

Legal Ins. Bhd
300 Bras Basah Rd
#17-04/07 The Concourse
Spore 189555

Date: 23/4/19

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles G88 636PY & XD 3281E.

On 16/4/19 at Bulim Ave

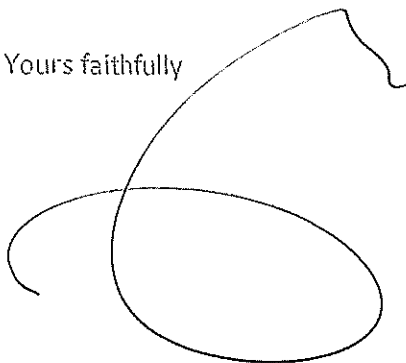
It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: XD 3281E

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

A large, stylized handwritten signature in black ink, consisting of a large loop and a trailing flourish.



簡福星摩哆王廠

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

LONPAC INSURANCE BHD

DATE : 24-04-2019

300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE
199555

VEHICLE NO. : GBE6369Y

ACCIDENT DATE : 16-04-2019 13:40

THIRD PARTY REF. : XD3281E

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE GBE6369Y NISSAN CABSTAR

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT WINDSCREEN MOULDING (1SET)	200.00
2	1	FRONT WIPER PANEL	320.00
3	1	FRONT PANEL	620.00
4	1	FRONT PANEL CABSTAR EMBLEM	55.00
5	1	FRONT GRILLE	280.00
6	6	FRONT GRILLE CLIP@\$5.00	30.00
7	1	FRONT HEADLAMP RH	250.00
8	1	FRONT SIDE PANEL RH	225.00
			<hr/>
			1,980.00
			<hr/>
ADD 20 %			396.00
			<hr/>
TOTAL (A)			2,376.00
			<hr/>

SPECIAL NETT ITEMS

1	1	FRONT NO.PLATE	30.00
2	1	FRONT WINDSCREEN GUM	60.00
			<hr/>
TOTAL (C)			90.00
			<hr/>

LABOUR CHARGES

1	1	TO REMOVE & REFIX FRONT WINDSCREEN	120.00
2	1	REMOVE ALL NECESSRAY AFFECTED PARTS FOR REPAIRS,WELD/CUT,PANEL BE- ATING & RENEW PARTS	680.00



簡福星摩哆王廠

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

VEHICLE NO. : GBE6369Y
ACCIDENT DATE : 16-04-2019 13:40
THIRD PARTY REF. : XD3281E

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
3	1	SPRAY PAINTING	650.00
4	1	TO CHECK WIRING	50.00
5	1	REMOVE & REFIX DASHBOARD ASSY,AIR CON SYSTEM	250.00
TOTAL (D)			1,750.00
ESTIMATE TOTAL			4,216.00

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	17/04/2019 09:18
Date Of Accident	16/04/2019 13:40
Exact Location Of Accident	BULIM AVENUE LAMPPOST 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6369Y
Insured/Policyholder	
Name Of Registered Owner	BOON MENG EQUIPMENT PTE LTD
Co Reg No	198302276E
Email Address	FELICIACHUA@BOONMENG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63820919

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR

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

~~REPORTING ONLY~~

Third Party claim

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106652649
Cover Note Number	

Driver

Name of Driver	GANESAN YEGAPPAN
Passport No/FIN	G7889772X
Date Of Birth	31/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98957662
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address C/O 39, DEFU LANE 7, DEFU INDUSTRIAL PARK B, SINGAPORE 539353
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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? 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 Witness 1

Name CONSTRUCTION SITE SUPERVISOR
 Phone Number 96612839
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD3281E
 Vehicle Make/Model/Colour YELLOW
 Details Of Properties NIL
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver LUO WENZI
 NRIC/Passport Number G6519694N
 Contact Number 82825900
 Address NIL
 NIL
 Postcode NIL
 Insurance Company Name


SKETCH PLAN

IMPORTANT NOTICE

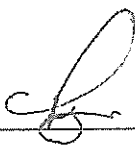
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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



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



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

17.4.2019
20932hr

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. ON 16/4/2019 AT ABOUT 1.10PM, I PARKED MY VEHICLE GBE6369Y ALONG BULIM AVENUE (NEAR LAMPPOST NO.8) AS I WAS WORKING AT THE CONSTRUCTION SITE.
2. ON THE SAME DAY AT ABOUT 1.40PM, I WENT BACK TO BULIM AVENUE TO RETRIEVE MY VEHICLE, A GUY (CONSTRUCTION SITE SUPERVISOR) APPROACHED ME AND TOLD ME THAT MY VEHICLE WAS HIT BY VEHICLE XD3281E WHICH WAS REVERSING AND ACCIDENTALY COLLIDED WITH MY PARKED VEHICLE.
3. AFTERWHICH, I WENT BACK TO CONTRUCTION SITE AND LOOKED THE DRIVER OF VEHICLE XD3281E.
4. I MANAGED TO FIND THE DRIVER, WE EXCHANGED PARTICULAR AND WE LEFT THE PLACE.

INSURER: NTUC INCOME

VEHICLE: GBE6369Y

DOA: 16/04/2019

CLAIM TYPE: REPORTING ONLY

WORKSHOP: NIL

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

17.4.2019
@ 0932hr