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	From (Person); Heralysa Bt	lbruhim of	INC	Date/Tim	0: 19/1/19 @9.520m
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	To Inspect Vehicle No:	SMG A		Insured: S	JS 30899
	at Workshop m/s	thiam Hen	a threat	Tel: 826	3 6295 .
	of176	Sin Ming Dr			
	Policy No:		Claim No:	MT/10710	132-00
	Sum Insured:		Excess:		
	Make of Velu (Client's Record)		Lxxxxx	D.O.A.	15/11/2019
	CA / REV / REP. / REV 24	CHRS		RAD	Endorsement:
	Date/Time: 10:13amg 19/11	100	etro	_	
		Person Contact	ca: 3/04	Vehicle II	NAME OF THE PARTY
	Date/Time Action/Instruction	on Tohonott IV			
	SMG 416	ob-×			
		UG-HBA/IA	(1802.000)	/у	DOA; Allitools
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Section Date Section	Surveyor Gol. REF: INC	SSIGNMENT
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To Inspect Vehicle No: at Workshop mis	Estimated Cost:	The state of the s
at Workshop m/s of Insured: Policy No. Claims No. Sum Insured: (Clients Record) Make of Veh: Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Roort. Claims Up I A Res. Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date/Time, File Pass to? The U/C / Chassis frame / Body Structure affected due to collision. Report Format: Colour Sheffing: Incord Sk 9 () Photos CONS: CON	OD (FP) WS / TP RES / OD RES / EVA / INV / MV	^
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Insured. Sp.Reading	at Workshop m/s Thian Hene Hust	Colour Mite A/C: Insured / Std / NI / NA
Policy No. Claims No. Sum insured: Excess: Excess: Seering: Inorger / Jammed / Leaked / Burnt or Steering: Inorger / Jammed / Leaked / Burnt or Steering: Inorger / Jammed / Leaked / Burnt or Modi: Nil / SIRIM / STOARIM or Tyre Size: F: (9 5 / 5 5 / 2 6	37	Sp.Reading 86914 T/Radio: Insured / Std / NI / NA
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Claims No. Sum insured: Excess: Success: Steering: Inorger / Jammed / Leaked / Burnt or Steering: Inorger / Jammed / Leaked / Burnt or Steering: Inorger / Jammed / Leaked / Burnt or Modi: Nil / Sirilim / STDQRim or Tyre Size: F: (\$ 5 / 55 / 2 &	Policy No.	C/No: VF/RFA0.761665863
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 witholding 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.

- 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.

的对于自由的特别是自由的自由的自由的自由的	ACCIDENT STATEMENT
Date Of Report	18/11/2019 11:29
Date Of Accident	15/11/2019 18:50
Exact Location Of Accident	TAMPINES CENTRAL 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG4160D
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	DENNIS.DENG@MUNICHAUTOCARE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96826300
Vehicle Particulars	
Manufacturer	RENAULT
Model	GRAND SCENIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994322
Cover Note Number	
Driver	
Name of Driver	JUAY CHONG HOCK
NRIC No	S1750084H
Date Of Birth	28/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84680084

NOEMAIL

Address

BLK 105C EDGEFIELD PLAINS #04-81

Postcode

823105

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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)

2

involved in the accident Was any body injured in the Accident?

YES

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)

5

Passenger 1

NAME:

: GOJEK PASSENGER

GENDER:

: MALE

Passenger 2

NAME:

: GOJEK PASSENGER

GENDER:

: MALE

Passenger 3

NAME:

: GOJEK PASSENGER

GENDER:

: FEMALE

Passenger 4

NAME:

: GOJEK PASSENGER

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.

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

SJS3089G

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)

No. Of Passenger (including Driver)				
A DEVICE THE BOOK OF THE PARTY.	DETAILS OF INJURED PERSON 1			
Name	JUAY CHONG HOCK			
Approximate Age	53			
Injuries Sustain				
Injured person in which vehicle?	SMG4160D			
Were seat belts worn?	YES			
Was this injured conveyed to hospital by ambulance?	NO			
Address	BLK 105C EDGEFIELD PLAINS #04-61			
Postcode	823105			

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as nosaible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)
 - 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:

1 8 NOV 2019

Reporting Centre Personnel's Signature

NRIC/FIN No .:

Name:

Jenny Lim

Sketch Plan Pg. 2

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		SJS 30896
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DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT Tampine	s central 1
	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Vehicle No: 8MG 416	OD 1053	
Accident Date: 15.	11.2019 Time: 1850	
Place of Accident =	Tampines Central 1	
PULL OF THE PROPERTY -	tour princes congress	
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3rd Party = SJS 3	0899	
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While I I ground 1850, 2 Sido. I found out	was traveling along -at-t	ad hit to my rear

Policyholder's Signature Date & Time: Driver's Signature
(If driver is not the policyholder)
Date & Time: 18 NOV 2019

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Jenny Lim



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M Z 400

COMPREHENSIVE

COMMERCIAL MOTOR

POLICY EXCESS

SUM INSURED

S\$1500.00 (Sect I & Sect II)

CERTIFICATE NO.

SMG4160D

WINDSCREEN EXCESS

\$\$100.00

(The below excess is subject to GST)

POLICY NO.

999994322

Market Value

INSURING WITH COE/PARF YES SMG4160D

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

BIS MOTORING PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

26 December 2018 25 December 2019

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission, Authorised driver must be between age 23 to 65 with at least 2 years driving experience.

Accident repair can be carried out at Munich Auto Care in the condition that all repairs have to be surveyed, appointed by AIG surveyors before proceeding with repair.

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 disquelified by order of a Court of Law or by reason of any enautment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy dose not cover: 1) Use for fullon, driving test, racing, pace-making, reliability trial or speed-testing, 2) Use whitst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle, 3) Use for any surpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

RHB BANK BERHAD

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (Maleyeia), are not to be included under those headings.

1 / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 01 Jan 2019

500656-000 Cowell Insurance (Agency) Pte. Ltd. 8 Burn Road #09-09 Trivex Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL





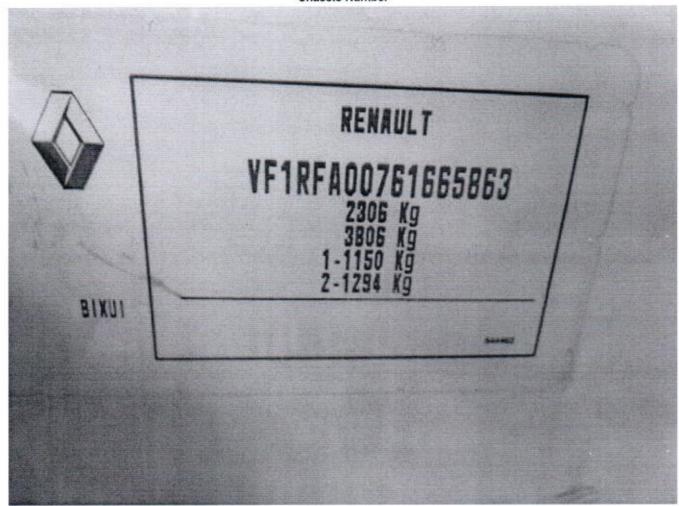












> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	055D
Vehicle Details	CONTRACTOR AND
Vehicle No.:	SMG4160D
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Nov 2019
Vehicle Make:	RENAULT
Vehicle Model:	GRAND SCENIC IV 1.5 DCI AT EU6
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	K9KF649D058870
Chassis No.:	VF1RFA00761665863
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$25,440.00
Original Registration Date:	18 Dec 2018
First Registration Date:	18 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$17,616.00
ntended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Dec 2028
PARF Rebate Amount:	\$13,212.00
ntended COE Rebate Details	
COE Expiry Date:	17 Dec 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$25,556.00
COE Rebate Amount:	\$23,181.00

The information contained herein is correct as at 21 Nov 2019

OK

Nivitha (LKK Auto)

From:

Sent:

To: Cc: Subject:

Admin-D (LKKAuto); assignments

Hazalysa Binte Ibrahim

Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>

Tuesday, 19 November 2019 3:26 PM

RE: TP CASES FARMED OUT TO LKK ON 19/11/2019

Dear LKK,

Re-send with details.

Thank you.

Warmest Regards

Operations, Motor & Personal Lines (PL) Hazalysa Bte Ibrahim www.income.com.sg Admin Assistant











Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. At Income, we are 'In with You' on Performance, Growth, Find out more at income.com.sg/careers

From: Hazalysa Binte Ibrahim

Sent: Tuesday, 19 November 2019 9:52 AM

To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>

Cc: Alice Low <alice.lowkc@income.com.sg>

Subject: TP CASES FARMED OUT TO LKK ON 19/11/2019

Hazalysa Bte Ibrahim Motor Department Admin Assistant T+65 6430 7902















Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify. At Income, we are 'In with You' on Performance, Growth, Find out more at income.com.sg/careers

PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

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This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Thiam Heng Huat Pte Ltd

176 Sin Ming Drive #05-14 Sin Ming Autocare Singapore 575721 Mobile: 82636295 Email: thiamhenghuat@gmail.com

Make/Model: RENAULT GRAND SCENIC Engine/Chassis No.: VF1RFA00761665863

Date of accident:

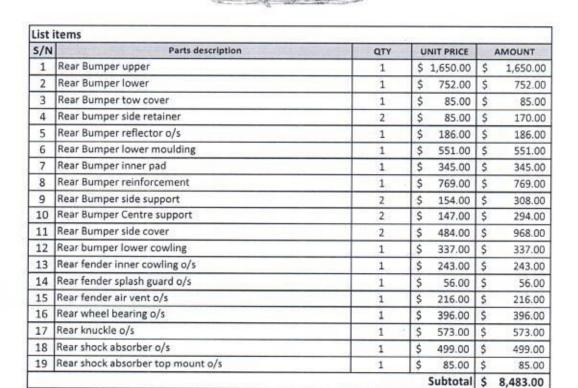
Damaged area: O/S Rear

Date: 19/11/2019 Claim Type: TP VRN: SMG4160D

List discount

Total \$

10.00% **7,634.70**



No.	Parts description	QTY	U	UNIT PRICE		AMOUNT	
1	Rear fender inner cowling clips o/s	8	\$	6.50	\$	52.00	
2	Rear Bumper clips	10	\$	6.50	\$	65.00	
3	Reverse sensor	2	\$	280.00	\$	560.00	
4	Rear alloy wheel 20" o/s	1	\$	550.00	\$	550.00	
5	Rear tyre 20" o/s	1	\$	380.00	\$	380.00	
6	Sundries	1	\$	50.00	\$	50.00	
- 100			-	Total	\$	1,657.00	

Repair Estimate

Lab	our			
No.	Description	Work unit	12.0	Amount
1	To dismantle / renew accident damaged portion. To panel beat, reshape, straighten, orientate and align repair / replacement parts.	5	\$	1,000.00
2	To disconnect rear wire harness of electrical components to facilitate repairs, reconnect and check functions including taillamp lightings.	0.25	\$	50.00
3	To remove and refit o/s rear tyre & rim. To perform tyre balancing.	0.25	\$	50.00
4	To remove and refit o/s rear undercarriage for replacement of parts.	1	\$	200.00
5	Supply spray paint material and necessary items to respray rear bumper, end panel, o/s rear fender and other affected area / panel.	4	\$	800.00
6	To rust proof all affected portions after repair.	0.5	\$	100.00
7	To conduct computerized wheel alignment.	0.5	\$	100.00
	To	tal labour	\$	2,300.00

Estimate Grand Total \$

11,591.70