

ASS. REC. BY:

REF:

CS/U017001872/Agbnz

Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

From (Person):

Johnson Chua

of

UOI

Date/Time:

27/01/2017 10:44am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBC 8864G

Insured:

at Workshop m/s

Auto Best

Tel:

6745 6932 / 9855 0756

Danny

of

Blk 3006 Ubi Road 1 #01-362

Policy No:

Claim No:

DHDM110140821501

Sum Insured:

Excess:

\$ 500.00

Make of Veh:

D.O.A.

27/01/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

31-01-2017

H.O.D. Endorsement:

Date/Time:

27/01/2017 11:16am

Person Contacted:

Mr. Lee

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

GBC 8864G - NA /U017001716/24

DLA: 22/01/17

01/2/17@3:47pm went to Johnson by email.

03/02/17@3:26pm Johnson informed C/A &amp; Ex: \$500 by email.

03/02/17@3:42pm informed Mr Lee C/A &amp; Ex: \$500.

07/2/18@3:11pm confirmed with Danny Ho final fig \$9062.70 by email.

(Fed \$ 4386.20, 33%)





## 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				
UNITED OVERSEAS INSURANCE LTD			Ref : CS/UOI17001872/Aqb	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909			Date : 27-01-2017	
			Code : UOI2	
<b>1. Policy Particulars :- OWN DAMAGE</b>				
Insured Veh.		Veh. Inspected		GBC 8864G
Policy No.		Coverage (\$)		0.00
Claim No.	DHOM110140821501	Excess (\$)		500.00
Assign From	JOHNSON CHUA	Assign Date		27/01/2017
<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		21/01/2017	Inspection Date	
			31/01/2017	
Survey held at		AUTO BEST MOTOR SERVICES		
		BLK 3006 UBI ROAD 1 #01-362		
		SINGAPORE 408700		
<b>5a. Remarks</b>				
A) THE MARKET VALUE IS S\$----- (EST. AVERAGE)				
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.				

# Survey Department Check List (Case Handler)

Reference No.: CS/110117001872/Agb  
Policy Type: OD / TP / TP RES / TL / EVA

GBC 8864G

Case Handler

Typist

Admin (Cath): Case handler to make sure all Information created by the assignment team are ACCURATE.

## (1) Office Assign Form

C Reference No.  
C Customer Code  
N Assign From  
C Assign Date  
C Veh No (Inspected)  
C Veh No (Insured)  
C D.O.A  
C Policy No  
C Claim No  
C Insurance Authorisation (CA /REV/REP)  
C Report Type  
C Weekend Charges  
N Survey held at/Repairer  
C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Adrian): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

C Vehicle No  
C Regn Month/Year  
N Vehicle Type  
N Make & Model  
C Engine Capacity. (C.C)  
N Colour  
C Odometer. (Sp.Reading)  
C Chassis No  
N General Condition  
N Steering  
N Brake  
N Modification (Modi)  
C Tyre Size  
N Tyre Make  
C Tyre Balance  
C Date of Inspection  
N Survey held  
N Des.of Damages

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

## (2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded

✓		
---	--	--

## (3) Workshop Estimate/Assignment Form

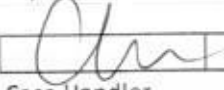
N ALL Parts condition  
C Market Value for OD cases  
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)  
C Days of repair  
C Finalised Amount  
C Re-inspection Cases to Finalize within 5 Days

✓		
✓		
✓		
✓		
✓		
✓		

## (4) System - (Views/Merimen)

C Resurvey photo Uploaded

✓		
---	--	--

Check By:  02/2/18  
Case Handler Date

## Catherine Chong (LKK Auto)

---

**From:** CHUA JOHNSON <johnsonchua@uoi.com.sg>  
**Sent:** Friday, 27 January, 2017 10:44 AM  
**To:** Ivyanne Ng; assignments@lkkauto.com  
**Subject:** UOI Ref: DHOM110140821501; Accident involving GBC8864G on 22.01.2017 [Insured: Spacelogic Pte Ltd]  
**Attachments:** Estimate.zip  
**Importance:** High

Dear Ai Ping,

Please see enclosed.

As spoken, please inform Insured to revert from "Reporting" to "Claiming Own Damage" and appoint your Surveyors to survey GBC8864G at Auto Best Motor Services.

Policy excess of S\$500.00 is applicable.

Please revert to us on the cost of repair in due course.

Regards

*Johnson Chua*

Claims Dept

**United Overseas Insurance Limited**  
3 Anson Road #28-01  
Springleaf Tower Singapore 079909  
**Tel :** 62227733  
**DID :** 64909329  
**Fax :** 63273869  
**Website :** [www.uoi.com.sg](http://www.uoi.com.sg)

Company Registration Number: 197100152-R

### UOB EMAIL DISCLAIMER

Any person receiving this email and any attachment(s) contained, shall treat the information as confidential and not misuse, copy, disclose, distribute or retain the information in any way that amounts to a breach of confidentiality. If you are not the intended recipient, please delete all copies of this email from your computer system. As the integrity of this message cannot be guaranteed, neither UOB nor any entity in the UOB Group shall be responsible for the contents. Any opinion in this email may not necessarily represent the opinion of UOB or any entity in the UOB Group.

---

**From:** CHUA JOHNSON  
**Sent:** Friday, 27 January, 2017 10:34 AM  
**To:** 'chongbond@hotmail.com'  
**Cc:** 'Christina\_Kua@jltasia.com'; Maggie Yuen; ONG LAY HONG  
**Subject:** UOI Ref: DHOM110140821501; Accident involving GBC8864G on 22.01.2017 [Insured: Spacelogic Pte Ltd]  
**Importance:** High

Dear Sir/Mdm,

We refer to your accident report dated 25.01.2017 for the above accident.

We noted from your preferred workshop [Auto Best Motor Services] that you wish to file an Own Damage Claim for this accident. As such, please inform Insured driver to go back to

IDAC National Assessment Centre Services to amend his accident report from "Reporting" to "Claiming Own Damage" as soon as possible.

Thank you.

Regards

*Johnson Chua*

Claims Dept

**United Overseas Insurance Limited**

3 Anson Road #28-01

Springleaf Tower Singapore 079909

**Tel :** 62227733

**DID :** 64909329

**Fax :** 63273869

**Website :** [www.uoi.com.sg](http://www.uoi.com.sg)

Company Registration Number: 197100152-R

**UOB EMAIL DISCLAIMER**

Any person receiving this email and any attachment(s) contained, shall treat the information as confidential and not misuse, copy, disclose, distribute or retain the information in any way that amounts to a breach of confidentiality. If you are not the intended recipient, please delete all copies of this email from your computer system. As the integrity of this message cannot be guaranteed, neither UOB nor any entity in the UOB Group shall be responsible for the contents. Any opinion in this email may not necessarily represent the opinion of UOB or any entity in the UOB Group.

## Shiau Chan (LKKAuto)

---

**From:** Christina Chow <danchris2801@msn.com>  
**Sent:** Wednesday, 7 February 2018 3:11 PM  
**To:** Shiau Chan (LKKAuto)  
**Subject:** Re: FINALISE OF GBC 8864G (DOA: 22/01/2017)

Dear Shiau Chan,

We confirm acceptance of the amount S\$9,062.70 before less excess of S\$500.00.

Regards,  
Danny Ho

---

**From:** Shiau Chan (LKKAuto) <siewsc@lkkauto.com>  
**Sent:** Wednesday, February 7, 2018 11:48 AM  
**To:** danchris2801@msn.com  
**Subject:** FINALISE OF GBC 8864G (DOA: 22/01/2017)

Dear Danny,

As spoken with you.

Offer final fig \$9,062.70 before excess \$500.00 and 8 repair days.  
Kindly confirm.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

## Shiau Chan (LKKAUTO)

---

**From:** CHUA JOHNSON <johnsonchua@uoi.com.sg>  
**Sent:** Friday, 3 February, 2017 3:26 PM  
**To:** Shiau Chan (LKKAUTO); assignments  
**Cc:** SUR  
**Subject:** UOI Ref: M11D98851702; Accident involving GBC8864G on 22.01.2017 [Insured: Spacelogic Pte Ltd]

**Importance:** High

Dear Shiau Chan,

We refer to your email below.

Please proceed to authorise repair up to S\$10,392.50.

Policy excess of \$500.00 is applicable.

