

CS / CTI 17003135 / Mr bsz, Junda

ASSIGNMENT (Office)

From (Person): Jason Teo of CTL Date/Time: 14/02/2017 2:04pm

Estimated Cost: _____ Bill to: _____

OD / ~~IB~~ / WS / TP RES / OD RES / EVA / INV / MV / CS To Inspect Vehicle No: SKU 12566 Insured: SKF 2817

at Workshop m/s Weamies Tel: 8126 1237
of 45 Long Kee Road

Policy No: Dmp CSN3 113111600 Claim No: SNM17D00937C01 / 1
Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 02/02/2017
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wpi' 23-03-2017 @ 11am H.O.D. Endorsement: _____
Date/Time: 14/02/2017 2:23pm Person Contacted: Ruy Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate
	SKU 12566 - X
	SKF 2817 - X
24/3/17	sent preli through Meimen

Inspector: Taylor
Muller

ASSIGNMENT

From: _____ Date: 23/03/07

Estimated Cost: _____

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

To Inspect Vehicle No: SKU 12566
at Workshop m/s Wearnes
of 45 Long Kee Road

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

11am

(Policy Condition)

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

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

Est. Repairs: 3 days Res.: **Yes** or **No**

Lum Sum: _____ % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS WPI

Date: _____ Person Contacted: _____

Vehicle: **IN / OUT**

Veh No: SKU12566 Yr Regn: 2015 June

Type: **M** Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: V84 Jaguar XF c.c. 1999

Colour: Silver A/C: **Insured / Std / NI / NA**

Sp. Reading: 29032 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: SAJVA0543 F P475540

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

Modi: **Nil / S/Rim / STD A/Rim** or

Tyre Size: **F:** 245/45R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

D.O.I. 25/3/17 @ Wan

Survey held at Wearnes

Des. of Damages: **Fr / Rear / O/S / N/S / U/C / Rooftop** or

Fr O/S

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

Date / Time	Action / Instruction
<u>15/10</u>	<u>Confirmed final fig \$3,684.90 with Mandy. (Ref. 3184.10, 4670.)</u>

RECEIVED 18 SEP 2007

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: 3

1) _____
Date/Time, File Return to?

Resurvey No. of Trip: 1

Survey Fee:	<u>150</u>
Transportation:	_____
_____ \$ + RS _____ \$	_____
Photos	_____
Others	_____
TOTAL	_____

2) _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Report Format: TP

Lump Sum / I.B.I. (\$ 3684.90)

Survey Department Check List (Case Handler)

Reference No. : CS/CT/117003035/T1rb.
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form

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

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

(1) Assignment Form

		Y-Date	N-Date	Y-Date	N-Date
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	✓			
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(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				
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Check By: Cedricine 18/12/19
 Case Handler Date



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

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CS/CT117003035/T1rb

3 ANSON ROAD #16-00
SPRINGLEAF TOWERSINGAPORE 079909

Date : 14-02-2017



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKT 281T	Veh. Inspected	SKU 1256G
Policy No.	DMPCSN3113441600	Coverage (\$)	0.00
Claim No.	SNM17D00937C01/1	Excess (\$)	0.00
Assign From	MERIMEN (JASON TEA)	Assign Date	14/02/2017

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	02/02/2017	Inspection Date	
Survey held at	WEARNES AUTOMOTIVE PTE LTD 45 LENG KEE ROAD SINGAPORE 159103.		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	14 Feb 2017		14 Feb 2017 14:04 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	KEITH FRANCIS NERUDA		
Main Claimant:	LYE LEONG CHO		
Vehicle Reg. No.:	SKU1256G	Date of Loss:	02/02/2017 00:00 - :59
Claim Type:	TP / SNM17D00937C01/1	Policy/Cover Note No.:	DMPCSN3113441600
Vehicle Reg. No. (Insured):	SKF281T	Policy No. (Claimant):	
Repairer:	Wearnes Automotive Pte Ltd (Leng Kee) 28 Leng Kee Road, 159105 Leng Kee - Tel: 63782680		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jason Tea - 63896171]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 23/02/2017]		
Adj Asg. Remarks:	TO SURVEY ON TP VEHICLE ON WP BASIS, INSURED ACCIDENT NON REPORTING.		

[View All](#) [Compose Case Mail](#)

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

ALL ASSOCIATED TASKS

View All	Search Tasks	Create New Task	Complete						
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?

No results.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

To: China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Jason Tea

Date: 24 Mar 2017

Preliminary Advice

Insured Vehicle No	: SKF281T	Accident Date	: 02/02/2017
TP Vehicle No	: SKU1256G	Assignment Date	: 14/02/2017
Make	: JAGUAR XE	Est. Duration of Repair	: 4.00
Date of Inspection	: SKU 1256G		
Inspection At	: Wearnes Automotive Pte Ltd (Leng Kee) 28 Leng Kee Road Singapore 159105		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages front o/s portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	6,869.00
Revised Amount	:S\$	3,684.90
Check Items (Estimated)	:S\$	384.10
Total	:S\$	4,069.00
Lump Sum Repair	:S\$	

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (X) Other comments : The above survey was conducted on a "without prejudice" basis.

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	04/02/2017 11:53
Date Of Accident	02/02/2017 18:05
Exact Location Of Accident	ALONG ROAD 1 AIRPORT BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU1256G
Insured/Policyholder	
Name Of Registered Owner	LYE LEONG CHO
NRIC No	S7231984B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97456975
Alternative Phone No	Office-97456975

Vehicle Particulars

Manufacturer	JAGUAR
Model	XE-2.0 (A)
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	Third Party
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	2100420278-01000
Cover Note Number	

Driver

Name of Driver	LYE LEONG CHO
NRIC No	S7231984B
Date Of Birth	08/09/1972
Occupation	Indoor
Date Of Driving Pass	09/09/2003
Driving Experience	13 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-97456975
Fax Number	
Contact Number	Office-97456975
EMail Address	NOEMAIL

Address	238 TAGORE AVENUE SINGAPORE
Postcode	786197
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 Side
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?	Yes
If Yes, Please state which Police Station	
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Address	ROAD: 51 Ang Mo Kio Ave 9 , POSTCODE: 569784 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	SKF281T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing. 2. Please report correctly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 02/02/2017 Time: 18-05
Exact Location of Accident	Along Road 1 AIRPORT BOULEVARD
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKM 1256G
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	LYE LEONG CHO
Personal Identification - NRIC (Singaporean/PR)	S7231984B
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer <u>Ingenium</u> Model <u>XE 2.0 TD</u>
Type of Vehicle*	<input checked="" 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"/> Micycle <input type="radio"/> Others _____
Exact Purpose for which vehicle was being used at time of accident	Private
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 checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	2100420278 - 01000
Motor CI	
DRIVER	<input checked="" type="radio"/> Same as Insured above
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	11
- FIN/Passport Number	
Date of Birth	08 dd / 09 mm / 1972 yy
Driving Date Pass	09 dd / 09 mm / 2013 yy
Year of Driving Experience	1 Year(s) () Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	97456945

Sketch Plan #2 Pg.1

Address of Driver	238 TAGORE AVENUE SINGAPORE Postcode (786197)
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	
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)	Front LH side collision (TP reverse hit injury)
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others
OTHER INFORMATION	
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Number of Passengers (Including Driver)	0 passenger (vehicle parked)
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	Ang Mo Kio North P.N.P.C
Police Station Address	51 Ang Mo Kio Avenue 9 SINGAPORE 569784
Police Station Contact	Tel No 1800-484 9999 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	SKF 2817
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	China Taiping Insurance
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

Describe Circumstance of the Accident

As police report Attached

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.

 03/04/12
Policyholder's Signature / Date & Time

 03/04/17
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20170203/2000

1 of 3

Report No: T/20170203/2000

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2017 00:03	Vide Report No.:	Station Diary No.: 1
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Informant's Particulars

Name of Informant: LYE LEONG CHO			Address: 238 TAGORE AVENUE SINGAPORE 786197		
ID Type / ID No.: NRIC NO / S7231984B			Contact No.: Home/Office: Mobile: 97456975		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 08/09/1972	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Air Traffic Subject Matters Expert			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 02/02/2017 18:05	Type of Location: Car Park
Location: Along Road 1 AIRPORT BOULEVARD Changi Airport Terminal 2 however due to construction work, the carpark currently indicated as Terminal 1, Level 2M.			
Weather:		Road Surface: Dry	Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF281T	Car	HONDA	Civic	Black		0
SKU1256G	Car	JAGUAR	XF 2.0P TSS	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU1256G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100420278	30/06/2016	29/06/2017



**SINGAPORE
POLICE FORCE**



T/20170203/2000

2 of 3

Report No. T/20170203/2000

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LYE LEONG CHO	ID No.	S7231984B
Related Vehicle	SKU1256G (Car)	Contact No.	97456975
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/02/2017 at 1602hrs, I parked my car bearing registration number SKU1256G at the carpark of Changi Airport Terminal 2, currently indicated as Terminal 1 carpark due to construction works. I parked my car at level 2M.

On the same day at 1835hrs, I went to retrieve my car. I was notified by the in-car camera voice prompt stating that there was a shocked earlier. Upon inspecting my vehicle, I found a dent on the fender of the car above the front right wheel arch. As such, I went to view my in-car camera footage. On the same day at 1804hrs, the in-car camera captured a car bearing registration number SKF281T reverse and hit onto my right driver side, above the wheel specifically. The driver of the said vehicle did not stop to check but proceed to drive off immediately.

I am able to provide the footages for further investigation.

That is all.



**SINGAPORE
POLICE FORCE**



T/20170203/2000

3 of 3

Report No. T/20170203/2000

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt NURULHAZIRAH BINTE HUSIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2017 00:03
Officer In Charge Of Case: TP / GIA / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:

Authentication Stamp
NP168

Accident Sketch Plan Pg.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' 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

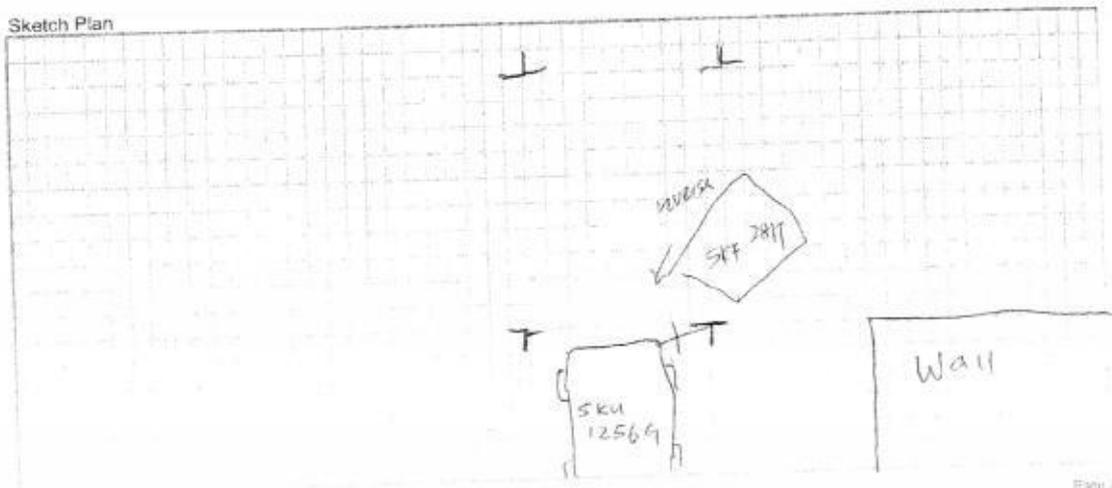
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 3/2/12
Policyholder's Signature / Date & Time

[Signature] 3/2/12
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Celine Fong (LKKAuto)

From: Celine Fong (LKKAuto)
Sent: Friday, 15 December, 2017 5:31 PM
To: Mandy Neo; SUR
Subject: RE: SKU1256G Finalization

Dear Mandy,

Confirm Part by part \$3,684.90 (before GST)

Days of repair: 3 Days

Best Regards,

Celine Fong

LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: celinefong@lkkauto.com | fax: 6256-4345
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Mandy Neo [mailto:mandy.neo@wearnes.com]
Sent: Thursday, 16 November, 2017 4:05 PM
To: SUR <sur@lkkauto.com>; CS A Team <cs-a@lkkauto.com>
Cc: Ai Phing (LKKAuto) <aiphing@lkkauto.com>
Subject: FW: SKU1256G Finalization

