

15/5/2010

INS. CASE OWNER:

Mimi  
Jeevan.

CC 3/AIG1600

8349, KPH 3.

LKK:

IDAC:

Surveyor:

Kalyan

DOI:

## ASSIGNMENT

H/5/16

Date / Time:

5/5/16

Registered in Merimen:

9/5/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

STH 6185A

Name of Insured:

Lee Seng

Insured Tel No.:

HP:

92369096

Excess Sec II : S5

D.O.A.:

H/5/16

Is driver the owner?

( YES / NO )

Nature of Accident:

Claim No.:

4295997488C47

Policy No.:

Make / Model:

Place of Accident:

Shawan drive

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time:

H/5/16

V/L:

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STH 6185A - CC 3/AIG1600 8349, KPH 3.

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## STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

26/08/16

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

ETA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

## PRELIMINARY ADVICE

Date/Time:

Sent By:

## FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

## FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

-

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

-

(\$

x

days)

Loss of Income (LOI):

S\$

-

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

(Tick only one)

GIA/LTA Search

S\$

-

Medical:

S\$

-

Disbursement:

S\$

-

Legal Cost:

S\$

-

Total:

S\$

-

Global Sum S\$:

## FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

-

Name 1:

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$320.00

TP INQUIRY  
NO SETTLEMENT

## ASSIGNMENT

From: 5/5/16

Estimated Cost:

CC: (3) / WS: TP / RES: OD / RES: B / A: N / T: Z /

To: Receipt / Vehicle No: SHB 9986R

E: Workshop / Mile: Transub

C: /

Insured:

Policy No:

Claims No:

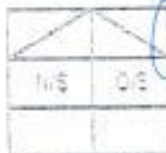
Sum Insured: Excess:

Claims Record:

Make of Van:

Policy Condition:

Remark: The veh had commenced its repair at the time of inspection.



Bel or Market Value:

D.O.A. Accident Report: Consistent? Yes or No

D.O.A. PR: Seen: Consistent? Yes or No

Est. Repairs: 2 days Res: Yes or No

Lum Sum: % \$ Val: Yes or No

CA / REV / REP / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

4:10 SHB 9986R 205 Sep 2013

To: Receipt / Vehicle No: SHB 9986R

E: Workshop / Mile: Transub

C: /

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

Claims Record:

Make of Van:

Make of Van:

Make of Van:

Type Size: R: 215/60R16

R: 215/60R16

BS / DUM / EXNOVA / QY / RS / LIA / MIC / CHTSU / PIR / SUMI

TOYO / YOKO or: F. 16m

Front: Rear

R/Bel: 2 mm R/Bel: 2 mm

L/Bel: 2 mm L/Bel: 2 mm

D.O.A. D.O.A. 5/5/16 15xshri

Survey held at: Transub

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Roof/Top or

O/S Front

The U/C - Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

A24

Date/Time Refused: ☐ Full ReportDate/Time Refused: ☐ Final ReportDate/Time Refused: ☐ Final ReportDate/Time Refused: ☐ Final ReportDate/Time Refused: ☐ Final ReportDate/Time Refused: ☐ Final ReportDate/Time Refused: ☐ Final ReportDate/Time Refused: ☐ Final Report





# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3581 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
AIG ASIA PACIFIC INSURANCE PTE LTD			Ref : CC3/AIG16008349/K1hg3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120			Date : 06-05-2016	
			Code : AIG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJH 6185A	Veh. Inspected	SHB 9986R	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	06/05/2016	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	04/05/2016	Inspection Date	05/05/2016	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

**TRANS-CAB AUTO SERVICES PTE LTD**  
 NO.2 ANG MO KIO ST 63 SINGAPORE 569111  
 TEL NO.6287 6666 FAX NO.6257 1330  
 CO/GST REG NO.201019626G  
**SHB 9986R - AIG**

Candy

Date  
5/5/16

Vehicle No.:  
 Chassis No.:  
 Vehicle Make:  
 Vehicle Model:  
 Date of Accident :  
 Third Party Insurer :