Regards

*Johnson Chua*

Claims Dept

**United Overseas Insurance Limited**

3 Anson Road #28-01

Springleaf Tower Singapore 079909

**Tel :** 62227733

**DID :** 64909329

**Fax :** 63273869

**Website :** [www.uoi.com.sg](http://www.uoi.com.sg)

Company Registration Number: 197100152-R

**UOB EMAIL DISCLAIMER**

Any person receiving this email and any attachment(s) contained, shall treat the information as confidential and not misuse, copy, disclose, distribute or retain the information in any way that amounts to a breach of confidentiality. If you are not the intended recipient, please delete all copies of this email from your computer system. As the integrity of this message cannot be guaranteed, neither UOB nor any entity in the UOB Group shall be responsible for the contents. Any opinion in this email may not necessarily represent the opinion of UOB or any entity in the UOB Group.

**From:** Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]  
**Sent:** Friday, 3 February, 2017 2:47 PM  
**To:** CHUA JOHNSON; assignments  
**Cc:** SUR  
**Subject:** RE: UOI Ref: DHOM110140821501; Accident involving GBC8864G on 22.01.2017 [Insured: Spacelogic Pte Ltd]

Dear Johnson,

Any status of authorisation?

**Wishing you a Happiness and Prosperity New Year**

Best Regards,

**Shiau Chan (Ms)** | Case Handler



## Shiau Chan (LKKAuto)

---

**From:** Shiau Chan (LKKAuto)  
**Sent:** Wednesday, 1 February, 2017 3:47 PM  
**To:** 'CHUA JOHNSON'; assignments  
**Cc:** SUR  
**Subject:** RE: UOI Ref: DHOM110140821501; Accident involving GBC8864G on 22.01.2017 [Insured: Spacelogic Pte Ltd]  
**Attachments:** CSUOI17001872Aqb.pdf

Dear Johnson,

Enclosed herewith preliminary advice of GBC 8864G.  
We have NOT authorise repair.

**Wishing you a Happiness and Prosperity New Year**

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

---

**From:** Admin-D (LKKAuto)  
**Sent:** Friday, 27 January, 2017 11:18 AM  
**To:** 'CHUA JOHNSON' <[johnsonchua@uoi.com.sg](mailto:johnsonchua@uoi.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: UOI Ref: DHOM110140821501; Accident involving GBC8864G on 22.01.2017 [Insured: Spacelogic Pte Ltd]

Dear Johnson,

Thank you for the assignment.

**"Wishing you a Happiness and Prosperity New Year"**

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

---

**From:** CHUA JOHNSON [<mailto:johnsonchua@uoi.com.sg>]  
**Sent:** Friday, 27 January, 2017 10:44 AM  
**To:** Iyvanne Ng <[rspu@lkkauto.com](mailto:rspu@lkkauto.com)>; [assignments@lkkauto.com](mailto:assignments@lkkauto.com)  
**Subject:** UOI Ref: DHOM110140821501; Accident involving GBC8864G on 22.01.2017 [Insured: Spacelogic Pte Ltd]  
**Importance:** High



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: DHOM110140821501

Date: 01<sup>st</sup> February 2017

Our Ref: CS/UOI17001872/Aqb

The Motor Claims Department  
United Oversea Insurance

Attn: Johnson

Dear Sirs/Mdm

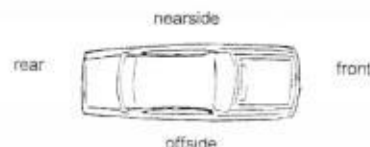
**PRELIMINARY ADVICE OF VEHICLE NO. GBC 8864G**

We thank you for the instruction on 27/01/2017.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 31/01/2017 at the premises of M/s AUTO BEST and have the following to report:-

Workshop Estimate Amount	: S\$	<u>13,448.90</u>
Revised Estimate Amount	: S\$	<u>6,021.50</u>
"Check" Items Amount	: S\$	<u>4,371.00</u>
Market Value	: S\$	<u>60,000.00</u>
LTA Reimbursement Value	: S\$	<u>16,190.00</u>
Nett Value	: S\$	<u>43,810.00</u>

Description of Damage:  
The vehicle sustained damages at the front portion.



Comments/ Present Status:  
Damages consistent.  
Repair cost economical.  
We have not authorize repair.

Yours faithfully

ADRIAN LING WAI PING  
*B.Eng, AMSOE, AMIRTE, AMSAE-A, M.MATAI*  
Licensed Appraiser

Text size + -

**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company  
Owner ID: 8833D

**Vehicle Details**

Vehicle No.: GBC8864G  
Vehicle to be Exported: No  
Intended De-registration Date: 01 Feb 2017  
Vehicle Make: NISSAN  
Vehicle Model: NV350 PANEL VAN 2.5 5MT 5DR EURO V  
Primary Colour: White  
Manufacturing Year: 2013  
Engine No.: YD25340048A  
Chassis No.: JN1MC2E26Z0001504  
Maximum Power Output: -  
Open Market Value: \$24,199.00  
Original Registration Date: 04 Feb 2014  
First Registration Date: 04 Feb 2014  
Transfer Count: 0  
Actual ARF Paid: \$1,210.00

**Intended PARF Rebate Details**

PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

**Intended COE Rebate Details**

COE Expiry Date: 03 Feb 2024  
COE Category: C - Goods Vehicle & Bus  
COE Period(Years): 10  
PQP Paid: \$23,110.00  
COE Rebate Amount: \$16,190.00

**Total Rebate Amount: \$16,190.00**

The information contained herein is correct as at 01 Feb 2017

OK

Land Transport Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.  
Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.  
Best viewed with IE 6.0 SP3 and above, 1024 X 768 resolution  
Copyright © 2017 LTA | [Privacy Statement](#) | [Terms of Use](#) | [Disclaimer](#) | [Rate the Website](#) | [Rate this e-Service](#)

## 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	25/01/2017 17:02
Date Of Accident	22/01/2017 09:50
Exact Location Of Accident	CTE TWDS AYE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8864G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SPACELOGIC PTE LTD
Co Reg No	-
Email Address	CHONGBOND@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97985064
Alternative Phone No	Office-97985064

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK
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	Commercial Vehicle

### Insurance Company

Name of Insurance Company	United Overseas Insurance Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM110140821501
Cover Note Number	

### Driver

Name of Driver	BOO TZE CHONG (WU ZHIZONG)
NRIC No	S8001793F
Date Of Birth	04/02/1980
Occupation	Outdoor
Date Of Driving Pass	10/07/2000
Driving Experience	16 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-97985064
Fax Number	
Contact Number	Others-97985064
Email Address	CHONGBOND@HOTMAIL.COM

Address BLK 163 ANG MO KIO AVE 4  
#03-438  
Postcode 560163  
Was driver an employee of the Insured's Company Yes  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident Collision- Chain Collision  
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  
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 GX247X  
Vehicle Make/Model/Colour  
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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBF3730B  
Vehicle Make/Model/Colour

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**

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

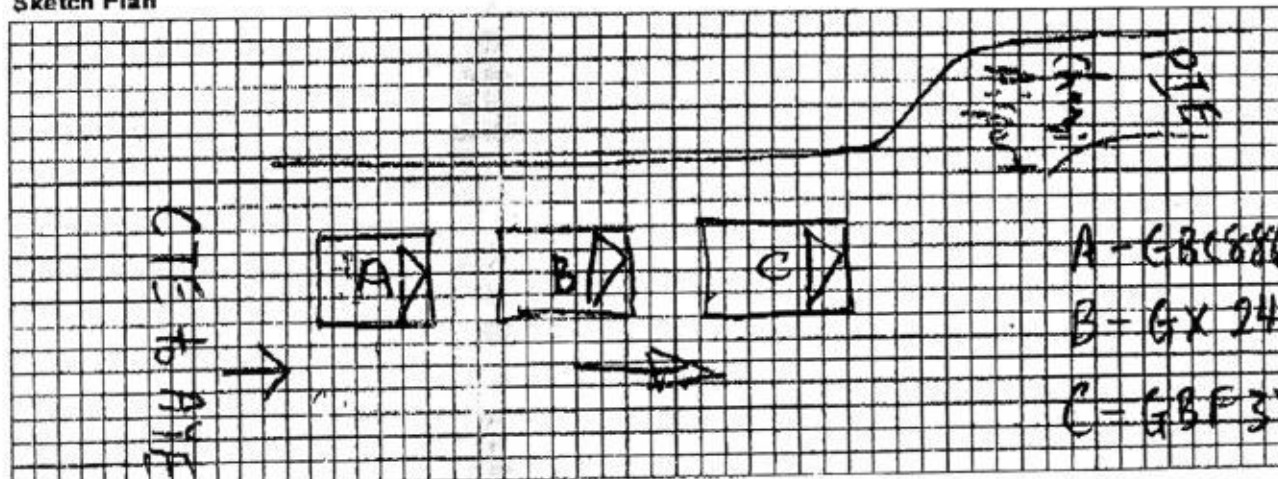
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident:

I was driving my vehicle A (GBC 8864A) from CTE toward AYE after I drive in from Ang Mo Kio Ave 1. When driving toward to the exit PIE Changi Airport Infront vehicle C suddenly jam brake stopped and follow by the vehicle B jam brake and I try to brake too but my vehicle slight infront and hit the vehicle B follow by hit the vehicle C. As had spoken to the vehicle C driver as he claimed that a taxi was swing in from Lane 3 to Lane 4 towards PIE Changi Airport exit and jammed brake before exiting and make all the say to be emergency brake at that time.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*CRB*

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

Witnessed by Reporting Centre Personnel

25/1/2017



# ACCIDENT STATEMENT

Reported on 23/1/2017  
@ 12:50 PM

ACCIDENT DATE: 22/01/2017 (DD/MM/YYYY) TIME: 09:50 AM (HH:MM)

LOCATION: CTE Toward AYE

1. DETAILS OF VEHICLE
  - a) VEHICLE NUMBER: GBC8864G
  - b) INSURANCE COMPANY:
  - c) POLICY NUMBER:
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL:
  - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME:
  - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
  - IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
  - a) NAME: (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: CONTACT:
  - c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
  - a) NAME: (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: CONTACT: 97985064
  - c) ADDRESS:

\* d) DATE OF BIRTH: (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: GX247X MODEL:
  - b) DRIVER'S NAME: CONTACT:
  - c) NRIC/FIN/PASSPORT:

\* No of passengers including driver ( )

9. THIRD PARTY VEHICLE
  - d) VEHICLE NUMBER: GBF3730B MODEL:
  - e) DRIVER'S NAME: CONTACT:
  - f) NRIC/FIN/PASSPORT:

\* No of passengers including driver ( )

No Video x

chongbond@hotmail.com ✓

email = chongbond@hotmail.com

fax = 67450733

Waiting for Veh Photos ✓ OK

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA117012395 Vehicle Registration No : GBC 8864G  
Name(as shown in NRIC): BOO TZE CHONG (WU ZHIZONG)  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S8001793F  
Address : BLK 163 ANG MO KIO AVE 4 #03-438 (S560163)  
Contact (Tel) : - (H/P) : 97985064  
(Email) : CHONG BOND@HOTMAIL.COM  
Date of Accident : 22/01/2017 Time of Accident : 09:50  
Place of Accident : STE TWAS AYE  
Insurance Company : United Overseas Insurance Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the Model.

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
Signature of Vehicle Owner / Driver  
Date: \_\_\_\_\_

# AUTO BEST MOTOR SERVICES

Block 3005 Ubi Road 1 #01-362 Singapore 408700

Registration No: 37684500K

Tel: 6745 6932 / 6746 8978 Fax: 6745 8669

25-01-17

UNITED OVERSEAS INSURANCE LTD  
3 ANSON ROAD  
#28-01 SPRINGLEAF TOWER  
SINGAPORE 079909

RE: ACCIDENT INVOLVING GBC8864G ON 21/01/2017

Attn: Officer-In-Charge

Dear Sir/Madam,

We are please to submit a repair estimate for the damaged vehicle GBC8864G as follows:

## List Item(s)

1 pc	Front bumper	Dislatched	\$ 623.00	-
2 pcs	Front bumper side bracket	Neu	\$ 334.00	-
1 pc	Front bumper reinforcement	But Neu 2888	\$ 668.00	+
1 pc	Front bumper cross member	Neu 2021.60	\$ 247.00	+
2 pcs	Front bumper stay	Neu	\$ 222.00	+
1 pc	Front panel	Dislatched	\$ 1,414.00	-
1 pc	Front panel torsion bar	Neu	\$ 256.00	+
1 pc	Wiper panel	Neu	\$ 590.00	+
2 pcs	Front corner panel	Lit Dented	\$ 590.00	-285-
1 pc	Front dashboard assy	Neu	\$ 1,362.00	+
			\$ 6,306.00	
		Less 30%	\$ 1,891.80	
		List Total	\$ 4,414.20	

## Nett Item(s)

1 pc	Front grille	Missing	\$ 535.00	-
1 pc	Front grille logo	Neu	\$ 65.00	-
2 pcs	Headlamp	Can't find	\$ 766.00	-
1 pc	Front windscreen glass moulding	Neu	\$ 62.00	-
1 pc	Front wiper linkage	Neu	\$ 227.00	+
1 pc	Front wiper garnish	Neu	\$ 116.00	+
1 pc	Air intake duct	Del'd	\$ 109.00	-
1 pc	Instrument cluster	Del'd	\$ 263.00	-
1 pc	Front dashboard lower center cover	Neu	\$ 181.00	+
1 pc	Transmission oil cooler	Neu	\$ 238.00	+
1 pc	Brake booster	Neu	\$ 949.00	+
1 pc	Brake master pump	Neu	\$ 292.00	+
			\$ 3,803.00	
		Less 10%	\$ 380.30	
		Nett Total	\$ 3,422.70	
		Balance C/forward	\$ 7,836.90	

# AUTO BEST MOTOR SERVICES

Block 3006 Ubi Road 1 #01-362 Singapore 408700

Registration No: 37684500K

Tel: 6745 6932 / 6746 8978 Fax: 6745 8669

Balance B/forward \$ 7,836.90

## Special Nett Item(s)

1 pc	Front number plate	Best	\$	30.00	✓
1 set	Front bumper clip	m	\$	28.00	✓
1 pc	Aircon low pressure pipe	Best	\$	189.00	✓
1 pc	Aircon high pressure pipe	Best	\$	95.00	✓
1 pc	Aircon cooling coil	encl	\$	1,627.00	✓
1 pc	Aircon blower fan assy	encl	\$	663.00	✓
1 pc	Front windscreen glass sealant	encl	\$	60.00	✓
Parts Total			\$	10,528.90	

## Labour and Miscellaneous

To check wiring for proper function.	\$	40.00	30
To remove & refit front windscreen glass to facilitate repairs.	\$	140.00	120
To remove, refit & replace aircon parts, to vacuum & top up aircon gas.	\$	140.00	120
To remove & replace front dashboard assy to facilitate repairs.	\$	250.00	220
To remove & refit front floor carpet, trimmings, etc to facilitate repairs.	\$	150.00	80
To replace, repair, straighten & re-align all damaged parts.	\$	1,200.00	1000
To spray paint on all affected areas.	\$	1,000.00	800
Grand Total	\$	13,448.90	

Please kindly contact me & send your surveyor down to survey the damaged vehicle the soonest possible.

Thank you and regards.

L/s Adrian Lij

31/01/17.

08 Days.

Not Authorised

Excess \$500

2005.20

96893735.

tel. 9178-7

L/s: 73K

13668.30



# 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

UNITED OVERSEAS INSURANCE LTD

Ref : CS/DOI17001872/Aqbn2

3 ANSON ROAD #28-01  
SPRINGLEAF TOWER SINGAPORE 079909

Date : 12-02-2018



Code : UOI2

## 1. Policy Particulars :- OWN DAMAGE

Insured Veh.		Veh. Inspected	GBC 8864G
Policy No.	DHOM110140821501	Coverage (\$)	0.00
Claim No.	M11D98851702	Excess (\$)	500.00
Assign From	JOHNSON CHUA	Assign Date	27/01/2017

## 2. Vehicle Particulars & Condition

Make & Model	NISSAN NV350	c.c	2488
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JN1MC2E26Z0001504	Colour	WHITE
Odometer	91729	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15C	NEXEN	6 mm
L/H Front Tyre	195 R15C	NEXEN	6 mm
R/H Rear Tyre	195 R15C	NEXEN	6 mm
L/H Rear Tyre	195 R15C	NEXEN	6 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.
---

## 5. General Information

Accident Date	22/01/2017	Inspection Date	31/01/2017
Survey held at	AUTO BEST MOTOR SERVICES BLK 3006 UBI ROAD 1 #01-362 SINGAPORE 408700		

## 5a. Remarks

A) THE MARKET VALUE IS S\$60,000.00 (EST. AVERAGE) B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.
--

## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	8 Working Days
-------------------------------------	----------------



# 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

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBC 8864G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER	DISTORTED	623.00	623.00
2	FRONT BUMPER SIDE BRACKET	NECESSARY	334.00	334.00
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	668.00	-
1	FRONT BUMPER CROSS MEMBER	NOT NECESSARY	247.00	-
2	FRONT BUMPER STAY	BENT	222.00	222.00
1	FRONT PANEL	DISTORTED	1,414.00	1,414.00
1	FRONT PANEL TORSION BAR	NOT NECESSARY	256.00	-
1	WIPER PANEL	NOT NECESSARY	590.00	-
2	FRONT CORNER PANEL	N/S DENTED	590.00	295.00
1	FRONT DASHBOARD ASSY	NOT NECESSARY	1,362.00	-
	LESS 30% DISCOUNT		-1,891.80	-866.40
			4,414.20	2,021.60
<b><u>NETT ITEMS</u></b>				
1	FRONT GRILLE (N)	MISSING	535.00	535.00
1	FRONT GRILLE LOGO (N)	NECESSARY	65.00	65.00
2	HEADLAMP (N)	CRACKED	766.00	766.00
1	FRONT WINDSCREEN GLASS MOULDING (N)	NECESSARY	62.00	62.00
1	FRONT WIPER LINKAGE (N)	NOT NECESSARY	227.00	-
1	FRONT WIPER GARNISH (N)	NOT NECESSARY	116.00	-
1	AIR INTAKE DUCT (N)	DEFORMED	109.00	109.00
1	INSTRUMENT CLUSTER (N)	DEFORMED	263.00	263.00
1	FRONT DASHBOARD LOWER CENTER COVER (N)	NOT NECESSARY	181.00	-
1	TRANSMISSION OIL COOLER (N)	BENT	238.00	238.00
1	BRAKE BOOSTER (N)	NOT NECESSARY	949.00	-
1	BRAKE MASTER PUMP (N)	NOT NECESSARY	292.00	-
	LESS 10% DISCOUNT		-380.30	-203.80
			3,422.70	1,834.20
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT NUMBER PLATE (SN)	BENT	30.00	30.00
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	28.00	28.00
1	AIRCON LOW PRESSURE PIPE (SN)	BENT	189.00	189.00
1	AIRCON HIGH PRESSURE PIPE (SN)	BENT	95.00	95.00
1	AIRCON COOLING COIL (SN)	CRACKED	1,846.40	1,846.40

Report Ref No. CS/UOI17001872/Aqbn2





# 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

Page No. 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	AIRCON BLOWER ASSY (SN)	CRACKED	663.00	588.50
1	FRONT WINDSCREEN GLASS SEALANT (SN)	NECESSARY	60.00	60.00
			2,911.40	2,836.90
	<b>LABOUR</b>			
	TO CHECK WIRING FOR PROPER FUNCTION.		40.00	30.00
	TO REMOVE & REFIT FRONT WINDSCREEN GLASS TO FACILITATE REPAIRS.		140.00	120.00
	TO REMOVE,REFIT & REPLACE AIRCON PARTS,TO VACUUM & TOP UP AIRCON GAS.		140.00	120.00
	TO REMOVE & REPLACE FRONT DASHBOARD ASSY TO FACILITATE REPAIRS.		250.00	220.00
	TO REMOVE & REFIT FRONT FLOOR CARPET,TRIMMINGS ETC TO FACILITATE REPAIRS.		150.00	80.00
	TO REPLACE,REPAIR,STRAIGHTEN & RE-ALIGN ALL DAMAGED PARTS.		1,200.00	1,000.00
	TO SPRAY PAINT ON ALL AFFECTED AREAS.		1,000.00	800.00
			2,920.00	2,370.00
	<b>GRAND TOTAL</b>		<b>13,668.30</b>	<b>9,062.70</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>9,062.70</b>
	<b>LESS EXCESS</b>			<b>-500.00</b>
	<b>NETT LIABILITY</b>			<b>8,562.70</b>

Report Ref No. CS/UOI17001872/Aqbn2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

**DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.