

AXA Insurance Space Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Spone 068811

Date: 27/12/18

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SIN 1633A & SJZ 8134P
On 25/12/18 at Balestier Rd

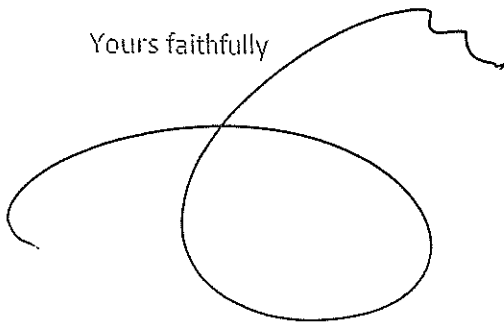
It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: SJZ 8134P

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.



簡福星摩哆王廠

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

DATE : 26-12-2018

8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

VEHICLE NO. : SJN1633A

ACCIDENT DATE : 25-12-2018 19:00

THIRD PARTY REF. : SJZ8134P

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SJN1633A MERCEDES-BENZ B180

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BUMPER	1100.00
2	1	REAR BUMPER LOWER	285.00
3	1	REAR BUMPER TOP CHROME	175.00
4	2	REAR BUMPER CHROME@\$85.00	170.00
5	10	REAR BUMPER CLIP@\$5.00	50.00
			<hr/>
			1,780.00
			<hr/>
			LESS 10 %
			178.00
			<hr/>
			TOTAL (A)
			1,602.00

LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	30.00
2	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	450.00
3	1	SPRAYPAINTING CHARGES	400.00
			<hr/>
			TOTAL (D)
			880.00
			<hr/>
			ESTIMATE TOTAL
			2,482.00

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	26/12/2018 11:53
Date Of Accident	25/12/2018 19:00
Exact Location Of Accident	BELASTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1633A
Insured/Policyholder	
Name Of Registered Owner	CHEE WENG KEONG VINCENT
NRIC No	S1510004D
Email Address	VINCENT_WK_CHEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98783800
Alternative Phone No	OFFICE-98783800

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180

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	B27028205QMY
Cover Note Number	

Driver

Name of Driver	CHEE QIAN MIN JERMAIN
NRIC No	S9820725B
Date Of Birth	28/06/1998
Occupation	INDOOR
Date Of Driving Pass	24/06/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83869828
Fax Number	
Contact Number	
E Mail Address	JERMANE.CHEE@GMAIL.COM

Address	39 LENTOR PLAIN S786541
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 ATTACHED REPORT

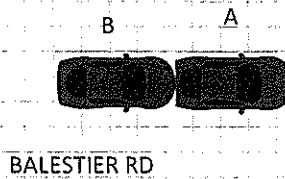
Attachment(s)

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	SJZ8134P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM WEE SENG
NRIC/Passport Number	
Contact Number	91112365
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN



A: SJN1633A

B: SJZ8134P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG BALESTIER RD, TRAFFIC IN FRONT STOP AND I FOLLOW SUIT. SUDDENLY I FELT AN IMPACT FROM THE REAR. I CAME OUT TO CHECK AND REALISED THAT VEHICLE B HAS HIT ONTO MY REAR PORTION. THE INCIDENT WAS CAPTURE ON MY IN CAR CAM.

INSURER: MSIG

VEHICLE: SJN7633A

DOA: 25/12/2018

CLAIM TYPE: TP

WORKSHOP: KFS MOTOR

DECLARATION

I/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: 26/12/18 12:15pm



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: