

INS. CASE OWNER

710 | C03-1A5M1800 6455 /

CPA352-1  
A352

LKK  
IDAC 38711

**ASSIGNMENT**

Surveyor

XhV

DOI:

10.4.18

Date / Time:

23/5/2019

Pre-assign / CCU / FTE

S6J 8638Y

S8M000CP



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

4.4.18

Place of Accident:

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

SCX 780B

S6J 8638Y

SJU 4153L



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS: 01



INSRS:  
WSP: vehicle claim specialist  
Tel:  
Liability:  
RMKS: TP



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date / Time

SJU 4153L. Call 1007806 on 10/4/18; 10/4/18  
S6J 8638Y - X

9/4 Proceed with

9/4 \* Wesp called in - Gna. advise that left as 9/5  
with to AXA & submit PRS report.

\* Yo email Xmp. - Sean Ong.  
RECEIVED 22 MAY 2018

**STAGE**

DATE / PIC

Non-Reporting ltr (1st)  
Non-Reporting ltr (2nd)  
Non-Reporting ltr (Final)  
Notification ltr (if non-pickup)  
Call OI  
After call ltr to OI

**Documentation Check List: Handler Typist**

Notification ltr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
After call ltr to OI	<input type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act	<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher	<input type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill	<input type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice	<input type="checkbox"/>	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill	<input type="checkbox"/>	<input type="checkbox"/>
PIR	<input type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction	<input type="checkbox"/>	<input type="checkbox"/>
LOD	<input type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form	<input type="checkbox"/>	<input type="checkbox"/>
Post-Repair Photos	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>

**PRELIMINARY ADVICE**

Date/Time: Sent By:

CONFIRMATION Date/Time: Confirm with: Confirm by: Email  Call

REPAIR COST \$ ( days) Reduction: % Email  Call

LIABILITY % (Agreed / Assessed) BOLA S/N No. : If NO or B 28, Ass. Lia: Email  Call

RENTAL COST \$ ( days) Loss of Rental (LOR): \$ ( x days) Loss of Use (LOU): \$ ( x days) Loss of Income (LOI): \$ ( x days)

LOI only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]

SEARCH \$ \$ \$ \$ \$ (e.g. Tow/ Independent)

GLOBAL SUM \$ \$ Global Sum \$ \$: Email  Call

FINAL PAYMENT Date/Time: Confirm with: Name 1: Name 2: Name 3:

COPY SENT  
URGENT  
1) Claim status: Normal/Reject/Private Settle  
2) Report Format: PH \$100  
3) Survey fee:

COPY SENT  
4/6/19



## Mei Kwan (LKKAuto)

---

**From:** samson@seahong.com.sg  
**Sent:** Thursday, 23 May, 2019 6:07 PM  
**To:** Admin-D (LKKAuto); 'Xin Yi'  
**Cc:** 'Chee Kiong'; amanda@seahong.com.sg; Admin A; assignments  
**Subject:** RE: SJU 4153L [Our file ref: 18.25274 PD-O]

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** HMK

Dear Catherine / Mei Kwan,

May we hear from you on Xinyi's email below? Thanks!

Best regards,

**Samson Woon**

SEAH ONG & PARTNERS LLP  
36 ROBINSON ROAD  
#12-03 CITY HOUSE  
SINGAPORE 068877  
TEL : 6536 5369  
FAX : 6536 5811

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**From:** Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Sent:** Friday, October 12, 2018 2:35 PM  
**To:** 'Xin Yi' <xinyi@seahong.com.sg>  
**Cc:** 'Chee Kiong' <cheekiong@seahong.com.sg>; samson@seahong.com.sg; amanda@seahong.com.sg; Admin A <admin-a@lkkauto.com>; assignments <assignments@lkkauto.com>  
**Subject:** RE: SJU 4153L [Our file ref: 18.25274 PD-O]

Dear Xinyi,

Thank you for your email.

