

Our ref: SLU 6055 A CL4/ASM18007594/103  
Your ref: SDH 664

Date: - 2 AUG 2019 *Direct Settlement*

To: A x A Wx  
\_\_\_\_\_  
Singapore \_\_\_\_\_

Attn: Motor Claims Department

Re: Accident Involving Motor Vehicle Nos. SDH 664 & SLU 6055 A  
At/Along Outside Concord Hotel On 06/04/18 @ 23:15  
(Orland Rd)

I am the owner of vehicle no. SDH 664 that was involved in an accident with your insured vehicle no. SLU 6055 A of the above accident.

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -

1. Cost of Repairs	\$ <u>4,937.58</u>
2. Loss of Use / Rental ( <u>2</u> days @ \$ <u>160</u> per day)	\$ <u>320.00</u>
3. LTA/GIA Search Fee	\$ <u>2.00</u>
4. GIA Report Fee	\$ _____
5. Others	\$ _____
<b>Total:</b>	<b>\$ <u>5,259.58</u></b>

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of **CYCLE & CARRIAGE INDUSTRIES PTE LTD** at Telephone No: 67714401 (Mr Vincent Seah) / 67714304 (Ms Amanda Ang).

I hereby give full authority to **CYCLE & CARRIAGE INDUSTRIES PTE LTD** and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully

  
Name & Signature

Address: C/o. 188 Pandan Loop Singapore 128378  
Cc: Mr Vincent Seah/ Ms Amanda Ang  
E-mail: vincent.seah@cyclecarriage.com.sg / amanda.ang@cyclecarriage.com.sg  
Fax No. 67795383



# Mercedes-Benz

Cycle & Carriage  
Industries Pte Limited  
Authorised Dealer  
Company No. 196400367W  
GST Reg No. MR-8500111-X

## TAX INVOICE

Invoice Name & Address	Owner Name & Vehicle Info
C/O AXA INSURANCE PTE LTD	Cust No/Name WCV38137/Wong Foot Hin
MOTOR CLAIM DEPARTMENT	Reg No/Reg Date SBH66U / 21/12/2018
8 SHENTON WAY #24-01	Date In/Mileage 16/07/2019/ 8192
SINGAPORE 068811	Chassis No WDD2130422A5693183
Contact No	Engine No 27492031686447
	Make/Model MB/MB E 200 SEDAN AVANTGARDE/AVANTGARDE
	Colour/Trim 027 775 Iridium Sil/ 042 201 Leather Bla



Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
CSI00001	Cash	20/08/2019/ 10:34	VS	356 / Vincent Seah	32483	28157055

Description of Goods / Services	Qty	Unit Price S\$	Amount S\$
M BPNSUN			F.O.C.
POLICY NO/ACC DATE : 1800151939 // 06.04.19			
DRIVE IN/EXCESS : 10.04.19 // TP CAR SLU6055A=AXA INS			
DATE IN/DATE SURVEY: 16.07.19 // 16.07.19 RASUL-LKK 11:00AM			
DIRECT SETTLEMENT:VIC ALPEH-LKK // 15.05.19			
A BPILAB		0.10	380.00
"USE XENTRY TO CHECK CONTROL UNITS & RESET MEMORY TO STANDARD SETTINGS.NETT"			960.00
A BPILAB			600.00
REMOVE & REPLACE ON REAR BUMPER			
A BPIRES			
RESPRAY ON REAR BUMPER			
X REAR BUMPER	1.00	2011.82	2011.82
X REAR BUMPER CHROME MOULDING	1.00	312.57	312.57
X REAR LOWER BUMPER	1.00	269.37	269.37
X RHR SIDE STABILITY	1.00	80.80	80.80

Cycle & Carriage celebrates 120 years.  
Visit [www.cyclecarriage.com/120](http://www.cyclecarriage.com/120) for more info!

Parts	2,674.56	Nett	4,614.56
Labour	1,940.00	7% GST on	323.02
Standard Menu	0.00		
Specialist Job	0.00	Total Payable	4,937.58
Diagnostics Job	0.00	Paid	0.00
Sundry/Others	0.00	Total Due	4,937.58
Total(w/o GST)	4,614.56		

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center  
188 Pandan Loop  
Singapore 128378  
Tel: 6777 8388  
Fax: 6779 5383  
[www.mercedes-benz.com.sg](http://www.mercedes-benz.com.sg)



Mercedes-Benz - are registered trademarks of Daimler, Stuttgart, Germany

# FLEXI-DRIVE ENTERPRISE

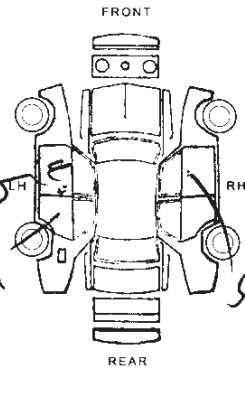
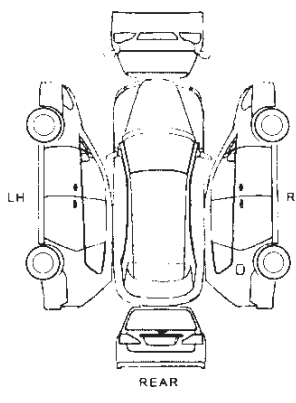
Blk 8 Kaki Bukit Avenue 4 Premier@kaki bukit gate 2 #06-33 lobby C Singapore 415875

Tel: (65) 6292 5455 Fax: (65) 6292 2866 e-mail: sales@wellscope.com.sg

H/Phone : 9667 5455 (24 Hrs)

## INVOICE

RA : 08864

V. A. No.		Vehicle Regn. No. <b>SBH 664</b>		Model Type <b>Courier</b>		Renting Location <b>CCC VINCENT.</b>	
Reference <b>2009 9674A</b>				Agreed Return Date		5 Hours = 1 Day Rental (1 Day Rental ÷ 5 = 1 Hour Extension)	
\$ <b>160/day + 20 day</b> per Day \$                      per \$                      per Week \$                      per \$                      per Month Cts                      per Kilometre		KM In <b>62440</b> KM Out KM Drvn		Time / Date In <b>18/07/18 14:20</b> Time / Date Out <b>16/07/18 10:20</b> Total / Time Chargeable			
Hirer's Name <b>Wong Joo Hin</b>				Rental Charges		Dollars                      Cents	
Address <b>50 Jln Besar</b> <b>S 359 249</b>				Total <b>2</b> Days Rental		<b>\$ 160/day + 20 day</b>	
I/C No. <b>S15975235</b>							
Reference Contact				Tel. No. <b>9-6381855</b>			
Driver's Name		Passport / IC No. / Country					
Address				Petrol Out <b>E 1/4 1/2 3/4 F</b> Petrol In <b>E 1/4 1/2 3/4 F</b>		Outstanding Petrol will charge in every 1/4, 1/2, 3/4, F @\$ _____ per 1/4	
Driving Licence No.		Expiry		Issued by			
Additional Driver		Tel. No. (Home)					
Address		Passport / IC No. / Country					
Driving Licence No.		Expiry		Issued by			
Method of Payment <b>BILL TO: CYCLE R CARRIAGE</b> <b>IND PEE LTD</b> <b>188 RANDAN LANE</b>				Sub-Total			
				Others			
				Grand Total		<b>\$ 320.00</b>	
				Prepayment Received \$			
				By: (Name in Block Letters)		CASH                      CHEQUE	
				Amount Due / Refundable			
- RATES QUOTED ARE FOR USE IN SINGAPORE ONLY. - THE HIRER IS SOLELY RESPONSIBLE FOR BREACH OF TRAFFIC LAWS AND ANY PARKING FINES OR SURCHARGES DURING PERIOD OF HIRE. Hirer's signature signifies acceptance of agreement  <b>X</b> _____ Hirer's Signature / Company Stamp				Refund Received \$		by receiver X	
				Out by <b>2</b>		In by <b>2</b>	
							
Remarks <b>SBH 664 A2A</b>							

NB: Please notify our office should there be any accident involving this hired vehicle as soon as possible.



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

### Third Party Insurer Enquiry

Our Ref No: GR-19-056565  
Date of Request: 10/04/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd  
188 Pandan Loop  
Singapore 128378

Dear Sir/Madam,

Enquiry Date: 10/04/2019  
Enquiry By: Lim Xin Yi  
TP Vehicle No.: SLU6055A  
Accident Date: 06/04/2019

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLU6055A	AXA Insurance Pte Ltd	08/12/2018-07/12/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-19-056565  
Date of Request: 10/04/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd  
188 Pandan Loop  
Singapore 128378

Dear Sir/Madam,

Enquiry Date 10/04/2019  
Enquiry By Lim Xin Yi  
TP Vehicle No. SLU6055A  
Accident Date 06/04/2019

DESCRIPTION	AMOUNT (\$\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

## 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	10/04/2019 17:31
Date Of Accident	06/04/2019 23:15
Exact Location Of Accident	OUTSIDE CONCORDE HOTEL (ORCHARD RD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBH66U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG FOOT HIN
NRIC No	S1597523G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96381955
Alternative Phone No	OFFICE-96381955

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200

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

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800151939
Cover Note Number	

### Driver

Name of Driver	WONG SHOU JIAN, BRIAN
NRIC No	S9517862F
Date Of Birth	20/04/1995
Occupation	INDOOR
Date Of Driving Pass	26/05/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92336645
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 80 JLN GIRANG  
 Postcode 329249  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured CHILDREN  
 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) 3  
 Passenger 1 NAME: : CAITLIN CHOY  
 GENDER: : FEMALE  
 Passenger 2 NAME: : NICOLETTE WONG  
 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

I WAS STATIONARY AND THE CAR B (SLU6055A) HIT ME FROM BEHIND.

#### 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 SLU6055A  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver LEONG REN YUAN, ELIOT

# SINGAPORE ACCIDENT STATEMENT

## ACCIDENT STATEMENT

Date Of Accident 06.04.19  
 Time Of Accident 23:15PM  
 Exact Location Of Accident OUTSIDE CONCORDE HOTEL ( ORCHARD RD )  
 Country/State of Loss Singapore/ Malaysia

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SBH 66 U

### Insured/Policyholder

Name Of Registered Owner Wong Foot Hin  
 NRIC No S1597523G  
 Email Address  
 Mobile Phone No 96381955  
 Alternative Phone No

### Vehicle Particulars

Manufacturer MEREDES-BENZ  
 Model E200  
 Exact Purpose for which vehicle was being used at time of accident Private use ☒ Commercial use ☐ Hire & reward ☐  
 Others - Please specify  
 Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ No ☒ Other  
 If No, Please state action to be taken  
 Third Party Claim ☒ Reporting Only ☐  
 Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company AIG  
 Type Of Coverage Comprehensive Others  
 Fleet Policy Yes ☐ No ☒  
 Policy Number 1800151939  
 Cover Note Number

### Driver

Name of Driver WONG SHOU JIAN,BRIAN  
 NRIC No S9517862F  
 Date Of Birth 20.04.1995  
 Occupation Indoor ☒ Outdoor ☐  
 Date Of Driving Pass 25.05.2016  
 Driving Experience 3YRS  
 Gender Male ☒ Female ☐  
 Mobile Number 92336645  
 Fax Number  
 Contact Number  
 Email Address  
 Address 80 JLN GIRANG  
 Postcode 329249



Was driver an employee of the Insured's Company

Yes ☐ No ☒

If No, Relationship of the Driver with the Insured

Owner ☐ Paid Driver ☐ Relative ☐ Friend ☐ Parent ☐  
Spouse ☐ Children ☐ Sibling ☒ Other: \_\_\_\_\_

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident

REAR PORTION

Weather Conditions

Clear ☒ Raining ☐ Others

Road Surface

Dry ☒ Wet ☐ Others

### Details of Injured Persons

Was anybody injured in the Accident?

No ☐ Yes ☒

Name

Address

Injuries Sustained

If vehicle Occupants, state in which vehicle?

Were seat belts worn?

No ☐ Yes ☒

Was injured conveyed to hospital by ambulance?

No ☒ Yes ☐

### Other Information

Was any foreign vehicle involved in this accident?

No ☒ Yes ☐

Number of vehicles involved in the accident

2

Was any other material or property damaged?

No ☐ Yes ☒

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

No ☒ Yes ☐

Number of Passengers (Including Driver)

3

Passenger 1

Brian Wong

Male ☒ Female ☐

Passenger 2

Caitlin Chay

Male ☐ Female ☒

Passenger 3

Nicole Wong

Male ☐ Female ☒

Passenger 4

Male ☐ Female ☐

Passenger 5

Male ☐ Female ☐

### Details of Police Action

Was the accident reported to the police?

No ☐ Yes ☒

If Yes, Please state which Police Station

SERANGOON NPC

Was notice of intended Prosecution given?

No ☒ Yes ☐

NO If Yes, against whom?

**Circumstances of Accident**

--

**Attachment(s)**

Are accident photos available for attachment?

No ☐ Yes ☒

Was there any video captured by Car Camera?

No ☐ Yes ☒

Was there any audio recorded?

No ☒ Yes ☐**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLU 6055 A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

LEONG REN YUAN, ELIOT

NRIC/Passport Number

S91484431

Contact Number

91126393

Address

Postcode

ANA

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

2

**DETAILS OF OTHER VEHICLE PROPERTY 2**

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

No. Of Passenger (Including Driver)

**Details of Witness**

Was there any witness?

No ☒ Yes ☐

Name

Phone Number

Email Address


## 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 10.04.19 16:10PM

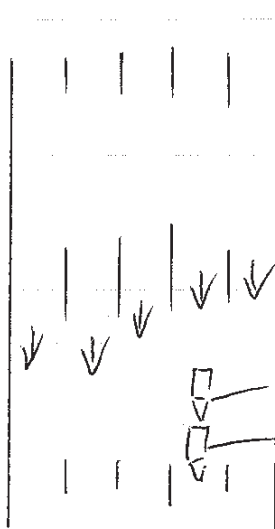
  
Driver's Signature

(If driver is not the policyholder)

Date & Time 10.04.19 16:10PM

**Vincent Seah**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4401 HP: 8332 0062 Fax: 6872 1272  
Email: [vincent.seah@cyclecarriage.com.sg](mailto:vincent.seah@cyclecarriage.com.sg)  
Reporting Centre Personnel's  
Name:  
NRIC/FIN No.:

SKETCH PLAN



A: SBH66L

B: SL46055A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationery and the other car hit me from behind.

DECLARATION

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

**Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.**

(Please contact your insurance company for any further details)

Policyholder's Signature

Date & Time 10.04.19 16:10PM

Driver's Signature

(If driver is not the policyholder)

Date & Time 10.04.19 16:10PM

**Vincent Seah**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4401 HP: 8332 0062 Fax: 6872 1272  
Email: [vincent.seah@cyclecarriage.com.sg](mailto:vincent.seah@cyclecarriage.com.sg)

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : WONG FOOT HIN  
**Period of Insurance** : 21 Dec 2018 To 20 Dec 2019  
**Engine No.** : 27492031686447  
**Chassis No.** : WDD2130422A569318

**Vehicle No.** : SBH66U  
**Policy No.** : 1800151939  
**Endorsement No.** : 000000000257492  
**Issued Date** : 12 Feb 2019

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz E200 Sedan Avantgarde  
**Engine Capacity/Tonnage** : 1,991.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**Insuring with COE/PAF** : 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 2000cc**

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

### EXCESS

#### Section 1

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

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

WONG FOOT HIN - \$800 (Own Damage)

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

1. Cycle & Carriage Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818  
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** DBS BANK LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612268

CYCLE & CARRIAGE - ANGIEN  
239 ALEXANDRA ROAD  
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

SSCSM

1001930418/AC4

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$  26 May 2016

NP 428A



Licence No: S9517862F

6100563



Identity Card No: S1507523G



Date of issue

11-01-2019

Address

80 JALAN GIRANG  
SINGAPORE 359249

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9517862F**  
Name: **WONG SHOU JIAN, BRIAN**

Birth Date: **20 Apr 1995**  
Issue Date: **26 May 2016**

**802571446C**

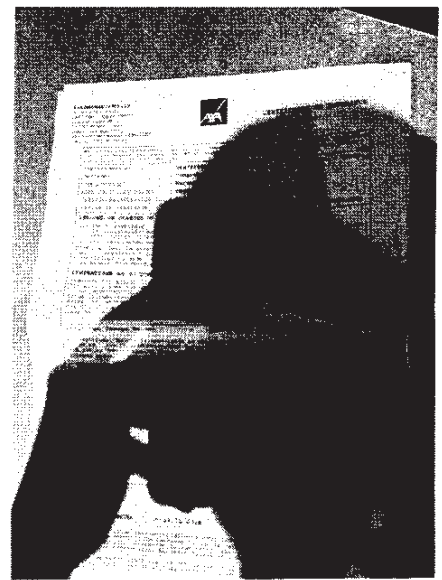
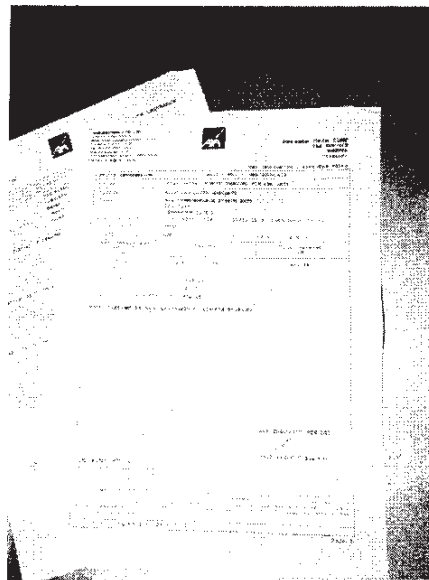
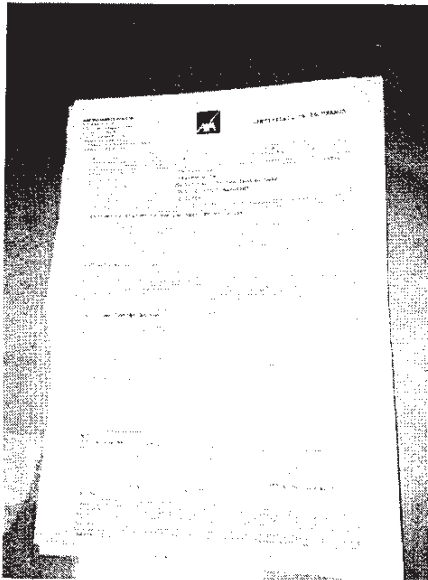
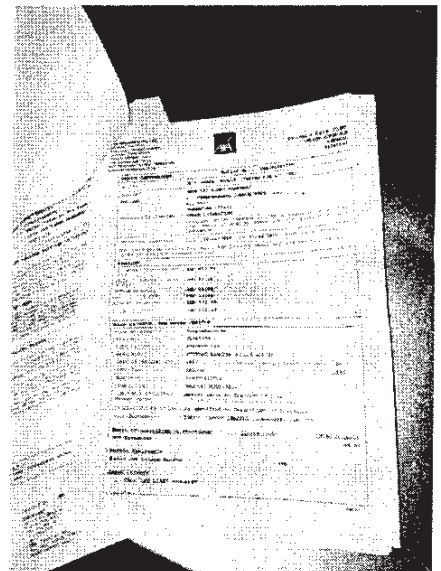
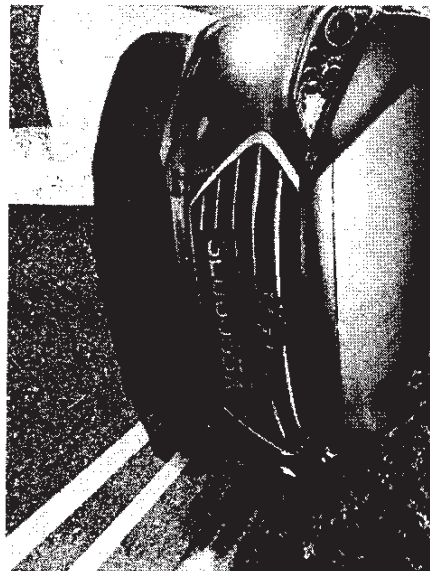
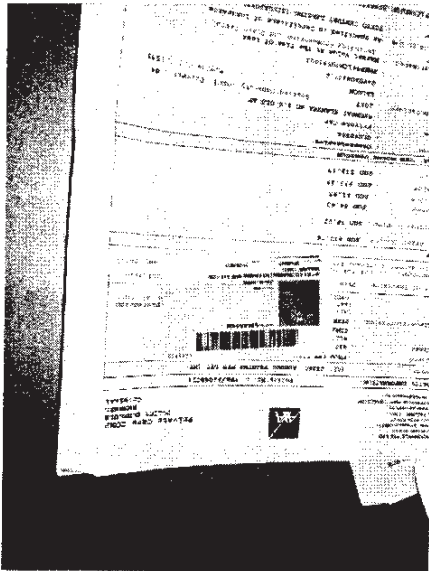
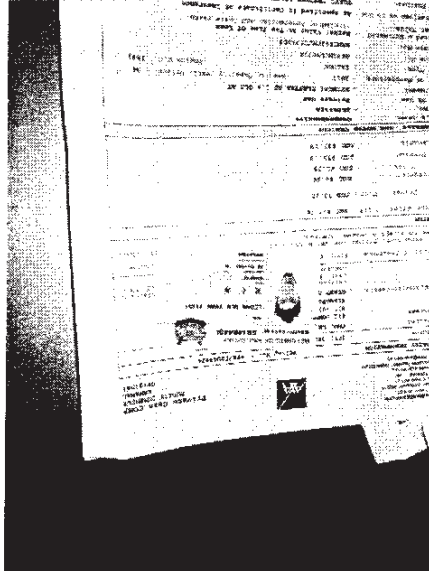
**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1507523G**

