



# 簡福星摩多工廠

## 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

ALLIANZ INSURANCE SINGAPORE PTE LTD

DATE : 18-01-2022

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

VEHICLE NO. : SME3179T

ACCIDENT DATE : 16-01-2022 12:00

THIRD PARTY REF. :

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SME3179T HONDA FIT

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	FRONT FENDER RH	140.00
2	1	FRONT FENDER SHIELD RH	60.00
3	10	FRONT FENDER SHIELD CLIP@\$2.00	20.00
4	1	FRONT FENDER 1/4 GLASS MOULDING RH	30.00
5	1	FRONT FENDER 1/4 GLASS RH	150.00
6	1	FRONT DOOR RH	380.00
7	1	FRONT DOOR HINGE TOP RH	28.00
8	1	FRONT DOOR HINGE LOWER RH	28.00
9	1	FRONT DOOR CHECKER RH	35.00
10	1	FRONT DOOR FAME STICKER RH	28.00
11	1	FRONT SIDE MIRROR RH	210.00
12	1	FRONT SIDE MIRROR COVER RH	20.00
			1,129.00
ADD 10 %			112.90
TOTAL ( A )			1,241.90

### LABOUR CHARGES

1	1	TO CHECK WIRING SYSTE,	30.00
2	1	TO TRANSFER DOOR MECHANICISM TO NEW DOOR	40.00
3	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FI-TTING NEW PARTS	520.00



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VEHICLE NO. : SME3179T  
ACCIDENT DATE : 16-01-2022 12:00  
THIRD PARTY REF. :

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
4	1	SPRAYPAINTING CHARGES	620.00
TOTAL ( D )			1,210.00
ESTIMATE TOTAL			2,451.90

## 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 Submission	17/01/2022 11:47 (SGT)
Date of Accident	16/01/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	10 JALAN KUKOH CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3179T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE TUN LENG
NRIC No	SXXXX667B
Email Address	TUNLENG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-83839093
Alternative Phone No	(Home) +65-83839093

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1600

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000515290-01
Cover Note Number	-

#### DRIVER

Name of Driver	LEE TUN LENG
NRIC No	SXXXX667B

Date Of Birth	07/09/1978
Occupation	Indoor
Date Of Driving Pass	08/08/2003
Driving experience	18 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83839093
Alt. Phone Number	(Home) +65-83839093
Email Address	TUNLENG@YAHOO.COM.SG
Address	BLK 524 BEDOK NORTH ATREET 3 #05-368 S 460524
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER STATEMENT 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

## 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 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.

#### 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

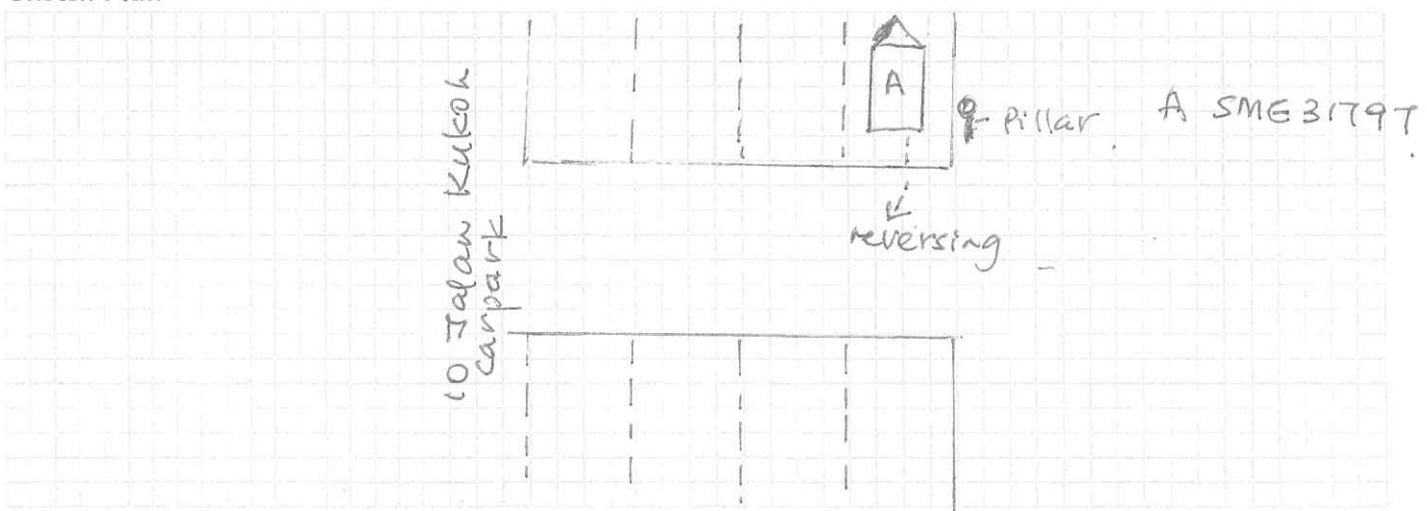
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

On 16 January 2022 at 12pm, my car was parked at 10 Jalan Kukuh carpark and I was about to leave the carpark I was reversing the car out of the carpark lot because I parked it head-in and as I was reversing, I missed the pillar and the right side of the car hit the pillar, scratching, denting and crashing the side mirror.

**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

17/1/2022  
1040

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel