

INS CASE OWNER

CC3/AIG1600

4474, KWB3SR

LKK
IDAC

Surveyor:

DOI:

ASSIGNMENT

11/7/16

Date / Time

Registered in Merimen

Pre-assign / CCU / FTE



Insured Vehicle No

SGF 1853J

Name of Insured

Insured Tel No

HP:

Excess Sec II :SS

D.O.A:

06/7/16

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No:

(V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SGJ67776

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st)	
	Non-Reporting ltr (2nd)	
	Non-Reporting ltr (Final)	
	Notification ltr (if non-pickup)	
14/3/16	Call OI	15/3/16 ELL
15/3/16	After call ltr to OI	16/4/16
15-03-16	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	
	After call ltr to OI	
	Authorisation To Act	
	Release Voucher	
	Final Repair Bill	
	Car Rental Invoice	
	Towing Invoice	
	LTA / GIA	
	Medical Bill	
	PIR:	
	Mandate/Reject Instruction:	
	LOD	
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	
PRELIMINARY ADVICE Date/Time	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 25/10/16	Confirm with: Tetherium	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: %	(Agreed / Assessed) BOLA S/N No.: 27	If NO or B 28, Ass. Lia:
Repair Cost: S\$ 5519.93		
Loss of Rental (LOR): S\$ 1027.20	(8 days) X 120 + GST	
Loss of Use (LOU): S\$	(\$ x days)	
Loss of Income (LOI): S\$	(\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search: S\$ 2.00		
Medical: S\$		
Disbursement: S\$	(e.g. Tow/Independent)	
Legal Cost: S\$		
Total: S\$ 6549.13	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 5521.93	Name 1: Motor Image Enter prises Pte Ltd	
Payee 2 (Strike if N.A.): S\$ 1027.20	Name 2: BKW Rent - A - Car Pte Ltd	
Payee 3 (Strike if N.A.): S\$	Name 3:	

NO Bill

/SS. REC. BY:

REF:

160064221 Ewb3

Kannerh

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

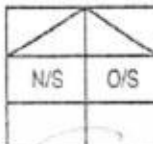
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: _____

Yr Regn: _____

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

Truck / Trailer or _____

Make: _____

C.C. _____

Colour: _____

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

D.O.I. _____

Survey held at _____

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

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

Date / Time Action / Instruction

1/13 24 hrs. ready

1/13 24 hrs. ready

28/1/17 Confirmed I.B. 2 B 51,58.80 with 7 working days

(Red. \$6145.20
54.1)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐ : Site Insp (\$

\$ - RS \$)

☐ : Interview (\$

Photos

☐ : Tech Invs (\$

Others

☐ : Weekend (\$

Report Format :

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

TOTAL




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			
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CC3/AIG16004424/wb3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 08-03-2016	
		Code : AIG	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGF 1853J	Veh. Inspected	SGJ 6777S
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	08/03/2016
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	06/03/2016	Inspection Date	
Survey held at	MOTOR IMAGE ENTERPRISES PTE LTD 19 TOA PAYOH LORONG 8 SINGAPORE 319255		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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	07/03/2016 10:21
Date Of Accident	06/03/2016 14:00
Exact Location Of Accident	SLIP ROAD FROM CLEMENTI AVE 2 TWDS WEST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ6777S
Insured/Policyholder	
Name Of Registered Owner	YEUNG HOK WAI
NRIC No	S7670568B
Email Address	georgehk@hotmail.com
Mobile Phone No	(LOCAL) +65-97654374
Alternative Phone No	Others-97654374
Vehicle Particulars	
Manufacturer	SUBARU
Model	LEGACY SEDAN 2.0I AWD CVT ABS AIRBAGS
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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA046645
Cover Note Number	
Driver	
Name of Driver	YEUNG HOK WAI
NRIC No	S7670568B
Date Of Birth	13/04/1976
Occupation	Indoor
Date Of Driving Pass	06/10/1998
Driving Experience	17 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-97654374
Fax Number	
Contact Number	Others-97654374
Email Address	georgehk@hotmail.com

Address
 Postcode
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Owner
 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 (TP Hit Insured)
 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) 4

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

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGF1853J
 Vehicle Make/Model/Colour TOYOTA / COROLLA
 Details Of Properties
 Name of Driver YIP CHEE HUNG
 NRIC/Passport Number S1291906I
 Contact Number 97337893

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLANIMPORTANT NOTICE

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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

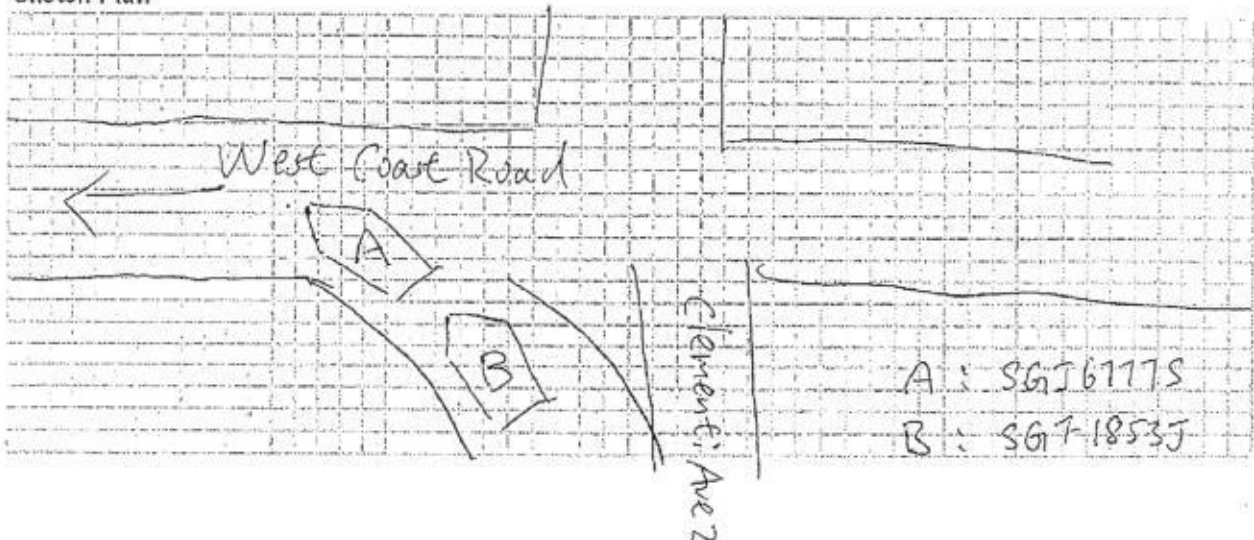
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

67/03/2016

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 06/03/2016, about 2pm, while I stopped at the junction turning from Clement Ave 2 into West Coast Road, waiting for road clearance. Once the road is clear, I accelerated and turn into West Coast Road. Suddenly, there is a car, SGF 1853J hit my car from behind. The driver admitted it was his mistake and has given me a written notice.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

07/03/2016

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



Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	07/03/2016 14:16
Date Of Accident	06/03/2016 14:00
Exact Location Of Accident	WEST COAST RD & CLEM AVE 2 JUNCT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF1853J
Insured/Policyholder	
Name Of Registered Owner	YIP CHEE HUNG
NRIC No	S1291906I
Email Address	YIP_CHEEHUNG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97332893
Alternative Phone No	Office-97332893

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
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	100624659
Cover Note Number	

Driver

Name of Driver	YIP CHEE HUNG
NRIC No	S1291906I
Date Of Birth	15/01/1958
Occupation	Indoor
Date Of Driving Pass	03/12/1984
Driving Experience	31 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-97332893
Fax Number	
Contact Number	Office-97332893
Email Address	YIP_CHEEHUNG@HOTMAIL.COM

Address	81 WEST COAST CRESCENT #18-08
Postcode	126794
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - FRONT PORTION
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 AS ATTACHED

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ6777G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	YEUNG HOK WAI
NRIC/Passport Number	S7670568B
Contact Number	97654374
Address	
Postcode	
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

Details of Witness


Name	
Phone Number	
Email Address	


Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

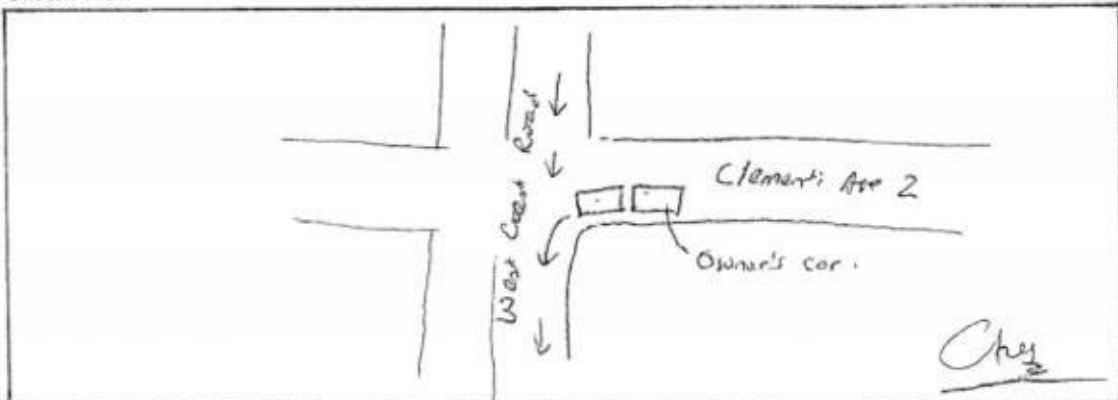
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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.

 7/3/2016
Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 6 March 2016 at 2pm, I was driving along Clementi Ave 2 and was preparing to turn into West Coast Road. As there was no on-coming cars from West Coast Road, I expected the driver Mr. Yeung Hok Wai (NRIC: 576705688, Car: SGJ 6777G) to turn. However, his car was stationary at the junction. My car hit the rear bumper of his car. At that moment, there were no visible damage to other parts of Mr. Yeung's car except for the dented bumper. Mr. Yeung reported, and I confirmed by looking into the car, that there were no injuries to Mr. Yeung, his wife and two little children.

Chyi

Declaration

We declare the foregoing particulars are true in every respect.

Chyi 7/3/2016

Policyholder's Signature / Date & Time

Chyi

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

Witnessed by Reporting Centre Personnel



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Yip Chee Hung
VEHICLE NUMBER : SGF 1853 J.
DATE/TIME OF ACCIDENT : 6/8/2016 - 1400 hrs.
PLACE OF ACCIDENT : West Coast Road. at Clementi Ave 2 Junction.
THIRD PARTY VEHICLE (IF ANY) : SGJ 6777 G.

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Started journey from Clementi, on the way home.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Veh A - front
veh B - Rear.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO.

Cheung
Name: Yip Chee Hung.

I Affirmed The Above Information Is Given To My Best Knowledge.



HOTLINE TEL: 653 6419-3000
FAX: 653 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 133)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1959
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

TOYOTA AUTO PROTECTOR

CERTIFICATE NO. 0100624659-09000

(The following is subject to G.S.S.)

OWN DAMAGE EXCESS S\$500.00 (1)

WINDSCREEN EXCESS S\$100.00

(Windscreen excess is waived if the motor is kept at Same Motor's Workshop)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SGF1853J
2) NAME OF INSURED Yip Chee Hung
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 3 Apr 2015
4) DATE OF EXPIRY OF INSURANCE 2 Apr 2016
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured.

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

This policy will indemnify the Insured or any authorised driver only if he/she meets the age conditions.

An "Elderly, Young and/or Inexperienced Driver Excess" ("EYIDR") of an additional sum of S\$3,000.00 in addition to the

Policy Excess applies to You and an Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is above the age of 65, below the age of 23 and/or has less than 2 year's 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, pacemaking, 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.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6631 1188)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837110) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethos - 22 Tampines St 82 (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479550) 7. Lai Huet (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64535110)

8. Nova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kallit Bukit Ave 6 Bldg D (Tel: 67476105)

LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details

* NAMED DRIVER Grace Yip En Hui

HIRE PURCHASE COMPANY The Hongkong and Shanghai Banking Corporation Ltd

EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 5 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 6 Mar 2015

AIG Asia Pacific Insurance Pte. Ltd.

030210-126
INCHCAPE AUTO TOYOTA-LK1AWN
33 LENG KEE ROAD
SINGAPORE 159102

AUTHORISED REPRESENTATIVE

ORIGINAL

IASADT

Co. Reg. No. 2010034004

REPUBLIC OF SINGAPORE DRAWING LICENCE

License Number: S12919061

Name: YIP CHEE HUNG

Date of Birth: 15 Jan 1958

Issue Date: 16 Dec 2002

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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S12919061

Name: YIP CHEE HUNG

叶 焯 汉

Race: CHINESE

Date of Birth: 15-01-1958

Sex: M

Country of Birth: SINGAPORE





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

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

PASS DATE: 03-Dec-2004

AP 428A

License No: S12919061



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S12919061

81 WEST COAST CRESCENT #15-00
SINGAPORE 126794

NRIC No: S12919061 Date: 31/01/2015

36-07-1994




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

