

06 August 2020



**VFIX AUTO PTE LTD**  
26 Chia Ping Road  
Singapore 619977  
E-mail: wskoh@vfixauto.com.sg  
Tel: 64552957 Fax: 68628669  
UEN/GST Reg. No.: 201830761R

Our Ref. No. : VFIX-TP20190707

**MOTOR CLAIMS DEPT**  
**MS FIRST CAPITAL INS LTD**  
36 ROBINSON ROAD  
#16-01 CITY HOUSE  
SINGAPORE 068877

**WITHOUT PREJUDICE**

Dear Sir / Madam

**PROPERTY CLAIM ONLY**

**ACCIDENT INVOLVING XD6901E AND SHA9775M ON 15/12/2019  
ECP TOWARDS FORD RD BEF EXIT MARINE PARADE**

We refer to the above-mentioned accident.

We are writing on behalf of **KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD** the registered owner of motor vehicle number **XD6901E** which was involved in the above accident.

We are instructed that the above accident was caused by the negligence and management of your insured's vehicle number **SHA9775M**. As a result of the above accident, our client's vehicle was damaged and our client's has been put to loss and expense, particulars of which are as follows :-

1	Cost of Repair		:S\$	17,655.00
2	Loss of Use	( 7 days X \$ 150.00 )	:S\$	1,050.00

<b>TOTAL AMOUNTS</b>	<b>:S\$</b>	<b>18,705.00</b>
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We enclosed a list of the supporting documents :-

- (a) Original Final Repair Bill
- (b) GIA / Police Report lodged by Our Client
- (c) Letter of Authority

Kindly acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

**Any settlement reached is strictly without prejudice to and shall not affect any other claims arising from this accident. Settlement is solely for the items claimed only.**

Yours Faithfully,

VFIX AUTO PTE LTD

*Ken Tan*



**Ken Tan**

Operation Director



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**FINAL REPAIR BILL**

DATE : 6/8/2020  
VEHICLE NO : XD6901E  
MAKE/MODEL : VOLVO FMX420  
ACC DATE : 15/12/2019  
CLAIM NO : VFIX-TP20190707  
POLICY NO :

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AMOUNT S\$

LUMP SUM REPAIR COST

Repair Amount	16,500.00
7% GST	1,155.00
Total	<u>17,655.00</u>

SINGAPORE DOLLARS : SEVENTEEN THOUSAND SIX  
HUNDRED FIFTY FIVE ONLY

VFIX AUTO PTE LTD

*Ken Tan*

**Ken Tan**

Operation Director



## 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	16/12/2019 18:15
Date Of Accident	15/12/2019 03:40
Exact Location Of Accident	ECP TOWARDS FORD RD BEF EXIT MARINE PARADE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6901E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	199904117E
Email Address	KINHOE.NG@KTCGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-96155910
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	VOLVO
Model	FMX420-12.8 D (M)

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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1806171901

Cover Note Number

### Driver

Name of Driver	RAJENDHIRAN PRABAKARAN
Passport No/FIN	G2480626Q
Date Of Birth	20/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93473516

Fax Number

Contact Number

E-Mail Address NOEMAIL

Address N/A  
 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 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) 1

**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 SKETCH PLAN

**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 SHA9775M  
 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

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.
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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 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 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.



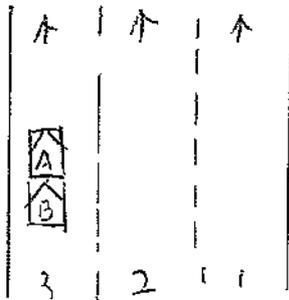
Policyholder's Signature  
Date & Time:

*R. Prabhakar*

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

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

SKETCH PLAN



Vehicle A - XD 6901 E  
 Vehicle B - SHA 9775 M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/12/2019 around 0340 hrs, Vehicle A along ECP towards Ford Road (before Exit Marine Parade 10B) near lamp post 162, suddenly Vehicle A driver feel the impact from behind and realise vehicle B collided into vehicle A rear portion. No one injured.

DECLARATION

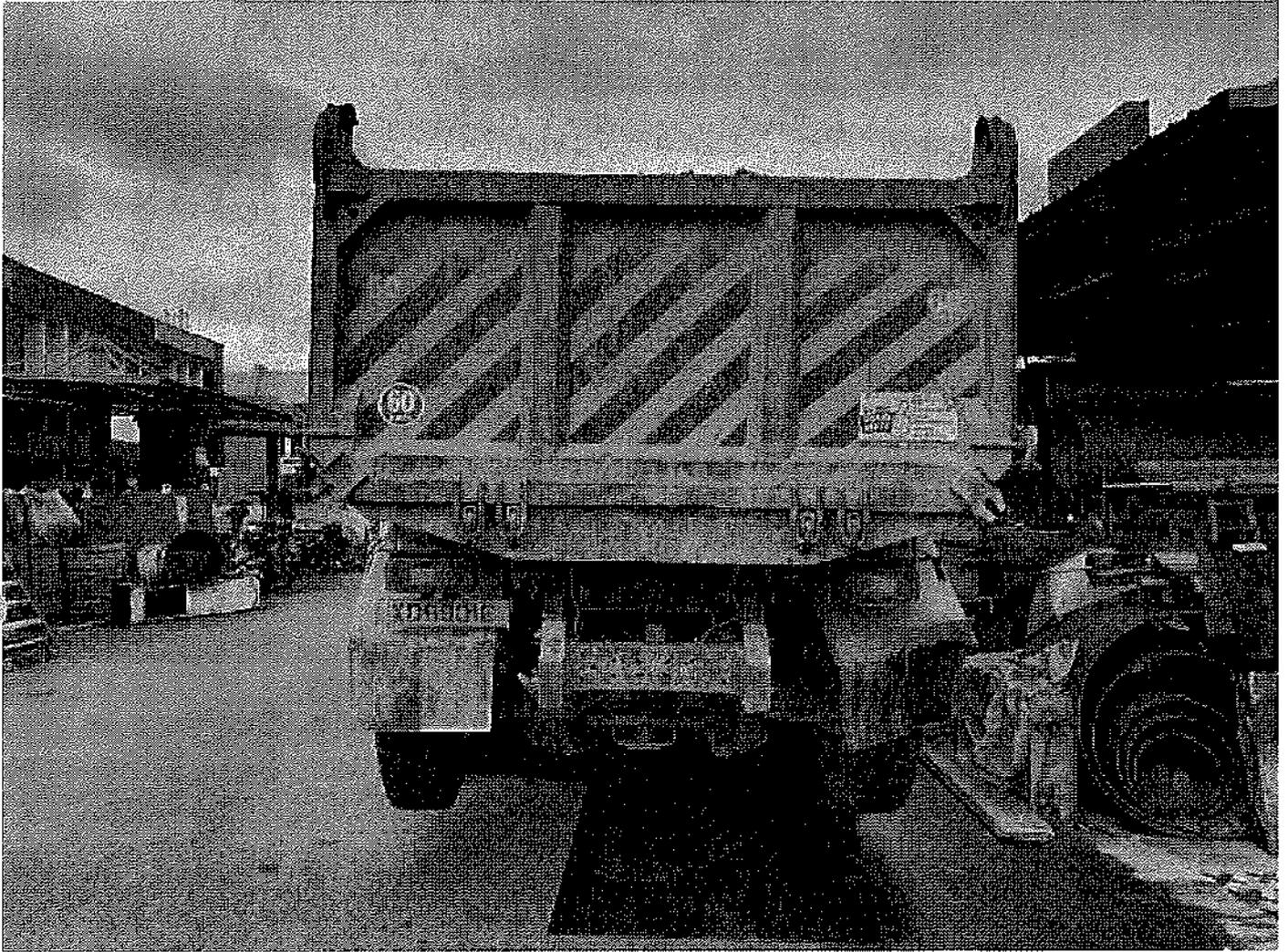
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time:

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

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

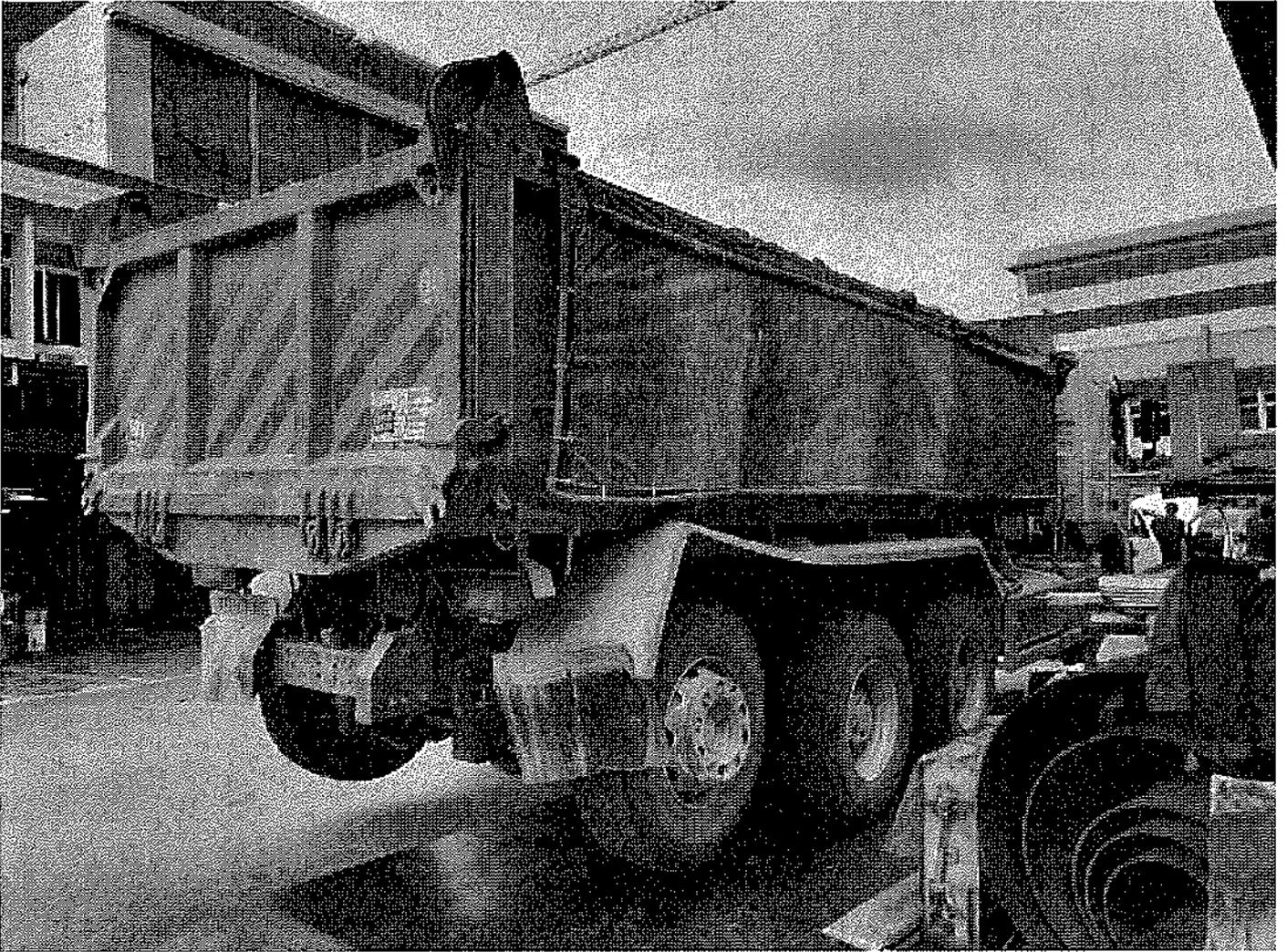
Accident Photo



Accident Photo



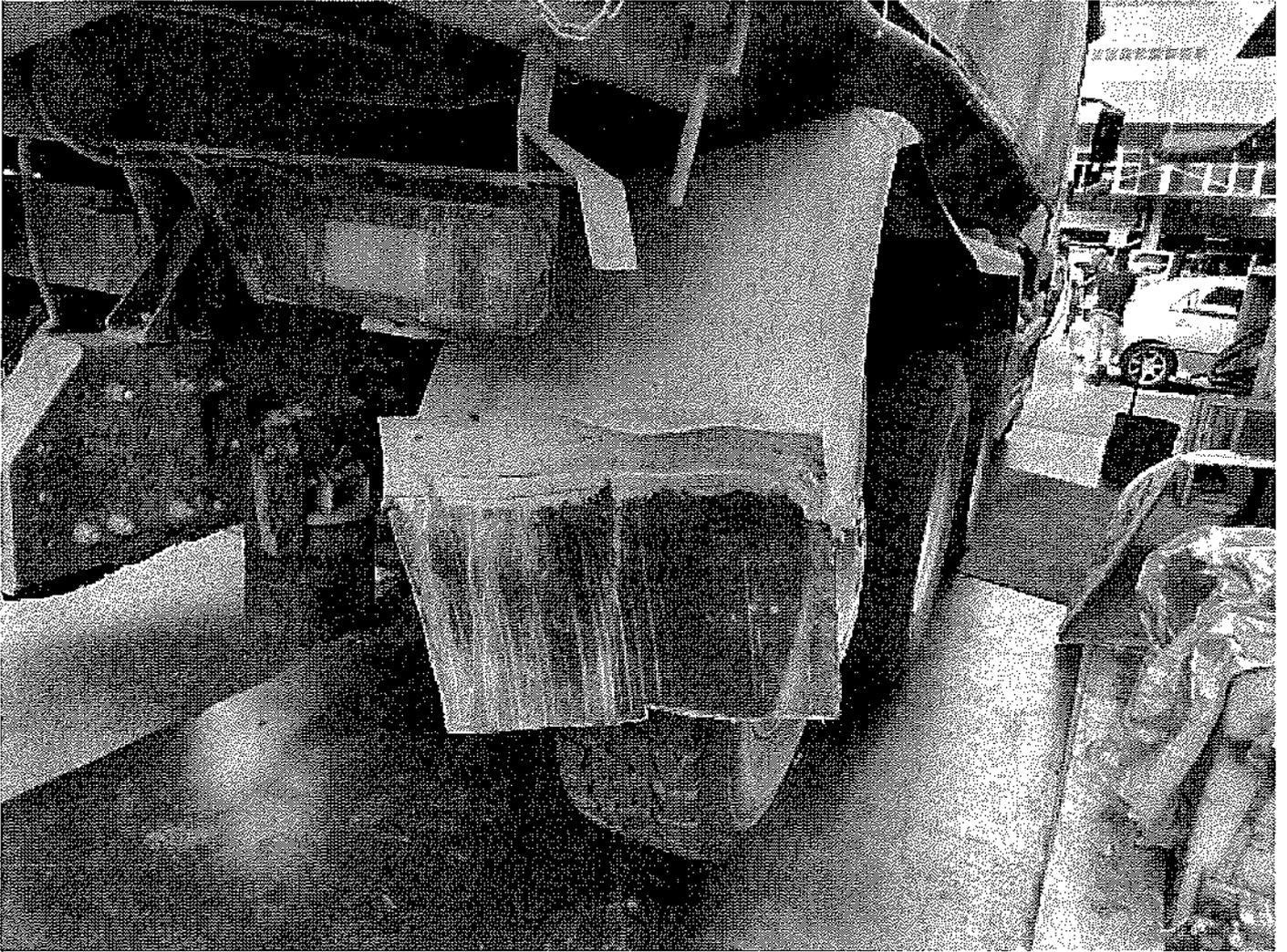
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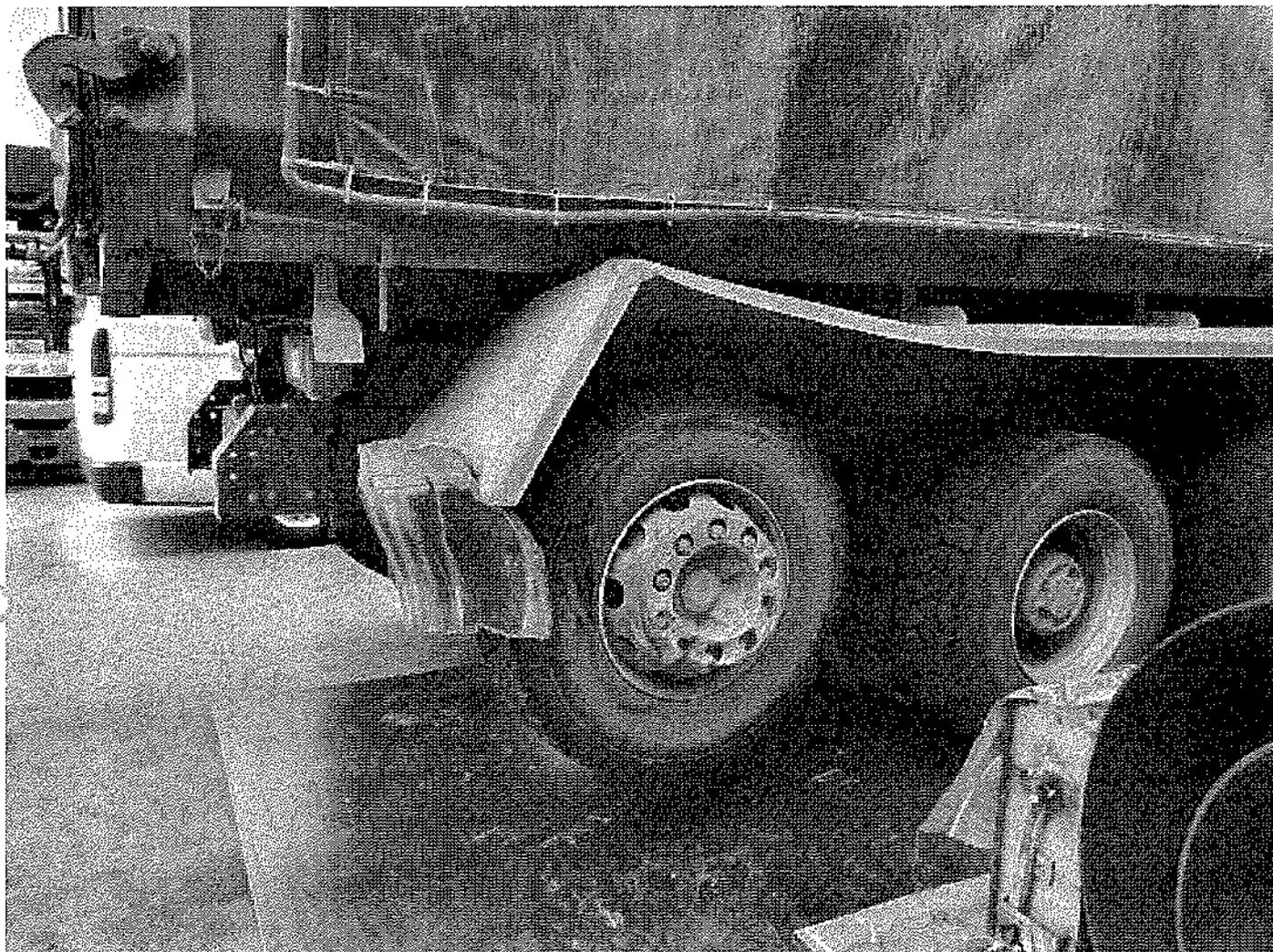
