



Our Reference: SNB3995H/7021866
Your Reference: SMJ4834C

By Email / Mail

25/01/2023

ALLIANZ INSURANCE COMPANY OF SINGAPORE P/L
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SNB3995H & SMJ4834C ON 30 Nov 2022.

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		\$5,765.01
Loss Of Use	\$100.00 x 3 days	\$300.00
Others		
TOTAL		\$6,065.01

Kindly let us have your offer to Christine.yow@wearnes.com

Your soonest reply is much appreciated. Thank you.



Yours faithfully
Christine Yow
D (65) 6430 4899
Wearnes Automotive Pte Ltd
Bodyshop and Paint Division
28 Leng Kee Road,
Singapore 159104

This is a computer generated printout, no signature is required.

PAYMENT BREAKDOWN

Insured Vehicle No.	: SNB 3995H	Model:	XC 40
TP Vehicle No.	: SMS 4834C		
Date of Accident	: 30 Nov 2022		

Global Sum Settlement : YES NO

Liability : 100% (Agreed / Assessed)

Repair Estimate	: 7940.05		
Final Repair Cost	: 5765.01		
Loss of Use	: 300.00	3 days at	100.00 per day
Rental (If Any)	:	days at	(Inclusive of GST) per day
Others	:		
	:		
	:		
Final Settlement Sum	: 6065.01		

Remarks : _____

Payment Instruction: Payee's Breakdown	
1) Wearnes Automotive Pte Ltd	: 5765.01
2) Wong Kwok Kwong	: 300.00
3)	:
4)	:

SERVICE TAX INVOICE

0 - A00004 SL: ALLIANZ INSURANCE COMPANY OF SINGAP ALLIANZ INSURANCE COMPANY OF SINGAPORE PTE LTD 79 ROBINSON ROAD #09-01 SINGAPORE 068897	GST Reg.No:M28920628X Inv.No. . : B&P 7021866 Page 1 Inv.date. : 28/12/2022 WIP No. . : 52668 Veh.In/Out: 13/12/2022 16/12/2022 *Tel.No. . : 65353585 Reg.No. . : SNB3995H Reg.date . : 19/08/2021 Mileage .. : 27,148 Chassis No: LYVXZAKADML585891
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Closed by : Michelle Ong Siew Be
 Svc Consultant : ACC
 Remarks : Mr Wong Kwok Kwong

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT LOWER BUMPER, RHF FENDER WIDENER, BRACKETS, CLIPS, ETC.	0		850.00	0		850.00	S
800	TO BLEND AND SPRAY PAINT ON FRONT BUMPER, ETC.	0		750.00	0		750.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0		588.00	0		588.00	S
036013113	V039790879/BUMPER CO	1.0	EA	2309.70	10		2,078.73	S
031449340	BUMPER SPOILER FRT A	1.0	EA	590.40	10		531.36	S
031448325	WIDENER FRT RH XC40	1.0	EA	202.90	10		182.61	S
030622628	BUMPER CLIP XC90 16-	10.0	EA	8.80	10		79.20	S
000979878	BLIND RIVET 4.0*21 P	10.0	EA	5.20	10		46.80	S
003541113	BUMPER CLIP 8x8,5	10.0	EA	8.20	10		73.80	S
030640541	BUMPER CLIP GREEN S6	10.0	EA	6.00	10		54.00	S
000987282	EXPANDING NUT XC40 1	10.0	EA	6.90	10		62.10	S
031383786	BUMPER INSTALLING MT	1.0	EA	101.40	10		91.26	S

Gross Total. 5,387.86

Labour Total	2,188.00	Net.....	5,387.86
Parts Total	3,199.86	GST @ 7.0%	377.15
Package Total	0.00	Total.....	5,765.01
		Paid.....	0.00
		Please Pay..	5,765.01

GST: S=StdRated; O=OutOfScope; Z=ZeroRated
 Enquiries must be lodged within 14 days from the invoice date
 This is a computer generated invoice. No signature is required.

AUTHORIZATION TO ACT

I, Wong Kwok Kwong ("the third party Claimant")
of 10 Old Upper Thomson Road #02-06 (S) 573869 (address),
owner of SNB 3995H (vehicle no.)
hereby authorize Wearnes Automotive Pte Ltd ("The workshop")
to act for me with respect to my claim for repair costs and / or rental and / or loss of use
("claim") for my Vehicle No. SNB 3995H that was damaged
pursuant to the accident which occurred on 30 Nov 2022 (date) along
2 Sin Ming Road ~~to~~ Carpark (location)
involving Vehicle No/s SMJ 4834C ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this 30 day of Nov (month) 20 22 (year)



Signed by "the third party claimant"



Signed by "the workshop"

Michelle Ong Siew Bee

From: Rasul (LKKAuto) <Rasul@lkkauto.com>
Sent: Wednesday, 25 January 2023 4:32 PM
To: Michelle Ong Siew Bee
Cc: Hsiao Tong (LKKAuto)
Subject: Re: SNB3995H - survey arrangement

Hi Michelle,

We will be advising our principal a cost of repair P/P \$5,387.86./- with 03 days of repair, subject to their approval.

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Save the Earth. Print only when necessary.

From: Michelle Ong Siew Bee <michelle.ong@wearnes.com>
Sent: Thursday, 22 December 2022 1:25 pm
To: Rasul (LKKAuto) <Rasul@lkkauto.com>
Cc: assignments <assignments@lkkauto.com>; Meng Yan (LKK Auto) <mengyan@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: SNB3995H - survey arrangement

Dear Rasul,

Please refer to Final Bill as attached.

Thanks.

Best regards,

Michelle Ong
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte. Ltd.
249 Alexandra Road Singapore 159103
M (65) 9129 4556 F (65) 6264 7137
www.wearnes.com michelle.ong@wearnes.com

*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.*

Michelle Ong Siew Bee

From: Claims Banca (Allianz Insurance Singapore) <claims@allianz.com.sg>
Sent: Friday, 2 December 2022 1:38 PM
To: Michelle Ong Siew Bee; admin-a@lkkauto.com
Cc: Yan (LKK Auto)
Subject: TP DS claim: Direct Settlement - Our Ref: SNB3995H; Your Insured SMJ4834C DOA 30/11/2022
Attachments: SNB3995H.pdf
Importance: High

Internal

Your ref: SNB3995H
Our ref: 2022 22008569FR-SMJ4834C

Dear Sirs,

We hereby appoint our direct settlement partners LKK Auto Consultants Pte Ltd to conduct survey.

Kindly engage with them to arrange for survey.

Please download the documents from this link below (For Survey)

File: SMJ4834C OI.pdf, SNB3995H TP.pdf

Link: <https://fileexchange.allianz.de/SecureDownload.aspx?id=d25b6119-13c9-4adb-9f40-42c1cb817d2a-fba1f4fff5fcdd18>

Size: ~ 3 MByte, Download available until: 12/7/2022

Passwords will be sent in a separate email.

Thank you.

Best regards,

Shanti. R

Claims Service

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C

79 Robinson Road #09-01 | Singapore 068897

Phone: +65 6395 3836 | www.allianz.sg



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157668
Allianz - TP

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 Actual 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 Submission	30/11/2022 17:46 (SGT)
Reported by	Both
Date of Accident	30/11/2022 12:39 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	6 SIN MING ROAD (CARPARK)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB3995H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG KWOK KWONG
NRIC No	SXXXX170B
Email Address	aliciawmng@gmail.com
Mobile Phone No	(Phone) +65-96537183
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc40
Variant	XC40 T4
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1969

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210096095

DRIVER

Name of Driver	ALICIA NG WENG MING
NRIC No	SXXXX171J
Date Of Birth	19/10/1975
Occupation	Indoor

Date Of Driving Pass	09/06/2018
Driving experience	4 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96537183
Alt. Phone Number	-
Email Address	aliciawmng@gmail.com
Address	10 OLD UPPER THOMSON ROAD
Address complement	#02-06
Postcode	573869
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ4834C
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LEE ZHI PING
NRIC No	SXXXX524B

52668
ALLIANZ-R

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing. 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u> . 4. Information provided must be as <u>truthful and accurate as possible</u> . 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. <u>Any false reporting may be referred to the Traffic Police Department for investigation.</u>	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 30/11/2022 Time: 12:39
Exact Location of Accident	6 SIN MING ROAD (CARPARK)
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SNB 3995H
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	WONG KWOK KWONG
Personal Identification - NRIC (Singaporean/PR)	S7586170B
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer VOLVO Model VOLVO XC40 T4 R-DESIGN
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, SUV
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?	<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 *	AIG
Type of Policy	<input type="radio"/> Comprehensive <input checked="" type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	7210096095
Motor CI	
DRIVER	
<input type="radio"/> Same as Insured above	
Name of Driver	ALICIA NG WENG MING
Personal Identification - NRIC (Singaporean/PR)	S7586171J
- FIN/Passport Number	
Date of Birth	19 dd/ 10 mm/ 75 yy
Driving Date Pass	09 dd/ 06 mm/ 2018 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9658 7183

Address of Driver	10 Old Upper Thomson Road Apt 02-06, Block 10	Postcode (57269)
Email Address	aliciawong@gmail.com 573869	
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)	Damaged whilst parked.		
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 type="radio"/> Yes <input type="radio"/> No
Number of Passengers (Including Driver)	1

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	SMJ4834C
Vehicle Make/ Model/ Colour	Honda, Black,
Details of Properties	
Name of Driver	LEE ZHI PING
Personal Identification - NRIC (Singaporean/PR)	S8520524B
- FIN/Passport Number	
Contact Number	91708504
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	1

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 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 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.

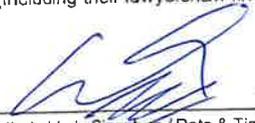
8. Consent under the Personal Data Protection Act (PDPA)

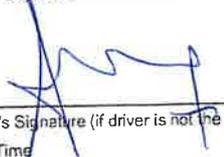
I understand, acknowledge, agree and consent that :

(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 yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
- (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

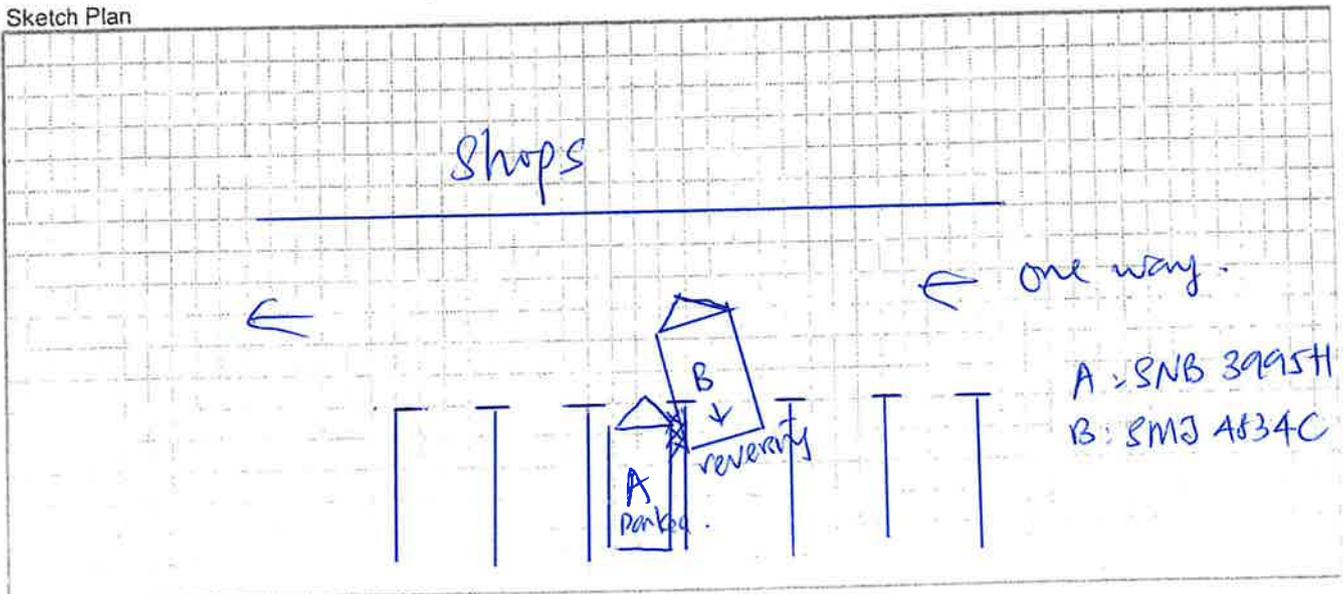
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can 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



