

1-800-288-2222

ASS. REC. BY: Mr. Jim REF: CS3/ALG19000547/Bqd37 <sup>Ver</sup> 37 Send Instruction

Surveyor: Monahan Angie Geo of ALG ASSIGNMENT (Office) Date/Time: 19/03/2019

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: YN9396D Insured: SLV 5671Y

at Workshop m/s: SMD Auto Tel: 9738 8183

of: 1 kaki 3rd Ave 6 # 01-08

Policy No: \_\_\_\_\_ Claim No: 14379096548G

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A: 08/01/2019

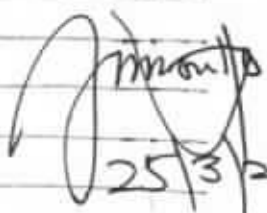
(Client's Record)

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

Date/Time: 22pm 09/11/18 Person Contacted: Soon H.O.D. Endorsement: \_\_\_\_\_

Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate
	<u>YN9396D - X</u>
	<u>SLV 5671Y - X</u>
<u>21/3/19</u>	<u>Submit LS to 6550, 6 days (Red to 07/200, 58%)</u>

  
25/3/2019

RECEIVED 25 MAR 2019

REF:

AIG

PRS

## ASSIGNMENT

Event

Date

09/11/19

Veh No.

YN 9396D

Vt Rego

1/10/2015

Estimated Cost

Type: M/Car / M/Cycle / Bus / Van / ~~Truck~~ / Taxi / Prime Mover /OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To inspect Vehicle No.

YN 9396D

Make

MITSUBISHI CANTER

CC 2998

at Workshop no.

SMD Auto

Colour

WHITE

A/C

Insured / Std / NI / NA

of

1 Kaki Bkt Ave 6 # 01-08

Sp Reading

132652

T/Radio

Insured / Std / NI / NA

Insured

Autobay

EngNo.

4P10B73022

Policy No.

ChNo.

FEB71EA10143

Claims No.

Gen. Cond: Good / Fair / ~~Poor~~ / Burnt

Sum Insured

Excess

Steering: ~~Inorder~~ / Jammed / Leaked / Burnt or

(Client's Record)

Brake: ~~Inorder~~ / Jammed / Leaked / Burnt or

Make of Veh.

Mr. Soong 9738 8183

Mod: ~~NA~~ / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size:

F: 215/75R/17.5

R: 215/75R/17.5

Remark: The veh had commenced its repair at the time of inspection.



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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Report

Consistent? Yes or No

R/Bal.

5

mm

R/Bal.

5

mm

GIA / PR. Seer

Consistent? Yes or No

L/Bal.

5

mm

L/Bal.

5

mm

Est. Repairs:

6

days

Res:

Yes or No

D.O.A.

D.O.A.

09/01/19

Lump Sum:

%

3 Val:

Yes or No

Survey held at

SMD Auto

CA / REV / REP. / 24 HRS

up?

Des. of Damages: ~~Frt~~ / Rear / O/S / N/S / UIC / Rooftop or

Date:

Person Contacted

Vehicle: IN / OUT

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

Date / Time Action / Instruction

MV 57, 000/2

PV 18, 000/2

NV 39, 000/2

Terim Lin  
10/1/19

Date/Time: File Pass to?



: Prel. Report

Days Of Repair:

6

H



: Final Report

Resurvey No. of Trip:

-

Survey Fee:

180

Date/Time: File Return to?

Transportation

S + RS 54

Photos

Videos

Extra

TOTAL

20

200

Report Format:

DAR

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

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

## Nivitha (LKK Auto)

---

**From:** Gan, Angiegeokling <Angiegeokling.Gan@aig.com>  
**Sent:** Tuesday, 19 March 2019 10:05 AM  
**To:** irene@centrollc.com.sg; 'Sainthan'  
**Cc:** 'SUR'; assignments@lkkauto.com; 'Catherine Chong (LKK Auto)'  
**Subject:** RE: RE-INSPECTION // Your ref: CLLC.PD.104.2018 ; Our ref: 1437909654SG-007 [Acc invlg SLV5671Y & YN9396D on 8/1/19]

### WITHOUT PREJUDICE

Dear Irene,

We apologize that the previous handler of this case failed to request for re-inspection earlier.

I have just taken over the file hence my request for re-inspection came this late.

Per your request, we will let LKK proceed with paper re-survey. However please note that LKK may not be able to produce their report in time for the bulk settlement meeting this Thursday. If so, we would have to remove this file from this Thursday's meeting.

We shall keep you posted.

**Aside to LKK, please proceed with paper re-survey. Will forward documents shortly.**

Thank you.

Best Regards,

Angie Gan  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

AIG Building, 78 Shenton Way, #08-16, Singapore 079120  
Tel +(65) 6419 1013  
[Angiegeokling.Gan@aig.com](mailto:Angiegeokling.Gan@aig.com) | [www.aig.sg](http://www.aig.sg)

**AIG Asia Pacific won General Insurance Company of the Year at the 22nd Asia Insurance Industry Awards.**  
**[Click here to find out more.](#)**

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**From:** irene@centrollc.com.sg [mailto:irene@centrollc.com.sg]  
**Sent:** Monday, March 18, 2019 5:15 PM  
**To:** Gan, Angiegeokling <Angiegeokling.Gan@aig.com>; 'Sainthan' <sainthan@centrollc.com.sg>  
**Cc:** 'SUR' <sur@lkkauto.com>; assignments@lkkauto.com; 'Catherine Chong (LKK Auto)' <admin-d@lkkauto.com>  
**Subject:** RE-INSPECTION // Your ref: CLLC.PD.104.2018 ; Our ref: 1437909654SG-007 [Acc invlg SLV5671Y & YN9396D on 8/1/19]

**WITHOUT PREJUDICE**

Dear Angie,

We have arranged this file for the bulk settlement on Thursady and LOD was last month.

As such, please assign your survryor to do a paper resurvey so we can proceed with the negotiate without further delay.

Thank you.

Regards,

*Irene Seow*

**Centro-Legal Law Corporation Advocates & Solicitors**

151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel : 6235 0633  
Fax : 6235 6939  
Hp : 90301020

---

**From:** Gan, Angiegeokling <Angiegeokling.Gan@aig.com>

**Sent:** Monday, 18 March 2019 4:54 PM

**To:** 'Sainthan' <sainthan@centrollc.com.sg>; irene@centrollc.com.sg

**Cc:** 'SUR' <sur@lkkauto.com>; assignments@lkkauto.com; Catherine Chong (LKK Auto) <admin-d@lkkauto.com>

**Subject:** RE-INSPECTION // Your ref: CLLC.PD.104.2018 ; Our ref: 1437909654SG-007 [Acc invlg SLV5671Y & YN9396D on 8/1/19]

**Importance:** High

**WITHOUT PREJUDICE**

Dear Sirs,

We refer to your LOD for above matter.

We wish to conduct re-inspection on your client's vehicle YN9396D.

Kindly advise the preferred date and time at least one week in advance and arrange with our surveyor in copy.

*Aside to LKK, for your necessary action please. Documents will follow shortly.*

Thank you.

Best Regards,

Angie Gan  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

AIG Building, 78 Shenton Way, #08-16, Singapore 079120  
Tel +(65) 6419 1013  
[Angiegeokling.Gan@aig.com](mailto:Angiegeokling.Gan@aig.com) | [www.aig.sg](http://www.aig.sg)

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# Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant\_as@yahoo.com.sg

RCB No. 53138015K

## Automobile Inspection Report

To: A-Sonic Logistics Pte Ltd c/o Blk 1 Kaki Bukit Ave 6 #01-08 Autobay@Kaki Bukit Singapore 417883		Date : 16/01/2019	Reference No : CAS/19-01/034
<b><u>General Information</u></b>			
Registration No.	: YN 9396D		
Accident Date	: 08/01/2019		
<b><u>Particulars of Damaged Vehicle</u></b>			
Colour	: White	Make & Model	: Mitsubishi Canter FEB71ER4SDEC
Engine Capacity	: 2998 cc	Pre-Accident Condition	: Good
Mileage (KM)	: 132652	Engine No.	: 4P10B73022
Chassis No.	: FEB71EA10143	Steering	: In Order
Registration Date	: 01/10/2015	Brake	: In Order
<b><u>Tyre Condition</u></b>			
	Size	Make	Balance
R/H Front Tyre	215/75R17.5	BRIDGESTONE	50%
L/H Front Tyre	215/75R17.5	FIRENZA	90%
R/H Rear Tyre	215/75R17.5 (D)	BRIDGESTONE	50% / 50%
L/H Rear Tyre	215/75R17.5 (D)	BRIDGESTONE	50% / 50%
<b><u>Inspection</u></b>			
Repairer	: SMD Auto Pte Ltd Blk 1 Kaki Bukit Ave 6, #01-08 Autobay@Kaki Bukit, Singapore 417883		
<b><u>Adjustment And Recommendation Cost Of Repair</u></b>			
Repairer's Estimate	: \$24,095.94		
Revised Amount	: \$15,750.00		
Less Excess	: -		
Nett Total	: \$15,750.00		
<b><u>Remarks</u></b>			
(A) Survey was done on 09/01/2019			
(B) Re-survey was done on 10/01/2019			
(C) Re-survey after repair was done on 14/01/2019			
(D) The survey was conducted entirely on WITHOUT PREJUDICE basis.			
(E) We have NOT given any instruction to authorize the repair of the vehicle.			

NOTE: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage/item in this survey, kindly notified the company within 7 (seven) days from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

**Constant Appraiser Services**

Vehicle No : YN 9396D

Our ref : CAS/19-01/034

**Adjustment On Repair Costs And Replacement Of Parts:**

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
<u>PARTS REPLACEMENT - LIST ITEMS</u>					
1	1pc	Front panel	Dented/Warped	2,658.34	<del>2,658.34</del> 1,631.68
2	1pc	Front bumper	Dented/Twisted	1,631.68	<del>1,631.68</del> 813.54
3	2pcs	Front bumper side @ \$406.77	Grazed/Deformed	813.54	<del>813.54</del> 451.36
4	2pcs	Front bumper bracket @ \$225.68	Bent/Twisted	451.36	<del>451.36</del> 582.75
5	1pc	Front corner panel RH	Mounting Broken	582.75	<del>582.75</del> 1,355.06
6	1pc	Front grille	Broken	1,355.06	<del>1,355.06</del> 98.38
7	1pc	Front grille emblem 'Canter'	Necessary	98.38	<del>98.38</del> 75.81
8	1pc	Front grille emblem 'logo'	Necessary	75.81	<del>75.81</del> 110.80
9	1pc	Front grille bracket	Twisted	110.80	<del>110.80</del> 1,844.76
10	2pcs	Headlamp @ \$922.38	Broken	1,844.76	<del>1,844.76</del> 20.70
11	2pcs	Headlamp lower seal @ \$20.70	O/S Torn	41.40	<del>41.40</del> 251.60
12	1pc	Headlamp panel RH	Dented/Twisted	251.60	<del>251.60</del> 511.88
13	2pcs	Front side lamp @ \$255.94	O/S Broken	511.88	<del>511.88</del> 612.62
14	2pcs	Front signal lamp @ \$306.31	Broken	612.62	<del>612.62</del> 61.20
15	1pc	Mirror bracket cover RH	Broken	61.20	<del>61.20</del> -
16	1pc	Front door RH	Repair	3,654.39	<del>3,654.39</del> 186.92
17	1pc	Front door hinge bottom RH	Dented/Bent	186.92	<del>186.92</del> -
18	1pc	Front door hinge top RH	Repair	186.92	<del>186.92</del> -
19	1pc	Front door weatherstrip RH	Not Necessary	491.91	<del>491.91</del> -
20	1pc	Front door pillar RH	Dented/Twisted	2,275.58	<del>2,275.58</del> -
21	1pc	Front step garnish RH	Grazed/Cut	215.76	<del>215.76</del> -
22	2pcs	Cabin front mounting @ \$1,325.97	Dented/Twisted	2,651.94	<del>2,651.94</del> 1,895.25
23	1pc	Cabin mounting support beam	Dented/Bent	1,895.25	<del>1,895.25</del> 3,785.40
24	1pc	Steering pump assy	Shaft Bent/Jammed	3,785.40	<del>3,785.40</del> -
				26,445.25	21,835.39
Less 25%				(6,611.31)	(5,458.84)
Sub total				19,833.94	16,376.55
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>					
1	1pc	Front no plate	Damaged	40.00	<del>40.00</del> 250.00
2	1set	Front panel & front-door advertisement	Necessary	250.00	<del>250.00</del> 24.00
3	1set	Front grille clip	Necessary	24.00	<del>24.00</del> -

**Constant Appraiser Services**

Vehicle No : YN 9396D

Our ref : CAS/19-01/034

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
		<u>PARTS REPLACEMENT – SPECIAL NETT ITEMS (CONT'D)</u>			
4	4ltrs	Steering pump fluid @ \$22.00	Necessary	88.00	<del>88.00</del> 60.00
			Sub total	20,235.94	16,778.55
		<u>LABOUR &amp; MISC. CHARGES</u>			
1		Repair & replace damaged parts		1,200.00	<del>1,000.00</del> 600.00
2		Spray paint affected area		1,000.00	<del>800.00</del> 400.00
3		To repair, straighten & realign back chassis frame		800.00	<del>500.00</del> 300.00
4		To lift up cabin in order to repair chassis frame		600.00	<del>450.00</del> 200.00
5		Remove & refix door mechanism		100.00	<del>70.00</del> 0.00
6		Check wiring & refocus headlamp		60.00	20.00
7		Spray paint rust on affected area		100.00	60.00
			Grand total	24,095.94	19,678.55
Recommended cost of lump sum repair (To its pre-accident condition)					15,750.00


**Adjustment/Recommendations**

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a lump sum of **\$15,750.00** on a contractual basis. Under normal circumstances, the repair period would be about **6 (Six)** working days.

Yours faithfully,

**Constant Appraiser Services**

  
 Lim Yong Tian (Sebastian)  
 Licensed Appraiser  
 Adv. Dip. In Mechanical Engineering (AUS)  
 MSAAA



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report **ACCIDENTS** the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as **TRUE** and **ACCURATE** as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. This form and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any data reported may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the QRA Members Insurance Claims Department by the General Insurance Association of Singapore (GIAS) for endorsing and final copies of this report will, for a fee, be made available upon application by interested parties.
7. Any judgement of this report to the insurers, who hereby consent to the endorsing of this report and to copies of this report being made available elsewhere.

**ACCIDENT INFORMATION**

Date Of Report 06/01/2019 17:57  
Date Of Accident 06/01/2019 14:05  
Exact Location Of Accident HOUGANG AVENUE 3  
Country/State of Loss SINGAPORE

**VEHICLE INFORMATION**

Vehicle Registration Number TNR298D  
Insurance Policyholder A-SONIC LOGISTICS PTE LTD  
Name Of Registered Owner 198206201G  
Co Reg No MANNKARAN@A-SONIC-CARID@LUS.COM  
Email Address  
Mobile Phone No OFFICE 43241155  
Alternative Phone No

**VEHICLE PARTICULARS**

Manufacturer MITSUBISHI  
Model CANTER  
Exact Purpose for which vehicle was being used at time of accident  
Are you claiming under your own insurance policy? NO  
If No, Please state action to be taken

**VEHICLE CATEGORY**

THIRD PARTY  
COMMERCIAL VEHICLE

**Insurance Company**

Name of Insurance Company SCAMP INSURANCE SINGAPORE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 018MTFCVE02482  
Cover Note Number 01/152018 TO 20092019

**Driver**

Name of Driver SEAH CHOONG MENG (SHE JUNMING)  
NRIC No S7217294H  
Date Of Birth 12/15/1972  
Occupation OUTDOOR  
Date Of Driving Pass 01/01/1999  
Driving Experience 20 YEARS AND 0 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-83345983  
Fax Number  
Contact Number  
Email Address

**Notes**

NOISSUAL

APT BLK B22 HOUGANG AVE 4 #04-328 (S) S10K62

Address  
Postcode

Was driver an employee of the Insurer's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident**

Type Of Accident

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

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) 1

**Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER WITH ATTACH POLICE REPORT.

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

PRIVATE CAR

GOH HAK KEE MADDALENE MRS ONG HAK KEE MADDALENE

50187644A

SLV967V

MAZDA (RED COLOUR)

HOUGANG NEIGHBOURHOOD POLICE CENTRE  
ROAD 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY:  
SINGAPORE

TEL NO: 1800-4800989 - FAX NO: 63128980

No. Of Passenger (Including Driver)

8523104007 07081000064 1021440798

Vehicle Registration Number

SLP166BK

Vehicle Make/Model/Colour

HOHIDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

8523104007 07081000064 1021440798

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

8523104007 07081000064 1021440798

Name

RIDER

Approximate Age

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

YES

YES

**IMPORTANT NOTICE**

1. Please report **IMMEDIATELY** the details of the accident to your agent the claims process.
2. This form must be completed by the **Insured** and/or the **Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow Insurance Companies to **cancel** and/or **void** policies.
4. The time 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 information can be referred to the Police for investigation**
6. The report will be forwarded by the Internet of the **USA Records Management Center** established by the **General Insurance Association of Singapore (GIAA)** for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the submission of this report to the Insurer, you hereby consent to the archiving of this report at the center and to copies of this report being made available forward.
8. **Consent under the Personal Data Protection Act (PDPA)**

My system, my thinking and the General Insurance of Singapore (GIC) may be permitted to collect, store and/or process any personal data/personal information set out in this Privacy and my other personal information provided for me or generated by my future involvement in the "Insurance Information" and disclose and transfer such personal information to GIC Insurance Ltd who have indicated it/they is/are involved in this activity (all insurance data have been collected) involved in this activity shall be collectively referred to as the "Insurance". The insurer's responsibility for the safety, security, confidentiality and any relevant government agency following such as the policy, for the personal

- (ii) processing, storing and/or dealing with my data including the withdrawal of the data and any necessary arrangements relating to the data;
  - (iii) transferring the data and/or my data;
  - (iv) carrying out and/or dealing with my instructions or responding to any requests by me;
  - (v) administering my data (including the making of correspondence, statements, notices, 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 issue of non-personal packages); and/or
  - (vi) carrying out with applicable law or administrative, processing, handling and/or dealing with my data (collectively the "process").
- at least one of the following activities included in this document and the Internet/Smart/Cloud/Box, whether permitted or not, online and/or offline, my Personal Information for one or more of the above purposes; and
- (a) Personal information may be disclosed by any of the Internet and/or Cloud to third party service providers or agents/including their Internet/Cloud/Box, which may be used outside of Singapore, for one or more of the above Purpose;
  - (b) my Personal information will also be collected and used to compile data history for the purpose of third detection, investigation and management to prevent and/or reduce crime;
  - (c) the information or collected under (b) above may be shared / disclosed;
  - (d) to all persons and/or any other third parties that assist in electronic, investigating, carrying or managing third, significant, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (e) for complying with requirements under any legislation, laws or court orders.

**Author's Note:**  
David A. Thomas

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 08-01-14

Expanding Creative Partners' Signature  
 Name:  
 Title:  
 Mailing Address:

### RESEARCH DESIGN

A hand-drawn diagram of a house with a chimney, labeled "Hoggyard 2". The house is shown in profile with a chimney on the left side. Arrows indicate the flow of air or smoke from the chimney towards the right. The diagram is drawn on a grid background.

sector with attached police report.

sector with ethical police reports.

Many features the springing particulars are true in every respect.

Scrub

70:81  
51-10-80

### SECTION 1000

A - 1000000  
 B - 1000000  
 C - 1000000  
 D - 1000000

Further with ethyl propanoate:

rubber with attached pulleys, complete.

from within the Spring of a fountain are said to water the plants.

Phone: 1-800-368-5878  
Fax: 1-800-368-5879  
E-mail: [info@hugoboss.com](mailto:info@hugoboss.com)

Endorsement: I am a member of the American  
 Academy of Pediatrics  
 (circle one)  
 Yes No



**Enquire Vehicle & Owner Information ( Vehicle No. SLV5671Y As  
At 08 Jan 2019 / 09:00:00 )**

**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: CLICPD.104.2019 LI

**Current Owner Details**

Owner ID Type: Singapore NRIC  
Owner ID: S0187844A  
Owner Name: GOH HAK KEE MAGDALENE MRS ONG HAK KEE MAGDALENE  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No: 10  
Registered Street Name: LORONG AH SOO  
Registered Unit No.: # 01 - 01  
Registered Building Name:-  
Registered Postal Code: 534051

**Current Vehicle Details**

Vehicle No.: SLV5671Y  
Make Description/Model: MAZDA / MAZDA2 5-DOOR HATCHBACK 1.5L SP&EAT  
Insurance Company Name:AIG ASIA PACIFIC INSURANCE PTE. LTD.

## 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	08/01/2019 17:57
Date Of Accident	08/01/2019 14:05
Exact Location Of Accident	HOUGANG AVENUE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN9396D
Insured/Policyholder	
Name Of Registered Owner	A-SONIC LOGISTICS PTE LTD
Co Reg No	199306301G
Email Address	MANOKARAN@ASONIC-CARGOPLUS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62241155
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTHCVE002492
Cover Note Number	01/10/2018 TO 30/09/2019
Driver	
Name of Driver	SEAH CHOONG MENG (SHE JUNMING)
NRIC No	S7237294H
Date Of Birth	12/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1999
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83245983
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	APT BLK 682 HOUGANG AVE 4 #04-328 (S) 530682
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER WITH ATTACH POLICE REPORT.

#### 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	SLV5671Y
Vehicle Make/Model/Colour	MAZDA (RED COLOUR)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH HAK KEE MADGALENE MRS.ONG HAK KEE MAGDALENE
NRIC/Passport Number	S0187844A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP1866K  
Vehicle Make/Model/Colour HONDA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

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

#### DETAILS OF INJURED PERSON 1

Name RIDER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**SKETCH PLAN**

**IMPORTANT NOTICE**

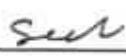
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 08-01-19  
 18 06

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

# Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer with attach police report.