**Dear Mei Kwan,**

**Kindly assist. Our Ref: CS3/ASM18006455/Ga3s2**

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**WITHOUT PREJUDICE**

RHTLaw TaylorWessing

**PDX 8170**

**AVIVA LTD**  
4 SHENTON WAY,  
#01-01  
SGX CENTRE 2  
SINGAPORE 068807  
**ATTN: CELYN LIM**  
**YOUR REF: G0047917-BI-D/SKX280B/CL**



RHTLaw Taylor Wessing LLP

Six Battery Road #10-01  
Singapore 049909

Tel +65 6381 6868  
Fax +65 6381 6869

www.rhtlawtaylorwessing.com

60113374

**PDX 8176**

**AXA INSURANCE PTE LTD**  
8 SHENTON WAY  
#27-01  
AXA TOWER  
SINGAPORE 068811  
**ATTN: DOMINIC YU**  
**YOUR REF: S8M00CVPMC/DOM**



Writer / Secretary's Contact  
DID: +65 6381 6923 / 6922  
Fax: +65 6381 6883  
Email: jeekin.wee@rhtlawtaylorwessing.com /  
theresa.hung@rhtlawtaylorwessing.com

Date	Our reference	Your reference
08 October 2018	WEJ.thh.2180007189	-

Dear Sir,

**JEFF TAN CHEE WEE, NRIC No. S8703308B**  
**ACCIDENT ON 04 APRIL 2018 INVOLVING SJU 4153L AND SGJ 8638Y**  
**ALONG BUKIT BATOK ROAD**

We refer to our letter of demand for personal injury dated 25 June 2018.

We further enclose herewith a copy each of the following supporting documents for your consideration:-

- a) Our client's GIA report;
- b) Our client's police report;
- c) GIA report of SGJ 8638Y;
- d) GIA report of SKX 280B;
- e) Invoices being search and report fee for GIA report of SGJ 8638Y and SKX 280B;
- f) LTA search on vehicle no. SGJ 8638Y and SKX 280B;
- g) Rental invoice;
- h) Survey invoice;
- i) Survey report;
- j) Fifty-one (51) copies of scanned coloured photographs showing damage to our client's vehicle.

We quantify our client's property damage claim as follows:-

1) Cost of repair	\$ 7,000.00
2) Loss of rental	\$ 2,250.00

RHTLaw Taylor Wessing LLP (UEN No. T11L0786A) is registered in Singapore under the Limited Liability Partnerships Act (Chapter 163A) with limited liability. RHTLaw Taylor Wessing LLP is a Singapore law practice registered as a limited liability law partnership in Singapore ("The LLP"). It is a member of Taylor Wessing, a Swiss Verein, the other members of which are separate legal entities and separately registered law practices in particular jurisdictions. The LLP is solely a Singapore law practice and is not an affiliate, branch or subsidiary of any of the other member firms of Taylor Wessing. Taylor Wessing Verein does not itself provide legal or other services.

We do not accept service of court documents by fax.

3) Survey report	\$ 500.00
4) LTA search	\$ 7.49
5) GIA search and report fee	\$ 43.00
6) Costs (inclusive of 7% GST)	\$ 1,070.00
7) Facsimile, photocopying, printing, postage, transport, telephone charges and other incidental disbursements (inclusive of 7% GST)	\$ 160.50
	<u>\$11,030.99</u>

Please note that you should send to us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter. Should you fail to acknowledge receipt of this letter within 14 days, our client will have no alternative but to commence proceedings against your insured without further notice to you or your insured.

Kindly let us have your offer for both property damage and personal injury matters.

Thank you.

Yours sincerely,



**RHTLAW TAYLOR WESSING LLP**

*Enc. (By PDX)*



**GENERAL  
INSURANCE  
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**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-18-069579  
Date of Request: 08/05/2018

Your Ref No: SSM.THH.2180007189

RHTLAW TAYLOR WESSING LLP  
Six Battery Road  
#10-01  
Singapore 049909

Dear Sir/Madam,

Date of Accident: 04/04/2018  
Vehicle No: SJU4153L  
Place of Accident: BUKIT BATOK ROAD.  
Involving Vehicle No: SKX280B

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SKX280B	BUKIT BATOK ROAD.	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO  Cash  Cheque



