

*This email, including any attachment, is confidential and may also be privileged.
If you have received it in error, please notify us immediately by reply email and then delete this message from your system.
Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Tuesday, 21 January 2020 9:22 am
To: Patricia Kueh Anak Slin <patricia.kueh@wearnes.com>; 'sur@lkkauto.com' <sur@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>
Cc: Paul Ong Qing Yong <paul.ong@wearnes.com>; Zuhaidah Samsuri <aida@iii.com.sg>
Subject: RE: TP Claim for SKF6600S

Dear Sir / Mdm,

Please conduct a survey on TP vehicle SKF6600S and let us have your report urgently.

This claim will be handled by Ms Aida.

*Kindly upload this survey request email to merimen.

*We started using audatex since 1st dec 2019. Please do adjustments throught Audatex and upload the report onto Merimen.

Thank You.

Best Regards,
Gabriel Wee



64 Cecil Street; #05 - IOB Building
Singapore 049711
Tel: 6347 6100, Ext - 248

From: Patricia Kueh Anak Slin [<mailto:patricia.kueh@wearnes.com>]
Sent: 20 January, 2020 4:03 PM
To: Motor Claim - III <motorclaim@iii.com.sg>
Cc: Paul Ong Qing Yong <paul.ong@wearnes.com>
Subject: RE: TP Claim for SKF6600S

Dear Gabriel,

Please arrange LKK.

Thank you.

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	20/01/2020 13:14
Date Of Accident	18/01/2020 17:30
Exact Location Of Accident	AMK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF6600S
Insured/Policyholder	
Name Of Registered Owner	LEE NGEE LIN
NRIC No	SXXXX641A
Email Address	B.S.TAN@GREENOCEAN.COM.SG
Mobile Phone No	(LOCAL) +65-96882291
Alternative Phone No	OTHERS-96882291

Vehicle Particulars

Manufacturer	INFINITI
Model	QX50 SENSORY
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V05062/VPC2/R00
Cover Note Number	

Driver

Name of Driver	TAN BOON SAI
NRIC No	SXXXX138G
Date Of Birth	07/10/1968
Occupation	INDOOR
Date Of Driving Pass	10/07/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96882291
Fax Number	
Contact Number	
Email Address	B.S.TAN@GREENOCEAN.COM.SG

Address	68 JALAN MATA AYER #05-18
Postcode	757487
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	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?	NO
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)	2
Passenger 1	NAME: : LEE NGEE LIN 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

Please refer attachments.

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	SHA4161S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ARULTHAMBI RAJ S/O MARIASAVARY ROYALSAMY
NRIC/Passport Number	SXXXX020E
Contact Number	92389815
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report promptly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 18/01/20 Time: 5:30pm
Exact Location of Accident	ANK AVE 3.
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF6600S
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Lee Ngee Lin
Personal Identification - NRIC (Singaporean/PR)	S7246641A
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer <u>Infiniti</u> Model <u>QX50</u>
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input checked="" type="radio"/> Others, <u>SUV</u>
Exact Purpose for which vehicle was being used at time of accident	<u>Social</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	<u>Liberty Insurance</u>
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	<u>SD19V05062/VPC2/R00</u>
Motor CI	
DRIVER	<input type="radio"/> Same as Insured above
Name of Driver	<u>Tan Boon Sai</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S6843138G</u>
- FIN/Passport Number	
Date of Birth	<u>07</u> dd/ <u>10</u> mm/ <u>1968</u> /yy
Driving Date Pass	<u>10</u> dd/ <u>07</u> mm/ <u>1989</u> /yy
Year of Driving Experience	<u>30</u> Year(s) <u>6</u> Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	<u>96882291</u> /

Address of Driver	68 Jalan Mata Ayer # 05-18	Postcode (757487)
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Spouse	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Head-rear
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____

OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Number of Passengers (Including Driver)	2 Lee Ngaz Lin (F)

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SHA 4161S
Vehicle Make/ Model/ Colour	Toyota
Details of Properties	
Name of Driver	Arulthambi Raj S/O Mariasavary Rapolam
Personal Identification - NRIC (Singaporean/PR)	SD136020E
- FIN/Passport Number	
Contact Number	92389815
Address	
Name of Insurance Company	India International Insurance
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.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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' law firms/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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PLS REF TO ACCIDENT VIDEO FOOTAGE



Describe Circumstance of the Accident

WHILE DRIVING ALONG ANG MO KIO AVE 3 TOWARD CTE ABT 1730HRS
RED LIGHT STOP.
SHA 41615 TAXI (BLUE TOYOTA) COME INTO CONTACT ON
OUR CAR REAR (SKF6600S)
VISUAL INSPECTED - REAR BUMPER DENTED WITH MINOR
PAINT CHIPPED. (REFER TO PICTURE)
PARTICULAR EXCHANGE AND WE ~~WE~~ MOVED ON.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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

Angie / 14 Feb 2020


Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time


[Signature]
Witnessed by Reporting Centre Personnel



REPUBLIC OF SINGAPORE
DRIVING LICENCE



Licence Number: **S6843138G**
Name: **TAN BOON SAI**
Birth Date: **07 Oct 1968**
Issue Date: **02 Jul 2003**



000620561B

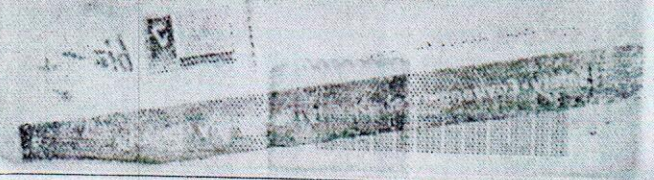
REPUBLIC OF SINGAPORE




IDENTITY CARD NO. **S6843138G**
Name: **TAN BOON SAI**
陈文狮
Race: **CHINESE**
Date of Birth: **07-10-1968** Sex: **M**
Country of Birth: **SINGAPORE**


YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:

Category 3 Motor Cars and Motor Tractors the weight of which together does not exceed 2000 kilograms.





1010043



NRIC No. **S6843138G**
Blood Group: **O+** Date of issue: **07-06-1993**

68 JALAN MATA AYER #05-18
SINGAPORE 757487
NRIC No: **S6843138G** Date: **26/11/2010** No: **6642613**

Certificate of Insurance

MOTOR VEHICLES (THIRD-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)

Certificate No SD19V05062 /NPC2 /R00
Form MX1
Date of Issue 22-APR-2019
1. Index Mark and Registration No. of Vehicle: SKF6600S
2. Chassis number of Vehicle: 3PCMANJ55Z0551218
3. Name of Policyholder: LEE NGEE LIN
4. Effective date of Commencement of Insurance for the purposes of the Act: 16-APR-2019 00:00 AM
5. Date of Expiry of Insurance: 15-APR-2021 23:59 PM
6. Persons 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 permission.

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 disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to use*:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8. The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

*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, 1987 (Malaysia) are not to be included under these headings.

I/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).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For Information only:

COVERAGE :

Comprehensive, Unlimited Windscreen

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$800, Additional Excess For Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

FINANCE COMPANY:

PRODUCER NAME:

WEARNES AUTOMOTIVE PTE LTD

SCJC 20190422

Ver.1.260705

Steve (LKK) Mr. Phil
 22/1/20, 11.15 am
 P/P
 14 BPL SJ
 3 chgs

SERVICE ESTIMATE

#1111 - 000001

SLI SERVICE SALES - PC

Ma Lee Ngee Lin
 68 Jalan Mata Ayer
 #03-18

Singapore 757487

GST Reg.No: M28920628X

Inv.No. : B&P 0 Page 1

Inv.date : 20/01/2020

WIP No. : 57762

Veh.In/Out:

*Tel.No. : Mobile: 96982271

Reg.No. : SKP66003

Reg.date : 16/04/2017

Mileage : 0

Chassis No: 3PCHANJ5520551210

Closed by : Patricia Kueh Anak S

Svc Consultant :

Remarks : Ma Lee Ngee Lin

Op.No	Description	Each	Qty	Price	Disc	Pkg	Amount	S
802	TO REPLACE REAR BUMPER	0		1800.00	0		1,800.00	3
800	TO PUTTY SPRAYPAINT ON	0		1600.00	0		1,600.00	3
REAR BUMPER								
280	TO CHECK WIRING INCLUDE	0		405.00	0		405.00	3
RESETTING OF ALL ELECTRICAL MODULES								
	BUMPER SET-RR / CUT	1.0	EA	942.30			942.30	3
	W/INF-BUMPER RR	1.0	EA	672.40			672.40	3
	FASCIA-REAR BUMPER / (Silk) CUT	1.0	EA	628.10			628.10	3
	BRKT-RR BUMPER * 7	1.0	EA	57.70			57.70	3

910
800

Gross Total. 6,105.50

Labour Total 3,805.00

Parts Total 2,300.50

Package Total 0.00

Net..... 6,105.50

Gst @ 7.0% 427.50

Total..... 6,532.90

Paid..... 0.00

Please Pay.. 6,532.90

GST: 3=30%rated, 0=Out of Scope, 2=Partially rated