

Date : 9/2/19

To : India International Insurance

Fax No : _____

Attn : Motor Claims Department

Dear Sir / Mdm

Accident involving SLW 3108R and SHC 8855L on 4/2/19.

I am the owner of vehicle no. SLW 3108R. My vehicle was damaged in the above accident by your insured vehicle no. SHC 8855L.

My vehicle is presently at :

Kah Motor Co Sdn Bhd
15 Ubi Road 4 (S) 408610 (/)
6A Mandai Estate (S) 729903 ()

Kindly arrange for your surveyor to inspect my vehicle at the above premises within 2 days from the date hereof, failing which, I shall instruct my repairer to proceed with the repairs and all invoices will be forwarded to you for settlement.

Enclosed are the repairs estimate and relevant supporting documents for your easy perusal.

I shall be grateful if you could kindly settle the cost of repair directly with the repairer Kah Motor Co Sdn Bhd.

I look forward to receiving your confirmation of settlement.

Thank You.

Yours Faithfully,


(Signature of vehicle owner)

Name : Kua Chi Kiong

NRIC No : S793 37602



QUOTATION

KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

GST Reg No.: M200050223
Company Ref. No.: S60FC1380G

Customer	: INDIA INTERNATIONAL INSURANCE 64 CECIL STREET #04-00 & #05-00 IOB BUILDING SINGAPORE 049711	Document No.	: SQT19000601	Page	1
Registration No	: SLW3108R	Date	: 8. Feb 2019	Customer No.	: WZI007
Chassis No	: JHMGK5850JX203900	Svc Advisor	: ARY CHUA WAI NGEE	Engine No	: L15B33111699
Model	: JAZZ 1.5VTIR CVT 18YM (EURO 6)	Date Time	: 8. Feb 2019 3:46:33 PM	Surveyor Name	:
Owner's Name	: KUA CHI KIONG	Survey Date	:	Authorisation Date	:
Ins Policy No.	:				
Date of Accident	: 4/2/2019				

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:) OWNER: KUA CHI KIONG OWNER INSURER: TOKIO MARINE INSURANCE ACC DATE: 4/2/19 SURVEYED BY: DATE: REF NO: TP INSURER: INDIA INTL. INSURANCE TP VEH: SHC8855L						
BOSUN	SUNDRIES	1	30.00		30.00	2.10	32.10
BKDR11K	STRAIGHTEN ALIGN FR L & RR DOOR.	1	1120.00		1120.00	78.40	1198.40
BP02R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (2P)	1	1350.00		1350.00	94.50	1444.50
Sum Labor					2500.00	175.00	2,675.00

Survey By							
Date & Time				Total Amount	2,500.00	175.00	2,675.00
Excess				Total (Inclusive of GST)			2,675.00
Status							
Signature							

Printed on 9/2/2019 9:17:10 AM

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s)

LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN

ACCIDENT INVOLVING (OWNER'S VEHICLE NO.) SLW3108R

& (THIRD PARTY'S VEHICLE NO.) SHC A855L

ON 4/2/19 ALONG Opposite Bk 116 Bedok Reservoir Car Park

- I hereby authorize Kah Motor Co Sdn Bhd and its agents or any person authorized by Kah Motor to do all or any of the following.
- To submit, resolve and make any claims(s) which I may have against the 3rd party insurers.
- To execute, sign discharge voucher / indemnity forms and all necessary documents in connection with and arising out of the above claim

Any payment should be made in favour of my name / Kah Motor Co Sdn Bhd



Owner Signature

(Co stamp & authorized signature if it's Co. registered vehicle)

Name : Kua Chi Kiang

NRIC No : S79337601

Vehicle No : SLW3108R

Date : 8/2/2019

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	08/02/2019 14:32
Date Of Accident	04/02/2019 17:55
Exact Location Of Accident	CARPARK OPPOSITE BLK 116 BEDOK RESERVIOR LOT 600
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3108R
Insured/Policyholder	
Name Of Registered Owner	KUA CHI KIONG
NRIC No	S7933760I
Email Address	KCKCS123@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92705650
Alternative Phone No	OFFICE-92705650

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.5 VTIR CVT (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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT000712
Cover Note Number	

