威利摩哆
WEI LEE MOTOR WORKS
BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.
TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com
Business Regn No: 269436/00J

05,OCT 2019

China Taiping Insurance (S) PL
105 Cecil Street #18-00
The Octagon
S 069534

Attn: Motor claim dept-3rd party claim
Claiming against your insured vehicle no: YK4527S
Accident involving vehicle no: SKU2916D/YK4527S
DOA: 02/10/2019 AT Marine Parade slip road twds ECP-Still Rd South

Dear officer incharge
Re: estimate cost of repair for vehicle no: SKU2916D
To supply—

Description	Qty	Amount
Front bumper	1	458.00
Bumper retainer	1	89.20
Front fender	1	761.45
Fender VVTI emblem	1	38.40
Fender cowling	1	163.40
Cowling clip		42.00
Bumper clip		38.00
Bonner	1	1,028.10
Headlamp w HID	1	2,804.00
Headlamp top chrome	1	137.70
Bumper fpglamp	1	248.20
Foglamp cover	1	112.90
Parts		6,011.35
Parts less 25%		1,502.83
		4,508.52

To check/rectify headlamp wiring,check /focus headlamp	80.00
To remove damaged parts and attachments.	
Repair/reshape dented areas	
Replace/align above parts into position.	900.00
To spray paint	1,100.00

	6,588.52

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 04/10/2019 12:41

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 witholding 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	04/10/2019 12:25
Date Of Accident	02/10/2019 19:35
Exact Location Of Accident	MARINE PARADE SLIP ROAD TOWARDS ECP-STILL RD SOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2916D
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97980504
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108935445
Cover Note Number	
Driver	
Name of Driver	MOK CHAK SING
NRIC No	S7177476G
Date Of Birth	02/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1995
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97980504
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 21 GHIM MOH ROAD #09-149
Postcode	270021
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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: : MR.ANG 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 ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH COMPANY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YK4527S
Vehicle Make/Model/Colour	
Details Of Properties	REFER ATTACHED
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SELLAM KANNUCHAMY
NRIC/Passport Number	G7954153U
Contact Number	90503042
Address	
Postcode	
Insurance Company Name	

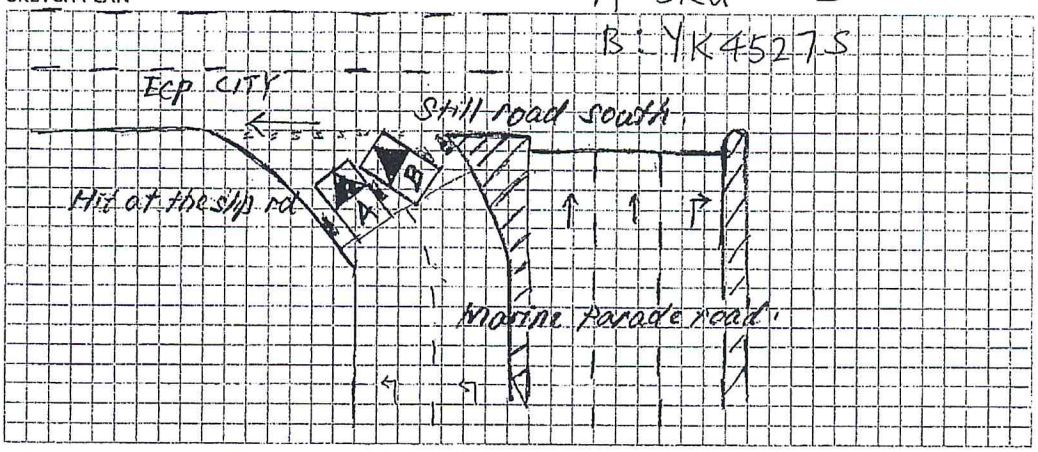
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan #2 Pg. 1

SKETCH PLAN

A: SKU 2916D
B: YK4527S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happen on ~~02~~ 02/10/2019 timing at 19.36.
Lorry hit my car at the slip road on marine parade road exit to ECP. still road south -

DECLARATION

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

Leasing Pte. 201611813C

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

SKETCH PLAN

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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.

HH Leasing Pte. Ltd. 201611813C		
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.:

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 04/10/2019 12:41

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Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97980504
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108935445
Cover Note Number	
Driver	
Name of Driver	MOK CHAK SING
NRIC No	S7177476G
Date Of Birth	02/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1995
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97980504
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 21 GHIM MOH ROAD #09-149
Postcode	270021
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

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Passenger 1	NAME: : MR.ANG GENDER: : MALE

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If Yes,against whom?	

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Attachment(s)

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Vehicle Registration Number	YK4527S
Vehicle Make/Model/Colour	
Details Of Properties	REFER ATTACHED
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SELLAM KANNUCHAMY
NRIC/Passport Number	G7954153U
Contact Number	90503042
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)