

Date : 27/8/19

To : India International Insurance Pte.

Fax No : _____

Attn : Motor Claims Department

Dear Sir / Mdm

Accident involving SCV2375D and SHC1341Z on 26/8/19.

I am the owner of vehicle no. SCV2375D. My vehicle was damaged in the above accident by your insured vehicle no. SHC1341Z.

My vehicle is presently at :

Kah Motor Co Sdn Bhd
15 Ubi Road 4 (S) 408610 (✓)
6A Mandai Estate (S) 729903 ()

Kindly arrange for your surveyor to inspect my vehicle at the above premises within 2 days from the date hereof, failing which, I shall instruct my repairer to proceed with the repairs and all invoices will be forwarded to you for settlement.

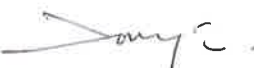
Enclosed are the repairs estimate and relevant supporting documents for your easy perusal.

I shall be grateful if you could kindly settle the cost of repair directly with the repairer Kah Motor Co Sdn Bhd.

I look forward to receiving your confirmation of settlement.

Thank You.

Yours Faithfully,



(Signature of vehicle owner)

Name : Wong Yiap Chong

NRIC No : S1657049D

**KAH MOTOR CO. SDN. BHD.**

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

QUOTATION

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

Customer : INDIA INTERNATIONAL INSURANCE PTE
64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711

Registration No : SCV2375D

Chassis No : MRHFC5650HT000054

Model : CIVIC 1.6 VTI YM2017

Owner's Name : WONG YIAP CHONG

Ins Policy No. :

Date of Accident : 26/8/2019

Document No. : SQT19003771 **Page** 1

Date : 27. Aug 2019

Customer No. : WZI007

Svc Advisor : LIEW THYE WEI

Engine No : R16B22000078

Date | Time : 27. Aug 2019 3:14:31 PM

Surveyor Name :

Survey Date :

Authorisation Date :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO:)						
	OWNER: WONG YIAP CHONG						
	OWNER INSURER: FWD SINGAPORE PTE LTD						
	ACC DATE: 26/08/2019						
	SURVEYED BY:						
	DATE:						
	REF NO:						
	TP INSURER:						
	TP VEH: SHC1341Z						
71500-TEC-Q00ZZ	FACE ASSY,RR.BUMPER	1	617.20	25	462.90	32.40	495.30
71502-TEX-Y00	GARNISH,RR.BUMPER LOWER	1	36.40	25	27.30	1.91	29.21
71506-TEX-Y00	COVERRR.TOWING HOOK	1	8.70	25	6.52	0.46	6.98
71530-TEA-T00ZZ	BEAM COMPRR.BUMPER	1	164.70	25	123.52	8.65	132.17
91505-TM8-003	CLIP,BUMPER	7	2.30	25	12.07	0.84	12.91
71508-TEA-T00	GARNISH,L.RR.BUMPER SIDE	1	8.40	25	6.30	0.44	6.74
71598-TEA-T01	SPACERL.RR.BUMPER SIDE	1	11.50	25	8.62	0.60	9.22
71555-TBA-A00	BRACKETL.RR.BUMPER SIDE	1	2.30	25	1.72	0.12	1.84
Sum Item					648.95	45.42	694.37
BOSUN	SUNDRIES	1	30.00		30.00	2.10	32.10
BA02R	REMOVE & RENEW REVERSE SENSORS-4 PCS (N)	1	120.00		120.00	8.40	128.40
BKB02R	REMOVE & RENEW RR BUMPER INCLUDING FITTINGS ON	1	560.00		560.00	39.20	599.20
BP01R	SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (1P)	1	550.00		550.00	38.50	588.50
Sum Labor					1260.00	88.20	1,348.20

Survey By _____

Date & Time _____

Total Amount 1,908.95 133.62 2,042.57

Printed on 27/8/2019 3:46:04 PM

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s).

An amount of \$53.50 (incl GST) will be applicable for the request of the above quotation for estimates above \$2,000.00.

However, if the repairs are subsequently done at Kah Motor Co. Sdn. Bhd, it will be refunded.

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	27/08/2019 09:45
Date Of Accident	26/08/2019 18:40
Exact Location Of Accident	PASIR RIS DRIVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV2375D
Insured/Policyholder	
Name Of Registered Owner	WONG YIAP CHONG
NRIC No	S1657049D
Email Address	TEWONG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96192315
Alternative Phone No	OTHERS-96192315

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 VTI (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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2019-00000945
Cover Note Number	

Driver

Name of Driver	WONG YIAP CHONG
NRIC No	S1657049D
Date Of Birth	12/07/1964
Occupation	INDOOR
Date Of Driving Pass	02/07/1993
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96192315
Fax Number	
Contact Number	OTHERS-96192315
EMail Address	TEWONG@SINGNET.COM.SG

Address	BLK 414 PASIR RIS DRIVE 6 #10-203 SINGAPORE
Postcode	510414
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : PAX 1 GENDER: : MALE

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 ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHC1341Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

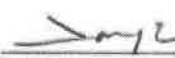
SKETCH PLAN

IMPORTANT NOTICE

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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:

27/8/19
9:40am

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Pawan

Sketch Plan #2

SKETCH PLAN

Diagram illustrating the location of the vehicle involved in the accident, showing the vehicle (A) and motorcycle (B) on the road, with the vehicle (A) labeled as (SHC 1341 Z) and the motorcycle (B) labeled as (SCV 2275 D). The road is labeled PASIR RIS DR 6.

Vehicle
A -
B -

Legend
Vehicle
Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AM STOP AT THE PASIR RIS DR 6 DURING THE TRAFFIC LIGHT WAS ON RED.

VEHICLE B BANG ON MY CAR BACK SIDE (LEFT SIDE).

DECLARATION

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

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

9:40am
27/8/9

Driver's Signature

(If driver is not the policyholder)

Date: _____ Time: _____

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

penner

DRIVER NRIC & LICENSE



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1657049D

 **WONG YIAP CHONG**

王業聰

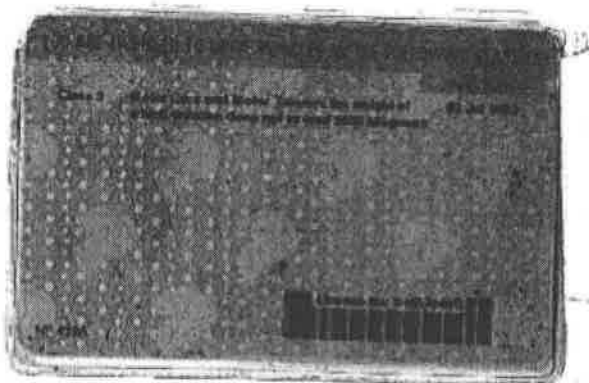
CHINESE

Date of birth: 12-07-1964

Sex: M

Country of birth: SINGAPORE





 3688418

 **S1657049D**

Date of issue: 16-03-2005

Address:
APT BLK 414 PASH RES DRIVE B
#10-203
SINGAPORE 510414



TAX INVOICE

GST REGISTRATION NUMBER: 200501737H

Date: 06/08/2019

Wong Yiap Chong
414 Pasir Ris Drive 6
10-203
Singapore 510414

Policy number : PNCV2019-00000945

Invoice number :

Coverage period : 06/08/2019 - 05/08/2020

Product : Commercial Car Insurance

Description	Amount
Premium (before GST)	S\$2,054.21
GST (7%)	S\$143.79
Total premium	S\$2,198.00