

Date: 05 JUL 2016

Vehicle Not In Workshop  
Please Arrange Surveyor

Lee Kok Sau  
c/o Blk 21  
Sin Ming Industrial Estate Sector A  
#01-56/58/60  
Singapore 575679

\* To arrange appointment  
Survey for liability  
confirmation before repair

To: The Claims Manager  
MINDEF / LKK Services

Dear Sirs

Accident On : 02.07.2016

At : Stadium Circle / Stadium Road

Involving Vehicle Nos. : SCL 6803L and SJQ 2397J

Please be informed that vehicle no. SJQ 2397J insured by your Company was involved in an accident with our client's vehicle no. SCL 6803L

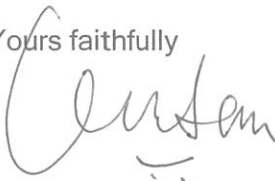
As the accident was caused by your insured's negligence, I / We are claiming for losses suffered by me / us as a result.

My / our vehicle is now lying at Lai Huat (Meng Kee) Motor Pte Ltd, Blk 21 #01-56/58/60 Sin Ming Industrial Estate Sector A, Singapore 575679 - Telephone No. 64538110.

Kindly arrange to have the vehicle surveyed within the next two (2) days (excluding Saturday, Sunday and Public Holiday) failing which I / we shall authorise my / our repairers to proceed with the necessary repairs and bill you accordingly with the full details of my / our claim when the repairs to my / our vehicle is completed.

Your kind co-operation in this matter will be much appreciated.

Yours faithfully



cc: You are required to report your insurers as soon as possible. Failing which, I / We shall file a claim against you.

## LETTER OF AUTHORITY

To: Lai Huat (Meng Kee) Motor Pte Ltd  
Blk 21 Sin Ming Industrial Estate Sector A  
#01-56/58/60  
Singapore 575679

Dear Sirs

ACCIDENT INVOLVING VEHICLE NOS: SCL6803L & SJR2397J ON 02.07.2016  
AT Stadium Circle / Stadium Road

This is to confirm that on 04.07.2016, I / We gave you instructions to repair my / our vehicle no. SCL6803L which was damaged in the above accident.

In consideration of your agreement to repair my vehicle no. SCL6803L, pay for my other expenses and to defer demanding for payment of the costs of repair which was damaged as a result of the above accident, I / We hereby authorise you and/or your solicitors as my / our representative to write, negotiate and settle the accident claim on my / our behalf against any part involved in the abovementioned accident.

I / We hereby undertake to co-operate with you and render you all the assistance (including having my / our vehicle re-inspected and being a witness at trial) that may be necessary for you to recover the cost of repairs and the loss of use to my / our vehicle. I / We further undertake to keep you informed at all times of any communication received from any party involved in the abovementioned accident.

I / We hereby confirm that by signing this Letter of Authority, I / We are not entitled in law to receive any payment. If a cheque is sent to me, I / We shall return the same to the sender as I am precluded in law from accepting any payment.

In the event of my / our claim against any party involved in the abovementioned accident being unsuccessful for any reason whatsoever, I / We shall bear the repair / excess cost payable to Lai Huat (Meng Kee) Motor Pte Ltd either by cash / cheque or claim against my / our insurance policy.

I / We hereby authorise the payment of my / our claim (including any or all medical related invoices / receipts) to be made directly to my / our representative, Lai Huat (Meng Kee) Motor Pte Ltd accordingly.

In relation to the personal and vehicle information collected or otherwise provided during the course of the claim process (including by way of recordings), I agree and consent that Lai Huat (Meng Kee) Motor Pte Ltd may use, disclose and process my personal data for the purpose of responding and administering all activities related to my insurance claim.

Yours faithfully

Signature:



Name:

LEE KOK SAU

NRIC No:

S0592749 H.

# 來發(明記)摩哆有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

ROC: 199407592C  
Sector A, Blk 21 Sin Ming Industrial Estate, #01-56/58/60, Singapore 575679  
Telephone: 6453 8110 Facsimile: 6459 6267

## ESTIMATE

EST. No .....: EST0013892  
Lee Kok Sau

Page .....: 1 of 1  
Your ref. ....: TP-SJQ 2397J GOVT  
Job No. ....: 67539  
Our ref .....: 16.07.10  
Payment .....:  
Date .....: 5/7/2016

Attn .....:

Vehicle No ....: SCL 6803L  
Vehicle Model : Toyota Altis  
Accident on ...: 2/7/2016

| Quantity         | Unit | Description   | Unit price | Disc. pct. | Amount       |
|------------------|------|---|------------|------------|--------------|
| Supply of Parts: |      |   |            |            |              |
| 1.00             | Pc   | Front fender LH   | 622.10     | 25.00      | 466.58       |
| 1.00             | Pc   | Front fender VVTi emblem LH   | 42.10      | 25.00      | 31.58        |
| 6.00             | Pcs  | Front fender inner shield clips (1)   | 3.80       | 25.00      | 17.10        |
| 3.00             | Pcs  | Front fender inner shield clips (2)   | 3.80       | 25.00      | 8.55         |
| Labour & Misc:   |      |   |            |            |              |
| 1.00             |      | To apply anti-rust chemical   | 40.00      |            | 40.00        |
| 1.00             |      | To dismantle and refix side skirt LH  | 80.00      |            | 80.00        |
| 1.00             |      | To knock dents on front door LH, rear door LH, rear fender LH and renew above parts | 500.00     |            | 500.00       |
| 1.00             |      | To respray paint (including front and rear bumpers)                                 | 1,000.00   |            | 1,000.00     |
| Sub-Total        |      |   |            |            | 2,143.81     |
| GST 7.00%        |      |   |            |            | 150.07       |
| Total            |      |   |            |            | S\$ 2,293.88 |

## 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 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 ability.
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 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 as aforesaid.

### ACCIDENT STATEMENT

|                            |                               |
|----------------------------|-------------------------------|
| Date Of Report             | 04/07/2016 11:21              |
| Date Of Accident           | 02/07/2016 19:55              |
| Exact Location Of Accident | STADIUM CIRCLE / STADIUM ROAD |
| Country/State of Loss      | Singapore                     |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SCL6803L               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | LEE KOK SAU            |
| NRIC No                     | S0592749H              |
| Email Address               | chyelanseah@icloud.com |
| Mobile Phone No             | (LOCAL) +65-96746925   |
| Alternative Phone No        | Others-96746925        |

### Vehicle Particulars

|  |                       |
|--|-----------------------|
| Manufacturer   | TOYOTA                |
| Model  | COROLLA ALTIS-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USED          |
| Are you claiming under your own insurance policy for repair to your vehicle? | No                    |
| If No, Please state action to be taken                                       | Third Party           |
| Vehicle Category   | Private Car           |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type Of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | 2100077928-08000                     |
| Cover Note Number         |                                      |

### Driver

|                      |                                   |
|----------------------|-----------------------------------|
| Name of Driver       | MRS LEE KOK SAU NEE SEAH CHYE LAN |
| NRIC No              | S0018725I                         |
| Date Of Birth        | 19/05/1947                        |
| Occupation           | Indoor                            |
| Date Of Driving Pass | 20/05/1966                        |
| Driving Experience   | 50 Years And 1 Month              |
| Gender               | Female                            |
| Mobile Number        | (Local) +65-98341900              |
| Fax Number           |                                   |
| Contact Number       | Others-96746925                   |
| Email Address        | chyelanseah@icloud.com            |



|   |                           |
|---|---------------------------|
| Address   | BLK60 MARINE DRIVE #06-68 |
| Postcode  | 440060                    |
| Was driver an employee of the Insured's Company     | No                        |
| If No, Relationship of the Driver with the Insured  | Spouse                    |
| Vehicle Registration Number of Driver's Own Vehicle | -                         |
|   | -                         |
|   | -                         |
| Insurance Company of Driver's Own Vehicle           | -                         |
|   | -                         |
|   | -                         |

#### General Information of the Accident

|                    |                        |
|--------------------|------------------------|
| Type Of Accident   | Negotiating Roundabout |
| Weather Conditions | Clear                  |
| Road Surface       | Dry                    |

#### Other Information

|  |     |
|--|-----|
| Was any foreign vehicle involved in this accident? | No  |
| Was any body injured in the Accident?              | No  |
| Was any other material or property damaged?        | Yes |
| Was there any video captured by Car Camera?        | No  |
| Number of Passengers (Including Driver)            | 1   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | No |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | No |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
|---|-----|

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Vehicle Registration Number         | SJQ2397J                         |
| Vehicle Make/Model/Colour           | TOYOTA                           |
| Details Of Properties               |                                  |
| Name of Driver                      | MUHAMMAD MILMY BIN MOHAMED ISMAD |
| NRIC/Passport Number                | S9116770J                        |
| Contact Number                      | 90217204                         |
| Address                             |                                  |
| Postcode                            |                                  |
| Insurance Company Name              |                                  |
| Nature Of Damage                    |                                  |
| No. Of Passenger (Including Driver) | 1                                |

#### Details of Witness

|               |  |
|---------------|--|
| Name          |  |
| Phone Number  |  |
| Email Address |  |

**SKETCH PLAN**

**IMPORTANT NOTICE**

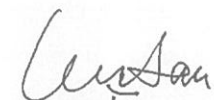
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' 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 10.30 AM, July 04, 2016  
Sketch Plan

x



Driver's Signature (If driver is not the policyholder) / Date  
& Time 10.30 AM, July 04, 2016.



Witnessed by Reporting Centre  
Personnel

Please refer to attached.

### Describe Circumstances of the Accident

Please refer to attached.

