

INS. CASE OWNER:

CC 6 / QBE160 13936

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

22/11/16

Date / Time:

22/11/16

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 1326 U

Name of Insured :

Insured Tel No. : HP:

Excess Sec II : SS

D.O.A : 03/05/16

Is driver the owner? ( YES / NO )

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

SJP 3113 K



INSRS:

WSP: Kang Car

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
1/12/16	SJP 3113 K - X; SJV 1326 U - X	Non-Reporting ltr (1st):	
2/12/16	To redirect claim to PS Automotive PL.	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
21/12/16	current workshop and check if they are going buy survey report.	After call ltr to OI:	
19-1-18	FILE RECEIVED FROM ZAYER	Documentation Check List:	Handler Typist
8-2-18	QBE WILL NOT PAY AS OI DID NOT CAUSE THE ACCIDENT BUT OI'S WORKSHOP GUY WHEN THEY PERFORMED DRIVE TEST.	Notification ltr (if non-pickup)	
	TP-KANG CAR WILL NOT BUY OUR REPORT. AS OI'S WSP DID NOT PAY THEIR CLAIM.	After call ltr to OI:	
	is close 21/1/18	Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice	
		LTA / 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\$

(e.g. Tow/ Independent)

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:

ASS. REC. BY: Adrian Ling**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : **Yes** or **No**GIA / PR Seen: \_\_\_\_\_ Consistent? : **Yes** or **No**Est. Repairs: \_\_\_\_\_ days Res.: **Yes** or **No**Lum Sum: \_\_\_\_\_ % 3 Val.: **Yes** or **No****CA / REV / REP. / 24 HRS**Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: **IN / OUT**Veh No: SJP3113K Yr Regn: 2009, FebType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Axio C.C. 1996Colour: Gold A/C: **Insured / Std / NI / NA**Sp. Reading: 227029 T/Radio: **Insured / Std / NI / NA**

Eng/No: \_\_\_\_\_

C/No: NZE1416/04520Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **Inorder / Jammed / Leaked / Burnt** orBrake: **Inorder / Jammed / Leaked / Burnt** orModl: **Nil / S/Rim / STD A/Rim** orTyre Size: F: 155/65R15R: 155/65R15**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** orFrontRearR/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 27/07/16Survey held at KangDes. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** orThe **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time Action / Instruction

TP QBE

Date/Time, File Pass to?

☐ : **Preli. Report**

Days Of Repair: \_\_\_\_\_

1)

☐ : **Final Report**

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ )

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

Report Format :

Lump Sum / I.B.I: (\$ )

☐ : Interview (\$ )☐ : Tech. Invs (\$ )☐ : Weekend (\$ )

TOTAL



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
QBE INSURANCE (SINGAPORE) PTE LTD			Ref : CC6/QBE16013936/Aza3	
1 RAFFLES QUAY #29-10 SOUTH TOWERSINGAPORE 048583			Date : 27-07-2016	
			Code : QBE	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJV 1326U		Veh. Inspected	SJP 3113K
Policy No.			Coverage (\$)	0.00
Claim No.	VC009338		Excess (\$)	0.00
Assign From			Assign Date	27/07/2016
<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	03/05/2016		Inspection Date	27/07/2016
Survey held at	KANG CAR REPAIRERS PTE LTD NO.1 KAKI BUKIT AVE 6 #02-06 AUTOBAY @ KAKI BUKIT SINGAPORE 417883			
<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.				

# Kang Car Repairers Pte Ltd

1 Kaki Bukit Ave 6, #02-06 Autobay @ Kaki Bukit Singapore 417883  
TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg  
GST: 201300201N

M/S: QBE INSURANCE (SINGAPORE) PTE LTD  
60 ANSON ROAD  
#11-01 MAPLETREE ANSON  
SINGAPORE 079914  
TEL: 62246633 FAX: 65345356  
ATTN: Motor Claim Department

Estimate No: EST1600184  
Date: 26 Jul 2016  
Veh Reg No: SJP3113K  
Make/Model: TOYOTA COROLLA  
AXIO 1.5X A  
Chasis No: NZE1416104520  
Reg. Date: 06/02/2009  
Your Ref No: SJV1326U

Claim Type: Third Party  
Accident Date: 03/05/2016  
TP Veh Reg No: SJV1326U

## Estimate Repair Cost to Vehicle No :SJP3113K

Quantity	Description	List Price	Amount
		<u>SS</u>	<u>SS</u>
	<b>List Price</b>		
1	1 PC REAR BUMPER <i>del d</i>	534.20 ✓	
2	1 PC REAR PANEL <i>Ryir</i>	463.30 +	
3	1 PC BOOT LID LOCK <i>Not Dged</i>	89.50 ✓	
4	1 PC BOOT LID "X" EMBLEM <i>del</i>	36.30 ✓	
		1,123.30	
		Less 30% <i>25%</i>	
		336.99	786.31
	<b>Labour</b>		
5	1 TO CHECK WIRING <i>730</i>	50.00 <i>30-</i>	
6	1 TO SPRAY UNDERSEAL	80.00 +	
7	1 (REAR) TO SPRAY PAINTING	700.00 <i>400</i>	
8	1 TO REMOVE AND REPLACE THE DAMAGED PARTS, KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR CUTTING/WELDING WORKS.	600.00 <i>300</i>	
		1,430.00	1,430.00
	Total		SS 2,216.31
	Add GST @ 7%		155.14
	Total Amount Payable		SS 2,371.45

TOTAL: SINGAPORE DOLLAR TWO THOUSAND THREE HUNDRED SEVENTY ONE AND CENTS FORTY FIVE ONLY

This is only an estimate based on our preliminary inspection and does not cover additional parts, labour time which may be required after work has begun.

