

Logal Ins. Bnd
300 Beach Rd
17-04107 The Concourse
Spore 199555.

Date: 18/10/22

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles SMD 2618 R & GV 128PD

On 17/10/22 at Ulu Ahmed Ibrahim.

It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: GV 128PD

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
#1K 8 JTC Defu Industrial City
#04-29 Defu South St-1
Spore 53375
Tel:- 6747 9560

Thank you

Yours faithfully



簡福星摩多工廠

KAN FOOK SING MOTOR WORKSHOP

Headquarter: Blk 8 JTC Defu Industrial City #04-29 Defu South Street 1, S533758

Tel: (65) 6747 9560, 6743 5344 • Fax: (65) 6748 1006

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

LONPAC INSURANCE BHD

DATE : 18-10-2022

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

VEHICLE NO. : SMU2618R

ACCIDENT DATE : 17-10-2022 07:45

THIRD PARTY REF. : GV1289D

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE SMU2618R MAZDA 6 4-DOOR SEDAN 2.0L SP.6EAT

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR LAMP RH	1593.00
2	1	REAR BUMPER	1266.00
3	1	REAR BUMPER SIDE RETAINER RH	59.00
4	10	REAR BUMPER CLIP@\$5.00	50.00
			<hr/>
			2,968.00
			<hr/>
			LESS 20 %
			593.60
			<hr/>
			TOTAL (A)
			<hr/>
			2,374.40

LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	50.00
2	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	420.00
3	1	SPRAYPAINTING CHARGES	420.00
			<hr/>
			TOTAL (D)
			890.00
			<hr/>
			ESTIMATE TOTAL
			<hr/>
			3,264.40

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	17/10/2022 12:15 (SGT)
Reported by	Both
Date of Accident	17/10/2022 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN AHMAD IBRAHIM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU2618R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHUN HAI
NRIC No	SXXXX117H
Email Address	stvlim888@yahoo.com.sg
Mobile Phone No	(Phone) +65-83339336
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6 4-DOOR SEDAN 2.0L SP.6EAT
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	1998

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128259295

DRIVER

Name of Driver	LIM CHUN HAI
NRIC No	SXXXX117H
Date Of Birth	24/12/1967
Occupation	Indoor

Date Of Driving Pass	16/11/1993
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83339336
Alt. Phone Number	-
Email Address	stvim888@yahoo.com.sg
Address	APT BLK 310 HOUGANG AVE 5 #13-257 (S) 530310
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	AFTER RAIN
Road Surface	Wet

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 WITH ATTACHED.

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	GV1289D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

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

SKETCH PLAN

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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.

[Signature]

Policyholder's Signature / Date & Time

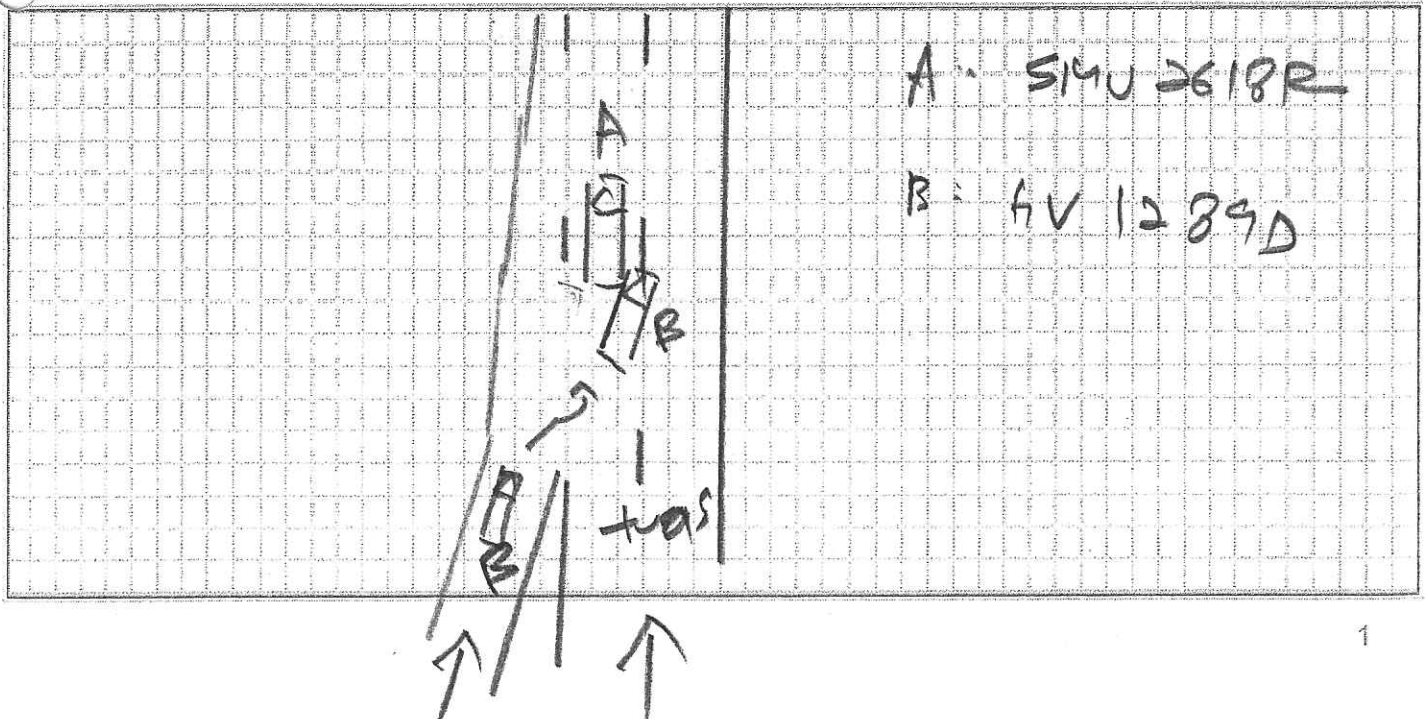
[Signature]

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



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

Sketch Plan



Describe Circumstance of the Accident

1. Drive by car STW618P along Jalan
Ahmad Ibrahim. suddenly lorry HV1289D
cut across into my lane from side road
and hit area by car rear right
portion.

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

Declaration

I/We declare the foregoing particulars are true in every respect.



Handwritten signature

Policyholder's Signature / Date & Time

17/10/22 10.10 am

Handwritten signature

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

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