**SHB 9986R - Candy**  
 VF1ABL15AUC273545  
 RENAULT  
 LATITUDE  
 04.05.16  
**AIG**

		PART	LIST	
1	1	BUMPER COVER FRT X repair	\$	968.78
2	1	BUMPER ABSORBER FRT X repair	\$	303.60
3	1	BUMPER BEAM FRT X repair	\$	703.14
4	1	BUMPER SPOILER FRT X repair	\$	139.81
5	1	BUMPER FOG LAMP GRILLE RH X repair	\$	159.40
6	1	BUMPER RETAINER FRT RH X repair	\$	116.47
7	1	BUMPER SUPPORT FRT RH X repair	\$	18.37
8	1	WIPER RESERVOIR X repair	\$	173.60
9	1	WIPER RESERVOIR MOTOR X repair	\$	91.78
10	1	HEADLAMP RH ✓ good	\$	911.10 ✓
11	1	FENDER PANEL FRT RH X repair	\$	602.95
12	1	FENDER WHEELARCH FRT RH X repair	\$	107.33
<b>TOTAL</b>			\$	4,296.34
<b>10%</b>			\$	429.63
			\$	3,866.70

### Special Nett

1	1SET	FRONT BUMPER CLIP X repair	\$	66.00
2	1SET	WHEELARCH CLIP RH X repair	\$	66.00
3	1	TOW COVER FRT X repair	\$	14.50
4	1	CAP HUB RH FRT X repair	\$	35.00
5	1	RIM RH FRT X repair	\$	385.00
6	1	TYRE RH FRT X repair	\$	330.00
7	1SET	BUMPER SUPPORT FRT CLIP RH X repair	\$	9.80
8	1SET	BUMPER RETAINER FRT CLIP RH X repair	\$	12.50
<b>TOTAL</b>			\$	918.80
<b>TOTAL PARTS</b>			\$	4,785.50

Panel beating, knocking and straightening the  
 necessary portion, remove and renewal of  
 parts, adjust and realign the same

\$

1,400.00

4.00

TRANS-CAB AUTO SERVICES PTE LTD  
NO.2 ANG MO KIO ST 63 SINGAPORE 569111  
TEL NO.6287 6666 FAX NO.6257 1330  
CO/GST REG NO.201019626G  
SHB 9986R - AIG

Candy

To Check Electrical Lighting Concerned.	\$	<del>170.00</del> 60
Putty and spray painting of the affected portion.	\$	<del>1,500.00</del> 480
To check steering geometry and computer wheel alignment	\$	<del>220.00</del> X 40
To transfer of tire, rim and on wheel balancing.	\$	<del>170.00</del> X 40
To rust-proofing of the affected areas.	\$	<del>170.00</del> X 40

<b>TOTAL</b>	<b>\$</b>	<b>3,630.00</b>
<b>Over All Total</b>	<b>\$</b>	<b>8,415.50</b>

(PARTS BY PARTS) Repair Days

5 Days

Ka/ka (1/11/14)  
11 5/5/16  
2 Repair Days  
After Repair photo



## 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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	05/05/2016 11:01
Date Of Accident	04/05/2016 19:00
Exact Location Of Accident	SINARAN DRIVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9988R
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62676666

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 CVT ABS (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	Taxi

### Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	

### Driver

Name of Driver	SEE HAK KEE
NRIC No	S1186225Z
Date Of Birth	15/07/1956
Occupation	Outdoor
Date Of Driving Pass	21/02/1978
Driving Experience	38 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-92965619
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 658D JURONG WEST STREET 65  
#16-628  
Postcode 644658  
Was driver an employee of the Insured's Company No  
If No, Relationship of the Driver with the Insured Other - RELIEF  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident Side Swipe- Same Direction  
Weather Conditions Clear  
Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No  
Was any body injured in the Accident? No  
Was any other material or property damaged? Yes  
Was there any video captured by Car Camera? No  
Number of Passengers (Including Driver) 2

#### 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

On 04.05.2016 at about 1900 hours, I was travelling straight along Sinaran Drive towards Moulmein Road when I slowed down and made a stop to check for the road clearance. Suddenly I felt an impact. Vehicle B (SJH6185A) which was travelling too close on my right and overtake my vehicle. Hence, Vehicle B's left rear portion had hit onto my taxi's right side front portion.  
Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJH6185A  
Vehicle Make/Model/Colour MINI COOPER 1.6  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
Contact Number 92369096  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)



#### Details of Witness

Name  
Phone Number  
Email Address



SKETCH PLANIMPORTANT 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 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' 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

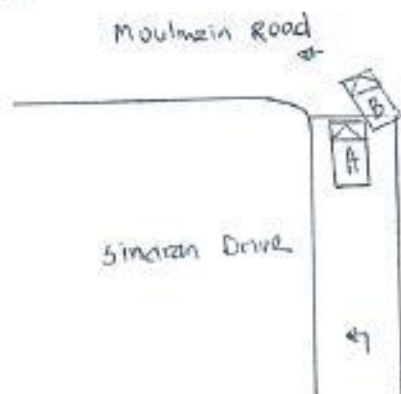
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SHB 9986R TP

B = SH 6185A 01




Describe Circumstances of the Accident


per see attach G/A report

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

  
Witnessed by Reporting Centre Personnel

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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 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	10/10/2016 17:45
Date Of Accident	04/05/2016 18:20
Exact Location Of Accident	MOULEMEIN ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH6185A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE SI YING JOANNA (LI SIYING JOANNA)
NRIC No	S8404167Z
Email Address	joannasiyinglee@gmail.com
Mobile Phone No	(LOCAL) +65-92369096
Alternative Phone No	Others-92369096

### Vehicle Particulars

Manufacturer	MINI
Model	COPPER
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	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	2100459478-00001
Cover Note Number	30/03/2016 TO 29/03/2017

### Driver

Name of Driver	LEE SI YING JOANNA (LI SIYING JOANNA)
NRIC No	S8404167Z
Date Of Birth	19/02/1984
Occupation	Indoor
Date Of Driving Pass	24/07/2009
Driving Experience	6 Years And 9 Months
Gender	Female
Mobile Number	(Local) +65-92369096
Fax Number	
Contact Number	Others-92369096
Email Address	joannasiyinglee@gmail.com



Address

APT BLK 103 RIVERVALE WALK #11-76 SINGAPORE 540103

Postcode

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 (TP Hit Insured)

Weather Conditions Clear

Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

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? No

If Yes, Please state which Police Station

Was notice of intended Prosecution given? No

If Yes, against whom?

#### Circumstances of Accident

REFER WITH ATTACH. PENDING FOR THE INSURED TO SEND IN HER CAR HERE TO TAKE SOME PHOTO AFTER HER CAR SERVICING DONE AT HER WOKSHOP.

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB9988

Vehicle Make/Model/Colour TAXI

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

# SKETCH PLAN

## IMPORTANT NOTICE

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## 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

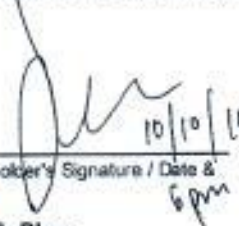
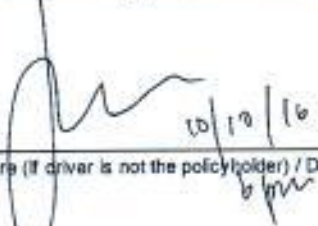

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

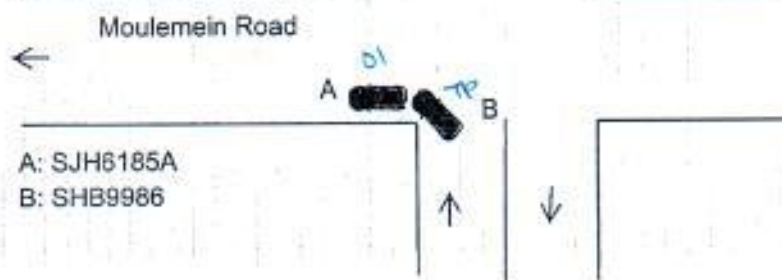
(collectively the "Purposes")

(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.

 Policyholder's Signature / Date & Time 10/10/16 6 pm	 Driver's Signature (If driver is not the policyholder) / Date & Time 10/10/16 6 pm	 Witnessed by Reporting Centre Personnel
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Sketch Plan





Accident Sketch Plan Pg.1

**Describe Circumstances of the Accident**

04/05/2016 @ 1620HRS, I WAS DRIVING OUT MY CAR SJH6185A FROM THE MINOR ROAD. SUDDENLY

I FELT A JERK THEN REALISED WAS HIT BY A TAXI SHB9986. THERE WAS NO VISIBLE DAMAGE TO MY CAR.

SO I NO NEED TO DO THE ACCIDENT REPORT. UNTIL I RECEIVE CALL FROM INSURANCE THEN REALISED EVEN NO

NEED TO CLAIM ALSO MUST TO DO THE INSURANCE ACCIDENT REPORT.

Insurance Co. AN ASIA PHILIPS CRAC  
Vehicle No. 53808A Date of Accident 4/5/20 6  
☒ Reporting Only  
☐ Own Damage Claim  
☐ Third Party Claim  
☐ Other Workshop

### Declaration

IVWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time	<i>[Signature]</i>
--	--------------------

Driver's Signature (If driver is not the policyholder) / Date & Time *[Signature]* 6/20/2012

Witnessed by Personnel	Reporting Centre
---------------------------	------------------



**AIG ASIA PACIFIC INSURANCE PTE LTD**

**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : LEE SI YING JOANNA (LI SIYING JOANNA)  
VEHICLE NUMBER : SJH6185A  
DATE/TIME OF ACCIDENT : 04/05/2016 @ 18:20hrs  
PLACE OF ACCIDENT : MOULEMEIN ROAD  
THIRD PARTY VEHICLE (IF ANY) : SHB9988

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION  
BEFORE THE ACCIDENT?  
FROM TAN TOCK SENG TO HOME AT RIVERVALE WALK

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE  
ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST  
ON YOU? IF YES, WHAT IS THE RESULT?  
NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL  
VEHICLES INVOLVED?

HEAD TO REAR

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU  
TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?  
NO

  
Name: \_\_\_\_\_

I Affirmed The Above Information Is Given To My Best Knowledge.





Accident Sketch Plan Pg.1

5402723



5402723



22-12-2014

Address  
APT BLK 103 RIVERVALE WALK  
#11-76  
SINGAPORE 562103

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE 24 Jul 2009

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$

NP 425A

5402723





HOTLINE TEL: (65) 6439-3000  
FAX: (65) 6435-3723

## 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, 1967 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M X I

AUTOPLUS

CERTIFICATE NO. 2100459478-00001

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$2000.00 (1)  
WINDSCREEN EXCESS S\$100.00  
(Net policies with effect from 1st November 2016)

SUM INSURED Market Value

INSURING WITH COE/PAF Yes

1) VEHICLE REGISTRATION NO.

SJH6185A

2) NAME OF INSURED

Lee Slying

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

30 Mar 2016

4) DATE OF EXPIRY OF INSURANCE

29 Mar 2017

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured.

b) Any other person who is driving on the insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDER") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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.

6) LIMITATION AS TO USE\*

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

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing,

the carriage of goods other than samples in connection with any trade or business or use for any purpose in

connection with the Motor Trade.

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro Engg - 255 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

3. Ethuz - 30 Bukit Batok Cres (Tel: 65547777) 4. DPS Body &amp; Paint (Subsidiary of C&amp;C) - 209 Pandan Gardens (Tel: 65684501)

5. Kan Fook Sing Motor - 61 Dark Lane 12 (Tel: 67495560) 6. Lai Hoiat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

7. Nova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723692) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

9. SNE Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476166)

LOSS OF USE Loss of Use 10 Days (1500 - 1800cc) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY DBS BANK LTD  
EMPLOYER'S LOAN

\*Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 24 of the Road Transport Act, 1967 (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, 1967 (Malaysia).

Issued in Singapore 30 Mar 2016

AIG Asia Pacific Insurance Pte. Ltd.