For Kang Car Repairers Pte Ltd

AUTHORISED SIGNATURE

*L/S Adrian Lij*

*27/07/16*

*03 Days*

*\$271.78*

*\$ 254*

*total: 1225*

*L/S: 980*

## 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 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	04/05/2016 16:05
Date Of Accident	03/05/2016 15:50
Exact Location Of Accident	UBI AVENUE 3/UBI ROAD 1 JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3113K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE LIAK HONG
NRIC No	S0184782A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97550278
Alternative Phone No	Office-97550278

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.5 AXIO (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING LESSON/TUITION
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	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5034637196-07
Cover Note Number	

### Driver

Name of Driver	CHERYL TAY YI TING
NRIC No	S9403287C
Date Of Birth	19/01/1994
Occupation	Indoor
Date Of Driving Pass	03/05/2016
Driving Experience	0 Year And 0 Month
Gender	Female
Mobile Number	(Local) +65-83222339
Fax Number	
Contact Number	
EEmail Address	CHERYL_TAY52@HOTMAIL.COM

Address	25 ELIAS ROAD #11-12
Postcode	519931
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - LEARNER
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
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

SEE ATTACHED SKETCH PLAN

Are accident photos available for attachment?	Yes
-----------------------------------------------	-----

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV1326U
Vehicle Make/Model/Colour	NISSAN TEANA
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	LEE LIAK HONG
Phone Number	97550278
Email Address	

## 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 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' 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 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

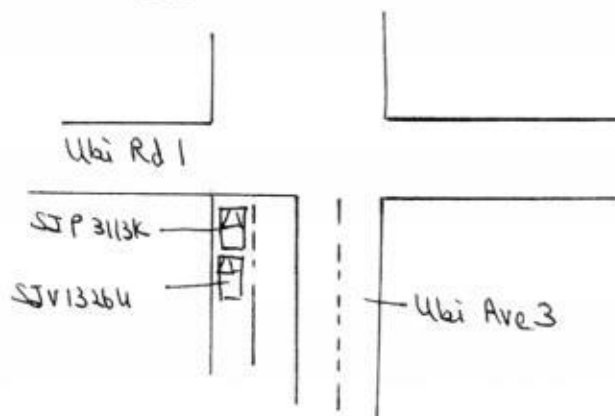
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Lee  
Policyholder's Signature / Date & Time

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

[Signature] 4/5/2016  
Witnessed by Reporting Centre Personnel 3.45p

## Sketch Plan





Describe Circumstances of the Accident

I had stopped my car SJV 3113K at Ubi Ave 3  
as the traffic light was red. Suddenly the vehicle  
SJV 13264 coming from behind collided into the rear  
of my car, causing damage.

Declaration

We declare the foregoing particulars are true in every respect.

Ger  
Policyholder's Signature / Date &  
Time

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

[Signature] 4/15/2016  
Witnessed by Reporting Centre  
Personnel 3:45pm



Attn: Alice

## Facsimile

Land Transport Authority

10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255582) Fax: (65) 6553 5329

To	: A C Syed & Partners	Fax	: 6534 1011
Dept	:	DID	: 6538 7411
Attn	:	Date	: 17 May 2016
From	: Helen Robert (Search Section)	Fax	: 6553 5384
Our ref	: VR&L/V43.009.001/SJV1326U	DID	: 6553 5210
Your ref	: ACS.KC.LTA.16.05	No of pages	: 1 (including this page)

Dear Sir/Madam

**Confirm Insurance Details for Vehicle No: SJV1326U as at 3 May 2016**

We refer to your request dated 17 May 2016.

Our records show that the vehicle SJV1326U was insured with QBE INSURANCE (SINGAPORE) PTE LTD as at 3 May 2016 under a motor trade policy number V0009749.

Vehicle insurance details in our registry are based on the information furnished by the insurance companies. As such, LTA is unable to verify and shall not be responsible for the correctness, completeness or accuracy of these details.

If you require further clarification, please contact me or my colleague, Ms Siti Nurbaya on DID: 65535210.

Yours sincerely



Helen Robert (Mdm)  
Senior Executive Service Officer  
Quota & Registration  
VRL Service Operations Division

appt. 27/7/16  
1310 - 1350

# AL AUTOCAR PTE LTD

210 Turf Club Road, Lot B01 The Grandstand  
Singapore 287995 Tel : 63655335 Fax : 63625335  
Email : alautocar@yahoo.com

Date : 29/8/2016

Dear Sir/Mdm,

This letter is to inform that our company need doing a private settlement for this accident of SJV 1326 U.  
The workshop will responsible for all cost amount involved in this accident. The workshop's information is as below:

Workshop name: RS AUTOMOTIVE PTE LTD  
Address: BLK 3006 UBI ROAD 1, #01-394, SINGAPORE 408700  
Contact number: office : 67483032  
Fax :67499469  
Richard(Boss):91826089

Kindly please take note , Thank You.

Yours sincerely,



---

Lau Teck Cheng  
Director  
H/p: 92959592