RECORDS MANAGEMENT CENTRE

**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: M40007735

## TAX INVOICE

 Our Ref No: GR-18-069581  
 Date of Request: 08/05/2018

Your Ref No: SSM.THH.2180007189

 RHTLAW TAYLOR WESSING LLP  
 Six Battery Road  
 #10-01  
 Singapore 049909

Dear Sir/Madam,

 Date of Accident: 04/04/2018  
 Vehicle No: SJU4153L  
 Place of Accident: EUKIT BATOK ROAD.  
 Involving Vehicle No: SGJ8638Y

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SGJ8638Y	BUKIT BATOK ROAD.	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

 This is a computer generated document and requires no signature.

For GIARVC Official use:

Date:

 GIRO  Cash  Cheque



**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-18-069566  
Date of Request: 08/05/2018

Your Ref No: SSM.THH.2180007189

RHTLAW TAYLOR WESSING LLP  
Six Battery Road  
#10-01  
Singapore 049909

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 04/04/2018  
Place of Accident: BUKIT BATOK ROAD  
Client Vehicle No: SJU4153L

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO  Cash  Cheque

## Enquire Vehicle & Owner Information ( Vehicle No. SGJ8638Y As At 04 Apr 2018 / 08:20:00 )

### Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: SSM.THH.2180007189

### Current Owner Details

Owner ID Type: Singapore NRIC  
Owner ID: S1434112I  
Owner Name: NG KAI SENG  
Registered Address Type: HDB / -HUCD  
Registered Block/House No.: 206  
Registered Street Name: CHOA CHU KANG CENTRAL  
Registered Unit No.: # 06 - 20  
Registered Building Name: -  
Registered Postal Code: 680206

### Current Vehicle Details

Vehicle No.: SGJ8638Y  
Make Description/Model: MITSUBISHI / LANCER 1.6 A  
Insurance Company Name: AXA INSURANCE PTE LTD

Print

OK

**Enquire Vehicle & Owner Information ( Vehicle No. SKX280B As At 04 Apr 2018 / 08:20:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: WEJ.THH.2180007189

**Current Owner Details**

Owner ID Type: Singapore NRIC  
Owner ID: S1632383G  
Owner Name: TAN GIM HOO  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 337  
Registered Street Name: CHOA CHU KANG AVENUE 3  
Registered Unit No.: # 06 - 15  
Registered Building Name: -  
Registered Postal Code: 689872

**Current Vehicle Details**

Vehicle No.: SKX280B  
Make Description/Model: TOYOTA / COROLLA ALTIS CLASSIC 1.6 CVT  
Insurance Company Name: AVIVA LTD

Print

OK

# INVOICE



Dream Car Leasing Pte. Ltd. (Co. Reg. 201420013Z)  
155 Shun Li Industrial Park, Kaki Bukit Ave 1, #02-01 S(416012)  
Tel: 6748 9747 Mobile: 8128 8789/ 9845 1151

## BILL TO

JEFF TAN CHEE WEE (CHEN ZHIWEI)  
BLK 810B CHOA CHU KANG AVE 7  
#17-519  
SINGAPORE 682810

INVOICE #

00205

INVOICE DATE

18/04/2018

DESCRIPTION	AMOUNT
Rental from 04/04/2018 to 19/04/2018.	2,250.00
<b>TOTAL</b>	<b>\$ 2,250.00</b>

## 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 ability.
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	04/04/2018 13:38
Date Of Accident	04/04/2018 08:20
Exact Location Of Accident	BUKIT BATOK ROAD.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU4153L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JEFF TAN CHEE WEE
NRIC No	S8703308B
Email Address	JEFFTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96255411
Alternative Phone No	OFFICE-96255411

### Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01004995
Cover Note Number	

### Driver

Name of Driver	JEFF TAN CHEE WEE
NRIC No	S8703308B
Date Of Birth	01/02/1987
Occupation	INDOOR
Date Of Driving Pass	10/11/2008
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96255411
Fax Number	
Contact Number	OFFICE-96255411
E-Mail Address	JEFFTAN@GMAIL.COM

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

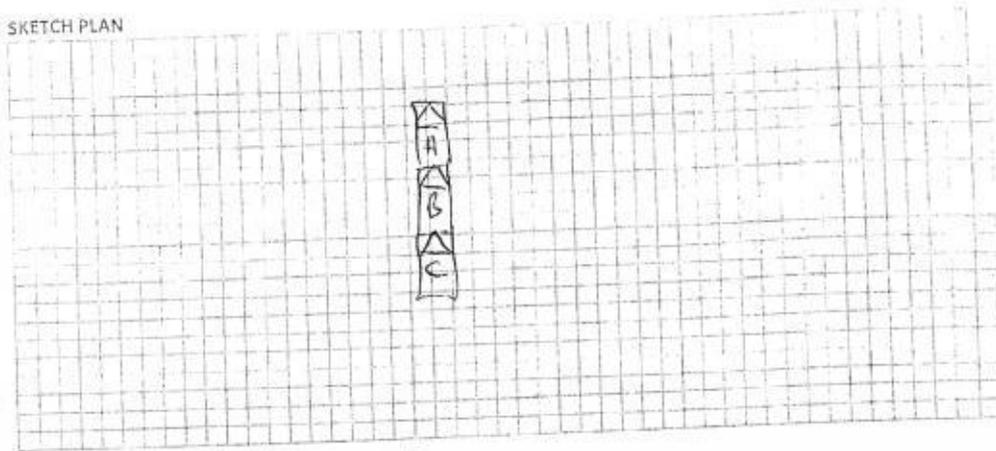
Vehicle Registration Number SKX280B  
Vehicle Make/Model/Colour  
Details Of Properties VEH C  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 2

**DETAILS OF INJURED PERSON 1**

Name JEFF TAN CHEE WEE  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJU4153L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20180404/2023.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

On RMC 51/01/2023

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

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

**Accident Sketch Plan Pg. 1**



**SINGAPORE  
POLICE FORCE**



T/20180404/2023

2 of 4

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20180404/2023

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJU4153L	TENET SOMPO INSURANCE PTE. LTD.	D17MTPV0100499 5	11/04/2017	10/04/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG XIN MEI	ID No.	S9048636E	
Related Vehicle	SGJ8638Y (Car)	Contact No.	98248023	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	JEFF TAN CHEE WEE	ID No.	S8703308B	
Related Vehicle	SJU4153L (Car)	Contact No.	96255411	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	04/04/2018	Date Discharge	NIL	
No. of Days granted Medical Leave	06	Degree of Injury	Slight	
Driver				
Name	TAN QIFAN	ID No.	S9647145I	
Related Vehicle	SKX280B (Car)	Contact No.	83822172	
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	

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20180404/2023

4 of 4

Report No. T/20180404/2023

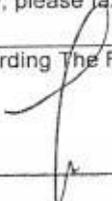
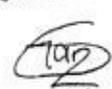
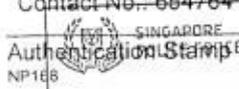
Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: E / Sgt 2 NEO ZUO QUAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2018 11:02
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No: 65476414	Classification Of Case:
  SN-168	
SIGNATURE	

Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENSE

IDENTITY NO. S0703308B

NAME  
JEFF TAN CHEE WEE

DATE OF BIRTH  
21-10-1987

EXPIRES  
10 Nov 2011




REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8703308B



NAME  
JEFF TAN CHEE WEE  
(CHEN ZHIWEI)

SEX  
M

DATE OF BIRTH  
21-10-1987

EDUCATION  
UNIVERSITY




CLASSIFIED LICENSE TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS 2 Motor Cycles (Class 1) with endorsement, exclusive to those who are holders of a valid Class 1 licence

