

# Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay@ Kaki Bukit Singapore 417883  
TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg  
GST:201300201N

M/S : AXA INSURANCE PTE LTD  
8 SHENTON WAY  
#24-01 AXA TOWER  
SINGAPORE 068811

Estimate No: EST1800327  
Date: 20 Oct 2018

ATTN: Motor Claim Department

Veh Reg No: SGX7437T  
Make/Model: TOYOTA COROLLA  
ALTIS 1.6 AUTO  
Chasis No: MR053ZEC107153938  
Reg. Date: 05/09/2007  
Your Ref No: SLF7289P

Claim Type: Third Party  
Accident Date: 18/10/2018  
TP Veh Reg No: SLF7289P

## Estimate Repair Cost to Vehicle No :SGX7437T

Quantity	Description	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
	<b>List Price</b>		
1	1 PC REAR BUMPER	484.90	
2	1 PC REAR BUMPER BRACKET RH	48.50	
3	1 PC REAR BUMPER RETAINER RH	26.10	
4	1 PC TAIL LAMP - RH	271.70	
		831.20	
	Less 25%	207.80	623.42
	<b>Special Net</b>		
5	1 SET REAR BUMPER CLIPS	40.00	
6	1 PC REAR BUMPER LOWER SPOILER	850.00	
7	1 SET REAR BUMPER LOWER SPOILER CLIPS	40.00	
8	1 SET REVERSE SENSORS	250.00	
		1,180.00	1,180.00
	<b>Labour</b>		
9	1 TO CHECK WIRING	50.00	
10	1 TO REMOVE AND REFIT REVERSE SENSOR	80.00	
11	1 TO SPRAY UNDERSEAL	80.00	
12	1 (REAR) TO SPRAY PAINTING	600.00	
13	1 TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING/WELDING WORKS.	600.00	
		1,410.00	1,410.00

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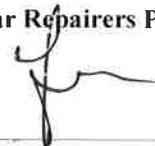
## Estimate Repair Cost to Vehicle No :SGX7437T

Quantity	Description	List Price	Amount
		S\$	S\$
		Total	S\$ 3,213.42
		Add GST @ 7%	224.94
		Total Amount Payable	<u>S\$ 3,438.36</u>

TOTAL: SINGAPORE DOLLAR THREE THOUSAND FOUR HUNDRED THIRTY EIGHT AND CENTS THIRTY SIX ONLY

This is only an estimate based on our preliminary inspection and does not cover additional parts, labour time which may be required after work has begun.

For Kang Car Repairers Pte Ltd



AUTHORISED SIGNATURE

## 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 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. 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	19/10/2018 14:00
Date Of Accident	18/10/2018 23:30
Exact Location Of Accident	JUNCTION OF UPPER SERANGOON RD/HOUGANG AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX7437T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH KHONG GUAN
NRIC No	S2637827C
Email Address	PERMAS2014@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98283768
Alternative Phone No	OFFICE-98283768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	5049676169-07
Cover Note Number	DRIVO CLASSIC

### Driver

Name of Driver	KOH KHONG GUAN
NRIC No	S2637827C
Date Of Birth	14/07/1961
Occupation	INDOOR
Date Of Driving Pass	19/09/1988
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98283768
Fax Number	
Contact Number	OFFICE-98283768
EEmail Address	PERMAS2014@GMAIL.COM

Address	BLK 106D PUNGGOL FIELD #02-504
Postcode	824106
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)	5
Passenger 1	NAME: : MRS KOH KHONG GUAN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN 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 AT THE JUNCTION OF UPPER SERANGOON RD & HOUGANG AVE 5, WAITING FOR TRAFFIC LIGHT TO TURN TO GREEN . A VEHICLE B(SLF7289P) CANNOT STOP IN TIME AND COLLIDED TO MY REAR PORTION CAUSING DAMAGE. I HAVE 3 FEMALE PASSENGER AND MY WIFE IN THE CAR AND THEY WERE NOT INJURED. THE DRIVER REFUSED TO EXCHANGE PARTICULAR.

### 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	SLF7289P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B

Vehicle Category PRIVATE CAR  
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 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 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: 110pm

19-10-2018



Driver's Signature

(If driver is not the policyholder)  
Date & Time:

19-10-2018



Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
9 Raffles Quay #18-00 Singapore 048580
Tel: (65) 6224 0010 Fax: (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKCR18135802 Vehicle Registration No: SGX7437T
Name (as shown on NRIC) : KOH KHONG GUAN NRIC/FIN/Passport No : S2637827C
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : BLK 106D PUNGGOL FIELD #02-504 Singapore(824106 )
Contact (Tel) : Mobile No. : 98283768
Email Address :
Date of Accident : 18.10.2018 Time of Accident : 2330HRS
Place of Accident : JUNCTION OF UPPER SERANGOON RD/HOUGANG AVE 5
Insurance Company:

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND THE VEHICLE REGISTRATION TO : SGX7437T. THAT ALL.
[Multiple blank lines for additional information]

[Handwritten signature of Policyholder/Driver]

Policyholder / Driver's Signature
Date: 20.10.2018

[Handwritten signature of Reporting Centre Personnel]

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