

Indha Insurance Ins. De Ltd.  
64 Cecil St.  
#05-05 105 Building  
Sgure 049711

Date: 28/6/23

Attn.: Motor Claims Department

Dear Sir/Madam

RE: Accident involving vehicles GY 1670U & SMF 3584B.

On 23/6/23 at Rangoon Lane

It is in my opinion that the above mentioned accident was caused solely by the negligence of the driver of the vehicle no: SMF 3584B

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  
#1K8 JTC Defu Industrial City  
#04-29 Defu South St-1  
Sgure 53375  
Tel:- 67479560

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

INDIA INTERNATIONAL INSURANCE PTE LTD  
64 CECIL STREET  
#04-05 IOB BUILDING  
SINGAPORE 049711

DATE : 28-06-2023

VEHICLE NO. : GY1670U  
ACCIDENT DATE : 23-06-2023 18:00  
THIRD PARTY REF. : SMF3584B

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEHICLE GY1670U TOYOTA HIACE VAN TURBO 4DR AT

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
1	1	REAR BOOT COVER	2350.00
2	1	REAR BOOT CENTRE EMBLEM	92.20
3	1	REAR LAMP RH	395.00
4	1	REAR LAMP LOWER PANEL RH	205.00
5	1	REAR LAMP LOWER PANEL BRACKET RH	63.80
6	1	REAR BUMPER	515.00
7	1	REAR BUMPER SIDE BRACKET RH	85.00
8	10	REAR BUMPER CLIP@\$5.00	50.00
9	1	REAR FENDER RH	2985.00
			<hr/>
			6,741.00
			LESS 25 %
			<hr/>
			1,685.25
			TOTAL ( A )
			<hr/>
			5,055.75

### SPECIAL NETT ITEMS

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

### LABOUR CHARGES

1	1	TO CHECK WIRING SYSTEM	50.00
2	1	TO REMOVE/REFIT REAR WINDSCREEN GLASS	120.00



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ACCIDENT DATE : 23-06-2023 18:00  
THIRD PARTY REF. : SMF3584B

#	QTY	PARTS DESCRIPTION	AMOUNT (SG\$)
3	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS	1180.00
4	1	SPRAYPAINTING CHARGES	1080.00
TOTAL ( D )			2,430.00
ESTIMATE TOTAL			7,535.75

## 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	24/06/2023 16:00 (SGT)
Reported by	Actual Driver
Date of Accident	23/06/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RANGOON LANE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY1670U
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TYLUS ENTERPRISE PTE LTD
Company Reg No	1XXXXX690D
Email Address	ijln@tylus.com.sg
Mobile Phone No	(Phone) +65-98772055
Alternative Phone No	(Office) +65-62917174

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE VAN TURBO 4DR AT
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	Commercial vehicle
Transmission	Auto
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220110412

#### DRIVER

Name of Driver	MUHAMMAD AZMI BIN AHMAD
NRIC No	SXXXX733E
Date Of Birth	27/09/1984
Occupation	Outdoor

Date Of Driving Pass	16/05/2017
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87429310
Alt. Phone Number	-
Email Address	ijln@tylus.com.sg
Address	APT BLK 662A EDGEDALE PLAINS #10-666 (S) 821662
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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
' 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?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF3584B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.



Policyholder's Signature / Date & Time

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

*[Signature]*  
24/6/2023 @ 1410h

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



Sketch Plan

Describe Circumstance of the Accident

While I stopped before the zebra, suddenly I felt an impact from the back and realised that my vehicle was hit by vehicle SMF 3584 B.

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.



Policyholder's Signature / Date & Time

*[Signature]*

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

24/6/2023 @ 14:10h



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