DATE  
2011



1755205



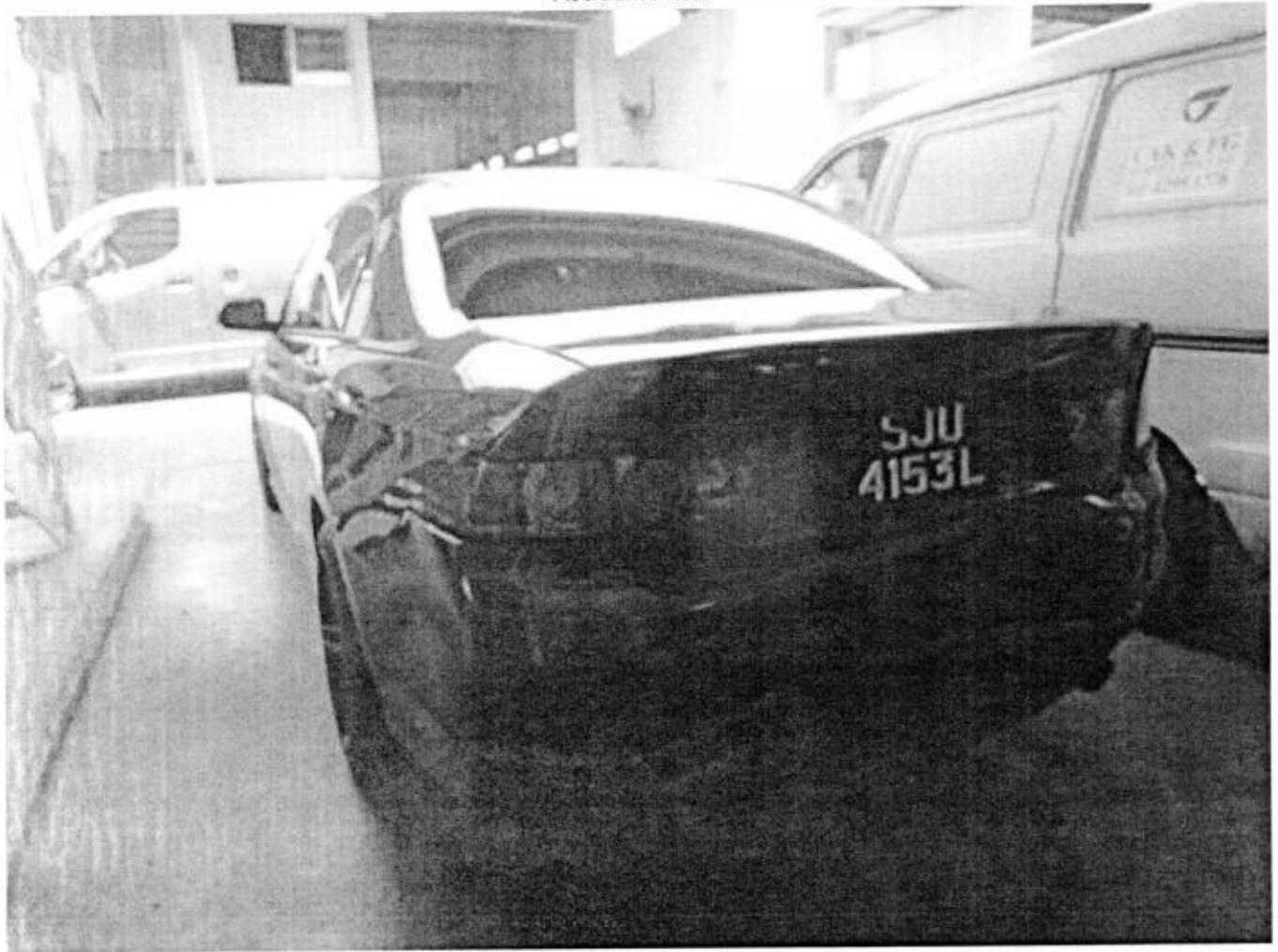
NO. S8703308B



DATE OF BIRTH  
01-10-1987

ADDRESS  
APT 21K NIMB 01-02, 120 KUNYAN AVENUE 7  
#11-01  
SINGAPORE 628970

Accident Photo



Accident Photo



Typical -  
Please  
Scan

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3308B
Vehicle Details	
Vehicle No.:	SJU4153L
Vehicle to be Exported:	No
Intended De-registration Date:	11 Apr 2018
Vehicle Make:	HONDA
Vehicle Model:	ACCORD 2.0 A
Primary Colour:	Grey
Manufacturing Year:	2006
Engine No.:	K20A6041095
Chassis No.:	CL73200864
Maximum Power Output:	114.0 kW (152 bhp)
Open Market Value:	\$23,788.00
Original Registration Date:	31 Mar 2006
First Registration Date:	31 Mar 2006
Transfer Count:	5
Actual ARF Paid:	\$26,167.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Mar 2021
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$25,466.00
COE Rebate Amount:	\$15,115.00
Total Rebate Amount:	\$15,115.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 11 Apr 2018

OK

## 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 ability.
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	04/04/2018 11:11
Date Of Accident	04/04/2018 08:20
Exact Location Of Accident	ALONG BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ8638Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG KAI SENG
NRIC No	S1434112I
Email Address	XIN-DISASTER@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97343477
Alternative Phone No	OFFICE-97343477

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1954768
Cover Note Number	

### Driver

Name of Driver	NG XIN MEI
NRIC No	S9048636E
Date Of Birth	21/12/1990
Occupation	INDOOR
Date Of Driving Pass	10/12/2009
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98248023
Fax Number	
Contact Number	
EMail Address	XIN-DISASTER@HOTMAIL.COM

Vehicle Make/Model/Colour	HONDA ACCORD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEFF TAN CHEE WEE
NRIC/Passport Number	S8703308B
Contact Number	96255411
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Driver identity card & Driving licence Pg. 1

DRIVER

3819885



NRIC No: S9048636E

Date of Issue  
29-12-2005

Address  
APT BLK 206 CHOA CHU KANG CENTRAL  
#06-20  
SINGAPORE 680206

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 2A Motor cars without clutch pedals (Auto) =< 3000kg  
with =< 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals =< 2500kg

PASS DATE  
10 Dec 2009



NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9048636E



Name  
NG XIN MEI  
黄欣美  
Race  
CHINESE  
Date of birth  
21-12-1990  
Country of birth  
SINGAPORE

Sex  
F

S9048636E

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9048636E  
Name  
NG XIN MEI  
Birth Date: 21 Dec 1990  
Issue Date: 10 Dec 2009



Policy insurance Pg. 2

AXA INSURANCE PTE LTD  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel:(65)63387288 Fax:(65)63382522  
 Website:www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.service@axa.com.sg



Private Cars COMP  
 TAX INVOICE  
 NEW BUSINESS  
 Original

Tax Invoice No : P1954768-00001

POLICY INFORMATION		Policy No. : VPA/P1954768	
Source	: (03) 05392 MAYBANK TELE-TEO HONG NIU		
Insured	: NG KAI SENG		
Address	: 206 CHOA CHU KANG CENTRAL #06-20 SINGAPORE 680206		
Period of Insurance	: From 24/07/2017 To 23/07/2018 (Both Dates Inclusive)		
Transaction No.	: 00001		
Billing Currency	: SGD	Exchange Rate	: 1.0000
<b>Gross Premium Less Discount SGD</b>	<b>Charges SGD</b>	<b>Total Payable SGD</b>	
837.81	GST 7.00% 58.65	896.46	
Premium Details (SGD)			
Gross Premium	: 837.81		
Total Discount	: 0.00		
Gross Premium less Discount	: 837.81		
Note: Discount is only applicable to limited products.			
AXA INSURANCE PTE LTD  Authorized Signature			
<b>IMPORTANT NOTICE :</b>			
For Individual Policyholders : Premium due must be paid in full before the inception date of the risk otherwise no benefits whatsoever shall be payable by the Company. Please refer to the Payment Before Cover Warranty in the Policy for further details.			
For all other Policyholders : Premium due must be paid in full within 60 days from the inception date of the risk otherwise this Policy/endorsement is automatically terminated immediately. The Company will be entitled to a pro-rata premium for the period they have been on risk subject to the minimum premium as imposed in the policy. Please refer to the Premium Payment Warranty in the Policy for further details.			
Issued by - SGINOL on 20/07/2017			(R)

