

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

Date: 11/9/18

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SKU 9526S & SLZ 2599Y
On 11/9/18 at PIE.

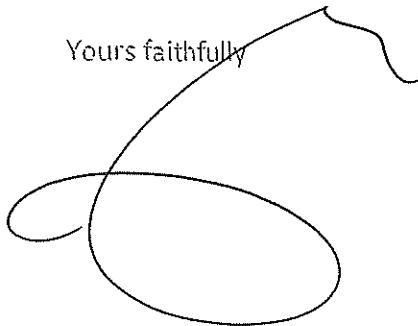
It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: SLZ 2599Y

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

AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

DATE : 11-09-2018

VEHICLE NO. : SKU9546S
ACCIDENT DATE : 11-09-2018 11:40
THIRD PARTY REF. : SLZ2599Y

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SKU9546S TOYOTA WISH

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BOOT COVER	1400.00
2	1	REAR BOOT CENTRE EMBLEM	72.20
3	1	REAR BOOT VALVE MATIC EMBLEM	43.70
4	1	REAR BOOT LOCK	425.00
5	1	REAR BOOT RUBBER	320.00
6	1	REAR BOOT WINESCREEN MOOULDING	175.00
7	1	REAR END PANEL	485.00
8	1	REAR END PANEL TOP GARNISH	285.00
9	1	REAR SPARE TYRE BOARD	595.00
10	1	REAR BUMPER	598.00
11	2	REAR BUMPER BRACKET@\$55.40	110.80
12	2	REAR BUMPER SIDE RETAINER@\$95.00	190.00
13	10	REAR BUMPER CLIP@\$5.00	50.00
			<hr/>
			4,749.70
			<hr/>
LESS 25 %			1,187.43
			<hr/>
TOTAL (A)			3,562.28
			<hr/>

SPECIAL NETT ITEMS

1	1	REAR WINDSCREEN GUM	40.00
2	1	REAR REVERSE SENSOR	200.00
			<hr/>
TOTAL (C)			240.00
			<hr/>

LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	30.00
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Tel: (65) 6481 5150 Fax: (65) 6481 8683

VEHICLE NO. : SKU9546S

ACCIDENT DATE : 11-09-2018 11:40

THIRD PARTY REF. : SLZ2599Y

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
2	1	TO REMOVE/REFIT REAR WINDSCREEN GLASS	100.00
3	1	TO REMOVE/REFIT REAR FENDER INNER GARNISH & ETC	120.00
4	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	820.00
5	1	SPRAYPAINTING CHARGES	880.00
TOTAL (D)			1,950.00
ESTIMATE TOTAL			5,752.28

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	11/09/2018 13:58
Date Of Accident	11/09/2018 11:40
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9546S
Insured/Policyholder	
Name Of Registered Owner	JUNAIDI BIN ROWDEN
NRIC No	S1512118A
Email Address	JUNAIDI_03031961@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97512411
Alternative Phone No	OTHERS-97512411

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH

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	A80437279ATT
Cover Note Number	25/08/2018 TO 24/08/2019

Driver

Name of Driver	JUNAIDI BIN ROWDEN
NRIC No	S1512118A
Date Of Birth	03/03/1961
Occupation	INDOOR
Date Of Driving Pass	05/03/1996
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97512411
Fax Number	
Contact Number	OTHERS-97512411
EEmail Address	JUNAIDI_03031961@HOTMAIL.COM

Address	APT BLK 238 HOUGANG AVENUE 1 #08-294 S530238
Postcode	
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)	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 THE ATTACHED.

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	SLZ2599Y
Vehicle Make/Model/Colour	NIL
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA MUN FOONG
NRIC/Passport Number	S7724979F
Contact Number	90104064
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel 11/9/20

Sketch Plan

Sketch Plan

A: SEU95H65
B: SLZJ5C99V

Describe Circumstances of the Accident

I was driving at PIE toward Tuas at 1st lane
moving at in front car slow down heavy traffic
suddenly car Toyota Reg No SL2 2599Y bent to my
car rear.

Declaration

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

Witnessed by Reporting Centre
Personnel

