SS. REC. BY:		REF: CS/SPF18	1919 Republic	M2 Speci	al Instruction:
urvajor = '			ENT (Office)		
rom (Person):	Abdul Rahm	ngh of	SPF	D	ate/Time: 02032018
DD (TP) WS	TP RES / OD RI	ES / EVA / INV / MV /	CS		04 500
Γο Inspect Veh	icle No:	SLT 8175D		Insured:	0x 561U
it Workshop m	/s	Tan Chong		_ Tel:_	9456 8832
of		911 Bukt Tima	h		
Policy No:	Harily		Claim No: _	ASMO	/105/009/2018/021
Sum Insured:			Excess:		PINESSE ESCHOLISTANIES CONTRACTOR
Make of Veh:			_	I	810C1036 A.O.O
(Client's Record)			0803 2018 (4om 0	wher withing
CA / REV /	REP. / REV 24	HRS 'WP'	000) 2010	d	H.O.D. Endorson end:
			1 -1 104 - 40		III DILATIN
		5pm Person Contacte	d: Lawrong	V	chicle IN / BUI
Date/Time:	07037018 3·10	1		,V	elitere IN / BUT
Date/Time:	Action/Instruction	n (🗸) Estinu		, V	ehicle-IN/ DUI
	0)03,2018 3.40 Action/Instruction	n () Estinu		Vi	ehicle-IN/ DUI
Date/Time:	Action/Instruction	n () Estinu		, V	ehicle-IN/ DUI
Date/Time:	0)03,2018 3.40 Action/Instruction 51.7 81751 Bx 56111	n (rtz.		
Date/Time:	0)03,2018 3.40 Action/Instruction 51.7 81751 Bx 56111	lawrene Said	rtz.		Send in for repair,

Sirveine Com REF:	40460
Singuist.	ASSIGNMENT
From: Date:	Veh No: SLT 8 175 D Tr Rogn: 2017 / NOV Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost: OD (TP) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: SLT 8 175 D at Workshop m/s The Charle No. Of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV of 911 / Sharle Times / OD RES / EVA / INV / MV Insured: Policy No. Claims No. Sum Insured: Excess: (Client's Record)	Make: N SSAT SYLPHY 6 CUT c.c 398 Colour BLUE A/C: Insured Std NI NA Sp.Reading 4 77 T/Radio: Insured Std NI NA Eng/No: C/No: MNT BBA B 17 200 3 6976 Gen. Cond: Good Fair Poor Burnt Steering: Inforder Jammed Leaked Burnt or Brake: morder Jammed Leaked Burnt or
(Policy Condition) Remark: The veh had commenced its repair at the time of Inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes Consistent?: Yes days Res.: Yes Lum Sum: % 3 Val.: Yes CA / REV / REP. / 24 HRS	Tyre Size: F: 195 65 R.I. R: N/S 0/S BS 6 DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front R/Bal. 6 mm R/Bal. 6 mm U/Bal. 6 mm D.O.A. 26 61 8 D.O.I. 08 63 17
Date/Time Action / Instruction RECEIVED 8-9 Date/Time, File Pass to? Preli. Report Date/Time, File Return to? 2) typist Report Format: Lump Sum / I.B.I: (\$	Days Of Repair: 3 Resurvey No. of Trip: Survey Fee: Transportation: Add Foo: Site Insp (\$) \$ +R\$_\$! Interview (\$) Phokos Treen, Invs (\$) Opers Weekend (\$)

Survey Department Check List (Case Handler)

Reference No.: CS SPF 1800 4075 RIVE

Policy Type: OD / TP / TP RES / TL / EVA

Typist

ign Form ference No. stomer Code sign From sign Date h No (Inspected) h No (Insured) O.A licy No sim No surance Authorisation (CA /REV/REP) port Type eekend Charges rvey held at/Repairer cess): Case handler to make sure t ehicle No egn Month/Year ehicle Type ake & Model egine Capacity. (C.C) plour dometer. (Sp.Reading) nassis No eneral Condition eering	he surveryor co	ompleted a	all required	informa
sign From sign Date h No (Inspected) h No (Insured) O.A licy No sim No surance Authorisation (CA /REV/REP) port Type eekend Charges rvey held at/Repairer cess): Case handler to make sure t ehicle No egn Month/Year ehicle Type ake & Model egine Capacity. (C.C) plour dometer. (Sp.Reading) massis No eneral Condition	he surveryor co	ompleted a	all required	informa
sign Date h No (Inspected) h No (Insured) O.A licy No sim No surance Authorisation (CA /REV/REP) port Type eekend Charges rvey held at/Repairer cess): Case handler to make sure t ent Form chicle No egn Month/Year chicle Type ake & Model egine Capacity. (C.C) plour dometer. (Sp.Reading) massis No eneral Condition	he surveryor co	ompleted a	all required	informa
sign Date h No (Inspected) h No (Insured) O.A licy No sim No surance Authorisation (CA /REV/REP) port Type eekend Charges rvey held at/Repairer cess): Case handler to make sure t ent Form chicle No egn Month/Year chicle Type ake & Model egine Capacity. (C.C) plour dometer. (Sp.Reading) massis No eneral Condition	he surveryor co	ompleted a	all required	informa
h No (Inspected) h No (Insured) O.A licy No sim No surance Authorisation (CA /REV/REP) port Type eekend Charges rvey held at/Repairer cess): Case handler to make sure t ent Form ehicle No egn Month/Year ehicle Type ake & Model agine Capacity. (C.C) plour dometer. (Sp.Reading) massis No eneral Condition	he surveryor co	ompleted a	all required	informa
h No (Insured) O.A licy No sim No surance Authorisation (CA /REV/REP) port Type eekend Charges rvey held at/Repairer cess): Case handler to make sure t ent Form chicle No egn Month/Year chicle Type ake & Model agine Capacity. (C.C) colour dometer. (Sp.Reading) massis No eneral Condition	he surveryor co	ompleted a	all required	informa
D.A licy No sim No surance Authorisation (CA /REV/REP) port Type eekend Charges rvey held at/Repairer cess): Case handler to make sure t ent Form chicle No egn Month/Year chicle Type ake & Model egine Capacity. (C.C) plour dometer. (Sp.Reading) massis No eneral Condition	he surveryor co	ompleted a	all required	informa
licy No sim No surance Authorisation (CA /REV/REP) port Type eekend Charges rvey held at/Repairer cess): Case handler to make sure t ent Form ehicle No egn Month/Year ehicle Type ake & Model agine Capacity. (C.C) plour dometer. (Sp.Reading) massis No eneral Condition	he surveryor co	ompleted a	all required	informa
sim No surance Authorisation (CA /REV/REP) port Type eekend Charges rvey held at/Repairer cess): Case handler to make sure t ent Form chicle No egn Month/Year chicle Type ake & Model egine Capacity. (C.C) plour dometer. (Sp.Reading) massis No eneral Condition	he surveryor co	ompleted a	all required	informa
surance Authorisation (CA /REV/REP) port Type eekend Charges rvey held at/Repairer cess): Case handler to make sure t ent Form chicle No egn Month/Year chicle Type ake & Model egine Capacity. (C.C) colour dometer. (Sp.Reading) massis No eneral Condition	he surveryor co	ompleted a	all required	informa
port Type eekend Charges rvey held at/Repairer cess): Case handler to make sure t int Form chicle No egn Month/Year chicle Type ake & Model agine Capacity. (C.C) clour dometer. (Sp.Reading) massis No eneral Condition	he surveryor co	ompleted a	all required	informa
eekend Charges rvey held at/Repairer cess): Case handler to make sure to the	he surveryor co	ompleted a	all required	informa
rvey held at/Repairer cess): Case handler to make sure to the form thicle No egn Month/Year thicle Type ake & Model agine Capacity. (C.C) blour dometer. (Sp.Reading) massis No eneral Condition	he surveryor co	ompleted a	all required	informa
): Case handler to make sure to	he surveryor co	ompleted a	all required	informa
): Case handler to make sure to the form thicke No egn Month/Year whicle Type ake & Model egine Capacity. (C.C) blour dometer. (Sp.Reading) hassis No eneral Condition	× × × × × × × × × × × × × × × × × × ×	ompleted a	all required	Informa
ent Form chicle No cgn Month/Year chicle Type ake & Model agine Capacity. (C.C) blour dometer. (Sp.Reading) hassis No eneral Condition	× × × × × × × × × × × × × × × × × × ×	ompleted a	all required	Informa
chicle No cgn Month/Year chicle Type ake & Model cgine Capacity. (C.C) clour dometer. (Sp.Reading) cassis No ceneral Condition	V V V V V V			
chicle No cgn Month/Year chicle Type ake & Model cgine Capacity. (C.C) clour dometer. (Sp.Reading) cassis No ceneral Condition	V V V V V V			
egn Month/Year chicle Type ake & Model agine Capacity. (C.C) blour dometer. (Sp.Reading) hassis No eneral Condition	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
chicle Type ake & Model agine Capacity. (C.C) allour dometer. (Sp.Reading) assis No eneral Condition	\rightarrow \right			
ake & Model Igine Capacity. (C.C) Islour Idometer. (Sp.Reading) Inassis No Ieneral Condition	× × × ×			
ngine Capacity. (C.C) plour dometer. (Sp.Reading) nassis No eneral Condition	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
olour dometer. (Sp.Reading) nassis No eneral Condition				
dometer. (Sp.Reading) nassis No eneral Condition				-
nassis No eneral Condition				
eneral Condition	~			
		1		
	~			1
rake	-			
odification (Modi)	~			
	-			
rre Size	V			
re Make	V	300		- Desirios
yre Balance	~			
ate of Inspection	v			
urvey held				
(Views/Merimen)	- []	T 1		1
amaged Vehicle Photographs Uploaded				
p Estimate/Assignment Form		, ,		
				-
				-
		1		
	V			
e-inspection Cases to Finalize within 5 Days				
(Views/Merimen)		-	1	
esurvey photo Uploaded			J	
	(Views/Merimen) amaged Vehicle Photographs Uploaded p Estimate/Assignment Form LL Parts condition larket Value for OD cases stimate Repair Cost for PRI (RSI, TMI, MSIG) ays of repair nalised Amount e-inspection Cases to Finalize within 5 Days (Views/Merimen) esurvey photo Uploaded	(Views/Merimen) amaged Vehicle Photographs Uploaded p Estimate/Assignment Form LL Parts condition Jarket Value for OD cases stimate Repair Cost for PRI (RSI, TMI, MSIG) ays of repair nalised Amount e-inspection Cases to Finalize within 5 Days (Views/Merimen)	(Views/Merimen) amaged Vehicle Photographs Uploaded p Estimate/Assignment Form LL Parts condition larket Value for OD cases stimate Repair Cost for PRI (RSI, TMI, MSIG) ays of repair nalised Amount e-inspection Cases to Finalize within 5 Days (Views/Merimen)	(Views/Merimen) amaged Vehicle Photographs Uploaded p Estimate/Assignment Form LL Parts condition larket Value for OD cases stimate Repair Cost for PRI (RSI, TMI, MSIG) ays of repair nalised Amount e-inspection Cases to Finalize within 5 Days (Views/Merimen)



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref: CS/SPF18004075/R1vb

ACCIDENT CLAIM SECTION (SINGAPORE POLICE FORCE)

Date: 02-03-2018

1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMYSINGAPORE 298333



1.	The state of the s	Policy Particula	rs :- THIRD PARTY CLA	JM .
	Insured Veh.	QX 561U	Veh. Inspected	SLT 8175D
	Policy No.		Coverage (\$)	0.00
	Claim No.	AEMD/105/009/2018/021	Excess (\$)	0.00
	Assign From	ABDUL RAHMAN	Assign Date	02/03/2018
2.	Total Single Color	Vehicle Pa	rticulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	1/0/5	Steering	
	Brakes		Modification	
	General			
3.	DE STATE OF STREET	Con	ditions of Tyres	No. of Carlos States
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm
4.	a Personal Production	Descri	ption of Damages	AND THE SECOND
5.	Market Company	Gen	eral Information	
CHILI	Accident Date	26/01/2018	Inspection Date	
	Survey held at	TAN CHONG MOTOR SALE	S PTE LTD	
		911, BUKIT TIMAH RD,		
	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	SINGAPORE 589623.		



Your Ref:

SLT8175D

Our Ref:

AEMD/105/009/2018/021

Date:

2 March 2018

SPF Accidents Claims Section Automotive Engg & Mgmt Div Police Logistics Department No. 1 Mount Pleasant Road Block 8 Old Police Academy #02-12 Singapore 298333

Tel: 64784840 Fax: 64784848

Via Fax only: 62564315

M/s LKK Auto Consultants Pte Ltd Paya Ubi Industrial Park 51 Ubi Avenue 1 #01/02-25 Singapore 408933

Dear Sir/Madam,

ACCIDENT ON 26 JANRUARY 2018 INVOLVING POLICE VEHICLE QX561U AND OTHER VEHICLE SLT8175D

We refer to the above matter.

- Please arrange for a Pre-Repair Inspection of vehicle no. SLT8175D at M/s Tan Chong Motor Sales Pte Ltd, Bt Timah Workshop of 911 Bt Timah Rd, Singapore 589623.
- 3 For appointment kindly contact Lawrence at HP: 94568832.
- 4 Estimates were provided by the workshop.
- 5 Thank you.

Yours faithfully,

Abdul Rahman Accident Claims Officer for Assistant Director

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to
- 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.

- 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
----------	-----------

26/01/2018 15:01 Date Of Report 26/01/2018 06:10 Date Of Accident

480 JURONG WEST STREET 41 OPEN CAR PARK Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SLT8175D Vehicle Registration Number

Insured/Policyholder

LEONG JIA ZHEN CINDY (LIANG JIAZHEN) Name Of Registered Owner

S7820046D NRIC No

CLEONG 13@YAHOO.COM.SG **Email Address**

(LOCAL) +65-81286678 Mobile Phone No

HOME-68156450 Alternative Phone No

Vehicle Particulars

NISSAN Manufacturer

SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A) Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE

Are you claiming under your own insurance policy

for repair to your vehicle?

Name of Insurance Company

NO

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

1700077409

Cover Note Number

14/11/2017 - 13/11/2018

Driver

Name of Driver

LEONG JIA ZHEN CINDY (LIANG JIAZHEN)

S7820046D NRIC No 13/07/1978 Date Of Birth INDOOR Occupation 05/09/2000 Date Of Driving Pass

Driving Experience

17 YEARS AND 4 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-81286678

Fax Number

Contact Number

HOME-68156450

EMail Address

CLEONG_13@YAHOO.COM.SG

BLK 480 JURONG WEST STREET 41

Address #10-306

640480

Postcode Was driver an employee of the Insured's Company NO

OWNER

If No. Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

Police Station Address

ROAD: NO. 2 JURONG WEST AVENUE 5, POSTCODE: 649482,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7910000 - FAX NO: 68965649

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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

QX561U

Vehicle Make/Model/Colour

Details Of Properties

GOVERNMENT

Vehicle Category Name of Driver

SGT ADLI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 19

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- By the lodgment 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)
 - 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")
- 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

28/01/2018

Policyholder's Signature Date & Time: 1540krs Driver's Signature

(If driver is not the policyholder)

Date & Time:

AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623

TEL: 6490 9666 FAX: 6846/443

Reporting Centre Personnel's Signature

NRIC/FIN No .:

covered somethic and 92

SKETCH PLAN

		_	
Hot	Applicable		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

2010-	1	Police	Roma	200F/30108106/E	attached.
16.10	.(0	10112	10cha 1	3/3-1003 6/100	
	-				
				and the second second second second	
99900		100 mark 200 mark	Totals		
	-1837 (22)				

DECLARATION

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

Policyholder's Signature Date & Time:

Sice 10/30

1 54 Ohrs Driver's Signature

(If driver is not the policyholder)

Date & Time:

AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623 TEL: 6490 9666 FAX: 6946 B2

Reporting Centre Personnel's Signature

NRIC/FIN No.:

rgapair, Skritishaal gran VS

Name of Policyholder : Leong Jis Zhen Cindy (Liang Jiszhen)

Vehicle No. Palicy No.