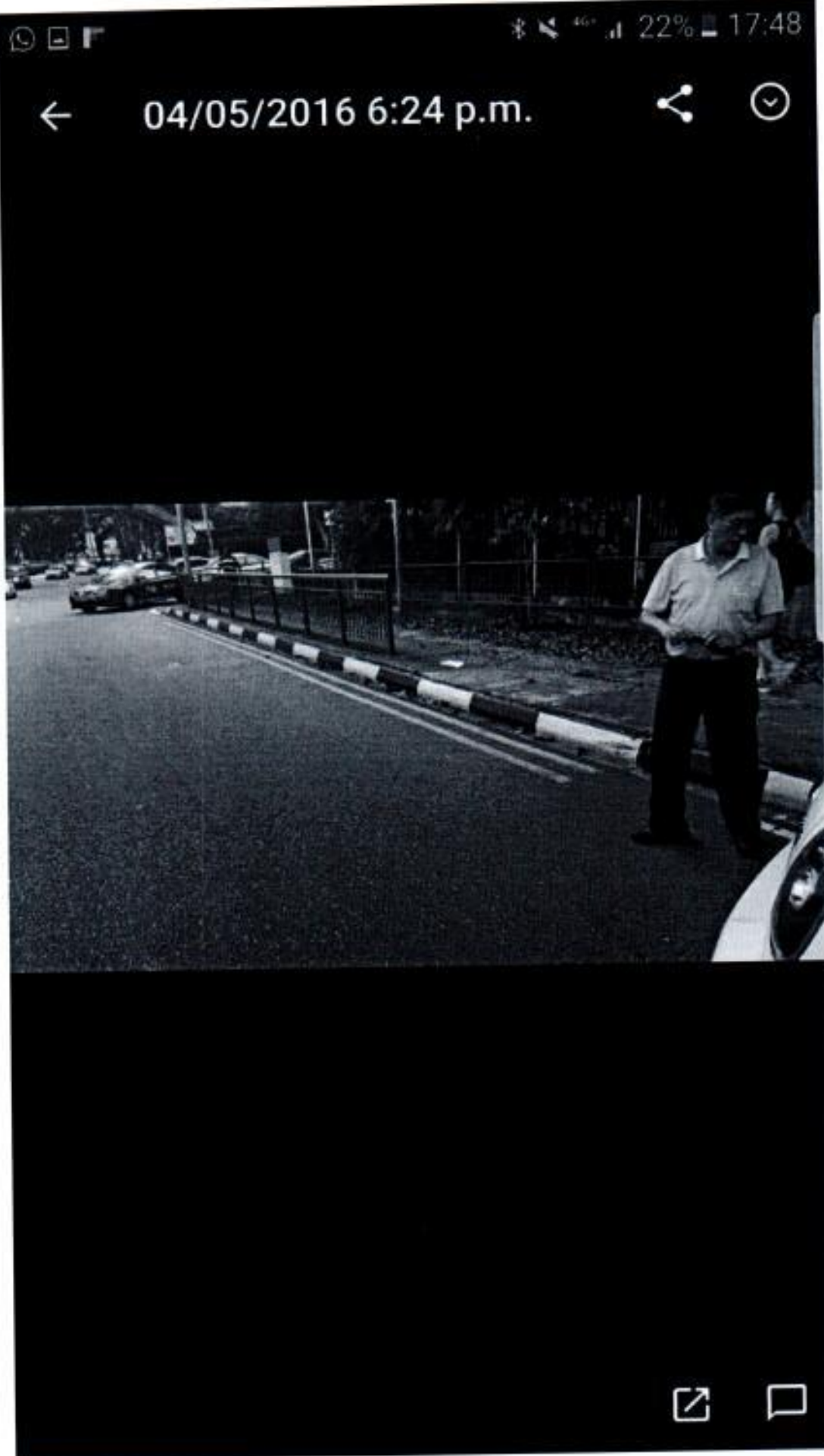
000064-000  
DIRECT CLIENTS 01.4.95  
AIG BUILDING  
78 SHENTON WAY #07-16  
SINGAPORE 079120

  
AUTHORISED REPRESENTATIVE

ORIGINAL

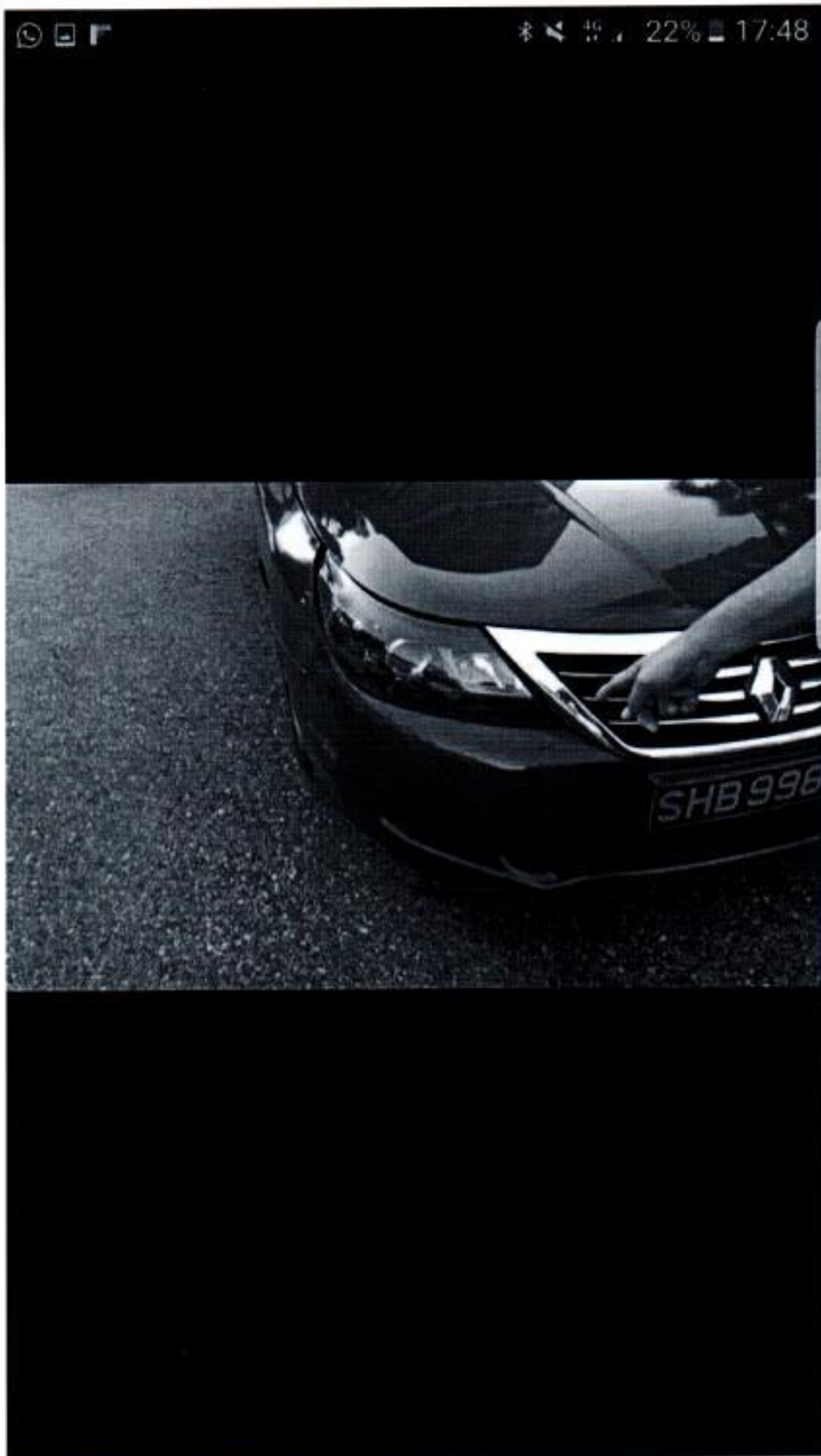
66PCP2

08 Nov 16 201608Nov





accident scene photo



## Joy Irene (LKKAuto)

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**From:** Joy Irene (LKKAuto)  
**Sent:** Wednesday, 27 December, 2017 6:00 PM  
**To:** 'Dally Amri, Mimi Zarina'  
**Cc:** Vic (LKKAuto); Admin A  
**Subject:** NO DEVELOPMENT TP CLAIM / TP / 42959974885G ;Date of Loss: 04/05/2016  
/(Insured):SJH6185A /Claimant:SHB9986R

Our ref: CC3/AIG16008349/K1hb3

Dear Mimi,

We refer to the subject of this e-mail.

We have inspected TP vehicle since 05.05.2016

There is no further development of this claim as of today.

Third-party claimant has been temporarily inactive in this particular case file and there is no follow-up from them since inspection.

In view of the above, we will temporarily close file and will submit our wp report to your good-office.

In future, if TP is still interested to pursue their claim, we will notify your good-office for our further handling.

Thank you.

Best Regards,  
Joy Irene | Case Handler  
LKK Auto Consultants Pte Ltd  
DID: 6749-5792 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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