## Declaration

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

Carban

Policyholder's Signature / Date &  
Time 10:30am,  
July 04 2016

8

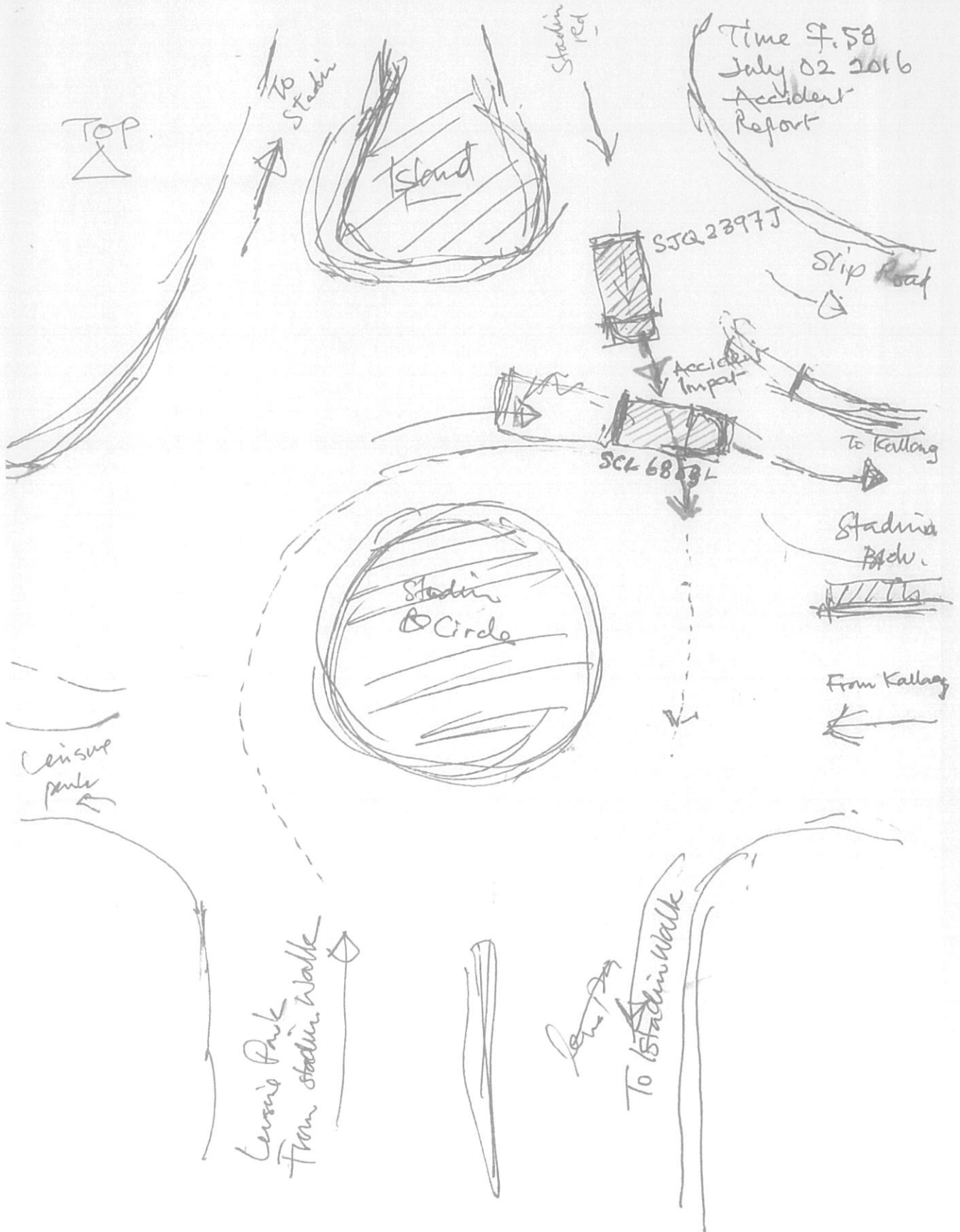
Check

Driver's Signature (If driver is not the policyholder) / Date  
& Time 10:30am.  
July 09 2016.

h

Witnessed by Reporting Centre  
Personnel

Accident Sketch Plan Pg.1





Report : MRS LEE KOK SAU NEE  
SEAH CHYE LAN, DRIVER  
L.C. 50018723 I

Venue : Roundabout towards  
Stadium Boulevard

Time : 07.58 pm -

Brief Report: I was ~~at~~ ~~from~~ the  
Roundabout turning into Stadium  
Boulevard ~~and~~ with indicating  
signal. <sup>on the</sup> ~~then~~ turning left.

Vehicle (SJQ 2397J) coming from  
Stadium Road collided into my car  
front Fender and ~~the~~ damage to the  
left side of my car. (SCL 6803L)  
(DRIVER ALONE IN CAR)



HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

AUTOPLUS

CERTIFICATE NO. 2100077928-08000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00  
(for policies with effect from 1st November 2002)

SUM INSURED Market Value  
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SCL6803L  
2) NAME OF INSURED Lee Kok Sau  
3) EFFECTIVE DATE OF THE COMMENCEMENT  
OF INSURANCE FOR THE PURPOSES OF THE ACT 22 May 2016  
4) DATE OF EXPIRY OF INSURANCE 21 May 2017

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUBJECT TO AGE CONDITION : 40 years old and above

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only  
3. Ethoz - 30 Bukit Batok Cres(Tel:66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684501)  
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)  
7. Moya Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)  
9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY CITIBANK SINGAPORE  
/EMPLOYER'S LOAN

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 17 May 2016

AIG Asia Pacific Insurance Pte. Ltd.

314000-000  
LIEU KOK HON VICTOR  
371 ALEXANDRA ROAD  
#11-07 AIA ALEXANDRA  
SINGAPORE 159963  
SP-RENEDEAN

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPSYM.

Co. Reg. No. 201003404M

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0592749H



Name  
LEE KOK SAU

李國秀

Race  
CHINESE  
Date of Birth  
22-11-1942  
Country of Birth  
SINGAPORE  
Sex  
M



NRIC No. S0592749H



Blood Group  
A+  
Date of issue  
20-05-1993

Address

APT BLK 60 MARINE DRIVE  
#06-68  
SINGAPORE 1544

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S00187251



Name  
MRS LEE KOK SAU NEE SEAH  
CHYE LAN

謝彩蘭

Race  
CHINESE  
Date of Birth  
19-05-1947  
Country of Birth  
SINGAPORE  
Sex  
F



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S00187251

Name  
MRS LEE KOK SAU NEE SEAH  
CHYE LAN

Birth Date: 19 May 1947  
Issue Date: 09 May 2003



NRIC No. S00187251



Blood Group  
O+  
Date of issue  
20-05-1993

Address

APT BLK 60 MARINE DRIVE  
#06-68  
SINGAPORE 1544

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE  
20 May 1966



NP 428A