

威利摩哆 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.

TEL: 456 9830 • FAX: ~~455 3986~~ 6498 0128

Business Regn No : 269436/00J

05, Feb 2018

AIG Asia Pacific Insurance PL
78 Shenton Way
#07-16 S 079120

Attn: Motor claim dept-3rd party claim
Claiming against your insured vehicle No: SJF7962C
Accident involving vehicle No: SJD2408E/SJF7962C
DOA: 02022018 AT West Coast highway

Dear officer incharge
Re: Estimate cost of repair for vehicle No: SJD2408E
To supply—

Description	Qty	Amount
Rear bumper	1	862.00
Bumper retainer @32.00	2	64.00
Bumper reflector @96.00	2	192.00
Bumper clip		42.00
Taillamp @320.00N	2	640.00 N
End panel	1	506.00 N
End panel top garnish	1	149.00 N
Boot weather strip	1	166.00 N
Lid	1	693.00 N
Lid-Mit logo	1	47.00 N
Lid-EX emblem	1	39.00 N
Lid-lancer emblem	1	52.00 N
Lid lock	1	67.00 N

Rear number plate w bracket	50.00
Reverse sensor	220.00
To remove damaged parts n attachments.	
Cut n weld damaged panels. Repair/reshape dented/damaged areas.	
Replace/align all parts into position.	900.00
To spray paint.	800.00

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 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	05/02/2018 14:28
Date Of Accident	02/02/2018 20:00
Exact Location Of Accident	WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD2408E
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	WEIRENOFFICE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96249321

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE

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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090891147
Cover Note Number	

Driver

Name of Driver	ZU WEI REN
NRIC No	S9045887F
Date Of Birth	26/11/1990
Occupation	INDOOR
Date Of Driving Pass	26/04/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96249321
Fax Number	
Contact Number	
EMail Address	WEIRENOFFICE@GMAIL.COM

Address	BLK 296E CHOA CHU KANG AVENUE 2 #10-68
Postcode	685296
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : NA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF7962C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZAINAL BIN OSMAN
NRIC/Passport Number	S1583945G
Contact Number	92992180
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ZU WEI REN

Approximate Age

Injuries Sustain

REFER POLICE REPORT

Injured person in which vehicle?

SJD2408E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode



**SINGAPORE
POLICE FORCE**



T/20180203/2073

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180203/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2018 12:44		Vide Report No.:		Station Diary No.: 77
Informant's Particulars				
Name of Informant: ZU WEI REN		Address: APT BLK 296E CHOA CHU KANG AVENUE 2 #10-68 SINGAPORE 685296		
ID Type / ID No.: NRIC NO / S9045887F		Contact No.: Home/Office: Mobile: 96249321		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 27	Date of Birth: 26/11/1990	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Financial Advisor		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/02/2018 20:00	Type of Location: Straight Road
Location: Along Road 1 WEST COAST HIGHWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD2408E	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Red	Seriously Damaged	0
SJF7962C	Car	KIA	PICANTO 1.1(M)	Blue	Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180203/2073

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180203/2073

CONTINUATION OF REPORT

Driver:			
Name	ZU WEI REN	ID No.	S9045887F
Related Vehicle	SJD2408E (Car)	Contact No.	96249321
Hospital/Clinic	HEALTHWERKZ MEDICAL CENTRE (CCK) PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	03/02/2018	Date Discharge	03/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver:			
Name	ZAINAL BIN OSMAN	ID No.	S1583945G
Related Vehicle	SJF7962C (Car)	Contact No.	92992180
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/02/2018 at about 2000hrs, I was driving my car SJD2408E along West Coast Highway. When I was travelling straight on the 1st lane. It was drizzling and road was wet. The traffic was heavy. A car bearing register plate number SJF7962C hit my car from the back. We exchange particular and took picture of the accident. Subsequently I went to Healthwerkz Medical Centre (CCK) Pte Ltd to see medical attention as I was unwell after the accident. I was given three days of Medical leave. I am lodging the police report for my insurance and traffic police investigation.