



Our Reference: SJN6199D / 7024615  
Your Reference: GBG38G

By Email / Mail

03/04/2025

**LONPAC INSURANCE BHD**

Attn: Third Party Claim Department –

**ACCIDENT INVOLVING SJN6199D & GBG38G ON 11 DEC 2024**

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		22,676.57
Loss of Use	\$ 150.00 x 12 days	1,800.00
<b>TOTAL</b>		<b>24,476.57</b>

Kindly let us have your offer to [Jodie.lee@wearnes.com](mailto:Jodie.lee@wearnes.com)

Your soonest reply is much appreciated. Thank you.



Yours faithfully  
Wearnes Automotive Pte Ltd  
Bodyshop and Paint Division  
45 Leng Kee Road  
Singapore 159103

This is a computer generated printout, no signature is required.

**Wearnes Automotive Pte. Ltd.**

45 Leng Kee Road, Singapore 159103 T 65 6430 4700 [www.wearnesauto.com](http://www.wearnesauto.com)

Co reg no. 199501400R

# **SERVICE TAX INVOICE**

0 - L00002	SL: LONPAC INSURANCE BHD	GST Reg.No:M28920628X
LONPAC INSURANCE BHD		Inv.No. . : B&P 7024615 Page 1
300 BEACH ROAD		Inv.date. : 28/03/2025
#17-04/07 THE CONCOURSE		WIP No. . : 33589
SINGAPORE 199555		Veh.In/Out: 17/03/2025 28/03/2025
		*Tel.No. . : 62507388
		Reg.No. . : SJN6199D
Closed by .... : Richmond Ho		Reg.date . : 17/12/2021
Svc Consultant : ACC		Mileage .. : 80,810
Remarks ..... : Mr Ung Chuong Hing		Chassis No: YV1LFL1TCN1809687

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BOOT LID,REAR BUMPER,REAR LOWER SPOILER,ETC	0		1800.00	0		1,800.00	S
800	TO PUTTY SPRAY PAINT ON REAR BOOT LID,REAR BUMPER,REAR LOWER SPOILER,ETC	0		2550.00	0		2,550.00	S
802	TO TRANSFER REAR BOOT LID PART	0		250.00	0		250.00	S
802	TO REPLACE REAR WINDSCREEN	0		900.00	0		900.00	S
89994	TO INSTALL REAR WINDSCREEN FIL	0		320.00	0		320.00	S
287	TO CHECK WIRING INCLUDE	0		570.00	0		570.00	S
RESETTING OF ALL ELECTRICAL MODULES								
802	TO REPAIR REAR END PANEL	0		900.00	0		900.00	S
800	TO PUTTY SPRAY PAINT REAR END PANEL,REAR BEAM	0		1275.00	0		1,275.00	S
032382995	V001161824/*D* PRIME	1.0	EA	48.20	10		43.38	S
031375637	*D* GLASS CLEANER H	1.0	EA	102.50	10		92.25	S
032132745	*D* WINDSCREEN SEALA	2.0	EA	170.30	10		306.54	S

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Remarks ..... : Mr Ung Chuong Hing		Chassis No: YV1LFL1TCN1809687

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
032368720	V032244967/WINDSCREE	1.0	EA	1995.00	10		1,795.50	S
032384267	V031455985/TAILGATE	1.0	EA	4228.50	10		3,805.65	S
031213967	EMBLEM 'VOLVO' REAR	1.0	EA	135.90	10		122.31	S
030747464	EMBLEM 'XC 90' XC90	1.0	EA	135.90	10		122.31	S
032274134	EMBLEM 'B5' SPA	1.0	EA	135.90	10		122.31	S
031391835	Emblem 'AWD' XC90 16	1.0	EA	114.60	10		103.14	S
040011592	BUMPER COVER REAR KI	1.0	EA	3042.90	10		2,738.61	S
032345464	PROTECTING PLATE REA	1.0	EA	470.30	10		423.27	S
040008368	PROTECTING PLATE REA	1.0	EA	391.30	10		352.17	S
032422311	V031698776/BUMPER RA	1.0	EA	1205.50	10		1,084.95	S
032394646	V032149879/TAILGATE	1.0	EA	530.70	10		477.63	S
032216236	TAILGATE BOARD XC90	1.0	EA	290.60	10		261.54	S
032390648	DECAL TAILGATE V60	1.0	EA	4.30	10		3.87	S
032219752	BUMPER INSTALLING MT	1.0	EA	101.40	10		91.26	S
N90215805	BUMPER CLIP 8x8,5	10.0	EA	6.20	10		55.80	S
N90900401	BUMPER CLIP SPA	10.0	EA	7.70	10		69.30	S
N10745201	SPRING NUT GREEN	10.0	EA	5.20	10		46.80	S

# **SERVICE TAX INVOICE**

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		*Tel.No. . : 62507388
		Reg.No. . : SJN6199D
Closed by .... : Richmond Ho		Reg.date . : 17/12/2021
Svc Consultant : ACC		Mileage ... : 80,810
Remarks ..... : Mr Ung Chuong Hing		Chassis No: YV1LFL1TCN1809687

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
N91074201	BLIND RIVET 4.0*21 P	10.0 EA	5.50	10		49.50	S
N10158404	EXPANDING NUT XC40 1	10.0 EA	7.90	10		71.10	S

			Gross Total.	20,804.19
Labour Total	8,565.00	Net.....	20,804.19	
Parts Total	12,239.19	GST @ 9.0%	1,872.38	
Package Total	0.00	Total.....	22,676.57	
			Paid.....	0.00
			Please Pay..	22,676.57

GST: S=StdRated; O=OutOfScope; Z=ZeroRated; P=PreviousRate  
 Enquiries must be lodged within 14 days from the invoice date  
 This is a computer generated invoice. No signature is required.

## Richmond Ho

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**From:** Daphne Lee (LKK Auto) <daphnelee@lkkauto.com>  
**Sent:** Friday, 3 January 2025 11:50 am  
**To:** Richmond Ho  
**Cc:** Admin A  
**Subject:** RE: ORef: 24/24/24/VC05/030310 - Direct Settlement For SJN6199D & GBG38G \*\*\*  
LKK REF: CD/LPC24120243/Xma3

### Without Prejudice

Dear sir/ Madam,

Liability is clear.

**Cheers to a *Wonderful Christmas* and a *Happy New Year 2025!***

Best Regards,

**Daphne Lee (Ms)** | Case Handler

Third Party Direct Settlement

**LKK Auto Consultants Pte Ltd**

Phone: 6841 2157 | Email: DaphneLee@lkkauto.com |

HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

---

**From:** Richmond Ho <richmond.ho@wearnes.com>  
**Sent:** Friday, 3 January 2025 9:52 AM  
**To:** Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>  
**Cc:** Admin A <admin-a@lkkauto.com>; Daphne Lee (LKK Auto) <daphnelee@lkkauto.com>  
**Subject:** RE: ORef: 24/24/24/VC05/030310 - Direct Settlement For SJN6199D & GBG38G \*\*\* LKK REF: CD/LPC24120243/Xma3

Hi Mei Kwan

Can we proceed with direct settlement

**Richmond Ho**  
**Senior Service Consultant**  
**Body & Paint – Insurance Claim**



**Wearnes Automotive Pte Ltd**  
249 Alexandra Road Singapore 159935  
D (65) 6430 4890 M (65) 9176 8543  
[www.wearnesauto.com](http://www.wearnesauto.com) [richmond.ho@wearnes.com](mailto:richmond.ho@wearnes.com)

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**From:** Richmond Ho  
**Sent:** Monday, December 30, 2024 3:53 PM  
**To:** Mei Kwan (LKKAuto) <[Meikwan@lkkauto.com](mailto:Meikwan@lkkauto.com)>  
**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Daphne Lee (LKK Auto) <[daphnelee@lkkauto.com](mailto:daphnelee@lkkauto.com)>

**Subject:** RE: ORef: 24/24/24/VC05/030310 - Direct Settlement For SJN6199D & GBG38G \*\*\* LKK REF: CD/LPC24120243/Xma3

Hi Mei Kwan

Can we proceed with direct settlement

**Richmond Ho**  
Senior Service Consultant  
Body & Paint – Insurance Claim



**Wearnes Automotive Pte Ltd**  
249 Alexandra Road Singapore 159935  
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[www.wearnesauto.com](http://www.wearnesauto.com) [richmond.ho@wearnes.com](mailto:richmond.ho@wearnes.com)

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**From:** Mei Kwan (LKKAuto) <[Meikwan@lkkauto.com](mailto:Meikwan@lkkauto.com)>  
**Sent:** Tuesday, December 17, 2024 4:49 PM  
**To:** Richmond Ho <[richmond.ho@wearnes.com](mailto:richmond.ho@wearnes.com)>  
**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Daphne Lee (LKK Auto) <[daphnelee@lkkauto.com](mailto:daphnelee@lkkauto.com)>  
**Subject:** RE: ORef: 24/24/24/VC05/030310 - Direct Settlement For SJN6199D & GBG38G \*\*\* LKK REF: CD/LPC24120243/Xma3

Dear Sir / Madam,

We refer to the above matter.

**Please provide us the following**

- **evidence i.e. video and scene photo (if any)**
- **PIR result (if any)**
- **GIA report**
- **Estimated cost of repair**

Kindly note that for liability, claim negotiation and settlement, please contact our OIC – Daphne.

**To check availability of the case handler, you may contact the undersigned.**

Cheers to a *Wonderful Christmas* and a *Happy New Year 2025 !*

Thank you.

Best Regards,

**Mei Kwan** | Admin

Third Party Direct Settlement

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com)

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Hueh Yin (LKK Auto) <[huehyin@lkkauto.com](mailto:huehyin@lkkauto.com)>  
**Sent:** Tuesday, 17 December 2024 3:44 PM  
**To:** Richmond Ho <[richmond.ho@wearnes.com](mailto:richmond.ho@wearnes.com)>

Cc: Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
Subject: RE: ORef: 24/24/24/VC05/030310 - Direct Settlement For SJN6199D & GBG38G

Dear Richmond,

As spoke, please kindly arrange survey, and let us know the date and time for the appointment.

Thank you.

Cheers to a *Wonderful Christmas* and a *Happy New Year 2025!*

Best Regards,

**Hueh Yin** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** GERALD POH WEE BIN <[geraldpoh@lonpac.com](mailto:geraldpoh@lonpac.com)>

**Sent:** Tuesday, December 17, 2024 3:25 PM

**To:** Hueh Yin (LKK Auto) <[huehyin@lkkauto.com](mailto:huehyin@lkkauto.com)>

**Cc:** MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Richmond Ho <[richmond.ho@wearnes.com](mailto:richmond.ho@wearnes.com)>

**Subject:** FW: ORef: 24/24/24/VC05/030310 - Direct Settlement For SJN6199D & GBG38G

**Importance:** High

**Lonpac External - Confidential**

**Lonpac External - Confidential**

Dear Hueh Yin,

FYNA.

Best Regards

Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/06 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706

We are committed to acting professionally, fairly and with integrity. We do not condone bribery, fraud or corrupt practices.

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**From:** Richmond Ho <[richmond.ho@wearnes.com](mailto:richmond.ho@wearnes.com)>  
**Sent:** Tuesday, 17 December 2024 3:19 pm  
**To:** ENG HUEY NI <[hneng@lonpac.com](mailto:hneng@lonpac.com)>  
**Cc:** MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>  
**Subject:** RE: ORef: 24/24/24/VC05/030310 - Direct Settlement For SJN6199D & GBG38G  
**Importance:** High

## Lonpac External - Confidential

Hi Huey Ni

Noted. Kindly let us know who is coming so that we could arrange, thanks

**Richmond Ho**  
Senior Service Consultant  
Body & Paint – Insurance Claim



**Wearnes Automotive Pte Ltd**  
249 Alexandra Road Singapore 159935  
D (65) 6430 4890 M (65) 9176 8543  
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---

**From:** ENG HUEY NI <[hneng@lonpac.com](mailto:hneng@lonpac.com)>  
**Sent:** Tuesday, December 17, 2024 2:57 PM  
**To:** Richmond Ho <[richmond.ho@wearnes.com](mailto:richmond.ho@wearnes.com)>  
**Cc:** MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>  
**Subject:** ORef: 24/24/24/VC05/030310 - Direct Settlement For SJN6199D & GBG38G

## Lonpac External - Confidential

## Lonpac External - Confidential

WITHOUT PREJUDICE SAVE AS TO COST

Hi Richmond,

Our insured reported his vehicle lightly touched your client's vehicle at rear portion. No visible damage to your client's vehicle.

Please let us survey your client's vehicle on a without prejudice basis to check if there were any damages on it's rear portion.

Thank you.

Regards  
Huey Ni

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---

**From:** Richmond Ho <[richmond.ho@wearnes.com](mailto:richmond.ho@wearnes.com)>  
**Sent:** Tuesday, 17 December 2024 8:43 am  
**To:** GERALD POH WEE BIN <[geraldpoh@lonpac.com](mailto:geraldpoh@lonpac.com)>  
**Cc:** MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>  
**Subject:** RE: Direct Settlement For SJN6199D & GBG38G

## Lonpac External - General

Morning Gerald

Any update? Can we proceed with direct settlement

**Richmond Ho**  
Senior Service Consultant  
Body & Paint – Insurance Claim



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---

**From:** GERALD POH WEE BIN <[geraldpoh@lonpac.com](mailto:geraldpoh@lonpac.com)>  
**Sent:** Thursday, December 12, 2024 10:07 AM  
**To:** Richmond Ho <[richmond.ho@wearnes.com](mailto:richmond.ho@wearnes.com)>  
**Cc:** MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>  
**Subject:** FW: Direct Settlement For SJN6199D & GBG38G  
**Importance:** High

## Lonpac External - General

## Lonpac External - General

WITHOUT PREJUDICE

Dear Richmond,

Our insured has not lodged the accident report and we are unable to revert on Direct Settlement.

Please let us know if you want us to arrange for the survey.

Best Regards

Gerald Poh  
Senior Claims Executive | Lonpac Insurance Bhd  
300 Beach Road, #17-04/06 The Concourse, Singapore 199555  
Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706

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**From:** Richmond Ho <[richmond.ho@wearnes.com](mailto:richmond.ho@wearnes.com)>  
**Sent:** Thursday, 12 December 2024 10:02 am  
**To:** MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>  
**Subject:** Direct Settlement For SJN6199D & GBG38G  
**Importance:** High

Hi

Kindly see attached and check if possible for direct settlement

**Richmond Ho**  
**Senior Service Consultant**  
**Body & Paint – Insurance Claim**



**Wearnes Automotive Pte Ltd**  
249 Alexandra Road Singapore 159935  
D (65) 6430 4890 M (65) 9176 8543  
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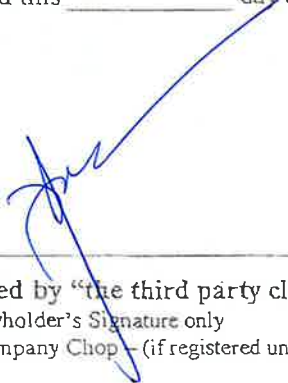
## AUTHORIZATION TO ACT

I, Ung Chuong Hing ("the third party claimant")  
of 257 Belgrave Drive S 804307 (address),  
owner of SJN6199D (vehicle no.) hereby authorize  
Wearnes Automotive Pte Ltd  
("the workshop") to act for me with respect to my claim for repair costs and / or rental  
and / or loss of use ("claim") for my vehicle no SJN6199D that was  
damaged pursuant to the accident which occurred on 11/12/2024 (date) along  
Ang Mo Kio Ave 5 towards Uturn back to Belgrave Dr (location)  
involving vehicle no GBG 38G ("the accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle  
my above mentioned claim in a manner that they deem fit and the workshop is further  
authorized to receive payment further to settlement of my claim with payment  
cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on  
a without prejudice and without admission of liability basis insofar as the driver /  
owner / insurers of the other vehicle/s is concerned.

Dated this 11 day of 12 (month) 20 2024 (year)

  
Signed by "the third party claimant"  
Policyholder's Signature only  
& Company Chop - (if registered under a company)

  
Signed by "the workshop"

## (PAYMENT BREAKDOWN)

Vehicle No	:	SJN61990 (Insd veh)	Model	:	VOLVO XC90.
	:	GBG 386. (TP veh)			
Date of Accident	:	11/12/2024			

Global Sum Settlement	:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Liability	:	100 %	(Agreed/Assessed)

Repair Estimate	:	\$22469.70.	
Final Repair Cost	:	\$22676.57	
Loss of Use	:	\$ 1800	12 days at \$ 150 per day
Rental (if any)	:	\$	days at \$ (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$24476.57	

Remarks: \_\_\_\_\_

\_\_\_\_\_

Payment Instruction: Payee's Breakdown			
1)	WARRANTS AUTOMOTIVE P/LTD.	:	\$ 22676.57
2)	UNG CHUONG HINH	:	\$ 1800
3)		:	\$
4)		:	\$

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident	Date: 11/12/2024 Time: 16:00
Exact Location of Accident	Ang Mo Kio Avenue 5 towards Belgavia Dr

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN 6199D
-----------------------------	-----------

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Ung Chuong Hing
Personal Identification - NRIC (Singaporean/PR)	S7684838F
- FIN/Passport Number	
- Not Applicable	

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer Volvo Model XC90
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input checked="" type="radio"/> Others, _____
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?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	AIG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	
Motor Cl	

## DRIVER

	<input checked="" type="radio"/> Same as Insured above
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Date of Birth	31 dd/ 01 mm/ 1976/yy
Driving Date Pass	4 dd/ 8 mm/ 1999/yy
Year of Driving Experience	Year(s) Month(s)
Occupation	Own Business <input checked="" type="radio"/> Indoor <input checked="" type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	92381018

Address of Driver	257 Belgravia Drive Singapore		Postcode (804307)
Email Address	ut-engineering2009@yahoo.com.sg.		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured			
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
<b>GENERAL INFORMATION OF THE ACCIDENT</b>			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Rear Ended Collision.		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others, _____
<b>OTHER INFORMATION</b>			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any body injured in the accident?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Number of Passengers (Including Driver)	1		
<b>DETAILS OF POLICE ACTION</b>			
Was the Accident reported to the Police?	<input type="radio"/> Yes	<input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name			
Police Station Address			
Police Station Contact	Tel No.	Fax No.	
Was notice of intended Prosecution given?	<input type="radio"/> Yes	<input checked="" type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>			
Vehicle Registration Number	GBG 38G		
Vehicle Make/ Model/ Colour	Nissan NV200 Grey		
Details of Properties			
Name of Driver	Ng Kwang Joo		
Personal Identification - NRIC (Singaporean/PR)	S1012872B		
- FIN/Passport Number			
Contact Number	96303372		
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles.)			

## 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 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' 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

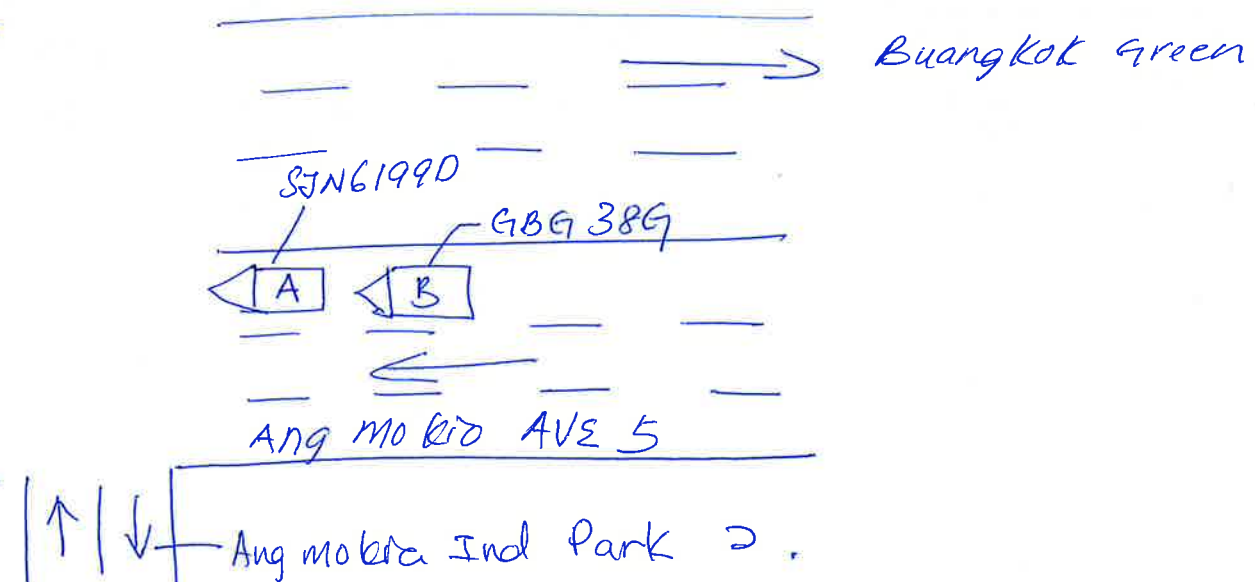
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

My Car Stationary in front traffic light as in red light, out off sudden GBG 38G from the rear colided in to my rear. Due to the force from the accident my neck and chest are in pain, and have breath difficulty.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

  
11/12/24  
1810

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

Witnessed by Reporting Centre Personnel





## 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 First Submission	11/12/2024 21:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/12/2024 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVENUE 5 U-TURN BACK TOWARDS BELGRAVIA DR
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6199D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	UNG CHUONG HING
NRIC No	SXXXX838F
Email Address	ut_engineering2009@yahoo.com.sg
Mobile Phone No	(Phone) +65-92381018
Alternative Phone No	

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc90
Variant	XC90 B5 R-design
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	1969
Vehicle Fuel	Petrol
First Registration Date	17/12/2021
Chassis no	YV1LFL1TCN1809687
Effective Date/Time of Ownership	17/12/2021 08:00 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210150346-01

#### DRIVER

Name of Driver	UNG CHUONG HING
NRIC No	SXXXX838F
Date Of Birth	31/01/1976
Occupation	Indoor
Driving Pass Date	04/08/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92381018
Alt. Phone Number	-
Email Address	ut_engineering2009@yahoo.com.sg
Address	257 BELGRAVIA DRIVE SINGAPORE
Address complement	-
Postcode	804307
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 ATTACHMENT

#### 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	GBG38G
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Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	NG KWANG JOO
NRIC No	SXXXX872B
Contact Number	(Phone) +65-96303372
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	UNG CHUONG HING
Gender	Male
Phone No	(Phone) +65-92381018
Address	257 BELGRAVIA DRIVE SINGAPORE
Address Complement	-
Post Code	804307
Approximate Age Years Old	48
Injuries Sustained	NECK AND CHEST IN PAIN, HAVING BREATH DIFFICULTY
Injured person in which vehicle?	SJN6199D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

REPUBLIC OF SINGAPORE

NATIONAL DIGITAL IDENTITY CARD



NAME  
UNG CHUONG HING

NRIC NO.  
S7684838F

DATE OF BIRTH  
31 JAN 1976

SEX  
MALE

NATIONALITY / CITIZENSHIP  
SINGAPORE CITIZEN

DATE OF ISSUE  
06 OCT 2020

ADDRESS  
257 BELGRAVIA DRIVE   
SINGAPORE 804307

^ Hide details



DRIVING LICENCE

REPUBLIC OF SINGAPORE



LICENCE NO.  
S7684838F

CLASS AND ISSUE DATE  
2B • 04 AUG 1999  
3 • 04 AUG 1999

CERTIFICATE OF MERIT  
ELIGIBLE

DEMERIT POINTS  
0

CARD SERIAL NO.  
002857557J

^ Hide details



Last updated on 11 Dec 2024