Describe Circumstance of the Accident

I drove into the carpark on 6 Sin Ming Road to take my kids to AEROV optician. Whilst parked in a proper parking lot and waiting (with plenty of parking lots available next to me), grab car SMJ4834C reversed trying to park in the lot next to where I was parked. He reversed (whilst using his mobile phone which he admitted as he was picking up a customer's call) and did not realise my car was parked and knocked into my bumper. I honked when I realised he knocked and he stopped. He came out and apologised saying he was on mobile and did not see my car next to his. He admitted that it was his mistake and asked me to claim against his insurance.

IMPORTANT NOTE

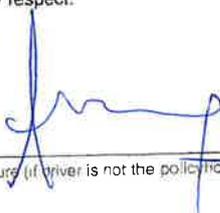
Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder	: WONG KWOK KWONG	Vehicle No.	: SNB3995H
Period of Insurance	: 19 Aug 2021 To 18 Aug 2023	Policy No.	: 7210096095
Engine No.	: B4204T317700741	Endorsement No.	:
Chassis No.	: LYVXZAKADML585891	Issued Date	: 20 Aug 2021

ABOUT THE COVER

Make/Model	: VOLVO XC40 T4 R-Design	Sum Insured	: Market Value	First Year of Registration	: 2021
Engine Capacity/Tonnage	: 1,969.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

Person 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/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition	: All Age Condition	Mileage Condition	: Unlimited Mileage
Limitation as to use*	:		

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

WONG KWOK KWONG - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Wearnies Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304890 63789350

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Maybank Singapore Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503485744

WEARNES AUTOMOTIVE - FFL (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Oi Lai Agnes Loh

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7586170B



 Name
WONG KWOK KWONG

Race
CHINESE

Date of birth
30-06-1975

Country/Place of birth
KENYA

Sex
M

S7586170B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7586171J



 Name
ALICIA NG WENG MING

Race
CHINESE

Date of birth
19-10-1975

Country/Place of birth
MALAYSIA

Sex
F

S7586171J

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number
S7586171J

Name
ALICIA NG WENG MING

Birth Date
19 Oct 1975

Issue Date
09 Jun 2018



002811826C

6245304



NRIC No. S7586170B



Date of issue
24-07-2019

Address
10 OLD UPPER THOMSON ROAD
#02-06
SINGAPORE 573869

6245305



NRIC No. S7586171J



Date of issue
24-07-2019

Address
10 OLD UPPER THOMSON ROAD
#02-06
SINGAPORE 573869

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	09 Jun 2018

NP 428A



License No: S7586171J

INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SMJ4834C

Date of Accident

30/11/2022 📅

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Allianz Insurance Singapore P...

Period of Insurance 21/09/2022 - 04/09/2023

Requested By Michelle Ong (Wearnes Autom...

Requested Date 30/11/2022 17:06

Payment detailsRequest Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**