India International Ins. Are Ad 64 Cecil Struct #04-05 1018 Andp Spal 049711

Date: 2 7 22

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SMX 4911 P & GSIC 43Pa.E.

on 1/7/22 at Cap No Co Ave 1 X Low Chuan

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

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



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

#	<u>QTY</u>	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
				6,961.00
			LESS 10 %	696.10
			TOTAL (A)	6,264.90
SP	ECIA	L NETT ITEMS		
1	1	REAR WINDSCREEN GUM		50.00
			TOTAL (C)	50.00
LA	BOUR	CHARGES		
1	1	TO CHECK WIRING SYSTEM		50.00



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Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883
Tel: (65) 6481 5150 Fax: (65) 6481 8683

VEHICLE NO.

: SMX4911P

ACCIDENT DATE

: 01-07-2022 14:00

THIRD PARTY REF.

: GBK4394E

TH.	THIRD PARTY REF. : GBK4394E											
# 2	<u>QTY</u> 1	PARTS DESCRIPTION TO REMOVE/REFIT REAR WINDSCREEN GLASS		AMOUNT (SG\$)								
3	1	TO REMOVE ALL NECESSARY AFFECTED PARTS TTING NEW PARTS	WELD CUT PANEL BEAT AND FI-	720.00								
4	1	SPRAYPAINTING CHARGES	750.00									
			TOTAL (D)	1,640.00								
		F	ESTIMATE TOTAL	7,954.90								



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INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#04-05 IOB BUILDING

SINGAPORE 049711

VEHICLE NO.

: SMX4911P

ACCIDENT DATE

: 01-07-2022 14:00

THIRD PARTY REF.: GBK4394E

ATTN: MOTOR CLAIMS DEPT.

OMY DADME DECEDEDMENT

ESTIMATE COST OF REPAIR TO VEICLE SMX4911P MERCEDES GLA180

<u>#</u>	$\underline{\mathtt{QTY}}$	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
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11	1	REAR BUMPER TOP CHROME			240.	.00
12	2	REAR BUMPER SIDE BRACKET@\$28.00			56.	.00
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					6,961.	00
			LESS 10	8	696.	10
			TOTAL	(A)	6,264.	90
SP	ECIA:	L NETT ITEMS				
1	1	REAR WINDSCREEN GUM			50	.00
			TOTAL	(C)	50.	00
LA	BOUR	CHARGES				
1	1	TO CHECK WIRING SYSTEM			50	.00

DATE : 02-07-2022

AMOTINE (CCC)



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VEHICLE NO. : SMX4911P

ACCIDENT DATE : 01-07-2022 14:00

THIRD PARTY REF. : GBK4394E

TH.	THIRD PARTY REF. : GBK4394E											
# 2	QTY 1	PARTS DESCRIPTION TO REMOVE/REFIT REAR WINDSCREEN GLA	AMOUNT (SG\$)									
3	1	TO REMOVE ALL NECESSARY AFFECTED PA	ARTS WELD CUT PANEL BEAT AND FI-	720.00								
4	1	SPRAYPAINTING CHARGES	750.00									
			TOTAL (D)	1,640.00								
			7,954.90									

SK0N2271000A / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 01/07/2022 15:41 (SGT) SUBMITTED BY: Chau Chi Chen VERSION: 1 (01/07/2022 15:41 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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 Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

01/07/2022 15:41 (SGT) Driver 01/07/2022 14:00 (SGT) Singapore ANG MO KIO AVENUE 1 & LOR CHUAN Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMX4911P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No

No

EE SAN JORINA CHAN

SXXXX632B

PYKCHONG@GMAIL.COM (Phone) +65-98224486

VEHICLE PARTICULARS

Manufacturer

Model 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? Vehicle Category Transmission

CC

Mercedes Gla180

No - Claiming third party

Private car Auto 1595

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHONG YOK KIT SXXXX156I 17/12/1971 Indoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address complement

Address Co

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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?

Was notice of intended Prosecution given?

if yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

i Camera:

FILE SIZE TOO LARGE

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

GBK4394E

02/05/1990

Male

No

No

Clear

Dry

No

No

Yes

1

No

No

No

2

Spouse

32 YEARS AND 2 MONTHS

PYKCHONG@GMAIL.COM

28 YIO CHU KANG #03-02 S 545678

(Phone) +65-96614078

Collision - Head to Rear

-

DETAILS OF OTHER VEHICLE PROPERTY 1

-

-

Commercial vehicle WONG KO HOONG

Accident report SK0N2271000A

Page 2 of 17

(Phone) +65-89380575
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SKETCH PLAN

IMPORTANT NOTICE

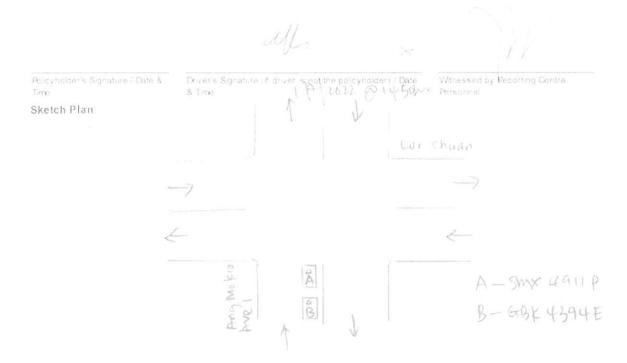
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 flability 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer into workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect luse 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 law yers/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 idisclose 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 GA to their hard party service providers or agents including their law yers law firms), which may be sited outside of Singapore, for one or more of the above Parposes.



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