

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

Date: 8/4/2019

Attn: Motor Claims Department

Dear Sir/ Madam,

RE: Accident involving vehicles FBN4912U & SHD501E  
On 4/4/2019 at YIO CHU KANG ROAD & POH HUAT ROAD WEST

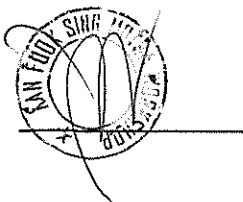
It is in my opinion that the above mentioned accident was caused solely by the negligence  
of the driver of the vehicle no: SHD501E

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 circular stamp with the text "KAN FOOK SING MOTOR WORKSHOP" around the perimeter. In the center, there is a handwritten signature that appears to be "KFS" or similar, with a horizontal line drawn through the signature.



# 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 : 06-04-2019

VEHICLE NO. : FBN4912U  
ACCIDENT DATE : 04-04-2019 07:50  
THIRD PARTY REF. : SHD501E

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE FBN4912U HONDA AFS125MSF

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	HORN COVER	68.00
2	1	FRONT FENDER	68.00
3	2	FRONT SIGNAL LAMP @\$48.00	96.00
4	2	SIDE COWLING @\$85.00	170.00
5	1	HEAD LAMP	108.00
6	2	FOOTREST BAR RUBBER \$10.00	20.00
7	1	BRAKE LEVER	30.00
8	1	SIDE MIRROR	48.00
9	1	FRONT FORK ASSY	250.00
10	1	UNDER BRACKET	260.00
11	1	STEERING CONE BEARING	65.00
12	1	FRONT FOOTREST BAR	78.00
13	1	FRONT BRAKE DISC	115.00
14	1	FRONT RIM ASSY	240.00
15	1	FRONT RIM SHAFT	30.00
16	1	HEAD LAMP COVER	80.00
17	1	HANDLE END (RH)	30.00
18	1	BODY BRACKET	62.00
			<hr/>
			1,818.00
			LESS 10 %
			<hr/>
			181.80
			<hr/>
			TOTAL ( A )
			<hr/>
			1,636.20

### SPECIAL NETT ITEMS

1	1	TYRE	180.00
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Tel: (65) 6481 5150 Fax: (65) 6481 8683

VEHICLE NO. : FBN4912U  
ACCIDENT DATE : 04-04-2019 07:50  
THIRD PARTY REF. : SHD501E

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
TOTAL ( C )			180.00
LABOUR CHARGES			
1	1	TO PRESS FORK ASSY	250.00
2	1	REMOVE ALL NECESSARY AFFECTED PARTS FOR REPAIRS, WELD/CUT, PANEL BE- ATING & RENEW PARTS	250.00
3	1	SPRAY PAINTING	200.00
TOTAL ( D )			700.00
ESTIMATE TOTAL			2,516.20

## 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 afterwards.

### ACCIDENT STATEMENT

Date Of Report 04/04/2019 16:08  
Date Of Accident 04/04/2019 07:50  
Exact Location Of Accident YIO CHU KANG ROAD & POH HUAT ROAD WEST  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN4912U  
**Insured/Policyholder**  
Name Of Registered Owner CHAGANTI SAI SRINIVAS  
NRIC No G8413670R  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-94231159  
Alternative Phone No OTHERS-94553903

### Vehicle Particulars

Manufacturer HONDA  
Model AFS125MSF

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 MOTORCYCLE

### Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.  
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
Fleet Policy NO  
Policy Number D18MTMC01006618

Cover Note Number

### Driver

Name of Driver CHAGANTI SAI SRINIVAS  
NRIC No G8413670R  
Date Of Birth 08/06/1989  
Occupation OUTDOOR  
Date Of Driving Pass 28/09/2015  
Driving Experience 3 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-94231159  
Fax Number  
Contact Number OTHERS-94553903  
Email Address NOEMAIL

Address C/O 432 TAMPINES STREET 41 #05-551 SINGAPORE 520432

Postcode

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 -

Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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? YES

Was any injured conveyed to hospital by ambulance? YES

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) 2

Passenger 1  
NAME: : PONNAIYA  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

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 SHD501E

Vehicle Make/Model/Colour TAXI

Details Of Properties NIL

Vehicle Category TAXI

Name of Driver CHOO POH LING

NRIC/Passport Number S1535479H

Contact Number 98297979

Address NIL  
Postcode NIL  
Insurance Company Name  
Nature Of Damage NIL  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHAGANTI SAI SRINIVAS  
Approximate Age  
Injuries Sustain RIGHT EYE, HANDS & LEGS  
Injured person in which vehicle? FBN4912U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address APT BLK 432 TAMPINES STREET 41  
#05-551  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PONNAIYA  
Approximate Age  
Injuries Sustain LEGS  
Injured person in which vehicle? FBN4912U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident 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)

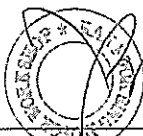
I understand, acknowledge, agree and consent that:

- (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.

Ch. Saisivay  
Policyholder's Signature  
Date & Time:

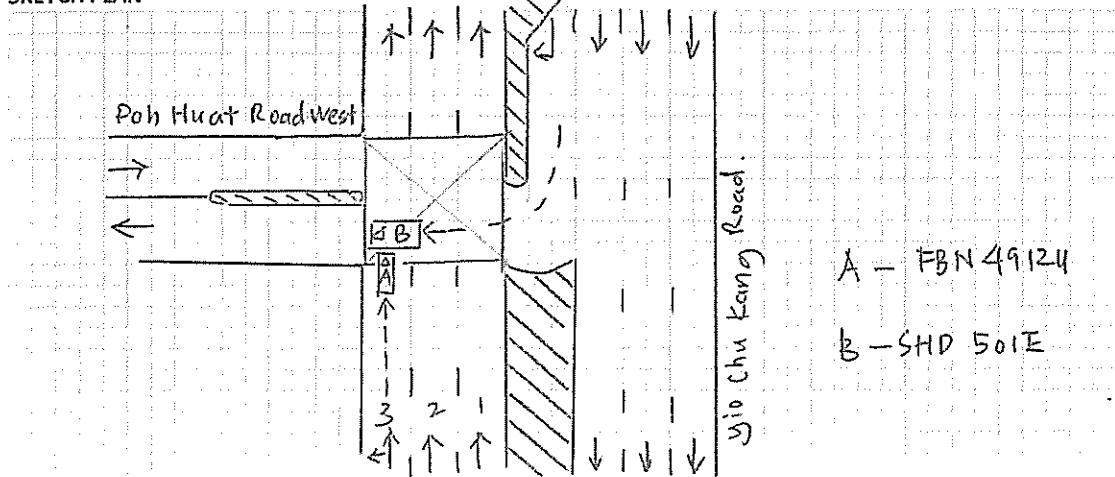
Ch. Saisivay  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

04 Apr 2019  
@ 1830hr

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

**Accident Sketch Plan Pg. 1**

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report.

\* Note : Traffic along Yio Chu Kang Road was normal, all vehicles were moving. 3rd lane was clear and no vehicle when I pass the yellow box.

Sampo Inc.	
FBN4912U	04.04.2015
Site of Incident	
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	
<input type="checkbox"/> Other Workshop	
KFS Motor	

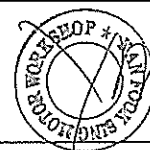
## DECLARATION

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

Ch. Garcia - m. Vof  
Policyholder's Signature  
Date & Time:

Ch. Saisini-Vas  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04 Apr 2019  
@ 1630hr

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







**SINGAPORE  
POLICE FORCE**



T/20190404/2119

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20190404/2119

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2019 15:37			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: CHAGANTI SAI SRINIVAS			Address: C/O APT BLK 432 TAMPINES STREET 41 #05-551 SINGAPORE 520432		
ID Type / ID No.: FIN NO / G8413670R			Contact No.: Home/Office: Mobile: 94231159		
Nationality: INDIAN			Email:		
Sex: Male	Age: 29	Date of Birth: 08/06/1989	Type of Informant: Driver		
Race:			Language:	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class: 2B,3C Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/04/2019 07:50	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4912U	Motorcycle	HONDA	AFS125MSF	Blue	Seriously Damaged	0
SHD501E	Car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN4912U	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC0100661 8	16/10/2018	15/10/2019



**SINGAPORE  
POLICE FORCE**



T/20190404/2119

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190404/2119

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Pillion</b>			
Name	PONNAIYA	ID No.	G2739705R
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/04/2019	Date Discharge	04/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	CHAGANTI SAI SRINIVAS	ID No.	G8413670R
Related Vehicle	NIL	Contact No.	94231159
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	04/04/2019	Date Discharge	04/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	CHOO POH LING	ID No.	S1535479H
Related Vehicle	NIL	Contact No.	98297979
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS RIDING STRAIGHT ALONG YIO CHU KANG TWDS SERANGOON RD. THE OTHER DRIVER WAS MAKING A RIGHT TURN INTO POH HUAT RD. WHILE MAKING THE TURN, THE DRIVER COLLIDED ON MY BIKE.

I APPROACHED THE DRIVER AFTER THE HIT AND EXCHANGED PARTICULARS.

I SUSTAINED INJURY AND WAS BROUGHT OVER TO SKGH. W



**SINGAPORE  
POLICE FORCE**



T/20190404/2119

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190404/2119

CONTINUATION OF REPORT

. MY BIKE WAS DAMAGED AND WAS TOWED TO MY WORKSHOP.

. THATS ALL



**SINGAPORE  
POLICE FORCE**



T/20190404/2119

Police Station Of Origin:  
Traffic Police  
1 Oubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190404/2119

**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: TP / YOGENDRAN S/O RAJASAKARAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:  <i>Ch. Srisinivay</i>
Date/Time: 04/04/2019 15:37
Classification Of Case:

	<b>SINGAPORE POLICE FORCE</b>
Signature: <i>[Signature]</i>	