

Our Reference: S5356CD/7015560
Your Reference: SHB6331

By Email / Mail

09 April 2019

INDIA INTERNATIONAL INSURANCE PTE LTD C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING S5356CD & SHB6331 ON 06 Feb 2019.

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		11,977.92
Loss Of Use-issue to owner	120.00 x 7 days	840.00
Others		
TOTAL		12,817.92

Kindly let us have your offer to Christine.yow@wearnes.com

Your soonest reply is much appreciated. Thank you.



Yours faithfully
Christine Yow
D (65) 6430 4899
Wearnes Automotive Pte Ltd
Bodyshop and Paint Division
249 Alexandra Road
Singapore 159935

This is a computer generated printout, no signature is required.

(PAYMENT BREAKDOWN)

Vehicle No	:	55356 CD (Insd veh)	Model	:	Volvo XC60
	:	4HE 63314 (TP veh)			
Date of Accident	:	06.02.19			

Global Sum Settlement	:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Liability	:	100 %	(Agreed/Assessed)

Repair Estimate	:	\$ 18327.40	
Final Repair Cost	:	\$ 11977.92	
Loss of Use	:	\$ 840.00	07 days at \$ 120 per day
Rental (if any)	:	\$	days at \$ (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 12817.92	

Remarks: _____

Payment Instruction: Payee's Breakdown		
1)	Weavels Automotive p/l	: \$ 12817.92
2)		: \$
3)		: \$
4)		: \$

SERVICE TAX INVOICE

0 - I00012	SL: INDIA INTERNATIONAL INSURANCE	GST Reg.No:M28920628X
INDIA INTERNATIONAL INSURANCE		
64 CECIL ST	Inv.No. : B&P 7015560	Page 1
#04-05 IOB BUILDING	Inv.date. : 14/03/2019	
SINGAPORE 049711	WIP No. : 52545	
	Veh.In/Out: 22/02/2019 09/03/2019	
	*Tel.No. : 6347 6100	
	Reg.No. : S5356CD	
Closed by : Derek Oh Siong Wee	Reg.date : 01/01/2015	
Svc Consultant : ACC	Mileage : 15,455	
Remarks : Mr Zhong Shijun	Chassis No: 156 745154 15	

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,REAR LOWER SPOLIER,REAR SKID PLATE, REAR SENSOR,REAR END PANEL, ETC	0	2400.00	0		2,400.00	S
800	TO PUTTY SPRAY PAINT ON REAR BOOT LID,REAR BUMPER,REAR LOWER SPOLIER,REAR END PANEL,ETC	0	2100.00	0		2,100.00	S
802	TO REMOVE & INSTALL REAR BOOT COMPARTMENT PARTS	0	1200.00	0		1,200.00	S
280	TO CHECK WIRING INCLUDE RESETING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
039855021	BUMPER COVER REAR XC	1.0 EA	1454.80	10		1,309.32	S
039821607	BUMPER MOULDING REAR	1.0 EA	243.90	10		219.51	S
039827146	BUMPER SPOILER REAR	1.0 EA	434.30	10		390.87	S
031323971	TAIL PIPE BRACKET RH	1.0 EA	44.10	10		39.69	S
031425019	SKID PLATE RIM RH XC	1.0 EA	253.00	10		227.70	S

SERVICE TAX INVOICE

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Closed by : Derek Oh Siong Wee	Reg.date. : 01/01/2015	
Svc Consultant : ACC	Mileage . : 15,455	
Remarks : Mr Zhong Shijun	Chassis No: 156 745154 15	

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
030763440	BUMPER BRACKET REAR	1.0	EA	73.90	10		66.51	S
031323764	BUMPER BRACKET RHR X	1.0	EA	66.10	10		59.49	S
031371445	SPOILER BRACKET REAR	1.0	EA	18.00	10		16.20	S
031323779	PROTECT PLATE REAR X	1.0	EA	1149.70	10		1,034.73	S
031201127	PARK HOLDER KIT XC60	1.0	EA	36.20	10		32.58	S
030764400	PARK ASSIST, REAR XC	1.0	EA	1267.80	10		1,141.02	S
036002411	ADHESIV CHEMICAL	1.0	EA	334.20	10		300.78	S
039876170	EXTERIOR ADHESIVE GL	1.0	EA	142.20	10		127.98	S
031479529	REFLECTOR LAMP REAR	1.0	EA	86.60	10		77.94	S

Gross Total. 11,194.32

Labour Total	6,150.00	Net.....	11,194.32
Parts Total	5,044.32	GST @ 7.0%	783.60
Package Total	0.00	Total.....	11,977.92
		Paid.....	0.00
		Please Pay..	11,977.92

GST: S=StdRated; O=OutOfScope; Z=ZeroRated
 Enquiries must be lodged within 14 days from the invoice date
 This is a computer generated invoice. No signature is required.

Derek Oh Siong Wee

From: Vic (LKKAUTO) <vicalpeh@lkkauto.com>
Sent: Wednesday, 20 February, 2019 2:06 PM
To: Derek Oh Siong Wee
Cc: Admin A; assignments; Vic (LKKAUTO)
Subject: RE: DIRECT SETTLEMENT FOR S5356CD AND SHB6331A *** LKK REF: CC4/III19002714/ha3

WITHOUT PREJUDICE

Dear Derek,

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both party, the liability is clear subject to the BOLA guideline settlement.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle and admission of any liability to our Insured's part. The final repair cost is subjected to the consistency of the damages according to the nature of the accident. And the days of LOU/ LOR will be based on the number of days of repair as recommended by our surveyor and approved by our principal.

Kindly forward the LOD and all supporting documents to us if available to proceed with the settlement.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

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From: Derek Oh Siong Wee [<mailto:derek.oh@wearnes.com>]
Sent: Friday, 15 February, 2019 3:08 PM
To: Vic (LKKAUTO)
Cc: CS A Team; Admin A; assignments; Mei Kwan (LKKAUTO)
Subject: RE: DIRECT SETTLEMENT FOR S5356CD AND SHB6331A *** LKK REF: CC4/III19002714/ha3
Importance: High

Hi

Any update

Best Regards,

Derek Oh
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4895 M (65) 9818 7217
www.wearnes.com derek.oh@wearnes.com

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From: Derek Oh Siong Wee
Sent: Thursday, 14 February, 2019 7:42 AM
To: 'Mei Kwan (LKKAUTO)' <Meikwan@lkkauto.com>
Cc: Vic (LKKAUTO) <vicalpeh@lkkauto.com>; CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>;
assignments <assignments@lkkauto.com>
Subject: RE: DIRECT SETTLEMENT FOR S5356CD AND SHB6331A *** LKK REF: CC4/III19002714/ha3
Importance: High

FYA

Best Regards,

Derek Oh
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4895 M (65) 9818 7217
www.wearnes.com derek.oh@wearnes.com

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From: Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>
Sent: Wednesday, 13 February, 2019 8:08 PM

To: Derek Oh Siong Wee <derek.oh@wearnes.com>

Cc: Vic (LKKAuto) <vicalpeh@lkkauto.com>; CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>; assignments <assignments@lkkauto.com>

Subject: RE: DIRECT SETTLEMENT FOR S5356CD AND SHB6331A *** LKK REF: CC4/III19002714/ha3

'WITHOUT PREJUDICE'

SAVE AS TO COSTS

Dear Sir / Madam,

We refer to the above matter.

Please provide us the following and arrange for TP survey..

- **evidence i.e. video/ scene photo**
- **estimated cost of repair**
- **TP GIA report**

Please take note that the case handler in-charge Vic and he can be contacted at DID: 6841 2096.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

From: Derek Oh Siong Wee [<mailto:derek.oh@wearnes.com>]

Sent: Tuesday, February 12, 2019 2:57 PM

To: Motor Claim - III <motorclaim@iii.com.sg>

Cc: Zuhaidah Samsuri <aida@iii.com.sg>

Subject: RE: DIRECT SETTLEMENT FOR S5356CD AND SHB6331A

Importance: High

Hi

Please assign LKK Auto Consultants Pte Ltd for the survey, thank you

Best Regards,

Derek Oh

Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd

249 Alexandra Road Singapore 159935

D (65) 6430 4895 M (65) 9818 7217

www.wearnes.com derek.oh@wearnes.com

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

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Tuesday, 12 February, 2019 2:27 PM
To: Derek Oh Siong Wee <derek.oh@wearnes.com>
Cc: Zuhaidah Samsuri <aida@iii.com.sg>
Subject: RE: DIRECT SETTLEMENT FOR S5356CD AND SHB6331A

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Best Regards,
Gabriel Wee



64 Cecil Street; #05 - IOB Building
Singapore 049711
Tel: 6347 6100, Ext – 248

From: Derek Oh Siong Wee [<mailto:derek.oh@wearnes.com>]
Sent: 12 February, 2019 1:29 PM
To: Motor Claim - III <motorclaim@iii.com.sg>
Subject: DIRECT SETTLEMENT FOR S5356CD AND SHB6331A
Importance: High

Hi

Please refer to the above attachment and check if possible for direct settlement

Best Regards,

AUTHORIZATION TO ACT

I, Zhang Shijun ("the third party Claimant")
of 150 Nanpin rd S(247969) (address),
owner of S 5356 CD (vehicle no.)
hereby authorize Hearnes Automotive P/L ("The workshop")
to act for me with respect to my claim for repair costs and / or rental and / or loss of use
("claim") for my Vehicle No. S 5356 CD that was damaged
pursuant to the accident which occurred on 06.02.19 (date) along
1860g Mohel Sultan rd (location)
involving Vehicle No/s SAB 6331A ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this 07 day of 02 (month) 20 19 (year)



Signed by "the third party claimant"



Signed by "the workshop"

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	07/02/2019 20:59
Date Of Accident	06/02/2019 17:00
Exact Location Of Accident	ALONG MOHD SULTAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S5356CD
Insured/Policyholder	
Name Of Registered Owner	ZHONG SHIJUN
Passport No/FIN	G1487211L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91283479
Alternative Phone No	OTHERS-91283479

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1522911803
Cover Note Number	

Driver

Name of Driver	ZHONG SHIJUN
Passport No/FIN	G1487211L
Date Of Birth	04/08/1976
Occupation	INDOOR
Date Of Driving Pass	17/04/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91283479
Fax Number	
Contact Number	OTHERS-91283479
Email Address	NOEMAIL

Address	150 TANGLIN RD
Postcode	247969
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 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 (including own vehicle) involved in the accident	2
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH

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	SHB6331A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SINGAPORE ACCIDENT STATEMENT

Uoian 2011

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-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: 06/02/19 Time: 1700
Exact Location of Accident	Along moud Sultan rd

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SS356 LD
-----------------------------	----------

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Zhong Shijun
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	G 1487211L
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer Volvo Model XC60 72
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input checked="" type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others
Exact Purpose for which vehicle was being used at time of accident	Personal
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	Uoian Paiping
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	PMPCSN1522911803
Motor CI	

DRIVER

	<input checked="" type="radio"/> Same as Insured above	
Name of Driver	Zhong Shijun	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	G 1487211L	
Date of Birth	04 dd/ 08 mm/ 1976/yy	
Driving Date Pass	17 dd/ 04 mm/ 2015/yy	
Year of Driving Experience	Year(s)	Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	91283479	

Address of Driver	150 Panglima rd
	Postcode (247969)
Email Address	No email
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)	parked & found damaged
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____

OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Number of Passengers (Including Driver)	0

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	Refer to police report
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	SHB 6331A
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	TU
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' 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

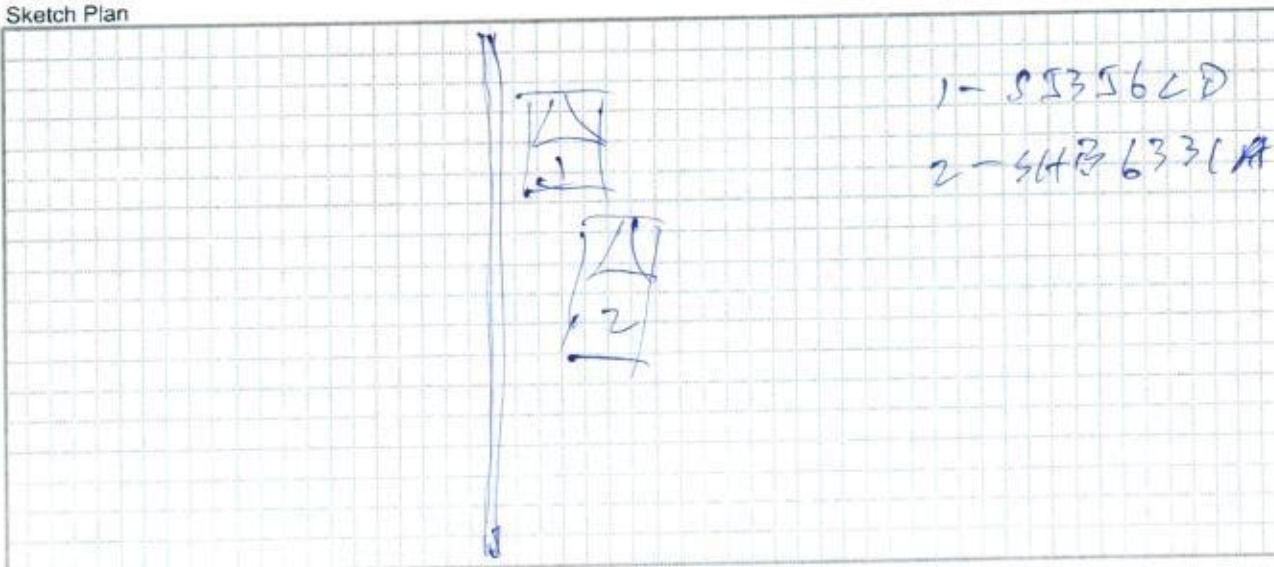
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

7/2
Policyholder's Signature / Date & Time

7/2
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

Refer to police report.

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.

James 7/2
Policyholder's Signature / Date & Time

James 7/2
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20180207/2042

1 of 3

Police Station Of Origin:
Bukit Timah N.P.C.
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20180207/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2019 12:15		Vide Report No.		Station Diary No. 54
Informant's Particulars				
Name of Informant: ZHONG SHIJUN		Address: 150 TANGLIN ROAD CHINA EMBASSY SINGAPORE 247969		
ID Type / ID No. FIN NO. / G1487211L		Contact No. Home/Office:		Mobile: 91283479
Nationality: CHINESE		Email:		
Sex: Male	Age: 42	Date of Birth: 04/08/1976	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: DEPUTY MILITARY ATTACHE		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 06/02/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 MOHAMED SULTAN ROAD			
Parking Lot along the road side			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
S5356CD	Car	VOLVO	XC60 T5 A/T 2.0	White	Slightly Damaged	0
SHB6331A	Car	MERCEDES BENZ	E 220 CDI BLUEEFFICIENCY	White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20190207/2042

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Report No. T/20190207/2042

CONTINUATION OF REPORT

Driver			
Name	ZHONG SHIJUN	ID No.	G1487211L
Related Vehicle	S5356CD (Car)	Contact No.	91283479
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
Driver			
Name	Lim Thiam wei	ID No.	S6933143B
Related Vehicle	SHB6331A (Car)	Contact No.	96968667
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.

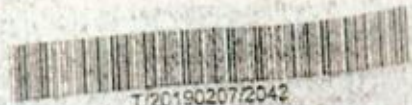
I am an diplomat.

On 06/02/19 at 0430pm I was driving my white Volvo vehicle (S5356CD) and I parked my vehicle along the roadside lot at muhd sultan road. I then left the vehicle and went to do my stuff. I got back to my vehicle at 0520pm I discovered that there was a taxi driver white Mercedes SHB6331A waiting for me. He informed me that he had hit my rear right vehicle bumper. I went over to take a look and discovered that my vehicle had a dent and scratches on my vehicle. We then exchange particular and left.

I was informed by the insurance company to lodge a police report as my vehicle is an diplomat vehicle. I am lodging this report for insurance claims. The accident happened around 0430pm - 0520pm



**SINGAPORE
POLICE FORCE**



T/20190207/2042

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Report No. T/20190207/2042

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report:

E /

Sgt 2 TEE PENG SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/02/2019 12:15

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



**SINGAPORE
POLICE FORCE**

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

**中国太平保险(新加坡)有限公司**

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

MX1E

R SN

DR0348A

Cov.Type: C

MOTOR PRIVATE CAR

R

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No:

DMPCSN1522911803

Engine No :B4204T111194404

ChaNo:YV1DZ40LDF2745154

1. Index Mark and Registration

Number of Vehicle

S5356CD

AUTOSAFE

2. Name of Policy Holder

ZHONG SHIJUN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

26 May 2018

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance:

25 May 2019

Ex Sect. I - Age <= 25..... S\$3,000.00

Ex Sect. I - Age >= 26..... S\$500.00

* Age as at date of accident

5. Persons or Classes of Persons entitled to drive*

EX ON WINDSCREEN S\$100.00

(a) The Policyholder.

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

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. Limitations as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, 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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

* Limitations rendered inoperative by Section 8 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Jsmn

Authorised Officer

Authorised Signatory

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number: **G 1487211 L**
Name: **ZHONG SHIJUN**

Birth Date: **04 Aug 1976**
Issue Date: **17 Apr 2015**
Valid Till: **16 Apr 2020**


 002417436J



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

	EFFECTIVE DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	17 Apr 2015

NP 428A

 Licence No: G1487211L