## 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

08-01-19  
18:06

### Accident Sketch Plan

SKETCH PLAN (Revised)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer with attach police report.

## DECLARATION

(We declare the foregoing particulars are true in every respect)

\_\_\_\_\_  
Participant's Signature

Date &amp; Time:

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

(If driver is not the policyholder)

Date & Time: 08-01-19  
18:06

Reporting Centre Personnel's Signature

**THE JOURNAL**

PAUL C. YIP, PhD

OF SINGAPORE  
CARD NO. S7237294H



Name  
SEAH CHOONG MENG  
(SHE JUNMING)  
余俊明

Race  
CHINESE

Date of birth  
12-10-1972

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

SEAH CHOONG MENG  
(SHE JUNMING)  
余俊明



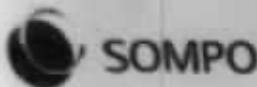
NRIC No. S7237294H



HE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
1 Motor Cars and light motor vehicles which include does not exceed 3500 kilo grams	14/08/2014
2 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 3500 kilo grams	14/08/2014
3 Motor Vehicles which are not constructed for use to carry any load and the weight of which unladen exceeds 3500 kilo grams	14/08/2014

License No: S7237294H


**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/02 Singapore Land Tower, Singapore 048623  
Tel: 6461 8555 : Fax: 6271 3302 : Website: www.sompo.com.sg  
Co. Reg. No: 198801490K : GST Reg. No: M200027156

**Certificate of Insurance**

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960**  
**ROAD TRANSPORT ACT, 1987 (MALAYSIA)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

- Cert No./Policy No.** : D18MTHICVE002492
- 1. Registration No.** : YN5395D - Item No. 10
- 2. Insured Name** : A-SONIC LOGISTICS PTE. LTD.
- 3. Commencement Date** : 01 OCTOBER 2018 00:00
- 4. Expiry Date** : 30 SEPTEMBER 2019 23:59
- 5. Coverage** : Market value at time of loss - Comprehensive
- 6. Excess** : \$2000 - All Claims
- 7. Persons or Classes of Persons entitled to drive\***
- 1) Whilst the vehicle is being used in connection with the Insured's business -
  - a) Any person provided he is in the Insured's employ and is driving on their order or with their permission
  - 2) Whilst the vehicle is being used for social, domestic or pleasure purposes -
  - b) Any person who is driving on the Insured's order or with their 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.
- 8. Limitations as to use\***
- 1) Use in connection with the Insured's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
  - 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover
- 1) Use for racing, pacemaking, reliability trial or speed-testing.
  - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
  - 3) Use for the carriage of passengers for hire or reward.
- 9. ExcelDrive Workshops & Accident Reporting**
- It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.
- It is compulsory to have the accident repairs to the Insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.
- In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 8555
- Visit [www.sompo.com.sg](http://www.sompo.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

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 31 of the Road Transport Act, 1987 (Malaysia)

**Sompo Insurance Singapore Pte. Ltd.**

*Stella*

Date/Time of Issue : 31 AUGUST 2018 11:52

\*Excluded - excluded coverage by reason of or due to the insured Third Party Risks and Compensation Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia) and the Motor Vehicle (Third Party Risks and Compensation) Rules, 1960 (Malaysia)





**SINGAPORE  
POLICE FORCE**



T/20190109/2069

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20190109/2069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/01/2019 12:59		Vide Report No.: F/20190108/0099		Station Diary No.: 57
<b>Informant's Particulars:</b>				
Name of Informant: SEAH CHOONG MENG		Address: APT BLK 682 HOUGANG AVENUE 4 #04-328 SINGAPORE 530682		
ID Type / ID No.: NRIC NO / S7237294H		Contact No.: Home/Office: Mobile: 83245983		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 46	Date of Birth: 12/10/1972	Type of Informant: Driver	
Race: Chinese		Language: Mandarin	Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:		

<b>General Information of the Accident:</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/01/2019 14:10	Type of Location:
Location: Junction of Road 1 and Road 2 UPPER SERANGOON ROAD HOUGANG AVENUE 3 cross junction of upper serangoon road and Hougang avenue 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	Total Passenger
SLV5671Y	Car	MAZDA			Seriously Damaged	1
YN9396D	Lorry	MITSUBISHI			Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190109/2069

2 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20190109/2069

## CONTINUATION OF REPORT

<b>DRIVER</b>			
Name	SEAH CHOONG MENG		ID No. S7237294H
Related Vehicle	YN9396D (Lorry)		Contact No. 83245983
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	09/01/2019		Date Discharge 09/01/2019
No. of Days granted Medical Leave	07		Degree of Injury NIL
<b>DRIVER</b>			
Name	Goh Hak Kee Magdalene		ID No. S0187844A
Related Vehicle	NIL		Contact No. 81817789
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.**

On 8/1/2019 at about 1410hrs, I am driving along Hougang avenue 3. Suddenly, at the cross junction of upper serangoon road and Hougang avenue 3, there is this vehicle bearing SLV5671Y driving on the upper serangoon road beat the red light, the vehicle then collided onto a motorcycle and then the side of her vehicle collided onto the front of my lorry. The vehicle then collided onto another car. I then quickly alighted to make a check and I saw that the rider fall off from his motor. The rider was then conveyed to hospital. TP attended vide F/20190108/0099.

I wish to inform that due to the collision, the front of my lorry was seriously damaged, the whole part was dented in and the head light were all broken. At that point of the accident, I did not feel any discomfort till this morning I felt strain on the back of my neck hence I went to A life clinic and was issued a 7 days of MC from 09/01/2019 to 15/01/2019. MC No: C1-VFUYFR.

I do not have CCTV installed in my vehicle.

I am lodging this report for insurance claims



**SINGAPORE  
POLICE FORCE**



T/20190109/2069

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20190109/2069

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:

F /  
Sgt 2 LEE JIA YI

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
09/01/2019 12:59

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No.: 65476358

Authentication Stamp  
NP166

Classification Of Case:

SN 085



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



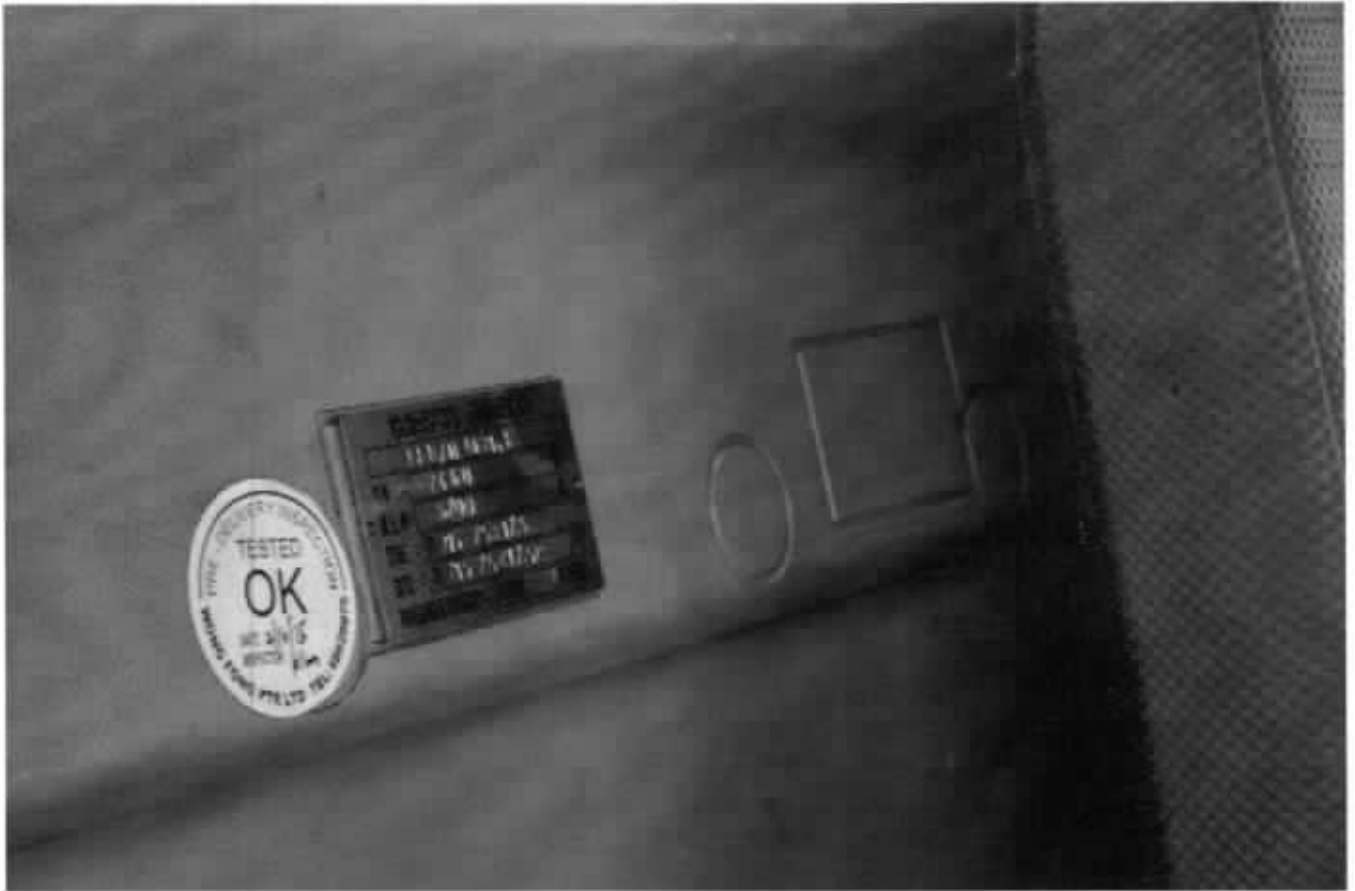
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
5 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0000 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66590298 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MKFS19003560 Vehicle Registration No: YN9396D  
Name (as shown in NRIC) : SEAH CHOONG MENG (SHE JUNMING) NRIC/FIN/Passport No : S7237294H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : APT BLK 682 HOUGANG AVE 4 #04-328 Singapore ( 530682 )  
Contact (Tel) : 62241155 Mobile No. : 83245983  
Email Address :  
Date of Accident : 08/01/2019 Time of Accident : 14:05  
Place of Accident : HOUGANG AVENUE 3  
Insurance Company : SOMPO INSURANCE SINGAPORE PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend drawing on Sketch Plan and upload Police Report

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 09/01/2019

## 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	08/01/2019 19:11
Date Of Accident	08/01/2019 14:00
Exact Location Of Accident	HOUGANG AVE 3 / UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5671Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH HAK KEE MAGDALENE MRS.ONG HAK KEE MAGDALENE
NRIC No	S0187844A
Email Address	MAGDALENE.GHK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81817789
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MAZDA
Model	2-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1800006460
Cover Note Number	

### Driver

Name of Driver	GOH HAK KEE MAGDALENE MRS.ONG HAK KEE MAGDALENE
NRIC No	S0187844A
Date Of Birth	09/05/1949
Occupation	INDOOR
Date Of Driving Pass	04/10/1969
Driving Experience	49 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81817789
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	MAGDALENE.GHK@GMAIL.COM

Address	10 LORONG AH SOO #01-01
Postcode	534051
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SOPHIE ONG
	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

REFER TO SKETCH PLAN. (TO ATTACHED THE POLICE REPORT ONCE RECEIVED FROM INSURED)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH TP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

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

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN9396D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLP1866K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MOTORCYCLIST  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode




**SKETCH PLAN**

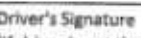
**IMPORTANT NOTICE**


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:

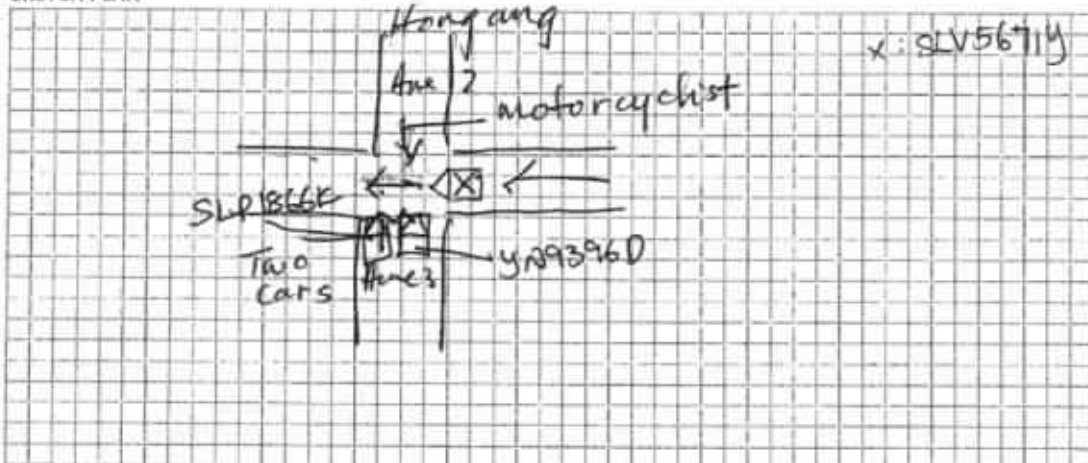
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SLV 5671 Y

ACCIDENT DATE: 8.1.19

CONTACT NUMBER: 81817789

ACCIDENT TIME: 2+ pm

EMAIL: magdalene.ghk@gmail

LOCATION: At the traffic light of Hougang Ave 2 Corn  
and Upper Serangoon Rd!

I WAS TRAVELLING AT THE ABOVE LOCATION WHEN THE SUN WAS GLARING & BLINDING. WHEN SUDDENLY A MOTORCYCLIST HIT ONTO MY RIGHT SIDE & 2 VEHICLE YN9396D & SLP1866K HIT ONTO MY LEFT SIDE. MY GRAND-DAUGHTER, SOPHIE ONG WAS IN THE CAR WITH ME. THE MOTORCYCLIST WAS INJURED & WAS CONVEYED BY AMBULANCE.


NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION


PLEASE STATE: ☒ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ REPORTING ONLY

## DECLARATION

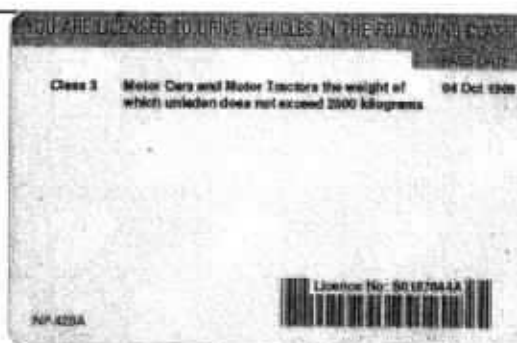
I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Officer's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan Pg. 3





# CERTIFICATE OF INSURANCE

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

*Emergency Who? To call*

Name of Policyholder : Goh Hak Kee Magdalene  
 Period of Insurance : 03 Jan 2018 To 02 Jan 2020  
 Engine No. : P520489263  
 Chassis No. : JM6DJ2HAA01200210

Vehicle No. : SLV5671Y  
 Policy No. : 1800006460  
 Endorsement No. :  
 Issued Date : 18 Jan 2018

### ABOUT THE COVER

Make/Model : MAZDA 2 1.5 SKYACTIV  
 Engine Capacity/Tonnage : 1,496.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2018  
 Insuring with COE/PARF : Yes

#### 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.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

#### 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 1500cc - 1500cc Optional

\* 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)

Goh Hak Kee Magdalene - \$800 (Own Damage)

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

1. Trans Eurocare Pte Ltd. Add: 5 Ubi Close, Singapore 40805 83988888

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 8200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SO Mobile App. Simply search and download 'AIG SO' from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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).

0503599180

ARF (AP) PTE LTD - MAZDA  
 7 MAXWELL ROAD #01-100 ANNEX B MIND COMPLEX  
 SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. J. Amile*  
 AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

95C458

78 Sheldon Way #07-16 AIG Building 5579120 | T: +65 8419 3060 | F: +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.



**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

to Philip  
~~6547 6960~~  
6547 6960  
Police accident report

Ref: Report No: F/20190108/1099

I, 1927100158 Aizul  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 Stapunk 1666 x 01
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from 80187844A, Goh Han Kee Magdalene  
(Name, NRIC or Passport No. / Rank and No.)

of 10 Lorong Ah Soo H-01-01 9524051  
(Address / Police Station / NPC / NPP)

on 10/01/19 at 1230 hrs  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

Goh Han Kee Magdalene (Signature)  
(Name, NRIC or Passport No. / Rank and No.)

PHILIP (Signature)  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 0187844A

10/01/19 @ 1030hrs / 3pm -  
Met 10 @ TP

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





# 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 : CS3/AIG19000547/Bqd3e2-1	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120			Date : 26-03-2019	
ATTN : ANGIE GEO			Code : AIG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)</b>				
Insured Veh.	SLV 5671Y	Veh. Inspected	YN 9396D	
Policy No.	1800006460	Coverage (\$)	0.00	
Claim No.	1437909654SG	Excess (\$)	0.00	
Assign From	ANGIE GEO	Assign Date	19/03/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MITSUBISHI CANTER	c.c	2998	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	FEB71EA10143	Colour	WHITE	
Odometer	132652	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	POOR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/75 R17.5	BRIDGESTONE	5 mm	
L/H Front Tyre	215/75 R17.5	BRIDGESTONE	5 mm	
R/H Rear Tyre	215/75 R17.5	BRIDGESTONE	5 mm	
L/H Rear Tyre	215/75 R17.5	BRIDGESTONE	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	08/01/2019	Inspection Date	09/01/2019	
Survey held at	SMD AUTO-1 KAKI BKT AVE 6#01-08			
Repairer	-			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		



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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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 9396D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT PANEL	TO REPAIR SEE LABOUR	2,658.34	-
1	FRONT BUMPER	DENTED	1,631.68	821.00
2	FRONT BUMPER SIDE @\$406.77	DENTED-1PC ONLY	813.54	250.00
2	FRONT BUMPER BRACKET @\$225.68	BENT-1PC ONLY	451.36	200.00
1	FRONT CORNER PANEL RH	BROKEN	582.75	250.00
1	FRONT GRILLE	BROKEN	1,355.06	1,144.37
1	FRONT GRILLE EMBLEM 'CANTER'	NECESSARY	98.38	55.00
1	FRONT GRILLE EMBLEM 'LOGO'	NECESSARY	75.81	75.81
1	FRONT GRILLE BRACKET	BENT	110.80	50.00
2	HEADLAMP @\$922.38	BROKEN	1,844.76	1,345.40
2	HEADLAMP LOWER SEAL @\$20.70	NOT NECESSARY	41.40	-
1	HEADLAMP PANEL RH	DENTED	251.60	251.60
2	FRONT SIDE LAMP @\$255.94	O/S BROKEN	511.88	230.00
2	FRONT SIGNAL LAMP @\$306.31	BROKEN	612.62	532.72
1	MIRROR BRACKET COVER RH	NOT NECESSARY	61.20	-
1	FRONT DOOR RH	TO REPAIR SEE LABOUR	3,654.39	-
1	FRONT DOOR HINGE BOTTOM RH	DENTED	186.92	165.50
1	FRONT DOOR HINGE TOP RH	TO REPAIR SEE LABOUR	186.92	-
1	FRONT DOOR WEATHERSTRIP RH	NOT NECESSARY	491.91	-
1	FRONT DOOR PILLAR RH	TO REPAIR SEE LABOUR	2,275.58	-
1	FRONT STEP GARNISH RH	NOT NECESSARY	215.76	-
2	CABIN FRONT MOUNTING @\$1325.97	DENTED-1PC ONLY	2,651.94	1,325.97
1	CABIN MOUNTING SUPPORT BEAM	DENTED / BENT	1,895.25	1,895.25
1	STEERING PUMP ASSY	TO REPAIR SEE LABOUR	3,785.40	-
	LESS 25% DISCOUNT		-6,611.31	-2,148.15
			19,833.94	6,444.47

Report Ref No. CS3/AIG19000547/Bqd3e2-1



**LKK Auto Consultants Pte Ltd**

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TEL: 6256 3561 FAX: 6256 4315

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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT NO PLATE (SN)	BENT	40.00	25.00
1	SET FRONT PANEL & FRONT DOOR ADVERTISEMENT (SN)	NECESSARY	250.00	100.00
1	SET FRONT GRILLE CLIP (SN)	NECESSARY	24.00	24.00
4	LTRS STEERING PUMP FLUID @\$22.00 (SN)	NECESSARY	88.00	60.00
			402.00	209.00
	<b><u>LABOUR</u></b>			
	REPAIR & REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT PANEL, FRONT DOOR RH, FRONT DOOR HINGE TOP RH, FRONT DOOR PILLAR RH AND STEERING PUMP ASSY.		1,200.00	600.00
	SPRAY PAINT AFFECTED AREA.		1,000.00	400.00
	TO REPAIR, STRAIGHTEN & REALIGN BACK CHASSIS FRAME.		800.00	300.00
	TO LIFT UP CABIN IN ORDER TO REPAIR CHASSIS FRAME.		600.00	200.00
	REMOVE & REFIX DOOR MECHANISM.	NOT NECESSARY	100.00	-
	CHECK WIRING & REFOCUS HEADLAMP.		60.00	20.00
	SPRAY PAINT RUST ON AFFECTED AREA.		100.00	60.00
			3,860.00	1,580.00
<b>GRAND TOTAL</b>			<b>24,095.94</b>	<b>8,233.47</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>6,550.00</b>

Report Ref No. CS3/AIG19000547/Bqd3e2-1

**LIM TEOW GUAN**

Automotive Assessor

**HO LEONG CHUAN**

Automotive Assessor

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