

India International Ins. Co. Ltd.
64 Cecil Street
#04-05 105 Bldg
Sg 049711

Date: 2/7/22

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SMX 4911 P & GBK 43P4E.

On 1/7/22 at Cng Mo Kio Ave 1 X Jov Chuan.

It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: GBK 43P4E

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 (0)

Thank you

Yours faithfully





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 : 02-07-2022

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

VEHICLE NO. : SMX4911P

ACCIDENT DATE : 01-07-2022 14:00

THIRD PARTY REF. : GBK4394E

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SMX4911P MERCEDES GLA180

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BOOT COVER	2388.00
2	1	REAR BOOT LOCK	325.00
3	1	REAR BOOT GLA EMBLEM	102.00
4	1	REAR BOOT 180 EMBLEM	102.00
5	1	REAR BOOT CENTRE EMBLEM	56.00
6	1	REAR BUMPER	1185.00
7	1	REAR BUMPER LOWER	665.00
8	1	REAR BUMPER LOWER GARNISH	1010.00
9	1	REAR BUMPER FOAM	82.00
10	1	REAR BUMPER REINFORCEMENT	680.00
11	1	REAR BUMPER TOP CHROME	240.00
12	2	REAR BUMPER SIDE BRACKET@\$28.00	56.00
13	10	@\$REAR BUMPER CLIP@\$7.00	70.00
			<hr/>
			6,961.00
			<hr/>
LESS 10 %			696.10
			<hr/>
TOTAL (A)			6,264.90
			<hr/>

SPECIAL NETT ITEMS

1	1	REAR WINDSCREEN GUM	50.00
			<hr/>
TOTAL (C)			50.00
			<hr/>

LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	50.00
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#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
2	1	TO REMOVE/REFIT REAR WINDSCREEN GLASS	120.00
3	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	720.00
4	1	SPRAYPAINTING CHARGES	750.00
TOTAL (D)			1,640.00
ESTIMATE TOTAL			7,954.90



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INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04-05 IOB BUILDING

SINGAPORE 049711

DATE : 02-07-2022

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ESTIMATE TOTAL			7,954.90

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	01/07/2022 15:41 (SGT)
Reported by	Driver
Date of Accident	01/07/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVENUE 1 & LOR CHUAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX4911P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	EE SAN JORINA CHAN
NRIC No	SXXXX632B
Email Address	PYKCHONG@GMAIL.COM
Mobile Phone No	(Phone) +65-98224486
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1595

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000718305-01

DRIVER

Name of Driver	CHONG YOK KIT
NRIC No	SXXXX156I
Date Of Birth	17/12/1971
Occupation	Indoor

Date Of Driving Pass	02/05/1990
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96614078
Alt. Phone Number	-
Email Address	PYKCHONG@GMAIL.COM
Address	28 YIO CHU KANG #03-02 S 545678
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 TO THE 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK4394E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WONG KO HOONG

Contact Number	(Phone) +65-89380575
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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

Witnessed by Reporting Centre
Personnel