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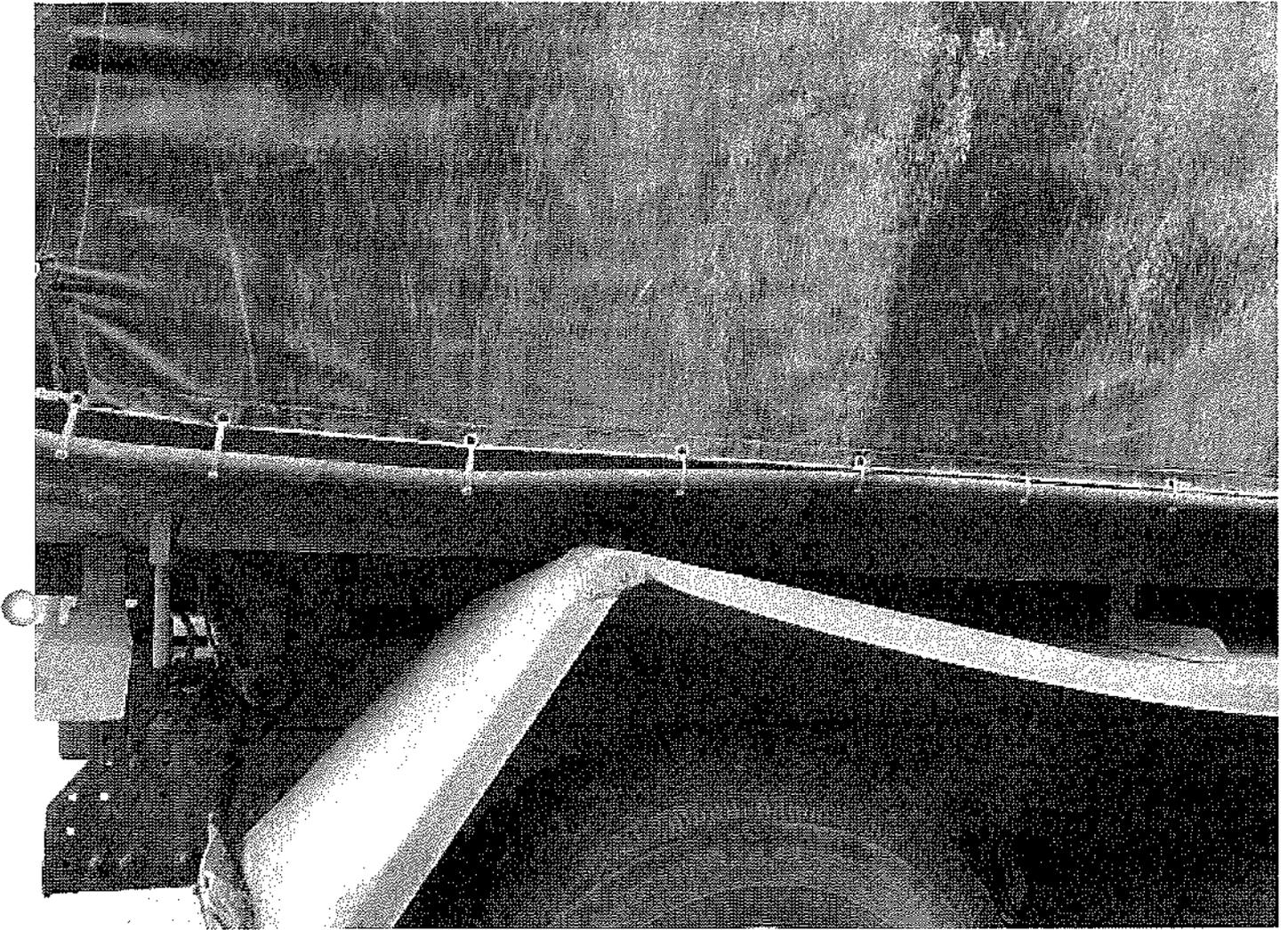
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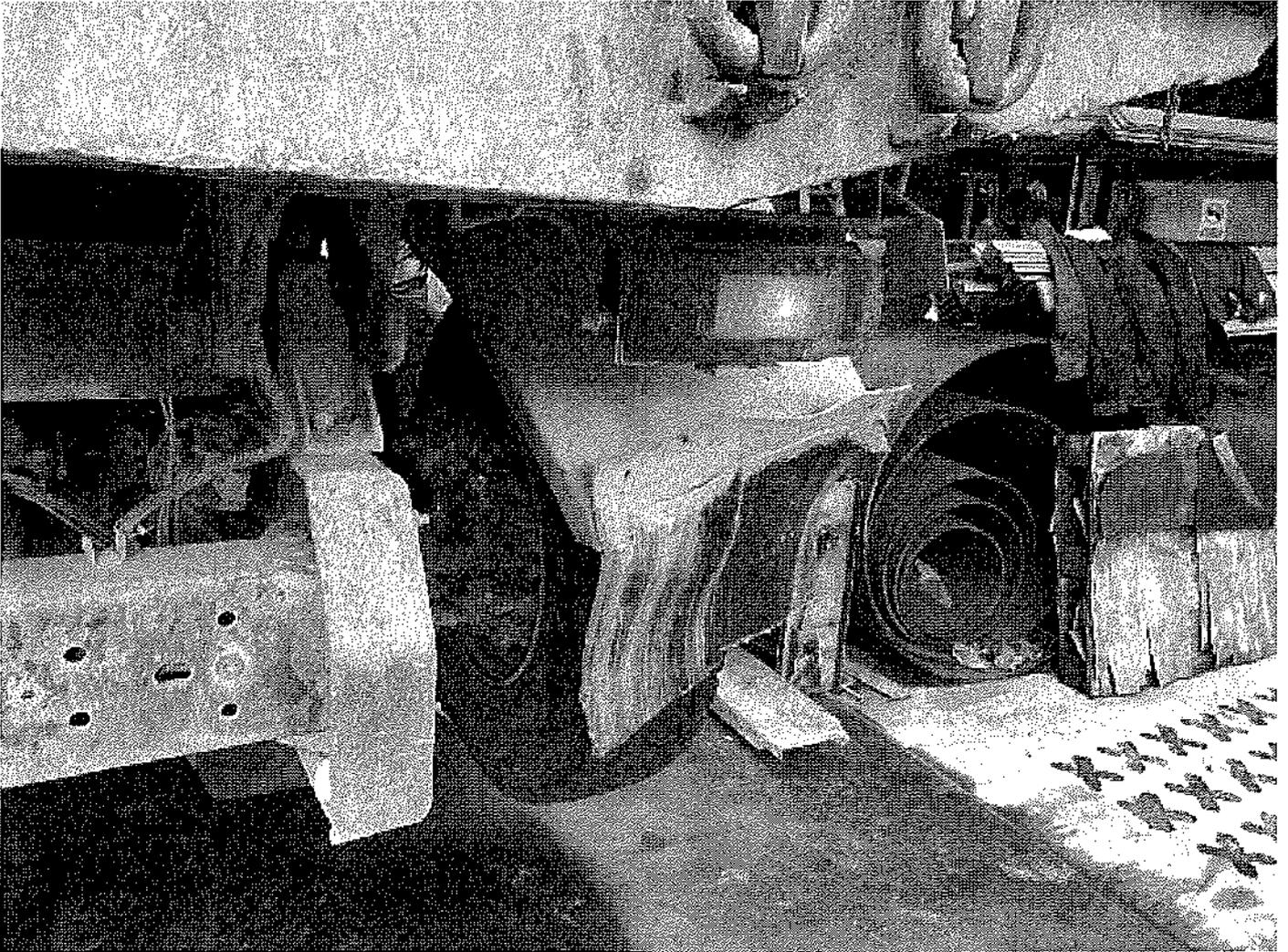
Accident Photo



Accident Photo



Accident Photo



To: MS FIRST CAPITAL INS LTD  
36 ROBINSON ROAD  
#16-01 CITY HOUSE  
SINGAPORE 068877

Dear Sir / Madam,

Claimant:

ACCIDENT INVOLVING XD6901E AND SHA9775M ON 15/12/2019 AT  
ECP TOWARDS FORD RD BEF EXIT MARINE PARADE

I/We, KOK TONG TRANSPORT & ENGINEERING WORK PTE LTD, am/are the registered owner of  
motor car no. XD6901E

Please be informed that I have assigned all compensation monies due to me/us in the above  
accident to VFIX AUTO PTE LTD.

I/We hereby authorized you to release all monies pertaining to the above mentioned accident to  
VFIX AUTO PTE LTD and forward the settlement cheque to VFIX AUTO PTE LTD whom I/we  
have authorized to collected the said compensation monies.

Thank you,


Signature of Claimant &

Company Stamp if applicable

IC No.: 199904117E

Date : 6/8/2020



Signature of Witness

IC No.: G8853500L

Date : 6/8/2020

