

India International Ins. De Ltd.  
64 Cecil Street  
#04-05 10B Bldg  
Sgnd 049711

Date: 18/3/22

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SMN 43SS Y & GBH 7274P

On 17/3/22 at TPE

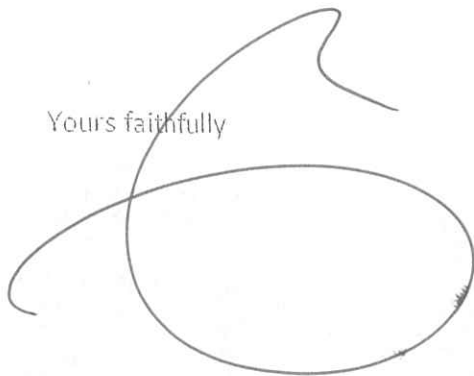
It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: GBH 7274P

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

INDIA INTERNATIONAL INSURANCE PTE LTD  
64 CECIL STREET  
#04-05 IOB BUILDING  
SINGAPORE 049711

DATE : 18-03-2022

VEHICLE NO. : SMN4355Y  
ACCIDENT DATE : 17-03-2022 18:40  
THIRD PARTY REF. : GBH7274P

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SMN4355Y HONDA CIVIC 1.6 VTI CVT

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BOOT COVER	550.90
2	1	REAR BOOT CIVIC EMBLEM	13.40
3	1	REAR BOOT IVTEC EMBLEM	12.50
4	1	REAR END PANEL	277.50
5	1	REAR BUMPER	617.20
6	1	REAR BUMPER LOWER	148.50
7	1	REAR BUMPER LOWER CHROME	115.00
8	1	REAR BUMPER REINFORCEMENT	188.00
9	1	REAR BUMPER SENSOR	155.40
10	1	REAR BUMPER TOW COVER	10.70
11	10	REAR BUMPER CLIP@\$3.50	35.00
			<hr/>
			2,124.10
			<hr/>
			LESS 20 %
			<hr/>
			424.82
			<hr/>
			TOTAL ( A )
			<hr/>
			1,699.28

### LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	30.00
2	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FI- TTING NEW PARTS	720.00
3	1	SPRAYPAINTING CHARGES	750.00



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VEHICLE NO. : SMN4355Y  
ACCIDENT DATE : 17-03-2022 18:40  
THIRD PARTY REF. : GBH7274P

# QTY PARTS DESCRIPTION

AMOUNT (SG\$)

TOTAL ( D )

1,500.00

ESTIMATE TOTAL

3,199.28

## 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	18/03/2022 13:07 (SGT)
Date of Accident	17/03/2022 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE EXIT 10 TOWARDS PUNGGOL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4355Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KWONG WEI JIAN (GUAN WEIJIAN)
NRIC No	SXXXX046D
Email Address	gerald_kwong@hotmail.com
Mobile Phone No	(Phone) +65-98781984
Alternative Phone No	+65-98781984

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	CIVIC 1.6 VTI CVT
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1597

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2021-00002807
Cover Note Number	08/08/2021 TO 07/08/2022

#### DRIVER

Name of Driver	KWONG WEI JIAN (GUAN WEIJIAN)
NRIC No	SXXXX046D

Date Of Birth	08/01/1984
Occupation	Indoor
Date Of Driving Pass	09/07/2007
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98781984
Alt. Phone Number	+65-98781984
Email Address	gerald_kwong@hotmail.com
Address	APT BLK 294A COMPASSVALE CRESCENT #12-21 (S) 541294
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
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 WITH ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO LARGE UNABLE TO UPLOAD
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH7274P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD NOH BIN ABDUL MANAF
Contact Number	(Phone) +65-96711673
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGM1800A
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN KIM LENG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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.
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

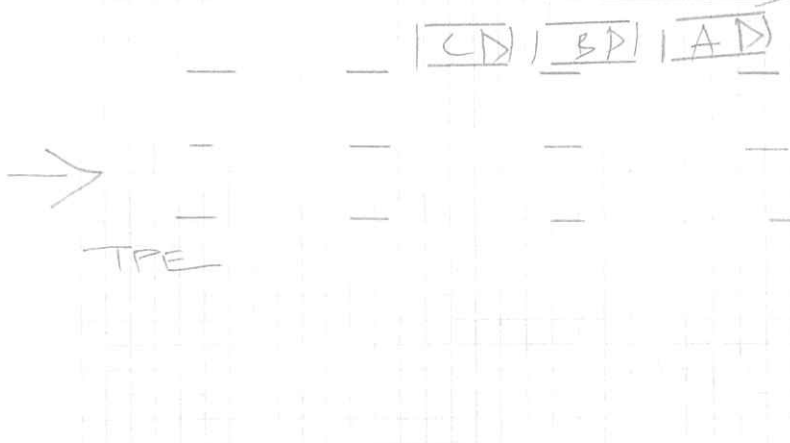
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



24/4 10  
A: SMN 4355Y  
B: GBH 7274P  
C: SAM 1800A

**Describe Circumstances of the Accident**

I drove my car SMNH355Y out the toward  
exit 10. Vehicle in front brake, and I  
immediately brake my car. Next moment,  
my car SMNH355Y was hit by vehicle  
GTBH7274P from rear.

Total 3 vehicles involved in this accident.


Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

**Declaration**

We declare the foregoing particulars are true in every respect.



  
Policyholder's Signature / Date &  
Time

 18/3/22 12.12pm  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel