

Date : 22/2/19

To : India International Insurance

Fax No : \_\_\_\_\_

Attn : Motor Claims Department

Dear Sir / Mdm

Accident involving SLK5182A and SHC3992G on 21/2/19.

I am the owner of vehicle no. SLK5182A. My vehicle was damaged in the above accident by your insured vehicle no. SHC3992G.

My vehicle is presently at :

Kah Motor Co Sdn Bhd  
15 Ubi Road 4 (S) 408610 (✓)  
6A Mandai Estate (S) 729903 ( )

Kindly arrange for your surveyor to inspect my vehicle at the above premises within 2 days from the date hereof, failing which, I shall instruct my repairer to proceed with the repairs and all invoices will be forwarded to you for settlement.

Enclosed are the repairs estimate and relevant supporting documents for your easy perusal.

I shall be grateful if you could kindly settle the cost of repair directly with the repairer Kah Motor Co Sdn Bhd.

I look forward to receiving your confirmation of settlement.

Thank You.

Yours Faithfully,

  
\_\_\_\_\_  
(Signature of vehicle owner)

Name : Li Shao Yan

NRIC No : S8329670D

**KAH MOTOR CO. SDN. BHD.**

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

**QUOTATION**

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

**Customer** : INDIA INTERNATIONAL INSURANCE  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE 049711

**Registration No** : SLK5182A

**Chassis No** : MRHGM6660HP000478

**Model** : CITY 1.5SV CVT 2017

**Owner's Name** : LI SHAOYAN

**Ins Policy No.** :

**Date of Accident** : 21/2/2019

**Document No.** : SQT19000852 **Page** 1

**Date** : 22. Feb 2019

**Customer No.** : WZI007

**Svc Advisor** : LIEW THYE WEI

**Engine No** : L15Z14114322

**Date | Time** : 22. Feb 2019 8:58:45 AM

**Surveyor Name** :

**Survey Date** :

**Authorisation Date** :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
	TP DIRECT SETTLEMENT (J/NO: ) OWNER: LI SHAO YAN OWNER INSURER: LIBERTY INSURANCE PTE LTD ACC DATE: 21/2/19 SURVEYED BY: DATE: REF NO: TP INSURER: INDIA INTERNATIONAL INSURANCE PTE LTD TP VEH: SHC3992G						
71101-T9A-T00ZZ	FACEFR.BUMPER	1	459.80	25	344.85	24.14	368.99
91505-TM8-003	CLIP,BUMPER	13	2.30	25	22.42	1.57	23.99
71198-T9A-T00	SPACERL.FR.BUMPER SIDE	1	10.40	25	7.80	0.55	8.35
71193-T9A-T00	SPACERR.FR.BUMPER SIDE	1	10.40	25	7.80	0.55	8.35
71140-T9A-T00	BEAMR.FR.BUMPER UPPER	1	27.50	25	20.62	1.44	22.06
71102-T9A-T50	GARNISHR.FR.FOGLIGHT	1	23.60	25	17.70	1.24	18.94
33100-T9A-T01	HEADLIGHT ASSY,R	1	324.10	25	243.07	17.01	260.08
	<b>Sum Item</b>				<b>664.26</b>	<b>46.50</b>	<b>710.76</b>
BOSUN	SUNDRIES	1	30.00		30.00	2.10	32.10
BML01I	INSPECT FR LIGHTING MECHANISMS & FOCUS	1	80.00		80.00	5.60	85.60
BKBH01S	STRAGHTEN ALIGN BULKHEAD & RENEW DAMAGE PARTS.	1	900.00		900.00	63.00	963.00
BP02R	SPRAY PAINTING ON BUMPER AND RIGHT FRONT FENDER.	1	1300.00		1300.00	91.00	1391.00
	<b>Sum Labor</b>				<b>2310.00</b>	<b>161.70</b>	<b>2,471.70</b>

Survey By \_\_\_\_\_

Date & Time \_\_\_\_\_

Excess \_\_\_\_\_

**Total Amount** 2,974.26 208.20 3,182.46

**Total (Inclusive of GST)** 3,182.46



# QUOTATION

## KAH MOTOR CO. SDN. BHD.

(A Member of the Oriental Holdings Berhad)

Service and Body Repair

Tel: +65 6841 3838

Website: www.honda.com.sg

For 24-hours Roadside Assistance, Call 98203838

GST Reg No.: M200050223

Company Ref. No.: S60FC1380G

**Customer** : INDIA INTERNATIONAL INSURANCE  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE 049711  
**Registration No** : SLK5182A  
**Chassis No** : MRHGM6660HP000478  
**Model** : CITY 1.5SV CVT 2017  
**Owner's Name** : LI SHAOYAN  
**Ins Policy No.** :  
**Date of Accident** : 21/2/2019

**Document No.** : SQT19000852 **Page** 2  
**Date** : 22. Feb 2019  
**Customer No.** : WZI007  
**Svc Advisor** : LIEW THYE WEI  
**Engine No** : L15Z14114322  
**Date | Time** : 22. Feb 2019 8:58:45 AM  
**Surveyor Name** :  
**Survey Date** :  
**Authorisation Date** :

Item	Description	Qty	Unit Price	Disc %	Amount	0% GST Amount	Amount incld GST
Status							
Signature							

Printed on 22/2/2019 9:07:55 AM

This is a computer generated invoice. No signature is required.

Part prices are subjected to change without notice.

The above estimated cost of repair do not include any unforeseen damages.

GST Amount is calculated from individual line(s)

## 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	21/02/2019 17:38
Date Of Accident	21/02/2019 05:30
Exact Location Of Accident	BLK 178 ANG MO KIO AVE 4 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5182A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LI SHAO YAN
NRIC No	S8329670D
Email Address	LRONCHE83@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91519421
Alternative Phone No	OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V00812 / VPC2 / R01
Cover Note Number	

### Driver

Name of Driver	LI SHAO YAN
NRIC No	S8329670D
Date Of Birth	02/10/1983
Occupation	INDOOR
Date Of Driving Pass	19/04/2004
Driving Experience	14 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91519421
Fax Number	
Contact Number	OTHERS-NOPHONE
EMail Address	LRONCHE83@YAHOO.COM

Address	BLK 178 ANG MO KIO AVE 4 #10-933
Postcode	560178
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
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHMENT POLICE REPORT NUMBER: T/ 20190221 / 2109

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3992G
Vehicle Make/Model/Colour	/ TAXI / BLUE
Details Of Properties	REAR
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)


## Sketch Plan Pg. 1

Vehicle Number: SLK5182A

### 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 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 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) 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.
  - (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:
    - (i) 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.

  
Policyholder's Signature


Date & Time: 1639

21/02/19

\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### Sketch Plan Pg. 2

Vehicle Number: SLK5182A

### SKETCH PLAN

This image shows a full page of blank graph paper. The grid consists of small, uniform squares formed by thin, light gray lines. There are no margins, text, or other markings on the page.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please refer to Police Report Number: T/20190221/2109

## DECLARATION

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

Policyholder's Signature

Date & Time: 21/02/19  
1645

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_





**SINGAPORE  
POLICE FORCE**



T/20190221/2109

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190221/2109

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/02/2019 16:20			Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>						
Name of Informant: LI SHAOYAN			Address: APT BLK 178 ANG MO KIO AVENUE 4 #10-933 KEBUN BARU LINK 2 SINGAPORE 560178			
ID Type / ID No.: NRIC NO / S8329670D			Contact No.: Home/Office: Mobile: 91519421			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 35	Date of Birth: 02/10/1983	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: Exhibition/Conference/Event planner			Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/02/2019 05:30	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO AVENUE 4  NEAR TO BLOCK 178 CARPARK ANG MO KIO AVE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3992G	Car					0
SLK5182A	Car	HONDA	CITY 1.5 SV CVT	Red		0



**SINGAPORE  
POLICE FORCE**



T/20190221/2109

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190221/2109

**CONTINUATION OF REPORT**

**Brief Details.**

ON ABOVE MENTION LOCATION , DATE AND TIME

THIS TAXI(SHC3992G) HIT AND RUN MY VEHICLE @ 5.30 AM TODAY. FROM MY CAR CAM THE TAXI HIT MY CAR WHEN REVERSING AND HIT TWICE.



**SINGAPORE  
POLICE FORCE**



T/20190221/2109

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190221/2109

**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:  
TP /  
NG JUN JIE

Signature Of Interpreter:  
Not applicable

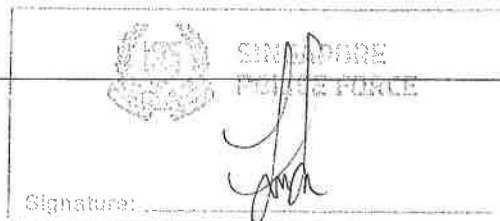
Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt TAN JEOK LENG  
Contact No.: 65476144

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
21/02/2019 16:20

Classification Of Case:



PUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8329670D**

Name: **LI SHAOYAN**

Birth Date: **02 Oct 1983**

Issue Date: **19 Jan 2004**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8329670D**



Name

**LI SHAOYAN**

**李 绍 雁**

Race

**CHINESE**

Date of birth

**02-10-1983**

Sex

**F**

Country of birth

**SINGAPORE**

3863895

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

PASS DATE

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

**19 Jan 2004**



3863895

NRIC No. **S8329670D**



Date of issue

**08-04-2006**


Address

**APT BLK 178 ANG MO KIO AVENUE 4  
#10-933  
SINGAPORE 560178**

NP 428A

## 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)

<b>Certificate No</b>	SD19V00812 /VPC2 /R01
<b>Form</b>	MX1
<b>Date of Issue</b>	10-JAN-2019
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLK5182A
<b>2.Chassis number of Vehicle:</b>	MRHGM6660HP000478
<b>3.Name of Policyholder:</b>	LI SHAOYAN
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	19-JAN-2019 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	18-JAN-2021 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
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.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
<b>7.Limitations as to use*:</b>	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<b>8.The Policy does not cover:</b>	
A) Use for hire or reward.	
B) Use for racing, pace-making, reliability trials or speed-testing.	
C) Use for the carriage of goods (other than samples) in connection with any trade or business.	
D) Use for any purpose in connection with the Motor Trade.	
*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).	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, NCD Protection
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$600, Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	DBS BANK LTD
<b>PRODUCER NAME:</b>	KAH MOTOR COMPANY SDN BERHAD

SCJC/SCJC/10-JAN-19

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

10-JAN-19