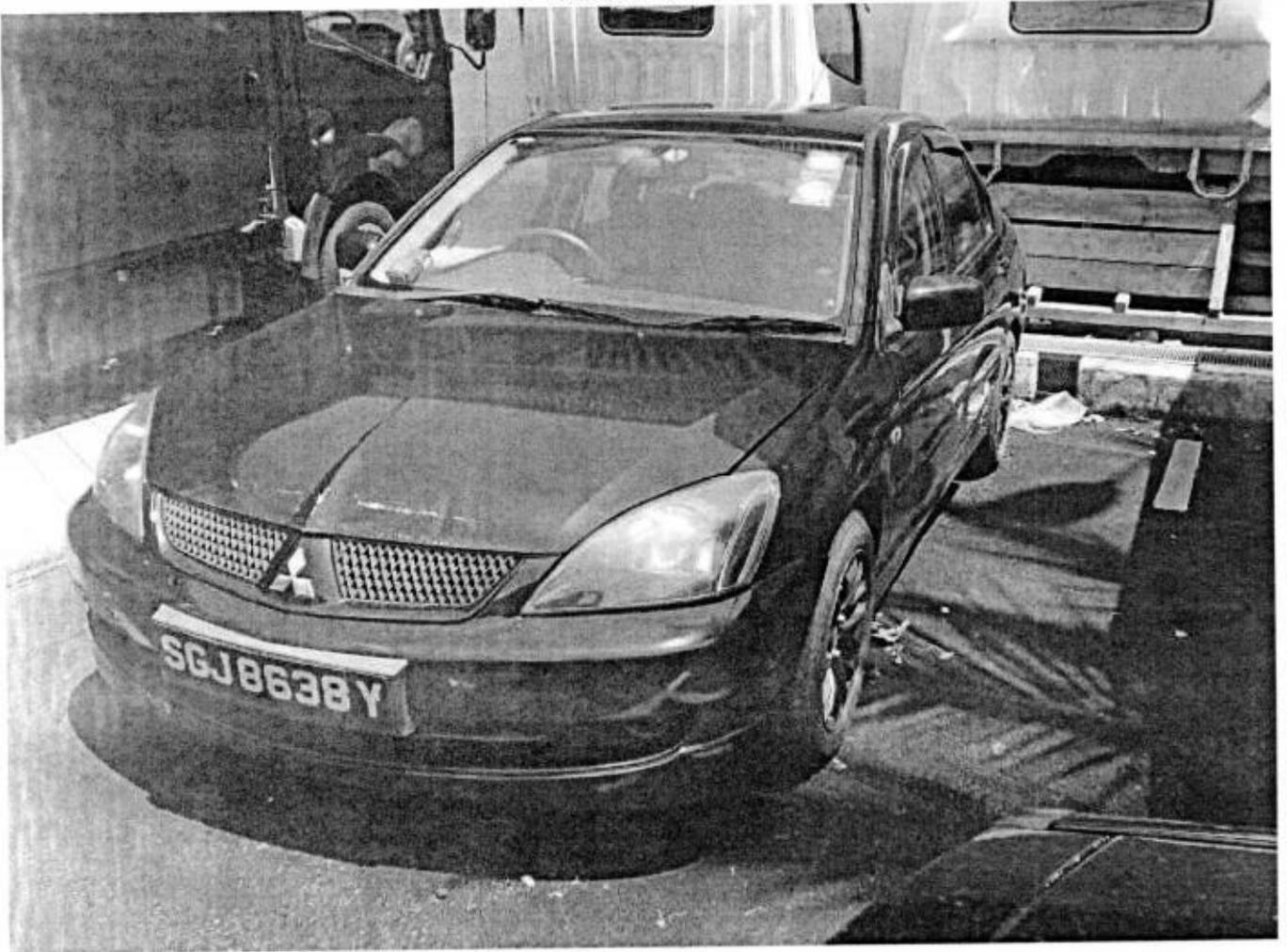
Accident Photo



Accident Photo



Accident Photo



Accident Photo

