

AXA Ins. Spore Rd Aed
8 Chanton Way
27-01 AXA Tower
Spur 068881

Date: 4/4/19

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles 88V 61J & SKK 319T
On 30/3/19 at Cross St

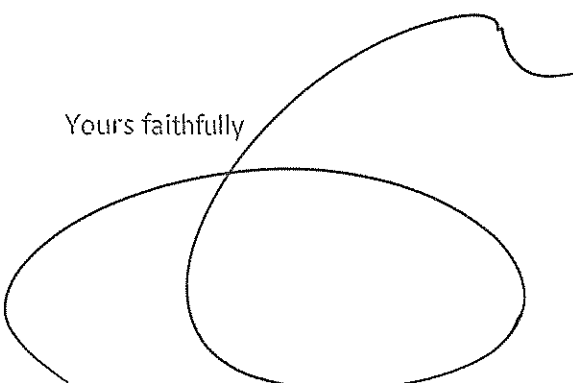
It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: SKK 319T

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





簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: 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 : 04-04-2019

8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

VEHICLE NO. : SBV61J

ACCIDENT DATE : 30-03-2019 15:00

THIRD PARTY REF. : SKK319T

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SBV61J DAIHATSU COPEN

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT BONNET	758.00
2	1	FRONT BONNET EMBLEM	105.00
3	1	FRONT SUPPORT PANEL	856.00
4	1	FRONT BRACE PANEL	25.00
5	1	FRONT FENDER LH	488.00
6	10	FRONT FENDER SHIELD CLIP@\$8.00	80.00
7	1	FRONT GRILLE	651.00
8	1	FRONT HEADLAMP LH	608.00
9	1	FRONT BUMPER	1288.00
10	1	FRONT BUMPER LAMP LH	468.00
11	10	FRONT BUMPER CLIP@\$8.00	80.00
			<hr/>
			5,407.00
			<hr/>
LESS 10 %			540.70
			<hr/>
TOTAL (A)			4,866.30
			<hr/>

SPECIAL NETT ITEMS

1	1	FRONT NUMBER PLATE	30.00
			<hr/>
TOTAL (C)			30.00
			<hr/>

LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	30.00
2	1	TO REMOVE/REFIT/REFILL AIR CON GAS	100.00



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VEHICLE NO. : SBV61J
ACCIDENT DATE : 30-03-2019 15:00
THIRD PARTY REF. : SKK319T

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
3	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	680.00
4	1	SPRAYPAINTING CHARGES	750.00
TOTAL (D)			1,560.00
ESTIMATE TOTAL			6,456.30

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	03/04/2019 11:42
Date Of Accident	30/03/2019 15:00
Exact Location Of Accident	CROSS STREET OUTSIDE CHINATOWN POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBV61J
Insured/Policyholder	
Name Of Registered Owner	FONG HOI YAN ANNA
NRIC No	S7971238H
Email Address	ANNA.HOIYAN.FONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96289309
Alternative Phone No	OTHERS-96289309

Vehicle Particulars

Manufacturer	DAIHATSU
Model	COPEN-660CC (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097599155-01
Cover Note Number	24/01/2019 - 23/01/2020

Driver

Name of Driver	FONG HOI YAN ANNA
NRIC No	S7971238H
Date Of Birth	12/06/1979
Occupation	INDOOR
Date Of Driving Pass	06/09/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96289309
Fax Number	
Contact Number	OTHERS-96289309
Email Address	ANNA.HOIYAN.FONG@GMAIL.COM

Address	38 ST MICHAEL'S ROAD #13-04
Postcode	328008
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 (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

MY VEHICLE WAS STOPPED STATIONARY ALONG THE SECOND RIGHT LANE OF CROSS STREET OUTSIDE CHINATOWN POINT. VEHICLE B ENGAGED INTO REVERSE GEAR AS HE WANTED TO CHANGE LANE TO THE LEFT, THUS HIT ONTO MY VEHICLE FRONT PORTION. NO ONE WAS INJURED. VEHICLE B INFORMED THAT I MAY CLAIM AGAINST HIS VEHICLE POLICY.

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	SKK319T
Vehicle Make/Model/Colour	LEXUS ES300
Details Of Properties	REAR BUMPER
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96786091
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

NTUC Income Motor Service Centre 30 319
Report No: MT: _____ D.O.A: _____

Vehicle No: SBV61J
Make / Model: A/cupen

Report Date: 3-4-2019 Start Time: 11:52 AM
Reporting Type: 7P End Time: _____

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 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' 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.



3/4/2019 11:51

Policyholder's Signature
Date & Time:

3/4/2019 11:51

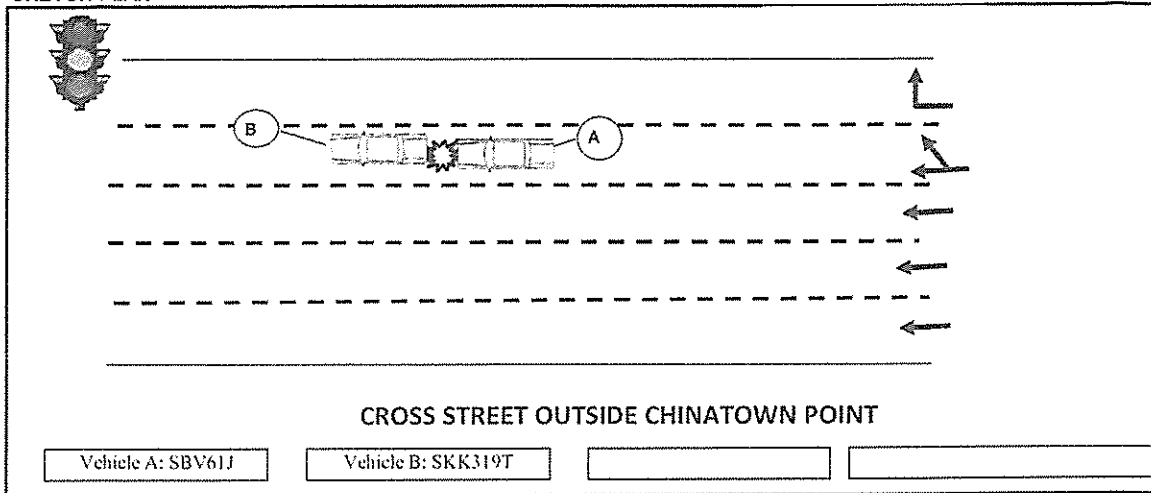
Driver's Signature (If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

Sketch Plan Pg. 2

SKETCH PLAN



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DECLARATION

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

3/4/2019 11:51

Policyholder's Signature
Date & Time:

3/4/2019 11:51

Driver's Signature (if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765