

ASS. REC. BY:

REF:

3
C8/A14/1902/393 / At d302

Special Instruction:

Envelope: Adhan

Murnan

ASSIGNMENT (Office)

From (Person): Jennifer Chan

of

AIG

Date/Time: 3/12/19 @ 4:59pm

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SJV 7171J

Insured:

SKN1018P

at Workshop n/s

U2 spray painting

Tel:

8618 6474

of

25 Kaki Bukit Road 4 # 06-43

Policy No:

Claim No:

423457616 ISG

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26/11/2019

CA / REV / REP. / REV 24 HRS

1up

H.O.D. Endorsement:

Date/Time:

9:37am @ 4/12/19

Person Contacted:

Ah. buct

Vehicle IN (OUT)

Date/Time

Action/Instruction

1-shm16 ✓

3/12/19-J-C8/A14/11025546/P2H4

D.O.A. 10/12/2011

SKN1018P- C8/A14/16012514/Avb2

D.O.A. 3/14/2016

Submit DAR Report

Your password will expire in 9 days. [Click here to change it.](#)

PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE ...

From: Chan, Jennifer-WM
To: Admin A, assignments
Cc: Fong, Andy-SY, Fan, Winnie-LW
Sent: 12/3/2019 4:59:19 PM

Hi LKK,

Kindly assist to survey, vehicle will be in on 05/12/2019 (Thursday) after 12pm.

Venue: **U2 Spray Painting Pte Ltd**
Address: 25 Kaki Bukit Road 4
#06-43 Synergy @ KB
Singapore 417808
Contact: Mr. Ah Huat @ 8618 6474

Thanks & regards
Jennifer Chan

From: Hor, Yinrul
Sent: Tuesday, 3 December, 2019 1:32 PM
To: winstlow@singnet.com.sg; 'weeyuweed weeyuweed'
Cc: Fong, Andy-SY; Chan, Jennifer-WM; Abu Kassim, Noor Mariesa; Azlan, Syazairdina; Chan, Yoke Shi; Lim, Sheng Yang; Mithoosingh, Aashweenjeetkaur; Parthiban, Theerthan; Subramaniam, Divyashni
Subject: aigencrypt PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SKN1018P AND SJV7171J ON 26/11/2019

Without Prejudice

Your Reference : SJV7171J
Our Reference : SKN1018P

Dear Sir/Madam,

We refer to your Notice of Accident of even date.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert:

| Name of Surveyor | Company Name |
|--------------------------|--|
| AIG In House Surveyor | AIG Asia Pacific Insurance Pte Ltd |
| Lawrence Ng Chun Kee | Priority Services |
| Jeffrey Ong Leng Kiat | Priority Services |
| Jimmy Lee | Priority Services |
| EC Looi | Automobile Inspection Services Pte Ltd |
| Pang Kiah Keen (Frankie) | Formteam Adjusters Pte Ltd |
| Ng You Han | Formteam Adjusters Pte Ltd |
| Soon HanXin (Gary) | Formteam Adjusters Pte Ltd |

| | |
|--------------------------|------------------------------|
| Chow Bo Xiong | Formteam Adjusters Pte Ltd |
| Chua Soo Teck (Benjamin) | Formteam Adjusters Pte Ltd |
| Kalvin Ang | LKK Auto Consultants Pte Ltd |
| Xing Guo Qiang | LKK Auto Consultants Pte Ltd |
| Marcus Chua | LKK Auto Consultants Pte Ltd |
| Mohamad Taufikh | LKK Auto Consultants Pte Ltd |
| Adrian Ling | LKK Auto Consultants Pte Ltd |
| Mohammed Rasul | LKK Auto Consultants Pte Ltd |
| Kenneth Kong | LKK Auto Consultants Pte Ltd |

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one or more of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Thanks & Regards,

Hor Yin Rul (Viviane)

AIG

FNOL Adjuster I

Singapore FNOL | Claims Operations – Auto

Tel: 8001206556 | Ext: 1002208

Yinnul.Hori@aig.com | www.aig.sg

From: Winston Low [mailto:winstlow@singnet.com.sg]

Sent: Tuesday, December 03, 2019 11:51 AM

To: ClaimsDocManagement

Cc: 'weeyuweed weeyuweed'

Subject: [EXTERNAL] ACCIDENT INVOLVING SJV 7171J & SKN 1018P AT THE JOHOR BAHRU IMMIGRATION COUNTER ON 26th NOVEMBER 2019 AT ABOUT 4.25 P.M.

This message is from an external sender; be cautious with links and attachments.

Your Ref: SKN 1018P

Our Ref : SJV 7171J

Dear Sirs,

1. We act for Mr Lim Liang Wee, the owner of vehicle no. SJV 7171J.
2. We are instructed to claim damages against you in connection with the above accident.
3. Pursuant to the State Courts NIMA Protocol, we hereby give you notice to conduct a pre-repair inspection of our client's motor vehicle at the under-stated workshop: -

Venue: **U2 Spray Painting Pte Ltd**
Address: 25 Kaki Bukit Road 4
#06-43 Synergy @ KB
Singapore 417808
Contact: Mr. Ah Huat @ 8618 6474

4. TAKE NOTICE that you are required to respond to us within 2 working days (excluding Saturday, Sunday and Public Holiday) of receipt of this notice as to whether you wish to carry out or waive a pre-repair inspection. If we do not hear from you in this regard by the stipulated time, we shall construe your silence as waiver of the requirement for a pre-repair inspection and our client's repairers shall proceed to repair our client's vehicle.

Regards

Winston Low
M/s Winston Low & Partners

cc : client (SVJ 7171J)

Notice & Disclaimer:

The information contained in this email (including all attachments) is both confidential and protected by legal professional privilege. It is intended for the use only of the addressee named. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, publication or copying of this email is strictly prohibited. If you have received this email in error, please accept our apologies, delete the original email from your system including all copies made, and notify us by return email at winstlow@singnet.com.sg

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|----------------|----------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 1422 |

Vehicle Details

| | |
|-------------------------------|----------------------------|
| Vehicle No.: | 5JV7171J |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 24 Mar 2020 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | C200 AMG LINE PREMIUM AUTO |
| Primary Colour: | White |
| Manufacturing Year: | 2016 |
| Engine No.: | 27492030901694 |
| Chassis No.: | WDD2054422F486020 |
| Maximum Power Output: | 135.0 kW (181 bhp) |
| Open Market Value: | \$59,525.00 |
| Original Registration Date: | 15 Sep 2017 |
| First Registration Date: | 15 Sep 2017 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$79,145.00 |

Intended PARF Rebate Details

| | |
|-------------------------------|-------------|
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 14 Sep 2027 |
| PARF Rebate Amount: | \$59,358.00 |

Intended COE Rebate Details

| | |
|-----------------------------|----------------------------------|
| COE Expiry Date: | 14 Sep 2027 |
| COE Category: | E - Open - all except motorcycle |
| COE Period(Years): | 10 |
| QP Paid: | \$48,005.00 |
| COE Rebate Amount: | \$35,880.00 |
| Total Rebate Amount: | \$95,238.00 |

The information contained herein is correct as at 24 Mar 2020

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 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 | 02/12/2019 15:52 |
| Date Of Accident | 26/11/2019 16:25 |
| Exact Location Of Accident | JB CUSTOM |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SJV7171J |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM LIANG WEE |
| NRIC No | S7114142Z |
| Email Address | JAMESCAVEN71@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83887171 |
| Alternative Phone No | OTHERS-83887171 |

Vehicle Particulars

| | |
|--------------|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | C200 |

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 | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | PNPV2019-00005558 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | LIM LIANG WEE |
| NRIC No | S7114142Z |
| Date Of Birth | 01/06/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/04/1997 |
| Driving Experience | 22 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83887171 |
| Fax Number | |
| Contact Number | OTHERS-83887171 |
| EMail Address | JAMESCAVEN71@GMAIL.COM |

| | |
|---|---------------------------------|
| Address | BLK 132 BEDOK RES ROAD #05-1261 |
| Postcode | 470132 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - 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? | 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of Intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

Details of Witness 1

| | |
|---------------|----------------------|
| Name | ANDREW ANG CHOON HER |
| Phone Number | 84487168 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SKN1018P |
| Vehicle Make/Model/Colour | AUDI |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM LIANG WEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJV7171J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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 willful 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 lodging 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 shed 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.

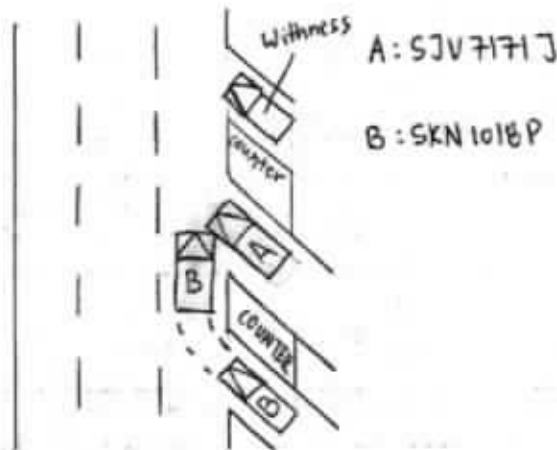
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time my vehicle was stationary while waiting for my passport to be cleared, I suddenly heard a loud bang and felt a huge impact on my vehicle front left portion. Then vehicle B suddenly just left the scene without stopping and flee the accident scene.

DECLARATION

(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/ID No.:

Police report



**SINGAPORE
POLICE FORCE**



T/20191127/2003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20191127/2003

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:
TP /
EUGENE AW WEI XUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI SENG
Contact No.: 65476151 9338 9881

Authentication Stamp
NP168

JUARAH 65476219

Signature Of Informant:

Date/Time:
27/11/2019 00:23

Classification Of Case:
 **SINGAPORE
POLICE FORCE**

Signature: 

Police report



**SINGAPORE
POLICE FORCE**



T/20191127/2003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20191127/2003

CONTINUATION OF REPORT

Brief Details.

ON THE STATED DATE, TIME AND LOCATION

WHEN I REACH THE JB CUSTOM AT AROUND 1625HRS, THE TRAFFIC FLOW WAS SLOW AND THE JAM WAS LONG. AFTER I HAD MY PASSPORT STAMP AND CLEARANCE AT THE CUSTOM, I WAS ABOUT TO TURN OUT BUT I STOP TO GIVE WAY TO ONCOMING VEHICLE. WHEN I STOP, A CAR OF VEHICLE NUMBER SKN1018P HIT ONTO MY CAR AND DROVE OFF. I DO NOT HAVE TIME TO STOP HIM. MY VEHICLE FRONT BUMPER AND RIM WAS HIT. WHEN I DROVE MY VEHICLE, IT WOBBLE BUT I GOT NO CHOICE AS I NEEDED TO DROVE OUT OF THE CUSTOM.

THE CAR BEHIND ME OF MERCEDES BY THE NAME OF ANDREW ANG CHOON HER, STOP ME AND AGREED TO BE MY WITNESS. HE GAVE ME HIS NAME CAR AND WILL RETRIEVE THE CAMERA FOOTAGES.

I DROVE MY CAR TO THE PETROL KIOSK TO CALL FOR TOWING FROM MALAYSIA TO JB WORKSHOP. THE WORKSHOP INFORM ME THAT THIS REPORT HAS TO BE MADE IN SINGAPORE AS IT INVOLVE SINGAPORE VEHICLE.

THE TOTAL DAMAGES TO MY CAR IS \$4075

HOPE THAT THE INVESTIGATION OFFICER WILL BE ABLE TO HELP AND ASSIST TO CONTACT THE DRIVER OF VEHICLE NUMBER PLATE SKN1018P.

I FELT THAT THE DRIVER THAT HIT ONTO ME IS IRRESPONSIBLE AS HE DROVE OFF AFTER HITTING MY CAR. THE COLLISION SOUND WAS LOUD, IT IS IMPOSSIBLE THAT THE DRIVER CANNOT HEAR.