: SLT8175D

: 14 Nov 2017 To 13 Nov 2018

Endorsement No.

: 1700077409

* 1, 1

: 23 Nov 2017

Chassis No.

: MNTBBAB17Z0030970

Issued Date

ABOUT THE COVER

: NISSAN Sylphy 1.6 Signature

Engine Capacity/Tonnage : 1,598.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive':

a) The Policyholdir b) Any other person who is driving or the Policyholdin's onaid or with his her personnin. This Policy are independing the Policyholdin or any authorized drived any if helpine modul stip specified age condition.

You have to pay an adoptical sum of \$3,000 as "Young and or Inexpendenced Dever Excess" ("YIDR"s if You are or Your Authorised Dever (named or unsamed) is under the lage of 23 and or has less time 2 years coving experience.

Age Condition

: All Age Condition

Limitation as to use: :

Use only for social, discretic and observe purposes and in the Policyhelds's business.
This Policy does not cross use for hire or reward, diving fusion, driving test, racking, gare-making, reliability trull or speechtesting, the camage of goods other than samples in connection with any trade or testiness or use for any pagase in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inconstitive by Section 6 of the Nation Vervices (Traid-Party Risks and Compensation) Act (Cap. 188) and Section 95 of the Ribes Transport Act. 1987 (Malaysia), are not to be included under these tradings.

EXCESS

Section 1 Fire - SS Own Damage - S600 TireR - S0 Flood Cover - 50

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (whore application)

Leong Jia Zhen Canty (Liang Jiazhen) - \$600 (Own Damage)

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

1.TC AutoClicio Add: No.1, Swith Lok Veng Road Singapore 628999 62672212

1.1C AutoClinic Add. No.1, Smith Lok Yang Road Singapone 628099 62672212
2 AutoRetion Industrial Add. 19 Ute Road 4 Singapone 408627 6499096
3 TC AutoClinic Add. 25 Long Kon Road Singapone 158097 67038013
4 Tan Chong Motor Safes. Add: 913 Build Timon Road Singapone 580623 64694091 64604092 64094093
5 Tan Chong Motor Safes. Add: 17 Long 8 Top Payon Singapone 310254 63570753 63570754

7a Shenov Wey 907-16 AIG Building 5079120 | T +65 6419 3000 | F +05 6415 5729 | www.wiscombeg

For other Approved Reporting Centres/AIG Authorised Reparters, please contact our 24-fecur accepted emergency hotime at +65 6338 6200. Attenuatively, you may refer to AIG website www.nig.com.nig. or AIG SG Mobile Aug. Simply search and download "MG SG" from 11-rons or Google Pray.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

INVe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Companisation) Act (Cap. 169), Part IV of the Road Tomogon Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) and Motor Party Risks and Companisation).

0500610641

TAN CHONG CREDIT PYE LTD - NYJ

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

prile

8

OWNER/DRIVER IC & DRIVING LICENSE Pg. 1

\$782004GD

LEONG JIA ZHEN CINDY (LIANG JIAZHEN)

- 120951-

聚 家 積

CHINESE

13-07-1978 F SINGAPORE

*********** \$ 7 8 2 0 0 4 6 D LEONG JIA ZHEN CINDY (LIANG JIAZHEN) 84 Day 13 Jul 1978 Issue Ove. 29 Sep 2008



10-09-2008

APT BLK 460 JURONG WEST STREET 41 #10-308 SINGAPORE 640480 NRIC No: \$78200460 Dute: 04/06/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIS

NP 428A





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Jurong Police Divisional HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Report No. J/20180126/7003

Date/Time Report Made 26/01/2018 07:12	Vide Report No.			Station Diary No.	
Name Of Informant	Address			To a residence and a second se	
LEONG JIA ZHEN CINDY	APT BLK 480 JURONG WEST STR SINGAPORE 640480			ET 41 #10-306	
ID Type / ID No. NRIC NO / S7820046D	Contact No. Home/Office: Mobile: 81286678				
Nationality SINGAPORE CITIZEN	Email Address cleong 13@yahoo.com.sg				
Occupation	Sex	Age	Date of Birth	Race	
IT business process consultant/business analyst	Female	39	13/07/1978	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 26/01/2018 06:10	Location Of Incident 480 JURONG WEST STREET 41 #10-306 SINGAPORI 640480				

Brief details.

On 26 Jan 18 at 0610, I received a knock at my house door and saw 2 police officers. One of them is Sergeant Adli who claimed he was the driver of his police car(QX 561U). He mentioned that he parked his car at Neutral and his car started to reverse, in which bumped into my stationery car(SLT 8175D) in the carpark causing damage to my left bumper area. Upon arrival of the Traffic Police, I was given a CASE Card and the Report No is J/20180126/063.

Signature Of Informant:		
The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Date/Time: 26/01/2018 07:12		
Classification Of Case:		

Authentication Stamp





2012

POLICE REPORT (NP299)

10.44

CONTINUATION OF REPORT

Report No. J/20180126/7003

Victim	d				
Person Name LEONG JIA ZHEN CINDY					
ID Type	NRIC NO	ID No	S7820046D		
Gender	Female	Age	39		
Race	Chinese	Language	English		
Occupation	IT business process consultant/business analyst	Address Type			
Address	APT BLK 480 JURONG WEST STREET 41 #10-306 SINGAPORE 640480	Mobile No	81286678		
ls Informant A Victim?	Yes				

Signature Of Officer Recording The Report:	Signature Of Informant:	
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 26/01/2018 07:12	
Officer In-Charge Of Case:	Classification Of Case:	
Authentication Stamp		

ATTA! ABOUL RAHMAN

02/03/18

TAN CHONG MOTOR SALES PTE. LTD. 911, BUKIT TIMAH ROAD SINGAPORE 589623

ESTIMATE

ACCIDENT/BODY REPAIRS

WORKSHOP : BUKIT TIMAE

CONTACT NO

: 4694091

REFERENCE

: INS/IC/LAW/0085/2018

DATE

: 02-MAR-2018

SPF ACCIDENT CLAIMS SECTION POLICE LOGISTICS DEPARTMENT

NO.1 MOUNT PLEASANT ROAD

BLK 8 OLD POLICE ACADEMY S(298333)

TEL : 64784840

FAX : 64784848

MR QUEK SWEE CHOON

DIRECT SETTLEMENT

Hidday

OWNER CLAIMING LOSS OF USE / RENTAL

CAR AT WORKSHOP / CAR NOT AT WORKSHOP

KINDLY REVERT TO ME ASAP

EMAIL: lawrenceteo@tanchong.com

H/P:94568832

FAX: 64697472

OWNER'S NAME : HS LEONG JIA ZHEN CINDY (LIANG JIAZHEN)

ADDRESS

: BLK 480 JURONG WEST STREET 41

#10-306

S(640480)

TELEPHONE NO : 81286678

TYPE OF CLAIM : THIRD PARTY CLAIM

POLICY NO

r TP-QX561U

VEHICLE NO

: SLT8175D

MODEL CODE

: BDTARCZB17EWA----K

MODEL/YEAR

: NISSAN SYLPHY 1.6 (CVT) MY2017

ENGINE NO

: HR16917416C

CHASSIS NO

: MNTBBAB17Z0030970

MILEAGE

1 1 KM

DATE IN

: 02/03/2018

1 0.00

EXCESS CLAUSE r

0.00

ESTIMATE BY : LAWRENCE

ACCIDENT DATE : 26/01/2018

TAN CHONG MOTOR SALES PTE. LTD. BUKIT TIMAH W/SHOP SERVICE DEPARTMENT

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLT8175D

			ESTIMATED	SURVEYOR'S
\$/100	JOB CODE	NATURE OF JOB	CHARGES	RECOMMENDATION
1	PHI	FOCUS & ADJUST H/LAMP, RESET HORIZONTAL & VERTICAL	48.00	
		ALIGNMENT TO FACTORY SPECIFICATION	,	
2	PPI	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL \$120/PANEL X 02	248.00	120
3	SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	100.00	\times
4	22/001	REPAIR LH FRONT FENDER, LH SUPPORT AND RENEW FRONT BUMPER	1500.00	780
5	22/002	S/PAINT FRONT BUMPER, LH FRONT FENDER AND LH SUPPORT	1000.00	625
		TOTAL LABOUR CHARGES	2888.00	

TAN CHONG MOTOR SALES PTE. LTD. BUKIT TIMAH W/SHOF SERVICE DEPARTMENT

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLT8175D

DAMAGED PARTS & PRICES

	PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			re .
S/NO			NETT		S/NETT	REMARKS
1	SUNDRIES	NPN			2 100.00	
2	EMBLEM RAD GRIL	62890-1KA0A	59.70 7			
3	CLIP AIR GUIDE \$1.30 EA X 02	01553-09321	2.60			
4	GUIDE-TH	62823-3RA0A	175.50			
5	BRKT RAD RH	62396-3SB0A	20.507			
6	BRKT RAD LH	62397-3SB0A	15.20			
7	RAD GRILLE	62312-3SB0A	700.70			
В	CLIP BUMPER \$1.20 EA X 02	01553-10501	2.40 7			
9	BRKT APRON LOWER	62663-3ST0A	181.80 -			
10	ENERGY ABSORBER	62090-3ST0A	206.30			
11	REINFORCE-BUMPE	F2032-3STMH	512.40			
12	BRKT BUMPER LH	62225-3ST1A	21,10	/		
13	GROMNET BUMPER \$1.20 EA X 02	01281-01431	21,10 Ne	/		
14	FINISHER FR BUMPER POG LAMP	62257-9A75A			41.50	7.
15	FASCIA FR BUNDER	62022-9A76H			472.30	D€ ∕
16	GRILLE A FRT BUMPER	62254-9A75A			39.70	7.
1.7	FOG LAMP LH	B61E0-3STOA			559.40	7.
1.8	COVER A BUMPER	622A0-9A75H			6.50	?.
1.5	LAMP ASSY-LH	26060-3SB1C	473.40 CA	4/		
	SUB TOTAL		2374.00	0.00	1219.40	
	LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NE	TT00%)	474.80			
	GRAND TOTAL		1899.20		1219.40	
	OVERALL TOTAL		3118.60			

TAN CHONG MOTOR SALES PTE. LTD. BUKIT TIMAH W/SHOP SERVICE DEPARTMENT

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SLT8175D

TOTAL LABOUR CHARGES 2888.00

TOTAL SPARE PARTS CHARGES

GRAND TOTAL

6006.60 *

* All charges do2 not include GST.

NAME
SURVEYED DATE
AUTHORIZED DATE
EXCESS CLAUSE
LIABILITY
REMARKS

RAJUL - Hr 900/0068

REMARKS

RAJUL - Hr 900/0068

RUNNERS

RAJUL - Hr 900/0068

RAJUL -

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we

> LKK Auto Consultants hence noting the Repairer of the following:

- To resurvey before/after spray painting

shall inform you accordingly.

- To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice":
- No illegal modification(s) is allowed
- . Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Compa

Acknowledged by Repairer

Signature:

Date:



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

AUTOMOTIVE ENGINEERING & MGT DIVISION Ref : CS/SPF18004075/R1vbn2

ACCIDENT CLAIM SECTION (SINGAPORE POLICE FORCE) 1 MOUNT PLEASANT ROAD

Date: 11-04-2018

BLK 8 OLD POLICE ACADEMYSINGAPORE 298333



	Policy Particula	rs :- THIRD PARTY CLA	IM	
Insured Veh.	QX 561U	Veh. Inspected	SLT 8175D	
Policy No.		Coverage (\$)	0.00	
Claim No.	AEMD/105/009/2018/021	Excess (\$)	0.00	
Assign From	ABDUL RAHMAN	Assign Date	02/03/2018	
2.	Vehicle Pa	rticulars & Condition		
Make & Model	NISSAN SYLPHY 1.6 CVT	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	MNTBBAB17Z0030970	Colour	BLUE	
Odometer	4177	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3.	Conc	ditions of Tyres		
	Size	Make	Balance	
R/H Front Tyre	195/60 R16	BRIDGESTONE	6 mm	
L/H Front Tyre	195/60 R16	BRIDGESTONE	6 mm	
R/H Rear Tyre	195/60 R16	BRIDGESTONE	6 mm	
L/H Rear Tyre	195/60 R16	BRIDGESTONE	6 mm	
4.	Descri	ption of Damages	No. 3 Property is	
THE VEHICLE SU	ISTAINED DAMAGES AT THE	N/S FRONT PORTION.		
DAMAGES SEE D	DETAILS.			
5.	Gene	eral Information	阿斯斯岛地名	
Accident Date	26/01/2018	Inspection Date	08/03/2018	
Survey held at	TAN CHONG MOTOR SALE	S PTE LTD		
	911, BUKIT TIMAH RD, SINGAPORE 589623.			
5a.	Remarks			
B)THE INSPECTI	HAS NOT SEND IN FOR REPA ON WAS CONDUCTED ON A"\ ICE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BA	SIS. ISED REPAIRS.	
5b.	Estima	ate Days of Repair		
ESTIMATED NO	RMAL PERIOD FOR REPAIR:	3 Working Da	ivs	



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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLT 8175D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	EMBLEM RAD GRIL (N)	* CHECK	59.70	
2	CLIP AIR GUIDE @\$1.30 (N)	* CHECK	2.60	
	GUIDE-LH (N)	* CHECK	175.50	_
1	BRKT RAD RH (N)	* CHECK	20.50	
1	BRKT RAD LH (N)	* CHECK	15.20	_
1	RAD GRILLE (N)	* CHECK	700.70	-
2	CLIP BUMPER @\$1.20 (N)	* CHECK	2.40	-
1	BRKT APRON LOWER (N)	* CHECK	181.80	_
1	ENERGY ABSORBER (N)	* CHECK	206.30	
1	REINFORCE-BUMPE (N)	* CHECK	512.40	
1	BRKT BUMPER LH (N)	NECESSARY	21.10	21.10
2	GROMMET BUMPER @\$1.20 (N)	NECESSARY	2.40	2.40
1	LAMP ASSY-LH (N)	CRACKED	473.40	473.40
	LESS 20% DISCOUNT		-474.80	-99.38
	at it and transfer a country. Addition that the property of the country of the co		1,899.20	397.52
	SPECIAL NETT ITEMS			
1	SUNDRIES (SN)	* CHECK	100.00	-
1	FINISHER FR BUMPER FOG LAMP (SN)	* CHECK	41.50	
1	FASCIA FR BUMPER (SN)	DEFORMED	472.30	472.30
1	GRILLE A FRT BUMPER (SN)	* CHECK	39.70	
1	FOG LAMP LH (SN)	* CHECK	559.40	-
1	COVER A BUMPER (SN)	* CHECK	6.50	-
	NO.200 - 20 96 96		1,219.40	472.30
	LABOUR			
	FOCUS & ADJUST H/LAMP, RESET HORIZONTAL & VERTICAL ALIGNMENT TO FACTORY SPECIFICATION.		48.00	48.00
	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL.		240.00	120.00
	APPLY SEALANT TO ALL AFFECTED PANEL JOINT & RESEAL NECESSARY AREA.	NOT NECESSARY	100.00	
	REPAIR LH FRONT FENDER, LH SUPPORT AND RENEW FRONT BUMPER.		1,500.00	780.00

Report Ref No. CS/SPF18004075/R1vbn2



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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	S/PAINT FRONT BUMPER,LH FRONT FENDER AND LH		1,000.00	625.00
	SUPPORT.		2,888.00	1,573.00
	GRAND TOTAL		6,006.60	2,442.82

RECOMMENDED COST OF REPAIRS	2,442.82
(REPAIR COST NOT CONCLUDE)	
(EXCLUDE CHECK ITEMS S\$2,248.78 NETT)	

Report Ref No. CS/SPF18004075/R1vbn2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.