

Logan, Mrs. Bud  
300 Beach Rd  
#17-04/07 The Concourse  
Spore 199555.  
Date: 1/8/22

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles S1D792RL & SDP 2678 D  
On 28/7/22 at Geylang rd

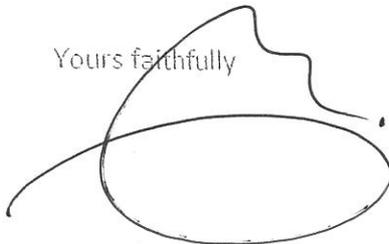
It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: SDP 2678 D

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





# 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

LONPAC INSURANCE BHD  
 300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE  
 199555

DATE : 01-08-2022

VEHICLE NO. : SLD7929L  
 ACCIDENT DATE : 29-07-2011 10:00  
 THIRD PARTY REF. : SDT2678D

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SLD7929L HONDA VEZEL

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BOOT COVER	590.00
2	1	REAR BOOT WINDSCREEN RUBBER	60.00
3	1	REAR BOOT LOCK	55.00
4	1	REAR BOOT RUBBER	0.00
5	1	REAR BUMPER	160.00
6	1	REAR BUMPER SIDE RH	75.00
7	1	REAR BUMPER REFLECTOR RH	45.00
8	1	REAR BUMPER SIDE RETAINER RH	10.00
9	10	REAR BUMPER CLIP@\$2.50	25.00
10	1	REAR END PANEL	275.00
11	1	REAR EXHAUST MUFFLER	360.00
			<hr/>
			1,655.00
			ADD 20 %
			<hr/>
			331.00
			<hr/>
			TOTAL ( A )
			<hr/>
			1,986.00

### SPECIAL NETT ITEMS

1	1	REAR WINDSCREEN GUM	50.00
2	1	REAR REVERSE SENSOR	300.00
			<hr/>
			TOTAL ( C )
			<hr/>
			350.00

### LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	50.00
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# 簡福星嘍呀工廠

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VEHICLE NO. : SLD7929L  
ACCIDENT DATE : 29-07-2011 10:00  
THIRD PARTY REF. : SDT2678D

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
2	1	TO REMOVE/REFIT REAR WINDSCREEN GLASS	120.00
3	1	TO REMOVE/REFIT REAR FENDER INNER GARNISH & ETC	100.00
4	1	TO REMOVE ALL NECESSARY AFEFCTED PARTS WELD CUT PANEL BEAT AND FI- TTING NEW PARTS	820.00
5	1	SPRAYPAINTING CHAREGS	750.00
TOTAL ( D )			<u>1,840.00</u>
ESTIMATE TOTAL			<u>4,176.00</u>

## 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 Actual 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 ..... 29/07/2022 14:54 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 29/07/2022 10:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... GEYLANG ROAD BEFORE ALJUNIED ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLD7929L

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HASNI BINTE MOHAMED TAHIR  
NRIC No ..... S1713376D  
Email Address ..... HASNI.TAHIR@ICLOUD.COM  
Mobile Phone No ..... (Phone) +65-93898469  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1500

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Policy Number / Cover Note Number ..... 5101614158-04

#### DRIVER

Name of Driver ..... MOHAMED JAMALUDIN BIN MOHAMED SIDIK  
NRIC No ..... S1768772G  
Date Of Birth ..... 17/11/1966  
Occupation ..... Indoor

Date Of Driving Pass .....	03/07/1991
Driving experience .....	31 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96408857
Alt. Phone Number .....	-
Email Address .....	JAMAL.SIDIK17@GMAIL.COM
Address .....	BLK 205 PASIR RIS STREET 21 #04-376
Address complement .....	-
Postcode .....	510205
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDT2678D
Vehicle Manufacturer .....	Audi
Vehicle Model .....	A4
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	LOO BENG GEE
NRIC No .....	S6815125B

Contact Number .....	(Phone) +65-97848798
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

**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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

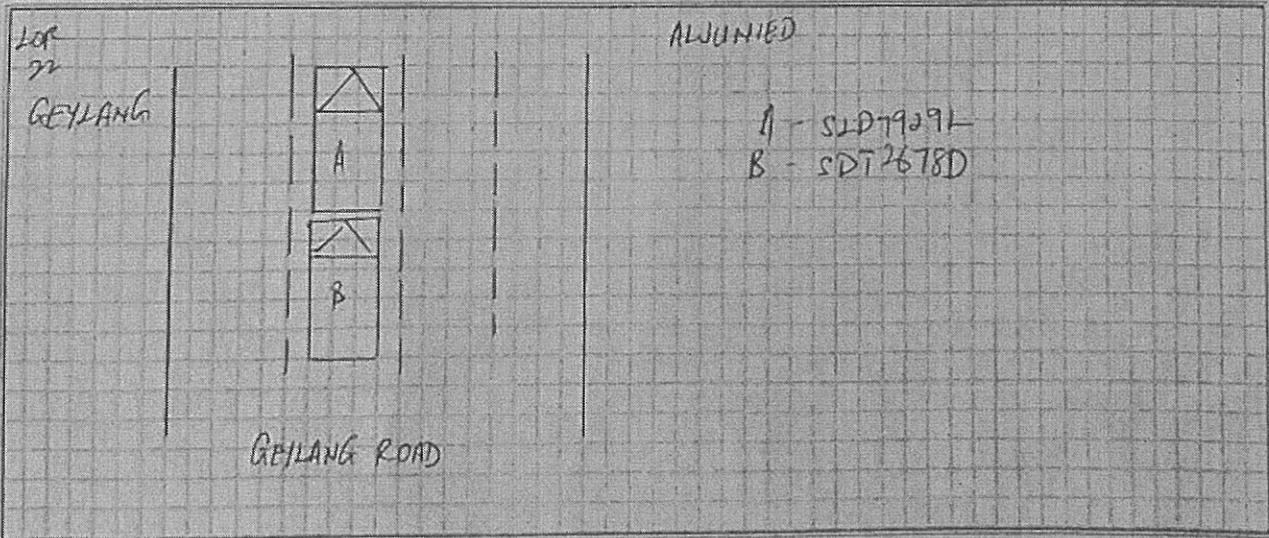
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

*[Signature]* 29/1/20 1740 *Muhammad Haris S. A. P. & B*

**Sketch Plan**



Describe Circumstance of the Accident

On 29/1/22 at 100m8, as I was stationary along Geylang Road,  
SDT2678D suddenly collided into my rear.

Declaration

(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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC ID card)