

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

Date: 23-03-2019

Attn: Motor Claims Department

Dear Sir/ Madam,

RE: Accident involving vehicles SKA7901T & XE3331P  
On 22-03-2019 at CHANGI VILLAGE ROAD

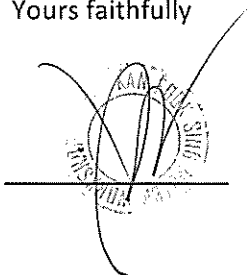
It is in my opinion that the above mentioned accident was caused solely by the negligence  
of the driver of the vehicle no: XE3331P

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: 6747 9560

Thank you.

Yours faithfully

A handwritten signature in black ink is written over a circular stamp. The stamp contains the text "KAN FOOK SING" at the top and "MOTOR WORKSHOP" at the bottom, with a central emblem. The signature is a stylized, cursive script.



# 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 : 23-03-2019

VEHICLE NO. : SKA7901T  
ACCIDENT DATE : 22-03-2019 14:30  
THIRD PARTY REF. : XE3331P

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SKA7901T TOYOTA ALTIS

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT DOOR (RH)	1200.00
2	1	FRONT DOOR FRAME STICKER (RH)	75.00
3	1	FRONT DOOR HINGE (TOP)	85.00
4	1	FRONT DOOR HINGE (LOWER)	85.00
5	1	FRONT DOOR CHECKER (RH)	155.00
6	1	FRONT DOOR OUTER HANDLE (RH)	75.00
7	1	FRONT DOOR KEY OUTER COVER (RH)	25.70
8	1	FRONT DOOR TOP OUTER MOULDING (RH)	135.00
9	1	FRONT DOOR LOCK (RH)	492.20
10	1	FRONT DOOR PROTECTOR (RH)	115.00
11	1	FRONT DOOR PROTECTOR MOULDING (RH)	25.00
12	1	FRONT DOOR WINODW GEAR (RH)	230.00
13	1	ROCKER PANEL (RH)	485.00
14	1	REAR DOOR (RH)	1002.00
15	1	REAR DOOR HINGE (TOP)	85.00
16	1	REAR DOOR HINGE (LOWER)	85.00
17	1	REAR DOOR CHECKER (RH)	145.00
18	1	REAR DOOR TOP OUTER MOULDING (RH)	116.00
19	1	REAR DOOR FRAME STICKER (RH)	75.00
20	1	REAR DOOR OUTER HANDLE (RH)	75.00
21	1	REAR DOOR WINDOW GEAR (RH)	230.00
22	1	REAR DOOR LOCK (RH)	445.00
23	1	REAR DOOR PROTECTOR (RH)	75.00
24	1	REAR DOOR PROTECTOR MOULDING (RH)	23.00
25	1	REAR DOOR RUBBER (RH)	148.00



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VEHICLE NO. : SKA7901T  
ACCIDENT DATE : 22-03-2019 14:30  
THIRD PARTY REF. : XE3331P

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
26	1	REAR FENDER (RH)	925.00
27	1	REAR WINDSCREEN MOULDING	90.00
28	1	SIDE SKIRT (RH)	705.00
29	2	REAR SHOCK ABSORBER @\$203.00	406.00
30	2	REAR WHEEL HUB ASSY @\$670.00	1340.00
31	1	REAR AXLE ASSY	2347.00
32	1	REAR BUMPER	545.00
33	2	REAR BUMPER SIDE RETAINER @\$173.00	346.00
			<hr/>
			12,390.90
			<hr/>
			LESS 25 %
			<hr/>
			3,097.73
			<hr/>
			TOTAL ( A )
			<hr/>
			9,293.18
			<hr/>

### SPECIAL NETT ITEMS

1	2	TYRE @\$250.00	500.00
2	2	TYRE RIM @\$300.00	600.00
3	1	REAR WINDSCREEN GUM	45.00
4	1	TOWING	150.00
			<hr/>
			TOTAL ( C )
			<hr/>
			1,295.00
			<hr/>

### LABOUR CHARGES

1	1	REMOVE & REFIX REAR WINDSCREEN	150.00
2	1	REMOVE & REFIX REAR UNDER CARRIAGE SYSTEM	250.00
3	1	TO DO WHEEL ALIGNMENT	150.00
4	1	REMOVE & REFIX DOOR GLASS,BOARD LINING,ETC	120.00



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VEHICLE NO. : SKA7901T  
ACCIDENT DATE : 22-03-2019 14:30  
THIRD PARTY REF. : XE3331P

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
5	1	REMOVE & REFIX SEATS, CARPETS, CUSHION, ETC	180.00
6	1	TO CHECK WIRING	50.00
7	1	REMOVE ALL NECESSARY AFFECTED PARTS FOR REPAIRS, WELD/CUT, PANEL BE- ATING & RENEW PARTS	1680.00
8	1	SPRAY PAINTING	1100.00
TOTAL ( D )			3,680.00
ESTIMATE TOTAL			14,268.18

## 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	22/03/2019 17:07
Date Of Accident	22/03/2019 14:30
Exact Location Of Accident	CHANGI VILLAGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA7901T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNAG LOGISTICS PTE. LTD.
Co Reg No	201601737W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96757264
Alternative Phone No	OFFICE-65701090

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092970589-01
Cover Note Number	

### Driver

Name of Driver	CHNG PIAK JOO
NRIC No	S0139203D
Date Of Birth	26/12/1952
Occupation	INDOOR
Date Of Driving Pass	22/01/1971
Driving Experience	48 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96757264
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 322B ANCHORVALE DRIVE #11-136 S542322
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE3331P
Vehicle Make/Model/Colour	NIL
Details Of Properties	NIL
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NIL
NRIC/Passport Number	
Contact Number	NIL
Address	NIL
	NIL
Postcode	NIL
Insurance Company Name	
Nature Of Damage	NIL
No. Of Passenger (Including Driver)	


## SKETCH PLAN

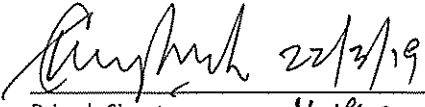
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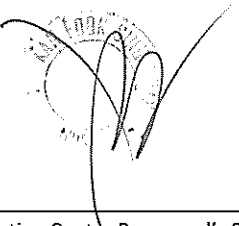
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:  22/2/19 4.59 pm.

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

Travelling straight suddenly I felt an impact from the rear and realised that XE3331A had driven into my lane and hit the rear CRH of my vehicle

INSURER: NTUC Income  
VEHICLE: 8KA 7901T  
DOA: 22 Mar 2019  
CLAIM TYPE: Third Party  
WORKSHOP: KFS Motor

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

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