

NATIONAL Assessment Centre Services. [wef 1 Jan'05] : MMA 119109942.

Date In: 21/8/19 14:22	Job description	Date & Time Completed	Done by
Ref No: KIA1 AIG 19014629144	SAS e-filing		
Veh No: KPE SMA 6685A	E-mail (within 3hrs, AIC 2hrs)		
DDA: 21/8/19 08:30	I-Motor Claim Form		
OD - TP : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMF 78995.	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: ()	(%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 19014629144)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

MA1906146	Invoice No: MA1906146	Amount (\$)	Refund (\$)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100)	INC (\$80)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
OD:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (Nil): TP (Non INC) against INC	\$20		
9) NI2: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	21/08/2019 14:22
Date Of Accident	02/08/2019 08:30
Exact Location Of Accident	KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6685A
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Insured/Policyholder

Name Of Registered Owner	OEI KUAN DOONG LARRY (HUANG GUANDONG,LARRY)
NRIC No	S7907437C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90406403
Alternative Phone No	OFFICE-90406403

Vehicle Particulars

Manufacturer	CITROEN
Model	GRAND C4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1800068701
Cover Note Number	-

Driver

Name of Driver	SNG YAN TING
NRIC No	S7834821F
Date Of Birth	13/11/1978
Occupation	INDOOR
Date Of Driving Pass	14/05/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90406403
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 416B FERNVALE LINK #18-92
Postcode	792416
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO 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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20190821/2056

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF7899S
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)

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

Unable to Provide Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

F / 20190821 / 2056

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.:



SINGAPORE POLICE FORCE



F/20190821/2056

1 of 2

POLICE REPORT (NP299)

Report No. F/20190821/2056

Police Station Of Origin
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Date/Time Report Made 21/08/2019 13:20		Vide Report No.		Station Diary No. 63	
Name Of Informant SNG YAN TING		Address APT BLK 416B FERNVALE LINK #18-92 SINGAPORE 792416			
ID Type / ID No. NRIC NO / S7834821F		Contact No. Home/Office		Mobile 90406403	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Housewife		Sex Female	Age 40	Date of Birth 13/11/1978	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 20/08/2019 17:00		Location Of Incident 416B FERNVALE LINK #18-92 FERNVALE RIVERBOW SINGAPORE 792416			

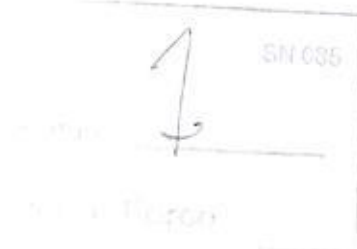
Brief details.

On 20/08/2019 at about 1700hrs, I receive a letter from an law firm claiming that I have an accident with another vehicle bearing SMF 7899S on 02/08/2019. I tried to recall but I did not recall having an accident with another vehicle. I am driving vehicle bearing SMA 6685A. The letter was addressed to me from LKK Auto Consultants Pte Ltd. The letter says that the accident happened at KPE Tampnies Expressway.

On the day itself, I tried to retrieve my in-car camera but the video footages were already overwritten and

Signature Of Officer Recording The Report: F / Sgt 2 TAN BING REN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2019 13:20
Officer In-Charge Of Case: F / Sengkang N.P.C / Sgt 2 TAN BING REN Contact No.: 63438999	Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190821/2056

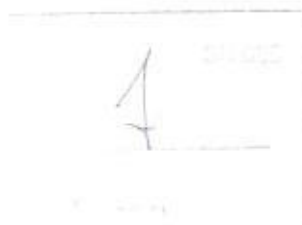
I did not have the chance to retrieve it to take a look at it. I wish to affirm that I did not have any accident on the day itself and if I indeed have an accident, I would have came down from the vehicle to make a check. I wish to state that I drove my vehicle from 0830hrs to roughly 0900hrs along KPE at the point in time and I did not encounter any or met with any traffic accident along the way.

I wish to state that there are no damages to my vehicle whatsoever.

I am lodging this report for recording purposes.

Signature Of Officer Recording The Report: F / Sgt 2 TAN BING REN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2019 13:20
Officer In-Charge Of Case: F / Sengkang N.P.C / Sgt 2 TAN BING REN Contact No.: 63438999	Classification Of Case:

Authentication Stamp



REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7834821F**
 Name: **SNG YAN TING**
 Birth Date: **13 Nov 1978**
 Issue Date: **14 May 2009**

001741578C

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S7834821F**
 Name: **SNG YAN TING**
 孫燕婷
 Race: **CHINESE**
 Date of Birth: **13-11-1978** Sex: **F**
 Country of Birth: **SINGAPORE**

For LKK/NAC Use Only

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


Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg
 PASS DATE: 14 May 2009

NP 428A

Licence No: S7834821F

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE


 S7834821F
 Blood Group: **O+** Date of issue: **13-11-2001**
 APT BLK 416B FERNVALE LINK #18-92
 SINGAPORE 792418
 NRIC No: S7834821F Date: 05/11/2015
 A0078479

For LKK/NAC Use Only

CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: OEI KUAN DOONG, LARRY (HUANG GUANDONG, LAR	Vehicle No.	: SMA6685A
Period of Insurance	: 18 Jun 2018 To 17 Jun 2020	Policy No.	: 1800068701
Engine No.	: 10XTA40841188	Endorsement No.	:
Chassis No.	: VF73AHNYTHJ851232	Issued Date	: 27 Jun 2018

ABOUT THE COVER

Make/Model	: CITROEN Grand C4 Picasso 1.2	Sum Insured	: Market Value	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 1,199.00 CC	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above**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 - 1600cc

* 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 - \$3600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

OEI KUAN DOONG, LARRY (HUANG GUANDONG, LARRY) - \$3600 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre Add: 20 Leng Kee Rd Singapore 159094 64708688

2. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

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).

0504621222

C&CCICP2 - CLEOTE
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCASE



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AIG19013671/db3

Date: 19 August 2019

**By Registered Mail
(1st Reminder)**

OEI KUAN DOONG, LARRY (HUANG GUANDONG, LARRY)

416B Fernvale Link
#18-92
Singapore 792416

Dear Sir,

**ACCIDENT INVOLVING SMA 6685A AND SMF 7899S ON 02/08/2019
ALONG/AT KPE TAMPINES EXPRESSWAY**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd to settle a **THIRD PARTY** claim against you for an accident which happened on the above-mentioned date and location.

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of AIG reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre.

Please note that you had been notified by our via mail by post from our office on **08 August 2019**.

To enable us to look into the matter immediately, please let us hear from you within fourteen (14) days from date of this letter (by **03 September 2019**).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s AIG Asia Pacific Insurance Pte Ltd reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

Carlor Chan
Claims
Tel : 6841 5792
Fax: 6741 4108
Email : Jiale@lkkauto.com

c.c *Claims Manager*
 AIG Asia Pacific Insurance Pte. Ltd
 (Motor Claims Dept)