

威利摩哆 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.
TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com
Business Regn No: 269436/00J

16, Dec 2019

AIG Pacific Insurance Pte Ltd
78 She nton Way
#07-16
S 079120

Attn: Motor claim dept-3rd party claim
Claiming against your insured vehicle no: SMP9273G
Accident involving vehicle no: SMJ6598X/SMP9273G/SJK5578R/SJG4337U/SMN2087J
DOA: 07/12/2019 AT PIE (Steven Rd twds Tuas)

Dear officer incharge
Cost of repair for vehicle no: SMJ6598X
To supply—

Description	Qty	Amount
Rear bumper	1	588.50
Rear bumper retainer @27	2	54.00
Rear bumper tow cover	1	22.00
End panel	1	306.70
Tailgate lock	1	198.60
Tailgate H logo	1	25.70
Tailgate stream emblem	1	38.50
Parts		1,234.00
Parts less 20%		246.80
		987.20

reverse sensor ✓

220

To remove damaged parts n attachments
Cut n weld damaged panel
Repair dented tailgate
Replace/align above parts into position
To spray paint

800.00

700.00

2,707.20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	10/12/2019 18:19
Date Of Accident	07/12/2019 22:20
Exact Location Of Accident	PIE (STEVEN ROAD) TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6598X
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Insured/Policyholder

Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97659964

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108497217
Cover Note Number	

Driver

Name of Driver	AZMAN BIN ANANG
NRIC No	S1708637E
Date Of Birth	10/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97659964
Fax Number	
Contact Number	OFFICE-97659964
Email Address	NOEMAIL

Address	APT BLK 405 JURONG WEST STREET 42 #10-617 SINGAPORE
Postcode	640405
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	CHAIN 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	5
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: : NA (WIFE) GENDER: : MALE
Passenger 2	NAME: : NA GENDER: : FEMALE
Passenger 3	NAME: : NA GENDER: : FEMALE
Passenger 4	NAME: : NA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP9273G
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJK5578R
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJQ4337U
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)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMN2087J
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)

DETAILS OF INJURED PERSON 1

Name	AZMAN BIN ANANG
Approximate Age	54
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SMJ6598X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 405 JURONG EAST STREET 42 #10-617 SINGAPORE
Postcode	640405

DETAILS OF INJURED PERSON 2

Name	NA (WIFE)
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SMJ6598X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	NA NA
Postcode	NA

SKETCH PLAN


IMPORTANT NOTICE

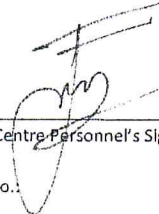
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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

P/E

A=SMJ6598X
B=SMF 92736
C=SSK 557ER
D=SSQ4337U
E=SMN2087J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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**



T/20191207/2042

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20191207/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2019 23:49	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: AZMAN BIN ANANG			Address: APT BLK 405 JURONG WEST STREET 42 #10-617 SINGAPORE 640405		
ID Type / ID No.: NRIC NO / S1708637E			Contact No.: Home/Office: Mobile: 97659964		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 10/09/1965	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2019 22:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards TUAS. After Stevens road exit near to Adam's road.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Chain collision	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJK5578R	Car			Blue	Seriously Damaged	0
SJQ4337U	Car			Silver	Seriously Damaged	0
SMJ6598X	Car	HONDA	Stream	Grey	Slightly Damaged	4
SMN2087J	Car		BLUE SG	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191207/2042

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20191207/2042

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
SMP9273G	Car			White	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AZMAN BIN ANANG		ID No. S1708637E
Related Vehicle	SMJ6598X (Car)		Contact No. 97659964
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave		NIL	Degree of Injury NIL

Brief Details.

On 7/12/2019 at about 2220hrs, while i was driving my rental vehicle bearing license plate: SMJ6598X along Pan Island Expressway towards Tuas after steven road exit near to Adam's road. at the first lane The vehicle in front of me made an abrupt brake as the traffic was heavy. The vehicle behind me bearing license plate SMP9273G was unable to stop in turn and hit on the back of my vehicle. There are 3 other vehicles behind the second who was unable to stop in turn caused the chain collision.

The sequence of vehicle as per followed:

- 1) SMJ6598X (my vehicle)
- 3) SMP9273G
- 3) SJK5578R
- 4) SJQ4337U
- 5) SMN2087J

I would like to state that my vehicle suffer slight scratch at the rear of the vehicle. There was no one injured in my vehicle however my wife is having shortness of breath thus she might visit a doctor if she requires.



**SINGAPORE
POLICE FORCE**



T/20191207/2042

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

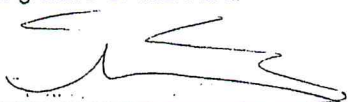

Report No. T/20191207/2042

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: D / Sgt 2 LOW SJ JIA, AMANDA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2019 23:49
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 	SN 34