WITNESS:

NAME ANDREW ANG CHOON HER
HP: 8448 7168

THE WITNESS WILL BE CONTACTING ME TOMORROW 27/11/2019 AS I NEED TO RETURN BACK ONE OF HIS PHONE WITH MALAYSIA DATA THAT HE BORROW ME.

Police report



T/20191128/2149

4 of 4

Report No. T/20191128/2149

Continuation of CSF For NP168

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.

| | |
|---------------------------|---|
| Case Sensitivity | No |
| Officer-In-Charge of Case | TP / AEIT / MOHAMAD ZULFAZDLI BIN ABDULLAH |
| Classification of Case | 1) INJURY / OTHERS |

Police report



T/20191128/2149

3 of 4

Report No. T/20191128/2149

Continuation of CSF For NP168

PROPERLY.

THE WITNESS HAPPENED TO BE AT THE COUNTER ON MY RIGHT WHICH ENABLED HIM TO WITNESS THE WHOLE INCIDENT AND OFFERED SAYING THAT HE GOT THE VIDEO CLIP WHICH WAS TAKEN BY HIS CAR CAMERA THAT WOULD HELP WITH THE CASE AND CAN ALSO BE MY WITNESS IF THERE IS ANY NEED OF INTERVIEW OR INVESTIGATION.



SINGAPORE
POLICE FORCE

Signature: _____

Police report



T/20191128/2149

2 of 4

Report No. T/20191128/2149

Continuation of CSF For NP168

| | | | |
|-----------------------------------|-----------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LIM LIANG WEE | ID No. | S7114142Z |
| Related Vehicle | SJV7171J (Car) | Contact No. | 83887171 |
| Hospital/Clinic | HEALTHPLUS CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 28/11/2019 | Date Discharge | 28/11/2019 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | UNKNOWN | ID No. | NIL |
| Related Vehicle | SKN1018P (Car) | Contact No. | NIL |
| 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 |
| WITNESS | | | |
| Name | ANDREW ANG CHOON HER | ID No. | S7324768C |
| Related Vehicle | SME7168Z (Car) | Contact No. | 84487168 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Facts.

ON REFERENCE TO THE INCIDENT NO. T/20191127/2003 I WOULD LIKE TO AMEND THE FOLLOWING

WHEN I REACH THE JB CUSTOM AT AROUND 1625HRS, THE TRAFFIC FLOW WAS SLOW AND THE JAM WAS LONG. AFTER I HAD MY PASSPORT STAMPED AND CLEARANCE AT THE CUSTOM, MY VEHICLE MOVED FORWARD AND STOPPED AND GIVE WAY TO ONCOMING VEHICLES, SUDDENLY A VEHICLE SKN1018P FROM MY LEFT WHICH SUPPOSE TO BE THE NEXT COUNTER ON MY LEFT SIDE TURNED VERY QUICKLY AND HIT MY VEHICLE ON THE LEFT BUMPER, RIM, TYRE AND WHEEL AND HE DROVE OFF VERY QUICKLY AND I WAS UNABLE TO CHASE HIM OR STOP HIM. MY VEHICLE WAS ALREADY DAMAGED AND COULD NOT OPERATE

Police report



T/20191128/2149

1 of 4

Report No. T/20191128/2149

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20191127/2003

Report Number T/20191128/2149

Vide Report Number T/20191127/2003

Date/Time of Report Made 28/11/2019 18:42

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant LIM LIANG WEE

ID Type / ID No. NRIC NO / S7114142Z

Home/Office

Mobile 83887171

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 26/11/2019 16:25

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|---------------|----------------------------|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SJV7171J | Car | MERCEDES BENZ | C200 AMG LINE PREMIUM AUTO | White | Seriously Damaged | 0 |
| SKN1018P | Car | AUDI | A4 1.8 TFSI MU (EU6) | | | 0 |
| SME7168Z | Car | MERCEDES BENZ | E 200CGI | Grey | | 0 |

Police report



**SINGAPORE
POLICE FORCE**



T/20191127/2003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20191127/2003

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 27/11/2019 00:23 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LIM LIANG WEE | | | Address: APT BLK 132 BEDOK RESERVOIR ROAD #05-1261 EUNOS SPRING SINGAPORE 470132 | | |
| ID Type / ID No.: NRIC NO / S7114142Z | | | Contact No.: Home/Office: Mobile: 83887171 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 48 | Date of Birth: 01/05/1971 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: PROJECT DIRECTOR | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------|----------------------|--|-------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 26/11/2019 16:25 | Type of Location: |
| Location: Along Road 1 Woodlands Crossing JOHOR BAHRU CUSTOM | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------------|----------------------------|-------|-------------------|-----------------|
| SJV7171J | Car | MERCEDES BENZ | C200 AMG LINE PREMIUM AUTO | White | Seriously Damaged | 0 |
| SKN1018P | Car | AUDI | A4 1.8 TFSI MU (EU6) | White | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|

Police report



**SINGAPORE
POLICE FORCE**



T/20191127/2003

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20191127/2003

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|------------------------|-------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJV7171J | FWD Singapore Pte. Ltd | PNPV2019-00005558 | 20/03/2019 | 19/03/2020 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------------|--|-----------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | LIM LIANG WEE | ID No. | S71141422 | |
| Related Vehicle | SJV7171J (Car) | Contact No. | 83887171 | |
| 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 | Unknown Driver | ID No. | NIL | |
| Related Vehicle | SKN1018P (Car) | Contact No. | NIL | |
| 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 | |
| WITNESS | | | | |
| Name | ANDREW ANG CHOON HER | ID No. | NIL | |
| Related Vehicle | NIL | Contact No. | 84487168 | |
| 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 Photo



Accident Photo

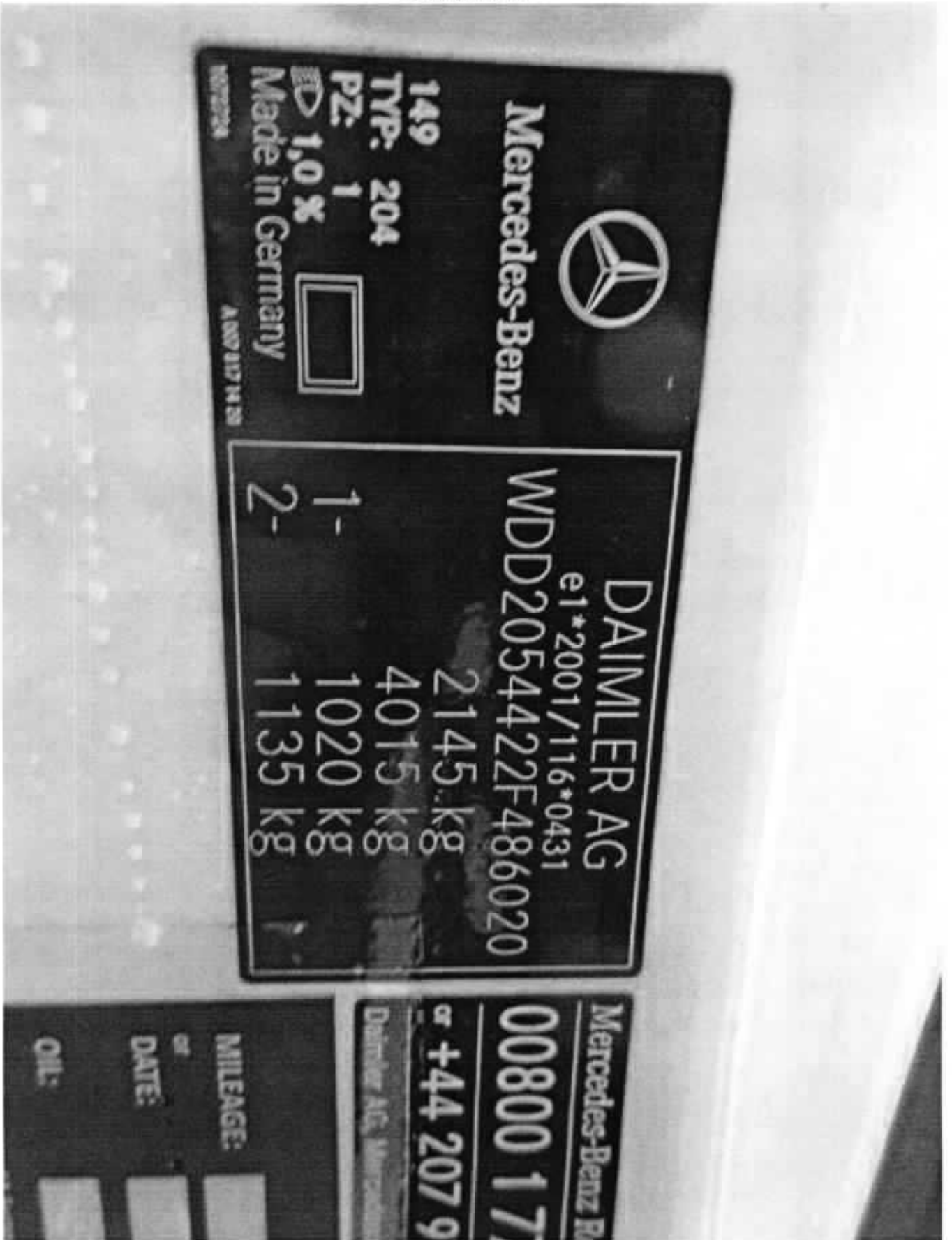


Accident Photo



Accident Photo





Accident Photo



...CLAIM SUBFOLDER...(Pending for Survey Report)

| CLAIM SUBFOLDER TRACKING | | | | | | | |
|--------------------------|---|---------------|---|--|--|-------------|---|
| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status |
| Main | 04 Dec 2019 Edit Reg | | 03 Dec 2019 00:00 Edit Adj Rpt | \$S\$0.00 Edit Estimates | \$S\$0.00 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|---|-----------|---|------------|----------|---------|-------------|--------------|------------|-------|
| CLAIM SUBFOLDER DETAILS [Created by adjuster] | | | | | | | | | |
| Insured: ABDUL HAMID BIN AHMAD , Co. Reg. No.: - | | | | | | | | | |
| Main Claimant: LIM LIANG WEE | | | | | | | | | |
| Vehicle Reg. No.: SJV7171J | | Date of Loss: 26/11/2019 16:00 - :59 [26 Months and 11 Days From LTA Reg Date (Man Yr)] | | | | | | | |
| Claim Type: TP / 4234576161SG | | Policy/Cover Note No.: (Comprehensive) | | | | | | | |
| Vehicle Reg. No. (Insured): SKN1018P | | Policy No. (Claimant): | | | | | | | |
| | | Excess: | | | | | | | |
| Repairer: U2 Spray Painting Pte Ltd (HQ) BLOCK 25 KAKI BUKIT ROAD 4 #06-43 SYNERGY @ KB, 417800 Kaki Bukit - Tel: | | | | | | | | | |
| Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Syed-Yusoff, Saliha] Saliha.Syed-Yusoff@aig.com | | | | | | | | | |
| Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ADRIAN LING] ... [Final Rpt due 13/12/2019] | | | | | | | | | |
| ASSOCIATED MAIL RECEIVED View All Compose Case Mail | | | | | | | | | |
| <ul style="list-style-type: none"> AIG_SG (06/12/2019): NO OI GIA REPORT AIG_SG (06/12/2019): TP GIA report | | | | | | | | | |
| ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete | | | | | | | | | |
| Due Date | Priority | Type | Task Group | Subject | Handler | Assigned By | Completed On | Created On | Done? |
| No results. | | | | | | | | | |

Claim Documents

*SJV7171J (4234576161SG)
[SKN1018P]
TP
LIM LIANG WEE
Nov 26 2019 4:25PM
[ABDUL HAMID BIN AHMAD]
U2 Spray Painting Pte Ltd

| | | | | | | |
|------------------|---------------|--------------------|--------------|--------------|------|-----------------|
| Upload Documents | Upload Photos | Compose New Letter | Upload Video | Upload Audio | View | View in Browser |
|------------------|---------------|--------------------|--------------|--------------|------|-----------------|

| Photos/Images | | | | 3 per page | <input checked="" type="checkbox"/> |
|---------------|-----------------|-----------------------------------|--|------------|-------------------------------------|
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | Thumbnail | Print |
| 1 | 08/01/20 10:22 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 2 | 08/01/20 10:22 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 3 | 08/01/20 10:22 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 4 | 08/01/20 10:22 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 5 | 08/01/20 10:22 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 6 | 08/01/20 10:22 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 7 | 08/01/20 10:22 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 8 | 08/01/20 10:23 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 9 | 08/01/20 10:23 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 10 | 08/01/20 10:23 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 11 | 08/01/20 10:23 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 12 | 08/01/20 10:23 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 13 | 08/01/20 10:23 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 14 | 08/01/20 10:23 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 15 | 08/01/20 10:23 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 16 | 08/01/20 10:23 | General View | | Load JPG | <input checked="" type="checkbox"/> |
| 17 | 08/01/20 10:23 | General View | | Load JPG | <input checked="" type="checkbox"/> |

| Documentation | | | | 1 per page | <input checked="" type="checkbox"/> |
|---------------|-----------------|-----------------------------------|--|------------|-------------------------------------|
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | Thumbnail | Print |
| 1 | 19/03/20 11:48 | TP Singapore Accident Statement | | Load PDF | |

Documents Checklist

| | | | |
|--|-------|------|-------|
| DOCUMENTS CHECKLIST | Reset | Save | Print |
| There are no document checklists configured. | | | |
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | | |
| Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small> | | | |

LKK Auto Consultants Pte Ltd (Co Reg No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AIG19021393/ATD3E2

Date: 25/03/2020

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

Claimant Vehicle No : SJV7171J

Insured Vehicle No : SKN1018P

Date of Loss: 26/11/2019

Nature of Claim: TP

Claim No: 4234576161SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJV7171J

Make & Model: MERCEDES-BENZ C200 AMG LINE, 2.0 (A)

Engine No: 27492030901694

Reg. Date: 15/09/2017 (Man. Year: 2016)

Chassis No: WDD2054422F486020

Colour: White

Odometer: 57681 km

Engine Capacity: 1991 cc

Market Value/New Car Price: N/A

Sum Insured (\$\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 225/40 R19

Rear Tyre Size:

225/40 R19

Front Left Side: Michelin 6 mm

Rear Left Side:

Michelin 6 mm

Front Right Side: Michelin 6 mm

Rear Right Side:

Michelin 6 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|---------------------------|-------------|-------------|-------------|--------|
| Parts | 0.00 | 0.00 | 0.00 | |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 0.00 | 0.00 | 0.00 | |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Nett Amount (\$\$) | 0.00 | 0.00 | 0.00 | |

INSPECTION

Date of Assignment: 03/12/2019

Date Inspected: 05/12/2019 Inspected At:

U2 Spray Painting Pte Ltd (HQ)
 BLOCK 25 KAKI BUKIT ROAD 4 #06-43
 SYNERGY @ KB
 Singapore 417800

Estimated Period of Repair: 3.0 days

Adjuster: ADRIAN LING

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Recommended Parts

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|-------------------|-----|----------|------------------------------|-----------|------------|--------|
| 1 | 1 | | *FRT BUMPER | Deformed | 0.00 F | *- F |
| 2 | 1 | | *FRT BUMPER CLIPS | Necessary | 0.00 F | *- F |
| 3 | 1 | | *FRT BUMPER SIDE RETAINER LH | Damaged | 0.00 F | *- F |
| 4 | 1 | | *FRT BUMPER SENSOR | Damaged | 0.00 F | *- F |
| 5 | 1 | | *FRT LH HEADLAMP ASSY | Cut | 0.00 F | *- F |
| Total Parts (S\$) | | | | | 0.00 | 0.00 |

F=Franchise part.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

| |
|---|
| Report was unsubmitted during this print-out. |
|---|

< END OF ESTIMATES >