

22/03/2002

ASS. REC. BY:

REF: CS/U0018019812/11vbn2 Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Chun Li Si

of

UOT

Date/Time: 31.10.2018 10:12am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJP 6299M

Insured:

Public Liability

at Workshop m/s

Weornes

Tel:

9129 4556

of

249 Alexandra Rd

Policy No:

Claim No:

L11D53471811

Sum Insured:

Excess:

Make of Veh:

D.O.A. 12/10/2018

(Client's Record)

07.11.2018 @ 10am - 12pm

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS 'wp'

Date/Time: 31.10.2018 11:13am

Person Contacted:

Michelle

Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate
	SJP 6299M - x
	Public Liability - x
12/11/18 @ 233pm	Michelle said vehicle under repair
15/11/18	Final fig \$1950 confirmed by email (Red 1500, 4390)

Signature: *Taufan*

REF:

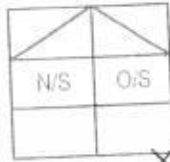
u01

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 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: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

No Key.

RECEIVED 15 NOV 2018

Veh No: SJP 6299M Yr Regn: 2016 Aug
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: V. / v. S. D. C.C. 1498
 Colour: Grey A/C: _____ Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
 Eng/No: 5V1FS28C0624.13805
 C/No: _____
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/55R16
 R: 17
 BS / DUN / EXNOVA / GY / FS / LIZA / MITO / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: 6 mm R/Bal. 6 mm
 L/Bal. 6 mm
 D.O.A.: _____
 Survey held at: Wearner Alexandra
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

1) 15/11 - typist

Report Format:

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

TP
1950/2

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Invs (\$)
☐ Weekend (\$)

Survey Fee.
 Transportation.

☐ S. & P. (\$)
☐ Photos
☐ Green
 TOTAL

190
60
12
262

Catherine Chong (LKK Auto)

From: CHAN LI SI <lisi@uoi.com.sg>
Sent: Wednesday, 31 October, 2018 10:12 AM
To: Michelle Ong Siew Bee
Cc: assignments@lkkauto.com; 'SUR'
Subject: RE: Direct Settlement - Our Ref: SJP6299M ; Your Insured: GANTRY POLE LOCATED AT BLK 268 BT BATOK CARPARK HDB U19 EXIT 2 DOA 12/10/2018 @ ARD 1550HRS UOI's claim ref: L11D55471811

Dear Michelle,

I believe you meant 7th Nov 2018.

We have arranged for the survey on 7th Nov.

Dear Bernice - LKK,

As spoken, please arrange WP survey on the vehicle.

Regards,

Chan Li Si

Executive
Claims

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9330 | Fax • (65) 6327 3869 | Email • lisi@uoi.com.sg

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From: Michelle Ong Siew Bee [mailto:michelle.ong@wearnes.com]
Sent: Wednesday, 31 October, 2018 10:04 AM
To: CHAN LI SI <lisi@uoi.com.sg>
Subject: RE: Direct Settlement - Our Ref: SJP6299M ; Your Insured: GANTRY POLE LOCATED AT BLK 268 BT BATOK CARPARK HDB U19 EXIT 2 DOA 12/10/2018 @ ARD 1550HRS UOI's claim ref: L11D55471811
Importance: High

Dear Li Si,

Please arrange for survey on 7th Oct 2018 (Wednesday) between 10am to 12pm.

Kindly confirm the appointment in writing on urgent basis.

Thanks.

Best regards,

Michelle Ong

Wearnes Automotive Pte. Ltd.

249 Alexandra Road Singapore 159103
M (65) 9129 4556 F (65) 6264 7137
www.wearnes.com michelle.ong@wearnes.com

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From: CHAN LI SI <lisi@uoi.com.sg>

Sent: Monday, October 29, 2018 9:10 AM

To: Michelle Ong Siew Bee <michelle.ong@wearnes.com>

Subject: RE: Direct Settlement - Our Ref: SJP6299M ; Your Insured: GANTRY POLE LOCATED AT BLK 268 BT BATOK CARPARK HDB U19 EXIT 2 DOA 12/10/2018 @ ARD 1550HRS UOI's claim ref: L11D55471811

Dear Michelle,

We refer to your email on 27 October 2018.

We are agreeable to explore direct settlement on the following conditions:

- 1) That you would abide by the recommendation provided by our appointed surveyor on costs of repairs and.
- 2) That we shall not be held liable for any delay caused at your end due to your inability to obtain the spare parts to carry out the repair to your client's vehicle within the reasonable period of time.

For the pre repair inspection, we propose surveyor LLK Auto Consultants Pte Ltd. Please confirm if you are agreeable so that we can make the necessary arrangements with LKK.

Thank you.

Regards,

Chan Li Si

Executive
Claims

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
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From: Michelle Ong Siew Bee [<mailto:michelle.ong@wearnes.com>]

Sent: Saturday, 27 October, 2018 1:11 PM

To: CHAN LI SI <lisi@uoi.com.sg>

Subject: RE: Direct Settlement - Our Ref: SJP6299M ; Your Insured: GANTRY POLE LOCATED AT BLK 268 BT BATOK CARPARK HDB U19 EXIT 2 DOA 12/10/2018 @ ARD 1550HRS UOI's claim ref: L11D55471811

Importance: High

Dear Li Si,

Please advise on liability clearance on urgent basis.

Thanks.

Best regards,

Michelle Ong
Service Consultant
Bodyshop & Paint

Wearnes Automotive Pte. Ltd.
249 Alexandra Road Singapore 159103
M (65) 9129 4556 F (65) 6264 7137
www.wearnes.com michelle.ong@wearnes.com

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From: CHAN LI SI <lisi@uoi.com.sg>
Sent: Tuesday, October 23, 2018 2:10 PM
To: Michelle Ong Siew Bee <michelle.ong@wearnes.com>
Subject: RE: Direct Settlement - Our Ref: SJP6299M ; Your Insured: GANTRY POLE LOCATED AT BLK 268 BT BATOK CARPARK HDB U19 EXIT 2 DOA 12/10/2018 @ ARD 1550HRS UOI's claim ref: L11D55471811

Without Prejudice

Dear Michelle,

We refer to your email dated 22 October 2018.

We are the public liability insurers of Secure Parking Singapore and the above captioned incident was notified to us on 18 October 2018.

We are currently investigating the matter and will revert soon.

Regards,

Chan Li Si

Executive
Claims

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9330 | Fax • (65) 6327 3869 | Email • lisi@uoi.com.sg

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From: LEW JENNY
Sent: Tuesday, 23 October, 2018 12:47 PM
To: CHAN LI SI <lisi@uoi.com.sg>

Subject: FW: Direct Settlement - Our Ref: SJP6299M ; Your Insured: GANTRY POLE LOCATED AT BLK 268 BT BATOK CARPARK HDB U19 EXIT 2 DOA 12/10/2018 @ ARD 1550HRS
Importance: High

Dear Lisi

FYA

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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From: Michelle Ong Siew Bee [<mailto:michelle.ong@wearnes.com>]
Sent: Monday, 22 October, 2018 6:54 PM
To: LEW JENNY <jennylew@uoi.com.sg>; LEE KATIE <katielee@uoi.com.sg>
Subject: Direct Settlement - Our Ref: SJP6299M ; Your Insured: GANTRY POLE LOCATED AT BLK 268 BT BATOK CARPARK HDB U19 EXIT 2 DOA 12/10/2018 @ ARD 1550HRS
Importance: High

Dear Sirs,

We refer to the above matter.
Attached for Direct Settlement.
Kindly revert asap.

Best regards,

Michelle Ong
Service Consultant
Bodyshop & Paint

Wearnes Automotive Pte. Ltd.
249 Alexandra Road Singapore 159103
M (65) 9129 4556 F (65) 6264 7137
www.wearnes.com michelle.ong@wearnes.com

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Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Thursday, 15 November 2018 12:53 PM
To: 'Michelle Ong Siew Bee'; Taufikh (LKKAUTO); SUR
Subject: RE: FINAL BILL for SJP6299M

Dear Michelle,

WITHOUT PREJUDICE

Confirm amount \$1950 before GST @ 3 working days.

Kindly send Final invoice and all supporting documents to UNITED OVERSEAS INSURANCE LTD.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Michelle Ong Siew Bee <michelle.ong@wearnes.com>
Sent: Wednesday, 14 November 2018 6:43 PM
To: Taufikh (LKKAUTO) <Taufikh@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: FINAL BILL for SJP6299M
Importance: High

Dear Taufikh,

Please refer to Final Bill as attached.

Best regards,

Michelle Ong
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte. Ltd.
249 Alexandra Road Singapore 159103
M (65) 9129 4556 F (65) 6264 7137
www.wearnes.com michelle.ong@wearnes.com

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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 liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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	19/10/2018 17:21
Date Of Accident	12/10/2018 15:50
Exact Location Of Accident	BLK 268 BT BATOK CARPARK HDB U19 EXIT 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6299M
Insured/Policyholder	
Name Of Registered Owner	CHUA KOK CHING
NRIC No	S7028931H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96607175
Alternative Phone No	OTHERS-96607175

Vehicle Particulars

Manufacturer	VOLVO
Model	S60-1.5 T2 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	2100478507-02
Cover Note Number	

Driver

Name of Driver	CHUA KOK CHING
NRIC No	S7028931H
Date Of Birth	14/08/1970
Occupation	INDOOR
Date Of Driving Pass	04/07/1990
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96607175
Fax Number	
Contact Number	OTHERS-96607175
Email Address	NOEMAIL

Address	BLK 194B BUKIT BATOK WEST AVENUE 6 #12-243
Postcode	652194
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
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: : WENG QING YING
	GENDER: : FEMALE

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 attachments.

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	
Vehicle Make/Model/Colour	
Details Of Properties	GANTRY POLE
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	96729909
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised 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: 12 Oct 2018 Time: 15:50hrs.

Exact Location of Accident

B1C 768 at Batok Carpark
HDB 119 Exit 2

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJP 6299M

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Chua Kok Ching

Personal Identification - NRIC (Singaporean/PR)

S7028931H

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer Volvo Model S60

Type of Vehicle*

☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others

Exact Purpose for which vehicle was being used at time of accident

Social

Are you claiming under your own insurance policy for repair to your vehicle?

☐ Yes ☒ No (If No, Pls select: ☒ Third Party ☐ Reporting)

Vehicle Category*

☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *

ALH

Type of Policy

☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☒ No

Policy Number

2100478507-02

Motor CI

DRIVER

☒ Same as Insured above

Name of Driver

Chua Kok Ching

Personal Identification - NRIC (Singaporean/PR)

S7028931H

- FIN/Passport Number

Date of Birth

14 dd/ 08 mm/ 1970

Driving Date Pass

04 dd/ 07 mm/ 1990

Year of Driving Experience

Year(s)

Month(s)

Occupation

☒ Indoor ☐ Outdoor

Gender

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No

9660 7775

Address of Driver		B1E K4B St Batoe West Ave 6 #12243		Postcode (652194)
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		Owner		
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)		Hit by property		
Weather Conditions		<input checked="" type="radio"/> Clear <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No		
Number of Passengers (Including Driver)		402		
DETAILS OF POLICE ACTION				
Was the Accident reported to the Police?		<input type="radio"/> Yes <input checked="" 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				
Vehicle Make/ Model/ Colour				
Details of Properties				
Name of Driver Supervisor				
Personal Identification - NRIC (Singaporean/PR)				
- FIN/Passport Number				
Contact Number (Supervisor)		9672 9409		
Address				
Name of Insurance Company		UOL		
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:

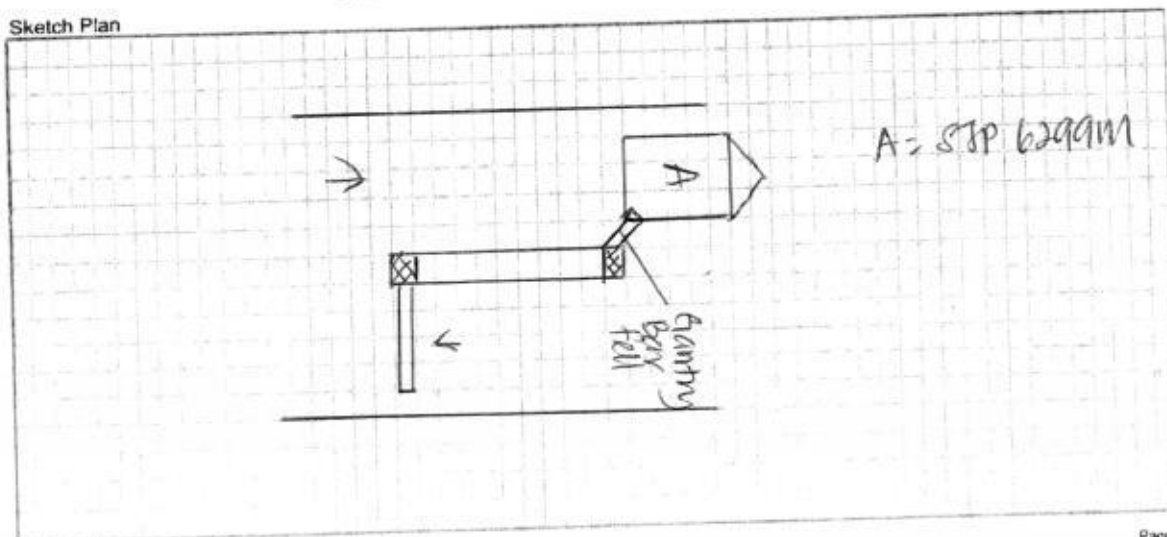
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 firms/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' law firms/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 law firms/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


I was Exiting the Carpark of BKK 708 Bt Batok Carpark HDB U19 Exit 2. When the gantry opened, I proceed to exit the carpark. After I drove out of the carpark exit, the gantry pole fell off from the stand and hit onto the rear bumper of my vehicle. The impact caused scratches on my rear bumper.

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

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

Witnessed by Reporting Centre Personnel

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : CHUA KOK CHING
Period of Insurance : 10 Aug 2018 To 09 Aug 2019
Engine No. : B4154T51618341
Chassis No. : YV1FS28C0G2415803

Vehicle No. : SJP6299M
Policy No. : 2100478507-02
Endorsement No. :
Issued Date : 26 Jul 2018

ABOUT THE COVER

Make/Model : VOLVO S60 T2
Engine Capacity/Tonnage : 1,498.00 CC
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.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2016
Insuring with COE/PARF : Yes

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

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 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHUA KOK CHING - \$800 (Own Damage)

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

1. Wearnies Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304890 63789350.

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: OCBC Bank Ltd

I/We 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 Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503485744

WEARNES AUTOMOTIVE - FFL (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Monile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPOCC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7028931H



Name
CHUA KOK CHING
蔡国清
Race
CHINESE
Date of Birth
14-08-1970
Country of Birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

S7028931H

CHUA KOK CHING

Valid Date 14 Aug 1970
Issue Date 04 Aug 2008





NRIC No. S7028931H



Blood Group Date of Issue
O+ 08-03-1994

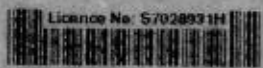
APT BLK 194B BUKIT BATOK WEST AVENUE 6 #12-243
SINGAPORE 652194
NRIC No: S7028931H Date: 13/12/2016

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	15 Aug 1988
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Jul 1990
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	11 Feb 1997

NP 426A

Licence No: S7028931H



SERVICE ESTIMATE

85482 - C00001 SL: SERVICE SALES - PC

Mr Chua Kok Ching
Blk 180 Yung Sheng Road
#13-109

Singapore 610180

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date. : 22/10/2018

WIP No. : 33968

Veh.In/Out:

*Tel.No. : Mobile: 96607175

Reg.No. : SJP6299M

Reg.date : 10/08/2016

Mileage : 0

Chassis No: YV1FS28C0G2415803

Closed by : Michelle Ong Siew Be

Svc Consultant :

Remarks : Mr Chua Kok Ching

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
-------	-------------	------	-----	-------	-------	-----	--------	---

802	TO REPAIR REAR BUMPER	0		1600.00	0		1,600.00 S	800
800	TO PUTTY SPRAY PAINT ON	0		1400.00	0		1,400.00 S	700
REAR BUMPER								
280	TO CHECK WIRING INCLUDE	0		450.00	0		450.00 S	✓
RESETTING OF ALL ELECTRICAL								
MODULES								

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Labour Total	3,450.00
Parts Total	0.00
Package Total	0.00

Gross Total. 3,450.00

Net..... 3,450.00

GST @ 7.0% 241.50

Total..... 3,691.50

Paid..... 0.00

Please Pay.. 3,691.50

GST: S=StdRated; 0=OutOfScope; Z=ZeroRated

SERVICE ESTIMATE

0 - U00001
 UNITED OVERSEAS INSURANCE LTD.
 3 ANSON ROAD
 #28-01 SPRINGLEAF TOWER
 SINGAPORE 079909

SL: UNITED OVERSEAS INSURANCE LTD.

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1
 Inv.date. : 13/11/2018
 WIP No. : 33968
 Veh.In/Out: 07/11/2018 09/11/2018
 *Tel.No. : 6222 7733
 Reg.No. : SJP6299M
 Reg.date : 10/08/2016
 Mileage : 21,497
 Chassis No: YV1FS28C002415803

Closed by : Michelle Ong Siew Be
 Svc Consultant : ACC
 Remarks : Mr Chua Kok Ching

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPAIR REAR BUMPER	0		800.00	0		800.00	S ✓
800	TO PUTTY SPRAY PAINT ON REAR BUMPER	0		700.00	0		700.00	S ✓
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0		450.00	0		450.00	S ✓

Gross Total. 1,950.00
 Net..... 1,950.00
 GST @ 7.0% 136.50
 Total..... 2,086.50
 Paid..... 0.00
 Please Pay.. 2,086.50

Labour Total 1,950.00
 Parts Total 0.00
 Package Total 0.00

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 Automobile

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI18019812/T1vbn2

3 ANSON ROAD #28-01
SPRINGLEAF TOWER SINGAPORE 079909

Date : 20-11-2018



Code : UOI2

Policy Particulars :- THIRD PARTY CLAIM

1.	Insured Veh.	PUBLIC LIABILITY	Veh. Inspected	SJP 6299M
	Policy No.		Coverage (\$)	0.00
	Claim No.	L11D55471811	Excess (\$)	0.00
	Assign From	CHAN LI SI	Assign Date	31/10/2018

Vehicle Particulars & Condition

2.	Make & Model	VOLVO S60	c.c	1498
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	YV1FS28C0G2415803	Colour	GREY
	Odometer	-	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		

Conditions of Tyres

3.		Size	Make	Balance
	R/H Front Tyre	215/55 R16	MICHELIN	6 mm
	L/H Front Tyre	215/55 R16	MICHELIN	6 mm
	R/H Rear Tyre	215/55 R16	MICHELIN	6 mm
	L/H Rear Tyre	215/55 R16	MICHELIN	6 mm

Description of Damages

4.	THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
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General Information

5.	Accident Date	12/10/2018	Inspection Date	07/11/2018
	Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935		

Remarks

5a.	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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Estimate Days of Repair

5b.	ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJP 6299M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REPAIR REAR BUMPER.		1,600.00	800.00
	TO PUTTY SPRAY PAINT ON REAR BUMPER.		1,400.00	700.00
	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES.		450.00	450.00
			3,450.00	1,950.00
	GRAND TOTAL		3,450.00	1,950.00
	RECOMMENDED COST OF REPAIRS			1,950.00

Report Ref No. CS/UOI18019812/T1vbn2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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