboutA = SKW 6968S
B = GTD 3666P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from pioneer rd north heading towards eye. I check on my right side traffic clear, so I proceed to make out. Then, I saw an oncoming traffic came on my right, so I stopped my car. Suddenly, I felt an impact from my rear & realised was hit by a vehicle GTD 3666P.

INSURER: AXA Insurance P/L

VEHICLE: SKW 6968S

DOA: 7/8/2018

CLAIM TYPE: Third party

WORKSHOP:

DECLARATION

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

Policyholder's Signature

Date & Time:

8/8/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 7/8/18 1623428

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: