

# 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 ..... 15/12/2022 14:22 (SGT)  
Reported by ..... Both  
Date of Accident ..... 15/12/2022 11:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE CHANGI BEOFRE KIM KEAT ROAD EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ9215U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KIM YONG WEI, LUTHER  
NRIC No .....  
Email Address .....  
Mobile Phone No .....  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Civic  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5132207692

### DRIVER

Name of Driver ..... KIM YONG WEI, LUTHER  
NRIC No .....  
Date Of Birth .....  
Occupation ..... Indoor

Date Of Driving Pass .....	
Driving experience .....	
Gender .....	Male
Mobile Number .....	
Alt. Phone Number .....	-
Email Address .....	
Address .....	
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	Passenger
Gender .....	Female

#### 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? .....	Yes
Reasons for not uploading a video of the accident .....	FILE SIZE TOO BIG TO BE UPLOADED

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA9387A
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	(Phone) +65-96551362
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 .....	SKP9805X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	STEPHEN CHI MING CHAN
NRIC No .....	S2634816A
Contact Number .....	(Phone) +65-89408018
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	PASSENGER
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMQ9215U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 15/12/2022 / 14:06

Report No: MT/

D.O.A: 15/12/2022

Vehicle No: SMQ9215U

Reporting Type

Time: 11:35 hrs

**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.

  
15/12/22 14:06

Policyholder's Signature / Date & Time

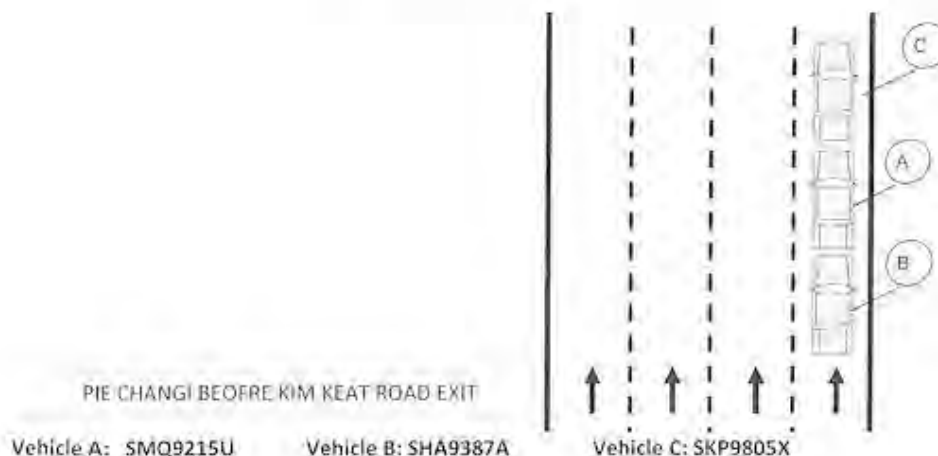
15/12/22 14:06

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

Tung Chun Kiet (S098825)  
Customer Care Executive  
Motor Service Centre

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

Sketch Plan





**Describe Circumstances of the Accident**

I was travelling straight ahead behind vehicle C. As vehicle C slowed down and stopped, I slowed down also and came to a complete stop. Moments after, vehicle B hit into the rear of my vehicle A. The impact pushed my vehicle A forward and caused my vehicle A to bump into the rear of vehicle C. Hence, in total, there were 3 vehicles involved in this chain collision.

**Declaration**

(We declare the foregoing particulars are true in every respect.)



15/12/22 14:06

Policyholder's Signature / Date & Time

15/12/22 14:06

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

Tang Chun Kiet (S098825)  
Customer Care Executive  
Motor Service Centre



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





















JP/DS/22/3323/HUP  
合合車廠私人有限公司  
**HUP HUP WORKSHOP PTE. LTD.**

27-A, JURONG PORT ROAD, #01-29, SINGAPORE 619101

TEL: 6265 5270, 6261 3407, 6265 1966 FAX: 6261 8456

Email: hupwshop@hotmail.com

Business Regn. / GST Regn. No. 19-8004325-G

30 January 2023

KIM YONG WEI, LUTHER  
C/O 27A JURONG PORT ROAD #01-29  
SINGAPORE 619101

FINAL REPAIR BILL FOR VEHICLE NO. SMQ9215U

Total Repair cost ( Part - By - Part Repair )	\$8,824.40
Add 8% GST	\$ 705.95
Total:	<u>\$9,530.35</u>



JP/DS/22/3323/HUP

**PRECISION APPRAISAL SERVICES***Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers**227 Simei St 4 #06-42 Singapore 520227 Fax: 6444 4886 Company Registration No. 53139926E***To:****KIM YONG WEI, LUTHER****C/O 27A JURONG PORT ROAD****#01-29 SINGAPORE 619101****Invoice No.: 230108****DATE : 30 JANUARY 2023**

<b>DESCRIPTION</b>		<b>AMOUNT</b>
<b>Vehicle Registration No.</b>	<b>: SMQ9215U</b>	<b>\$900.00</b>
<b>Type of Claims</b>	<b>: Third Party Claims</b>	
<b>Our Reference No.</b>	<b>: PAS/HH/230108/TP</b>	
<b>Your Reference No.</b>	<b>: -</b>	
<b>Inspection Report Fees</b>	<b>: ( including transportation charges &amp; photographs )</b>	
<b>Reinspection Report Fees</b>	<b>: -</b>	
<b>Transportation Charges</b>	<b>: -</b>	
<b>Additional Photographs</b>	<b>: -</b>	
<b>Others ( Specify )</b>	<b>: -</b>	
<b>DOLLARS</b>	<b>NINE HUNDRED ONLY</b>	<b>TOTAL: \$900.00</b>

**PRECISION APPRAISAL SERVICES**

# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers  
227 Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E



## AUTOMOBILE INSPECTION REPORT

To:

**KIM YONG WEI, LUTHER**  
**C/O 27A JURONG PORT ROAD**  
**#01-29 SINGAPORE 619101**

### INSURANCE DETAILS

Insured : -  
Policy No. / Claim No. : -  
Sum Insured : -  
Excess Clause : -  
Windscreen Coverage : -  
Type of Claims : Third Party Claims  
Third Party Insurer : -  
Third Party Policy No. : -

### REFERENCE

Assigned By : As above  
Accident Date : 15 December 2022  
Assignment Date : 16 December 2022  
Inspection Date : 16 November 2022  
Our Reference No. : PAS/HH/230108/TP

**Inspection Report Date : 30 January 2023**

**Workshop Name :**

**HUP HUP WORKSHOP PTE LTD**

**Inspection Address :**

**27A JURONG PORT ROAD #01-29**  
**SINGAPORE 619101**

### PARTICULARS OF VEHICLE

Registration No. : SMQ9215U  
Make/Model : HONDA CIVIC 1.6 VTI CVT  
Yr of Manuf/Regn : 10 Dec 2019  
Carrying Capacity : 4Seater  
Chassis No. : MRHFC5650KT001171  
Engine No. : R16B25511344  
Colour : Metallic Blue  
Class : Passenger (Private)

Mileage : 18747 Km/h  
Radio/Cassette : Fitted  
CD Disc Player : Fitted  
Air Conditioner : Fitted  
Clock : Fitted  
Seat Belt : Fitted  
Wing Mirror : Fitted  
Other Accessories : Fitted

### PRE-ACCIDENT CONDITION (Static Check Only)

Body Work : Good  
Paint Work : Good  
Handbrake : Serviceable  
Footbrake : Serviceable  
Steering : Serviceable  
Any Apparent :  
Eng Modifications : None

### VEHICLE VALUE

Market Value : -  
Wreck Value (Parf) : -

### TYRE SIZE & CONDITION

Front N/s Size : 215/55R16 80 %  
Make : HANKOOK  
Rear N/s size : 215/55R16 80 %  
Make : HANKOOK  
Spare Size : 215/55R16 80 %  
Make : HANKOOK

Front O/s Size : 215/55R16 80 %  
Make : HANKOOK  
Rear O/s Size : 215/55R16 80 %  
Make : HANKOOK  
Spare Size :  
Make :  
Jack & Tools : Intact

**Type of Wheel Rims: Alloy**

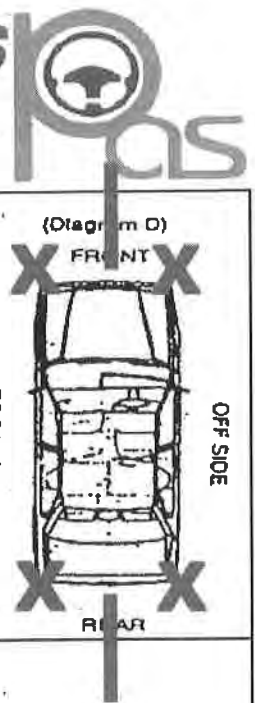
**Note: The above percentage % represent the estimated remaining tyre threads.**

# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors / Adjusters Cargo Surveyors & Licensed Appraisers

VEHICLE REGISTRATION NO. : SMQ 9215 U

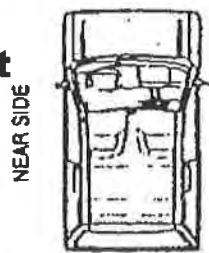
APPENDIX A



## POINT OF IMPACT (Diagram A)

Direction of impact/damage marked (→) (X)

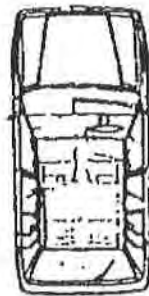
The vehicle sustained impact on its Front & Rear Portion (see Diagram D)



REAR

(Diagram B)

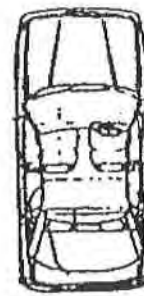
FRONT



REAR

(Diagram C)

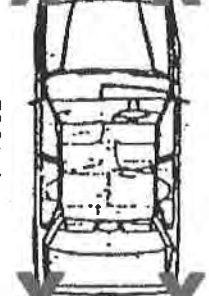
FRONT



REAR

(Diagram D)

FRONT



REAR

## GENERAL DESCRIPTION OF DAMAGES

Parts damaged were: The front and rear bumpers, both front and rear fenders and chassis, rear panel and reinforcement, front support panel were dented.

## ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 16/12/2022 & our report is here with enclosed for your perusal. The Repairs Estimate submitted by M/s HUP HUP WORKSHOP PTE LTD as per attached Appraisement Schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Part - By - Part Repair Basis of \$8,824.40 after deducting the Policy Excess Clause of \$ NA. As instructed, we have not authorised any of the repairs on your behalf.

	Repairer's		Our	
	Estimate	Amount	Revised	Amount
Spares Parts	6845	50	5524	40
Towing Charges	X	X	X	X
PB Labour Charges	1600	00	1200	00
Others Misc Charges	720	00	500	00
Paintwork	2000	00	14600	00
Total	\$ 11165	50	\$ 8824	40

Under normal circumstances, the duration of repairs should not exceed Thirty - Two(32) days including Pre-Repair Inspection ( PRI ) / Pre - Repair Survey ( PRS ) waiting time frame.

Attached photographs taken during inspection One Hundred & Seventy (170) Photographs.

## SPECIAL REMARKS

1. The inspection was conducted on a 'without prejudice' basis
2. On 22/12/2022, we examined the extent of damages
3. On 10/01/2023, we examined the new replacement parts
4. On 16/01/2023, we examined the repaired vehicle.

Yours Faithfully,



T F PHILIP FOO  
AIMI CAE, AMIMI  
AIA ME, AMSA E-A  
Licensed Appraiser/Adjuster

Inspection Report Date: 30 January 2023



VEHICLE REGN NO : **SMQ 9215 U**  
 OUR REFERENCE : **PAS/HH/230108/TP**  
 INSPECTION REPORT DATE : **30-Jan-23**

**APPRAISEMENT SCHEDULE**

CONTINUATION SHEET NO :

1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount	Recommendation / Revised Amount
				\$ cts	\$ cts
		<u>PARTS SUPPLY - LIST ITEMS</u>			
1	1pc	Front bumper	Badly Dented/Torn	679.10	679.10
2	8pcs	Front bumper clips@\$40	Necessary	30.00	30.00
3	1pc	N/s Headlamp	Cracked	868.50	868.50
4	1pc	O/s Headlamp	Cracked	868.50	868.50
5	1pc	N/s Headlamp top garnish chrome	Cracked	105.80	105.80
6	1pc	O/s Headlamp top garnish chrome	Cracked	105.80	105.80
7	1pc	Front grille	Cracked	511.70	511.70
8	1pc	Front grille logo	Necessary	85.00	85.00
9	1pc	Bootlid	Badly Dented	824.40	824.40
10	1pc	Boot rubber	Torn/Deformed	89.10	89.10
11	1pc	Rear end panel	Badly Dented	398.40	398.40
12	1pc	Rear end panel reinforcement w bracket	Badly Dented	325.50	325.50
13	1pc	Bootlid upper lock	Bent	115.40	115.40
14	1pc	Rear bumper	Badly Dented	717.50	717.50
15	8pcs	Rear bumper clips@\$5	Necessary	40.00	40.00
16	1pc	Rear bumper lower spoiler w chrome	Badly Dented	228.50	228.50
17	1pc	Rear end panel top garnish	Bent/Warped	60.30	60.30
18	1pc	Rear bumper reflector garnish o/s	Dented	50.30	50.30
19	1set	Rear bumper reverse sensor	Dented/Jammed	501.70	501.70
				6605.50	6605.50
		Less: 20% Discount			1321.10
				6605.50	5284.40
		<u>SPECIAL NETT ITEMS</u>			
1	1set	Front no. plate and garnish	Dented	120.00	120.00
2	1set	Rear no. plate and garnish	Dented	120.00	120.00
				6845.50	5524.40
		<u>LABOUR &amp; MISC. CHARGES</u>			
1		Remove the necessary affected parts, straighten both front and rear chassis, both front and rear fenders, front support panel and replace parts		1600.00	1200.00
2		Putty and Spraypaint on all affected parts		2000.00	1600.00
3		Check electrical		20.00	20.00
4		Remove and refit bootlid components		150.00	120.00
5		Rewire rear portion		50.00	30.00
6		Remove and refit rear bumper sensors		100.00	60.00
7		Rewire front portion and refocus both headlamp beam		100.00	60.00
8		Remove and refit LTA front and rear number plate seal including transportation		200.00	150.00
9		Remove and rewire reverse camera		100.00	60.00
				1165.50	8824.40
		SUB / GRAND TOTAL			

PRECISION APPRAISAL SERVICES

*Ce.*





PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







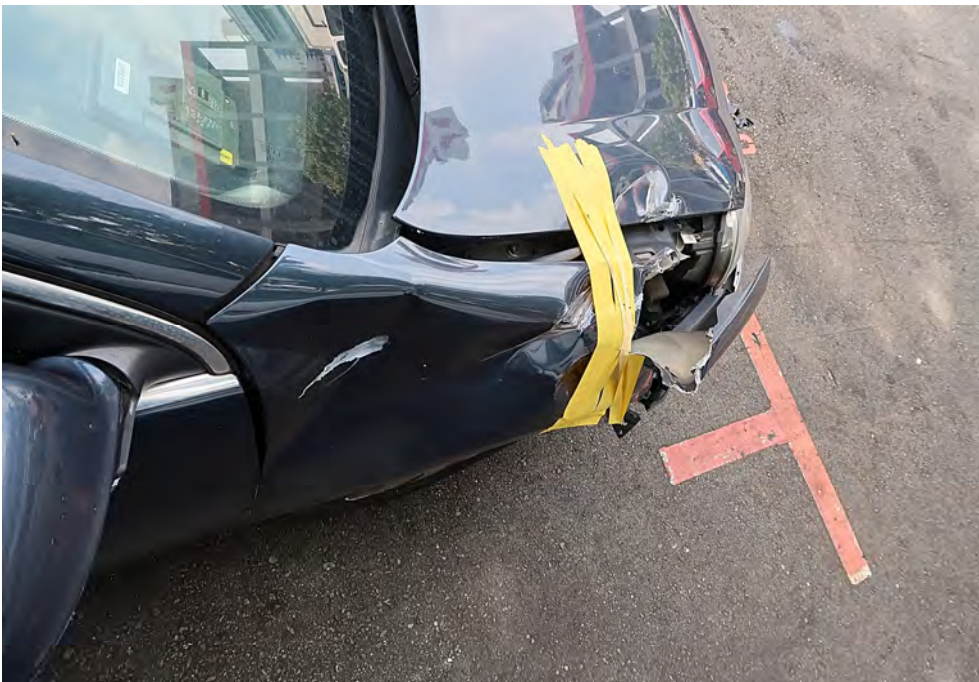
PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







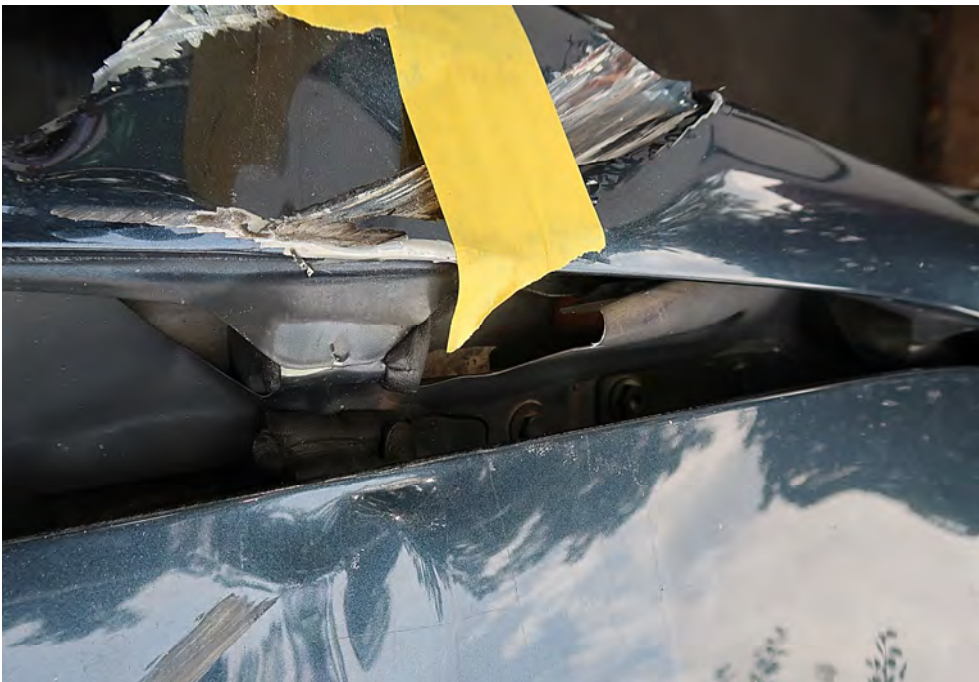
PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES



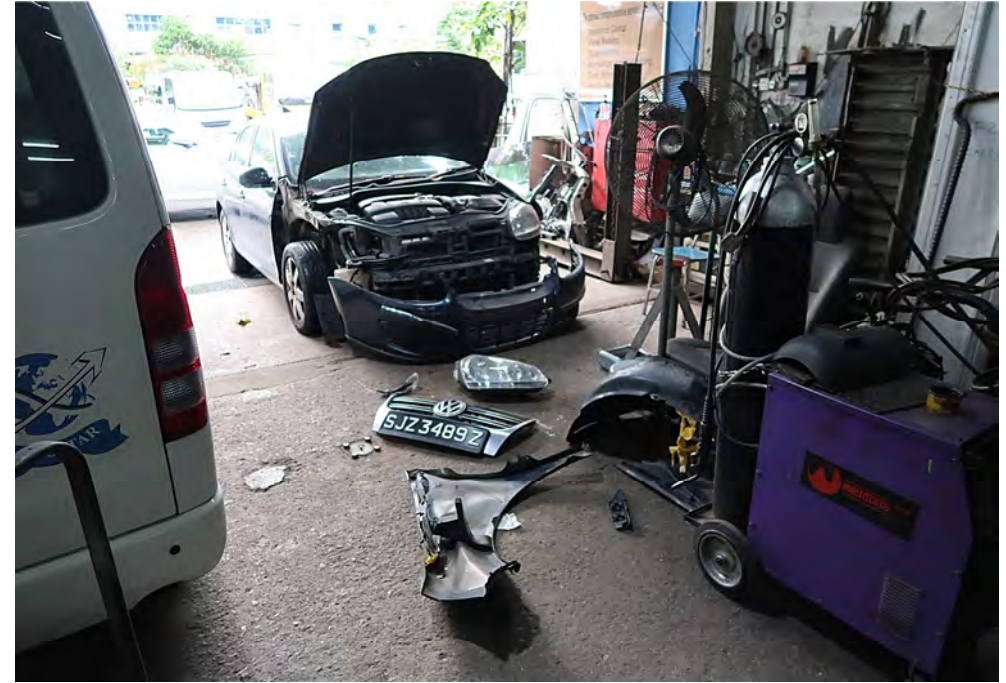




PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES



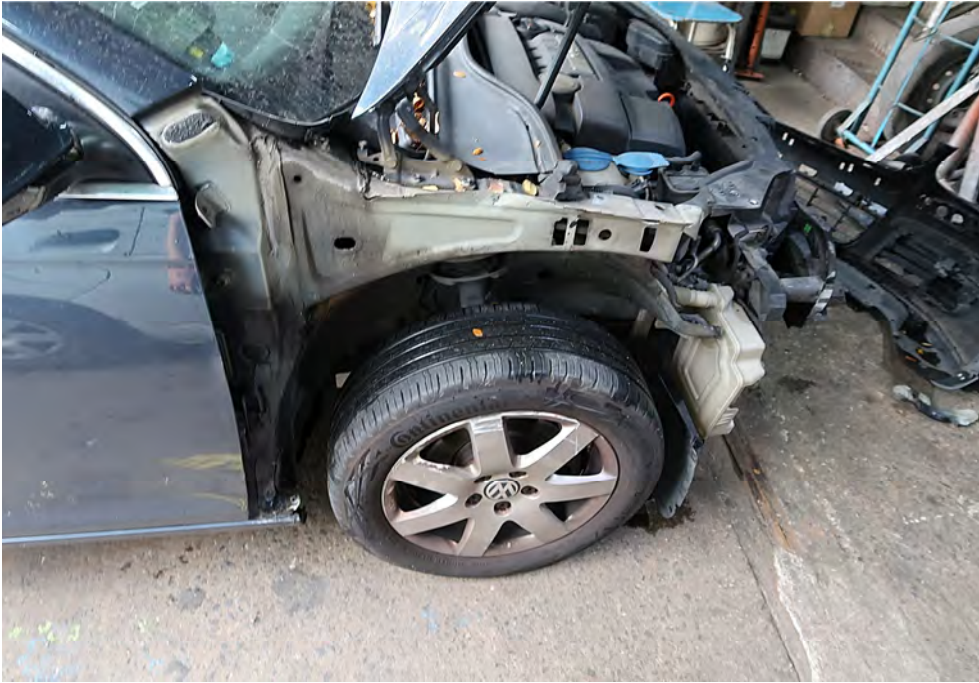




PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES







PRECISION APPRAISAL SERVICES





Your Ref : **SKP 9805X**  
Our Ref : JP/DS/22/SMQ 9215U/HUP  
Date : 16 December 2022

Fax : **6538 3708**  
Tel : **3152 0985**  
Email : **jiapei@kscgp.com**

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

BY EMAIL ONLY

**DATE OF ACCIDENT: 15 DECEMBER 2022**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of SMQ 9215U to notify you of a road traffic accident on 15 December 2022 at 11.35am along PIE Changi before Kim Keat Road exit, involving our client's vehicle registration number SMQ 9215U, vehicle registration number SHA 9387A and vehicle registration number **SKP 9805X** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*DS*

Enc.



Your Ref : **SKP 9805X**  
Our Ref : JP/DS/22/SMQ 9215U/HUP  
Date : 20 December 2022

Fax : **6538 3708**  
Tel : **3152 0985**  
Email : **jiapei@kscgp.com**

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

**BY EMAIL ONLY**

**DATE OF ACCIDENT: 15 DECEMBER 2022**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/N	Name of Surveyor	Company Name
1.	Foo Philip	Precision Appraisal Services
2.	Ronald Ng	Precision Appraisal Services
3.	Lee Kok Weng	Lee Automobile Appraisals Services
4.	Dave Chang	Sincere Appraisal Services
5.	Ng Kong Beng, Patrick	Carlink Consultancy
6.	Andrew How	Prominent Appraiser Services Pte Ltd
7.	Gan Song Sing, Roger	ROG Associates
8.	Dennis Yap	Pal's Appraiser Pte Ltd
9.	Michael Yap	Mc-Coy Appraiser Pte Ltd
10.	Nicky Seah	Absolute Appraisal Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Workshop : Hup Hup Workshop Pte Ltd  
Address : 27A Jurong Port Road  
#01-29  
Singapore 619101  
Contact : Ms Lee (tel: 6265 1966 / 6265 5270 / 96323736 )

Yours faithfully,

*DS*



Your Ref : **SHA 9387A**  
Our Ref : **JP/DS/22/SMQ 9215U/HUP**  
Date : 16 December 2022

Fax : **6538 3708**  
Tel : **3152 0981**  
Email : **accident@kscgp.com**

**AXA INSURANCE PTE LTD**

**BY EMAIL ONLY**

**DATE OF ACCIDENT: 15 DECEMBER 2022**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of SMQ 9215U to notify you of a road traffic accident on 15 December 2022 at 11.35am along PIE Changi before Kim Keat Road exit, involving our client's vehicle registration number SMQ 9215U, vehicle registration number SKP 9805X and **SHA 9387A** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*DS*

Enc.



Your Ref : **S2M04GM1**  
**SHA 9387A**  
Our Ref : JP/DS/22/SMQ 9215U/HUP  
Date : 19 December 2022

Fax : **6538 3708**  
Tel : **3152 0985**  
Email : **jiapei@kscgp.com**

**AXA INSURANCE PTE LTD**

**BY EMAIL ONLY**

**DATE OF ACCIDENT: 15 DECEMBER 2022**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/N	Name of Surveyor	Company Name
1.	Foo Philip	Precision Appraisal Services
2.	Ronald Ng	Precision Appraisal Services
3.	Lee Kok Weng	Lee Automobile Appraisals Services
4.	Dave Chang	Sincere Appraisal Services
5.	Ng Kong Beng, Patrick	Carlink Consultancy
6.	Andrew How	Prominent Appraiser Services Pte Ltd
7.	Gan Song Sing, Roger	ROG Associates
8.	Dennis Yap	Pal's Appraiser Pte Ltd
9.	Michael Yap	Mc-Coy Appraiser Pte Ltd
10.	Nicky Seah	Absolute Appraisal Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Workshop : Hup Hup Workshop Pte Ltd  
Address : 27A Jurong Port Road  
#01-29  
Singapore 619101  
Contact : Ms Lee (tel: 6265 1966 / 6265 5270 / 96323736 )

Yours faithfully,

*DS*



JP/DS/22/3323/HUP

Your ref :

Our client's vehicle / ref:

SMQ 92154

Date :

20/12/2022

### Acknowledgement

This is to confirm that I Jeffrey Ong [Full Name of Surveyor] of  
Priority Services 62934822 [Surveyor's Company] have completed as  
follows:-

(a) Pre- Repair Survey/Inspection on 21/12/22 [Date] at 10:45 [Time].

Jeffrey Ong  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (after dismantling) on 23/12/22 [Date] at 11:15 [Time].

Jeffrey Ong  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (party by part) on 16/1/23 [Date] at 10:15 [Time].

Jeffrey Ong  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post - Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:



JP/DS/22/3323/HUP

Your ref :

Our client's vehicle / ref:

Date :

SMQ 9215U

20/12/2022

### Acknowledgement

This is to confirm that I Rasul [Full Name of Surveyor] of LKK [Surveyor's Company] have completed as follows:-

(a) Pre- Repair Survey/Inspection on 20/12/22 [Date] at 1505 [Time].

Rasul  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (after dismantling) on 22/12/22 [Date] at 1435 [Time].

Rasul  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (party by party) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post - Repair Survey/Inspection on 16/01/23 [Date] at 1230 [Time].

Rasul  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:





RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B  
Singapore 038989

E-mail: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Registration: M400017735

## TAX INVOICE

Date of Request: 16/12/2022

Your Ref No: JP/DS/22/SMQ9215U/HUP

Dear Sir/Madam,

Date of Accident: 15/12/2022 00:00 (SGT)

Vehicle No: SMQ9215U

Place of Accident: PIE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SHA9387A	PIE, Singapore	(31.00 )	1	(28.97 )
GST Amount				(2.03 )
Total Amount Due (GST Inclusive)				(31.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



## 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 .....	15/12/2022 16:28 (SGT)
Reported by .....	Driver
Date of Accident .....	15/12/2022 11:40 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHA9387A
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CITYCAB PTE LTD

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	-
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1798

#### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Policy Number / Cover Note Number .....	VFX/P2419140

#### DRIVER

Name of Driver .....	ANG KIM HONG
NRIC No .....	S1232073F
Address .....	149 WOODLANDS STREET 13 #11-845
Address complement .....	-
Postcode .....	730149
Does Driver Own Other Vehicles? .....	No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
------------------------	--------------------------



Weather Conditions ..... Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... No  
Was any other vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 2  
Translator's name ..... -  
Translator's ID ..... -  
Translator's phone number ..... -  
Translator's email ..... -  
Original language used in the statement ..... -

CIRCUMSTANCES OF ACCIDENT

ON THE 15/12/2022 AT ABOUT 1140 HOURS, I WAS DRIVING VEHICLE A (SHA9387A) ON LANE 1 ALONG PIE (CHANGI) WHEN THERE IS PILE UP TRAFFIC AHEAD AND VEHICLE B (SMQ9215U) BRAKED TO A HALT. I TRIED TO BRAKE AS HARD AS I COULD BUT WAS STILL UNABLE TO STOP IN TIME AND REAR ENDED VEHICLE B. NOBODY IS INJURED.

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 IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMQ9215U  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... Civic  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... UNKNOWN  
Insurance Company Name ..... -

**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 willful 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' 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")

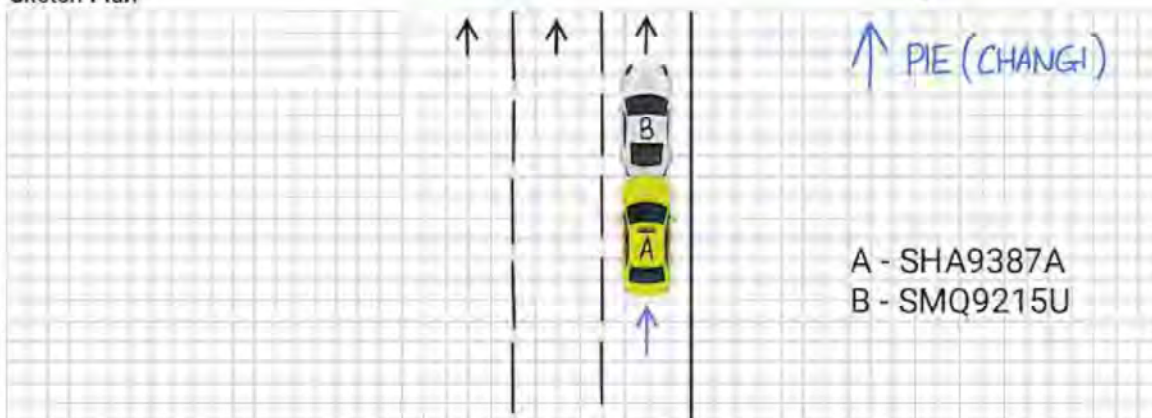
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/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 15/12/22 1420

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

ON THE 15/12/2022 AT ABOUT 1140 HOURS, I WAS DRIVING VEHICLE A (SHA9387A) ON LANE 1 ALONG PIE (CHANGI) WHEN THERE IS PILE UP TRAFFIC AHEAD AND VEHICLE B (SMQ9215U) BRAKED TO A HALT, I TRIED TO BRAKE AS HARD AS I COULD BUT WAS STILL UNABLE TO STOP IN TIME AND REAR ENDED VEHICLE B. NOBODY IS INJURED.

## Declaration

I/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





















































Enquire Vehicle's Insurance Particulars ( As At 15 Dec 2022 / 11:35:00 )

Vehicle No.:

**SHA9387A**

Make Description/Model:

**TOYOTA / PRIUS HYBRID 1.8 CVT**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Business Transaction Reference No.:

**20221216164246526943**

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Vehicle's Insurance Particulars ( As At 15 Dec 2022 / 11:35:00 )

Vehicle No.:

**SKP9805X**

Make Description/Model:

**PORSCHE / MACAN 2.0 A/T ABS D/AIRBAG  
AWD**

Insurance Company Name:

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

Business Transaction Reference No.:

**20221216164424661080**

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).





# Thank you







You have successfully logged out.

Your last login date and time was 16 Dec 2022, 16:42:08.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

S/No. 	Asset Type 	Asset ID 	Transaction Type 	Transaction Amount(\$\$) 	Log Date/Time 
1	Vehicle	SKP9805X	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	16 Dec 2022 / 16:44:24
2	Vehicle	SHA9387A	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	16 Dec 2022 / 16:42:46