

PLEASE ARRANGE TO SURVEY  
VEHICLE AT 22 TAMPINES ST 92 (S  
528876)

Ng Boon Kai  
CLAIM DEPARTMENT  
DID : 6654 7617  
FAX :

Date : 10/04/2019

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**  
**ESTIMATION**

Attn : **Motor Claim Department** FAX :

Owner : HO YUET FOON

: AXA INSURANCE PTE LTD

Certificate No : VPA/P2812185

Accident Date : 08/04/2019

Vehicle No : SMD-7610-T

Make & Model : HYUNDAI ELANTRA AD 1.6 GLS AT (AMS) 1

## ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b>List Item</b>			
1	REAR BUMPER	587.40	
10	REAR BUMPER CLIPS	55.00	
1	REAR BUMPER SIDE RETAINER RH	65.10	
1	REAR BUMPER SIDE RETAINER LH	65.10	
1	REAR FENDER RH	1,345.50	
	<b>Sub Total</b>	<b>2118.10</b>	
	<b>Discount 20% On Parts</b>	<b>(423.62)</b>	
<b>Labour &amp; Misc</b>			
	LABOUR TO FACILITATE REPAIR	800.00	
	LABOUR TO SPRAY PAINT AFFECTED AREAS	600.00	

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## ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	
	<b>Sub Total</b>	<b>1430.00</b>	

3,124.48

Remarks:

**SUB TOTAL**

**GST 7.0 %** 218.71

**TOTAL** 3,343.19

Surveyor's name: \_\_\_\_\_

Principal's name: HO YUET FOON

Survey Date & Time: \_\_\_\_\_

## 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	08/04/2019 10:36
Date Of Accident	08/04/2019 08:50
Exact Location Of Accident	BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7610T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO YUET FOON
NRIC No	S0142347I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90221333
Alternative Phone No	OFFICE-90221333

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (A)

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2812185
Cover Note Number	

### Driver

Name of Driver	HO YUET FOON
NRIC No	S0142347I
Date Of Birth	06/02/1954
Occupation	INDOOR
Date Of Driving Pass	15/07/1976
Driving Experience	42 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90221333
Fax Number	
Contact Number	OFFICE-90221333
EMail Address	NOEMAIL

Address	237 TEMBELING ROAD #04-04 SINGAPORE
Postcode	423721
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)	3
Passenger 1	NAME: : MS WONG GENDER: : FEMALE
Passenger 2	NAME: : MS HO GENDER: : FEMALE

#### 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

SEE ATTACH SKETCH PLAN & STATEMENT

#### 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	SHD3115S
Vehicle Make/Model/Colour	COMFORT BLUE TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEONG HEE TONG
NRIC/Passport Number	S0119053I
Contact Number	96634828
Address	
Postcode	

## Sketch Plan

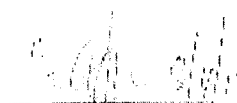
### SKETCH PLAN


#### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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) on wording and that copies of this report will for a period be made available upon application by interested parties.
7. By the lodging 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 a insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurer's lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 enquiry by my ins;
  - (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 claim including the "Purposes")
- (b) a 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 situated 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, regulatory, 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)

  
Reporting Centre Personnel's Signature/  
Name:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date & time, I was driving along Farm Iny way & looking to my lane.

Truck no. SHD 31153 came from behind & hit the right side of my car. See attached photos.

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

42 5/8/109 10:00am