Driver

Name of Driver	KUA CHI KIONG
NRIC No	S7933760I
Date Of Birth	20/10/1979
Occupation	INDOOR
Date Of Driving Pass	13/06/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92705650
Fax Number	
Contact Number	OFFICE-92705650
Email Address	KCKCS123@YAHOO.COM.SG

Address	BLK 303 TAMPINES ST 32 #12-60
Postcode	520303
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	SIDE SWIPE
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?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED POLICE REPORT -T/20190204/2165

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	SHC8855L
Vehicle Make/Model/Colour	HYUNDAI I40 BLUE
Details Of Properties	
Vehicle Category	TAXI
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

Vehicle Number: SLW 3108R

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

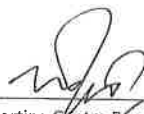
Date & Time: 8/2/2019

0930

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

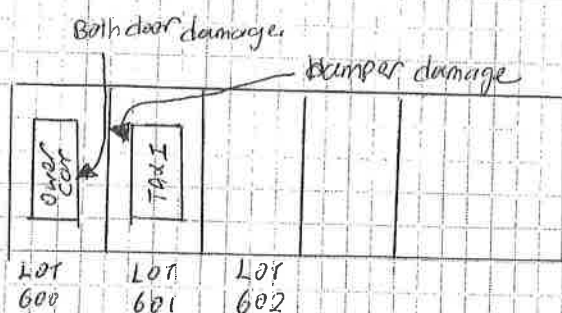
Name: Ma. Faen

NRIC/FIN No.: 42/19

Sketch Plan Pg. 2

Vehicle Number: SLW 310PR

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 4th of Feb about 1750 hrs, I parked my car (SLW 3108R) at the car park opposite BIK 116 Bedok Reservoir Rd LOT 600.

On the same day at 2025 hrs, I went to my vehicle and discovered scratches and white paint on my left front and back passenger door. There was a taxi (SHC 8855L) that was parked beside me at Lot 601 and I noticed that there were scratches on the taxi right rear bumper and my car grey paint on it. The driver was not seen at the scene however I spoke to the daughter-in-law who was at the car and she informed that the driver is in hospital as he was earlier involved in an accident.

DECLARATION

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

Policyholder's Signature

Date & Time: 8/2/2018
0930

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: MD. Faraz

NRIC/FIN No.: S1761972

Police Report



**SINGAPORE
POLICE FORCE**



T/20190204/2165

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20190204/2165

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2019 22:03		Vide Report No.:		Station Diary No.: 117	
Informant's Particulars					
Name of Informant: KUA CHI KIONG			Address: APT BLK 303 TAMPINES STREET 32 #12-60 SINGAPORE 520303		
ID Type / ID No.: NRIC NO / S79337601			Contact No.: Home/Office: Mobile: 92705650		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 20/10/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other assistant engineers			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/02/2019 17:55	Type of Location: Car Park
Location: Along Road 1 BEDOK RESERVOIR ROAD CARPARK OPPOSITE BLK 116 BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8855L	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SLW3108R	Car	HONDA	JAZZ 1.5 CVT	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



SINGAPORE
POLICE FORCE



T/20190204/2165

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20190204/2165

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW3108R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT000712	06/02/2018	05/02/2020

Brief Details.

On the 4th of February 2019 at about 1750hrs, I parked my vehicle (SLW3108R) at the carpark opposite Blk 116 Bedok Reservoir Road at lot 600.

On the same day at about 2025hrs, I went to my vehicle and discovered scratches and white paint on my left front and rear passenger door. There was a taxi (SHC8855L) that was parked beside me at lot 601 and I noticed that the condition of the taxi looked like he just got into an accident. I observed further and noticed that there were scratches on the taxi's right rear bumper and my car grey paint on it. The driver was not at scene however I spoke to the daughter-in-law (tel no: 90692394) who was at the car and she informed that the driver is in the hospital as he was earlier involved in an accident. She was not sure what happened.

I viewed my in-car camera and it revealed that on the same day at about 1754hrs, the said taxi has reversed into the said lot beside my vehicle.

The daughter is namely Zheng Bao Hua, tel no: 87501104. I spoke to her over the phone and she mentioned that she will rectify with her father once he is well.

Police Report



SINGAPORE
POLICE FORCE



T/20190204/2165

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20190204/2165

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
04/02/2019 22:03

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

SINGAPORE
POLICE
Authentication Stamp
NP138

SIGNATURE

Classification Of Case: