

22/03/2002

ASS. REC. BY:

REF: CS/UBU7019627/R1462

Special Instruction:

Surveyor:

Rasul

ASSIGNMENT (Office)

From (Person):

Jenny Lew

of

UOT

Date/Time:

12.10.2017 949am

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SLS 79210

Insured:

Gy 9945

at Workshop m/s

Wearnes

Tel:

8126 1237

of

249 Alexandra Road

Policy No:

Claim No:

M11D01891710

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

CA / REV / REP. / REV 24 HRS imp.

16.10.2017 @ after lunch at 45 Leng Kue Rd

H.O.D. Endorsement:

Date/Time:

12.10.2017 11am

Person Contacted:

Paul

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SLS 79210 - x

GY 9945 NBA / UOT / 7019545 / Y

DCA: 10.10.17

Part by Part \$4700.14 (Red: 2650.46 : 36%)

Surveyor: Paul

REF: UOL

0165B

ASSIGNMENT

From: _____ Date: 16/02/07

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLS 79210

at Workshop m/s Wearnes

of 45 Leng Kee Road

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

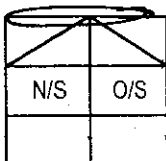
(Client's Record)

Make of Veh: Paul - 8126 1237

after lunch

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLS 79210

Yr. Regn: 2017 / 07

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: JAGUAR XE 2.0L140 c.c 1999

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 000826 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SATA BYANS JCP-24428

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 10/10/17

D.O.I. 16/10/17

Survey held at Wearnes

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

1) 7/2 Typist

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I.: (\$ 4700.14)

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

☐ S + RS ☐ SI

☐ Photos

☐ Others

TOTAL

150
50
20
220




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
UNITED OVERSEAS INSURANCE LTD		Ref : CS/UOI17019627/R1tb	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909		Date : 12-10-2017	
		Code : UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GY 994S	Veh. Inspected	SLS 7921D
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	JENNY LEW	Assign Date	12/10/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date		Inspection Date	12/10/2017
Survey held at	45 LENG KEE ROAD		
Repairer	WEARNES AUTOMOTIVE PTE LTD		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Denise Tay (LKKAuto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Wednesday, 7 February 2018 11:36 AM
To: Denise Tay (LKKAuto); Admin-D (LKKAuto); SUR; assignments
Cc: LEE KATIE
Subject: RE: TP Claim - Our customer SLS7921D; TP Vehicle GY994S

Sensitivity: Confidential

Dear Denise,

Claim no: M11D01891710

Thank you.

Warmest Regards
Jenny Lew
Claims Department
United Overseas Insurance Limited
3 Anson Road, #28-01 Springleaf Tower, Singapore 079909 Main . (65) 6222 7733 | DID . (65) 6490 9329 | Fax . (65) 6327 3869 | Email . jennylew@uoi.com.sg

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-----Original Message-----

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Wednesday, 7 February, 2018 11:33 AM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; LEW JENNY <jennylew@uoi.com.sg>; SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>
Cc: LEE KATIE <katielee@uoi.com.sg>
Subject: RE: TP Claim - Our customer SLS7921D; TP Vehicle GY994S
Sensitivity: Confidential

Dear Jenny,

Please provide claim number

Best Regards,
Denise Tay | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Admin-D (LKKAuto)

Catherine Chong (LKK Auto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Thursday, 12 October, 2017 9:49 AM
To: Paul Ong Qing Yong; SUR; assignments@lkkauto.com
Cc: LEE KATIE
Subject: RE: TP Claim - Our customer SLS7921D; TP Vehicle GY994S

Sensitivity: Confidential

WITHOUT PREJUDICE

Dear Paul,

We will appoint LKK as per requested.

Liability is clear and we are prepared to offer direct settlement with your client subject to the cost of repairs and no of days for repair as per recommendation by our surveyor. Please note that we are not responsible for any delay on your part or whatsoever reason.

We reserve all our right in relation to this matter.

Dear Shiau Chan,

Please arrange to survey the vehicle at Wearnes Automotive.

Thank You.

Warmest Regards

Jenny
Claims Department

DID : 6 4909 329 Fax : 6 327 3869/72

United Overseas Insurance Limited

Company Registration Number: 197100152-R UOB EMAIL DISCLAIMER Any person receiving this email and any attachment(s) contained, shall treat the information as confidential and not misuse, copy, disclose, distribute or retain the information in any way that amounts to a breach of confidentiality. If you are not the intended recipient, please delete all copies of this email from your computer system. As the integrity of this message cannot be guaranteed, neither UOB nor any entity in the UOB Group shall be responsible for the contents. Any opinion in this email may not necessarily represent the opinion of UOB or any entity in the UOB Group.

-----Original Message-----

From: Paul Ong Qing Yong [mailto:paul.ong@wearnes.com]
Sent: Thursday, 12 October, 2017 9:40 AM
To: LEW JENNY <jennylew@uoi.com.sg>
Cc: LEE KATIE <katielee@uoi.com.sg>
Subject: RE: TP Claim - Our customer SLS7921D; TP Vehicle GY994S
Sensitivity: Confidential

Hi Jenny,

Kindly appoint LKK,

May I check on the liability status of the case?

Thank you

Best Regards,

Paul Ong
Service Consultant
Bodyshop & Paint

Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
M (65) 8126 1237 D (65) 6378 9333 (65) 6473 1488 F (65) 6430 4702 D (65) 1234 5678 M (65) 1234 5678
www.wearnesauto.com paul.ong@wearnes.com

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Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.

-----Original Message-----

From: LEW JENNY [mailto:jennylew@uoi.com.sg]
Sent: Thursday, 12 October, 2017 9:33 AM
To: Paul Ong Qing Yong
Cc: LEE KATIE
Subject: RE: TP Claim - Our customer SLS7921D; TP Vehicle GY994S
Sensitivity: Confidential

WITHOUT PREJUDICE

Dear Paul,

We attach herewith our list of surveyors for your attention.

Please advise who you want to appoint as SJE for this case.

We reserve all our rights in relation to this matter.

Thanks.

Warmest Regards

Jenny
Claims Department

DID : 6 4909 329 Fax : 6 327 3869/72

United Overseas Insurance Limited

Company Registration Number: 197100152-R UOB EMAIL DISCLAIMER Any person receiving this email and any attachment(s) contained, shall treat the information as confidential and not misuse, copy, disclose, distribute or retain the information in any way that amounts to a breach of confidentiality. If you are not the intended recipient, please delete all copies of this email from your computer system. As the integrity of this message cannot be

guaranteed, neither UOB nor any entity in the UOB Group shall be responsible for the contents. Any opinion in this email may not necessarily represent the opinion of UOB or any entity in the UOB Group.

From: Paul Ong Qing Yong [mailto:paul.ong@wearnes.com]
Sent: Thursday, 12 October, 2017 7:51 AM
To: LEE KATIE <katielee@uoi.com.sg>
Subject: TP Claim - Our customer SLS7921D; TP Vehicle GY994S
Sensitivity: Confidential

Hi Katie ,

Attached for TP claim,

Kindly advise if direct settlement is possible and/if there is a general email I can direct such claims towards to in the future, Thank you.

Best Regards,

Paul Ong
Service Consultant
Bodyshop & Paint

Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
M (65) 8126 1237 D (65) 6378 9333 (65) 6473 1488 F (65) 6430 4702 D (65) 1234 5678 M (65) 1234 5678
www.wearnesauto.com paul.ong@wearnes.com

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REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8970078G



Name

ZHANG PANG YU

张 彪 宇

Race

CHINESE

Date of birth

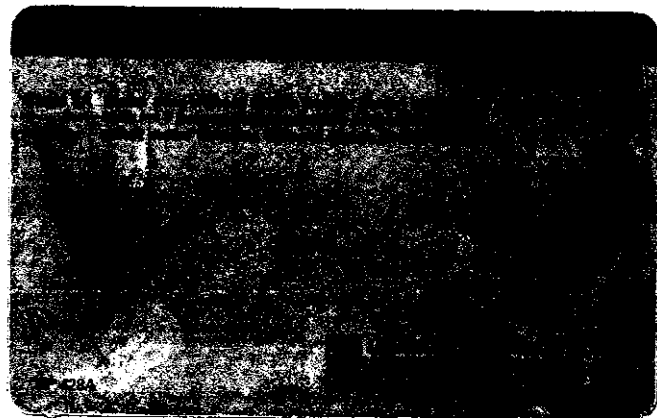
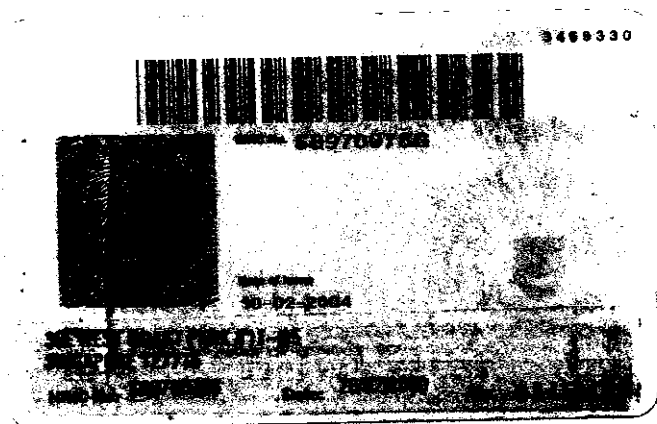
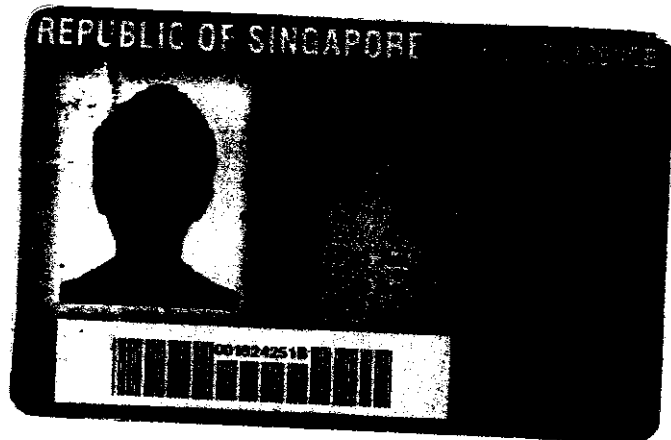
25-01-1989

Sex

M

Country of birth

CHINA





COVER NOTE

WEARNES AUTO PROTECTOR (JAGUAR) PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder	: BAO SHUHUAN	Vehicle No.	:
Period of Insurance	: 05 Oct 2017 to 04 Oct 2019	Cover Note No.	: 1700062026
Engine No.	: 170609W0821204DTD	Endorsement No.	:
Chasis No.	: SAJAB4AN5JCP24428	Issued Date	: 04 Oct 2017

ABOUT THE COVER

Make/Model	: JAGUAR XE 2.0D Prestige	Sum Insured	: Market Value	First Year of Registration	: 2017
Engine Capacity/Tonnage	: 1,999.00 CC	Off Peak Car	: No	Insuring with COE/PAFF	: Yes
Driver Restriction	: NA				

Person or Classes of Persons Entitled to Drive*

- a) The Policyholder
 - b) Any other person who is driving on the Policyholder's order or with his/her permission
- This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 139) and Section 35 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$900 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

BAO SHUHUAN - \$900 (Own Damage)

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

1. Wearnes Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download 'AIG SG' from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately. We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0503486850

WEARNES AUTOMOTIVE - TXQ(JLR)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE Jennifer-SY Cheah

78 Shenton Way #07-16 AIG Building S079120 | T: +65 6419 3000 | F: +65 6415 3723 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.


AUTHORIZATION TO ACT

I, _____ ("the third party Claimant")
of _____ (address),
owner of _____ (vehicle no.)
hereby authorize _____ ("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. _____ that was damaged
pursuant to the accident which occurred on _____ (date) along
_____ (location)
involving Vehicle No/s _____ ("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.

Date this _____ day of _____ (month) 20 _____ (year)



Signed by "the third party claimant"

Signed by "the workshop"

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

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-17-151569

Date of Request: 10/10/2017

Your Ref No: Online Purchase

Wearnes Automotive Pte Ltd
28 Leng Kee Road
Singapore 159105

Dear Sir/Madam,

Enquiry Date 10/10/2017
Enquiry By JOANNE KHO
TP Vehicle No. GY994S
Accident Date 10/10/2017

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GY994S	United Overseas Insurance Ltd	03/01/2017-02/01/2018	64909318

Thank You.

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.

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/10/2017 16:54
Date Of Accident	10/10/2017 12:45
Exact Location Of Accident	ALEXANDRA VILLAGE FOOD CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7921D
Insured/Policyholder	
Name Of Registered Owner	BAO SHU HUAN
NRIC No	S2580165B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97309563
Alternative Phone No	OFFICE-97309563

Vehicle Particulars

Manufacturer	JAGUAR
Model	XE-2.0 (A)

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

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	
Cover Note Number	1700062026

Driver

Name of Driver	ZHANG PANG YU
NRIC No	S8970078G
Date Of Birth	25/01/1989
Occupation	INDOOR
Date Of Driving Pass	29/12/2010
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97309563
Fax Number	
Contact Number	OFFICE-97309563
Email Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

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 this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. 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

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GY994S
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name UNITED OVERSEAS INSURANCE LTD
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

23448

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorized 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: 10/10/17 Time: 1245
Exact Location of Accident	ALEXANDRA VILLAGE FOOD CENTRE CAR PARK

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7921D
-----------------------------	----------

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	BAO SHU HUAN
Personal Identification - NRIC (Singaporean/PR)	S2580165B
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer JAGUAR Model XE
Type of Vehicle*	<input checked="" 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 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 checked="" 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 checked="" type="radio"/> No
Policy Number	CN 1700062026
Motor CI	

DRIVER

	<input checked="" type="radio"/> Same as Insured above	
Name of Driver	ZHANG PANG YU	
Personal Identification - NRIC (Singaporean/PR)	S8970098G	
- FIN/Passport Number		
Date of Birth	25 dd/ 01 mm/ 1989	
Driving Date Pass	29 dd/12 mm/2010 /yy	
Year of Driving Experience	Year(s)	Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	9730 9563	

Address of Driver	Postcode ()
Email Address	
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	CHILDREN
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)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	DAMAGED LATHEST STATIONARY
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, _____
OTHER INFORMATION	
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 type="radio"/> Yes <input checked="" 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)	01
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input type="radio"/> Yes <input 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?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	GY 994 S
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	UOI
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 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' 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 w ith 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 w ith applicable law in administering, processing, handling and/or dealing w ith 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

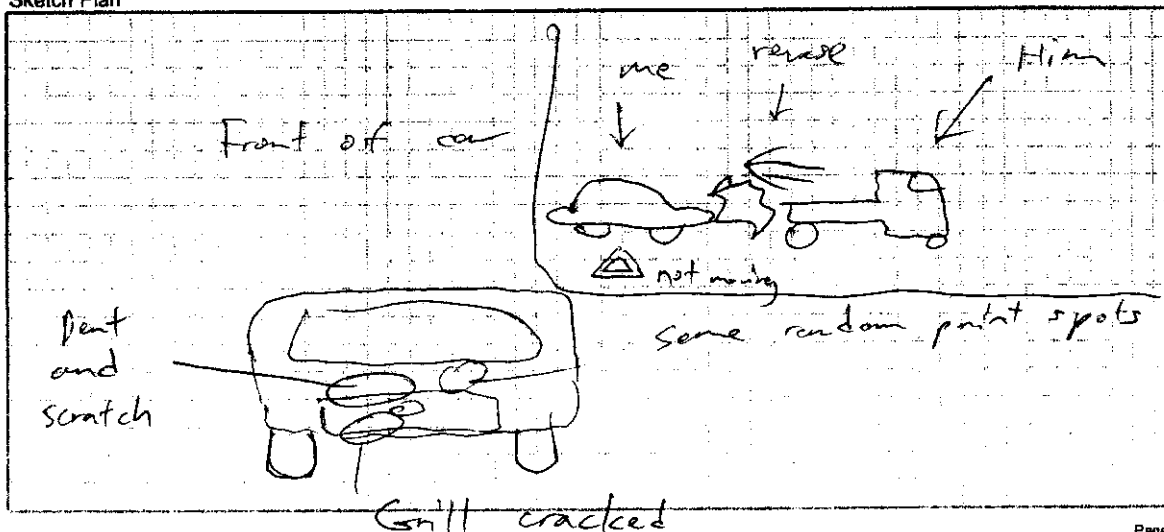
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

Was at the carpark at Alexandra Village Food Centre (Beside AIA). At around 1245¹³PM I was driving and looking for a lot. I came to a complete stop because there was a lorry in front of me. After a while, it suddenly reversed and didn't stop or decelerate. It knocked into the front of my car, causing certain damage. It is all recorded in my car camera.


IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the 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

 10/10/2017 2:23 PM

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

Witnessed by Reporting Centre Personnel

SERVICE ESTIMATE

SERVICE ESTIMATE

0 - U00001 SL: UNITED OVERSEAS INSURANCE LTD
 UNITED OVERSEAS INSURANCE LTD GST Reg.No:M28920628X
 3 ANSON ROAD Inv.No. . : B&P 0 Page 1
 #28-01 SPRINGLEAF TOWER Inv.date. : 16/11/2017
 SINGAPORE 079909 WIP No. . : 23448
 Veh.In/Out:

Closed by : Paul Ong Qing Yong
 Svc Consultant :
 Remarks : Ms Bao Shuhuan

*Tel.No. . : 6222 7733
 Reg.No. . : SLS7921D
 Reg.date . : 05/10/2017
 Mileage . : 0
 Chassis No: SAJAB4AN5JCP24428

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRT BUMPER,	0	850.00	0		850.00	S
	RADIATOR GRILLE,						
800	TO PUTTY SPRAYPAINT ON	0	1500.00	0		1,500.00	S
	FRT BONNET, FRT BUMPER						
280	TO CHECK WIRING INCLUDE	0	436.00	0		486.00	S
	RESETTING OF ALL ELECTRICAL						
	MODULES						
R06	FRT NUMBER PLATE & HOLDER	0	60.00	0		60.00	S
	WHITE BACKGROUND						
	COVER-BUMPER	1.0 EA	1598.00	10		1,438.20	S
	GRILLE-RADIA	1.0 EA	406.60	10		365.94	S

Gross Total. 4,700.14

Labour Total 2,896.00
Parts Total 1,804.14
Package Total 0.00

Net..... 4,700.14
 GST @ 7.0% 329.01
 Total..... 5,029.15
 Paid..... 0.00
 Please Pay.. 5,029.15

GST: S=StdRated; O=OutOfScope; Z=ZeroRated




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobiles				
UNITED OVERSEAS INSURANCE LTD			Ref : CS/UOI17019627/R1tbe2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909			Date : 12-02-2018	
			Code : UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GY 994S	Veh. Inspected	SLS 7921D	
Policy No.		Coverage (\$)	0.00	
Claim No.	M11D01891710	Excess (\$)	0.00	
Assign From	JENNY LEW	Assign Date	12/10/2017	
2. Vehicle Particulars & Condition				
Make & Model	JAGUAR XE 2.0L I4D	c.c	1999	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	SAJAB4AN5JCP24428	Colour	BLUE	
Odometer	826	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/45 R18	PIRELLI	6 mm	
L/H Front Tyre	225/45 R18	PIRELLI	6 mm	
R/H Rear Tyre	225/45 R18	PIRELLI	6 mm	
L/H Rear Tyre	225/45 R18	PIRELLI	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/10/2017	Inspection Date	16/10/2017	
Survey held at	45 LENG KEE ROAD			
Repairer	WEARNES AUTOMOTIVE PTE LTD			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLS 7921D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRT NUMBER PLATE & HOLDER (SN)	BENT	60.00	60.00
1	COVER-BUMPER (SN)	DEFORMED	1,598.00	1,438.20
1	GRILLE-RADIA (SN)	CUT	406.60	365.94
			2,064.60	1,864.14
	LABOUR			
	TO REPLACE FRT BUMPET, RADIATOR GRILLE, REPAIR FRT BUMPER.		2,550.00	850.00
	TO PUTTY SPRAYPAINT ON FRT BONNET, FRT BUMPER.		2,250.00	1,500.00
	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES.		486.00	486.00
			5,286.00	2,836.00
	GRAND TOTAL		7,350.60	4,700.14
RECOMMENDED COST OF REPAIRS				4,700.14

Report Ref No. CS/UOI17019627/R1tbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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