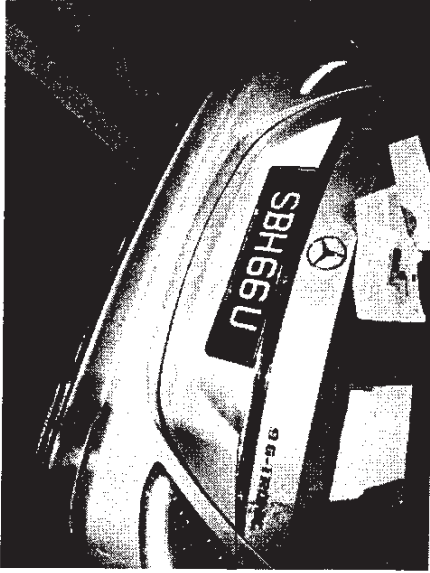
**WONG FOOT HIN**  
王 第 兴

Race: **CHINESE**  
Date of birth: **30-05-1963**  
Country/Place of birth: **SINGAPORE**

Sex: **M**  
S1507523G

**FOR OFFICIAL USE ONLY**







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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Wong Shou Jian Brian  
NRIC/FIN S9517862F, has reported to the Police a non-injury traffic accident  
which occurred at Outside concorde Hotel  
on 6/4/19 2300hrs involving the following vehicles:

SBH66U  
SLV6055A

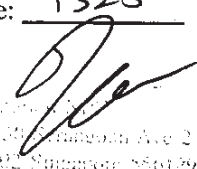
- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(2) Darren Ngio

Date: 7/4/19

Time: 1325

S/D Ref: 33

  
Sgt(2) Darren Ngio  
104 201 Robinson Ave 2  
601 02 Singapore 250129  
Tel: 1800 488 0099

Original – to be issued to informant  
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

## Vincent Seah

---

**From:** Vic (LKKAUTO) <vicalpeh@lkkauto.com>  
**Sent:** Wednesday, 15 May 2019 9:05 AM  
**To:** Vincent Seah  
**Cc:** Admin A; assignments; Vic (LKKAUTO)  
**Subject:** RE: SDH66U/SLU6055A - direct settlement \*\*\* LKK REF: CC4/ASM19007594/ha3

WITHOUT PREJUDICE

Dear Vincent,

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](mailto:vicalpeh@lkkauto.com) | fax: 6741-4108

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



*Save the Earth. Print only when necessary.*

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**From:** Vincent Seah [mailto:[vincent.seah@cyclecarriage.com.sg](mailto:vincent.seah@cyclecarriage.com.sg)]  
**Sent:** Wednesday, 15 May, 2019 9:02 AM  
**To:** Mei Kwan (LKKAUTO)  
**Cc:** Vic (LKKAUTO); CS A Team; Admin A; assignments  
**Subject:** RE: SDH66U/SLU6055A - direct settlement \*\*\* LKK REF: CC4/ASM19007594/ha3  
**Importance:** High

Hi

All

Pls respond to this case