From: Mandy Neo
Sent: Tuesday, 14 November, 2017 5:27 PM
To:
Subject: FW: SKU1256G Finalization

Hi Ai Phing
Attached copy for finalization

Vehicle SKU1256G

Best regards,

Mandy Neo
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte. Ltd.
49 Alexandra Road 159935
F (65) 6264 7137 O (65) 97704368
www.wearnes.com mandy.neo@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.*

SERVICE ESTIMATE

81579 - C00001 SL: SERVICE SALES - PC
 Mr Lye Leong Cho (Li Liangzu)
 238 Tagore Avenue

GST Reg.No: M28920628X

Inv.No. . . : B&P 0 Page 1
 Inv.date. . : 21/03/2017
 WIP No. . . : 37726
 Veh.In/Out:

Singapore 786197

*Tel.No. . . : Mobile: 97456975
 Reg.No. . . : SKU1256G
 Reg.date . . : 30/06/2015
 Mileage ... : 0
 Chassis No: SAJAC05M3FPU75540

Closed by : Chan Yau Chiang
 Svc Consultant :
 Remarks : Mr Lye Leong Cho (Li

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRT FENDER RH AND ETC.	0	2400.00	0		2,400.00	S
800	TO SPRAY PAINT ON FRT FENDER R BAFFLE AND ETC.	0	2000.00	0		2,000.00	S
280	TO CHECK WIRING INCLUSIVE OF RESETTING ALL ELECTRICAL MODULES	0	486.00	0		486.00	S ✓
NOTES	Notes-DO NOT DELETE WIP	0	0.00	0		0.00	S
	FENDER PANEL FRT L RH	1.0 EA	1551.10			1,551.10	S L ✓
	FENDER BAFFLE FRT L RH	1.0 EA	73.80			73.80	S L ✓
	FENDER BRACKET FRT L RH	1.0 EA	47.80			47.80	S L ✓
	FINISHER-VEN	1.0 EA	310.30			310.30	S L ✓

Gross Total. 6,869.00

Labour Total 4,886.00
 Parts Total 1,983.00
 Package Total 0.00

Net..... 6,869.00
 GST @ 7.0% 480.83
 Total..... 7,349.85
 Paid..... 0.00
 Please Pay.. 7,349.85

GST: S=StdRated; 0=OutOfScope; Z=ZeroRated

Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To resurvey damaged parts (if any) resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

Tauhidh 97495749
 'WP'
 23/3/17 @ 11am
 3-4 days to sur@lkkant.com
 24/3/17 @



SERVICE ESTIMATE

3 ANSON ROAD
 #16-00, SPRINGLEAF TOWER
 SINGAPORE 079909

E LTD GST Reg.No:M28920628X
 Inv.No. : 1234 Page 1
 Inv.date. : 04/10/2017
 WIP No. : 37726
 Veh.In/Out:
 *Tel.No. : 63896111
 Reg.No. : SKU1256G
 Reg.date. : 30/06/2015
 Mileage : 0
 Chassis No: SAJAC05M3FPU75540

Closed by : Mandy Neo
 Svc Consultant :
 Remarks : Mr Lye Leong Cho (Li

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRT FENDER RH	0	850.00	0		850.00	S ✓
AND ETC.							
800	TO SPRAY PAINT ON FRT FENDER R	0	750.00	0		750.00	S ✓
BAFFLE AND ETC.							
280	TO CHECK WIRING INCLUSIVE OF	0	486.00	0		486.00	S ✓
RESETTING ALL ELECTRICAL							
MODULES							
NOTES	Notes-DO NOT DELETE WIP	0	0.00	0			S
	FENDER PANEL FRT RH 1	1.0 EA	1551.10			1,551.10	S ✓
	FENDER BRACKET FRT R 3	1.0 EA	47.80			47.80	S ✓

Gross Total. 3,684.90

Labour Total 2,086.00
 Parts Total 1,598.90
 Package Total 0.00

Net..... 3,684.90
 GST @ 7.0% 257.94
 Total..... 3,942.84
 Paid..... 0.00
 Please Pay.. 3,942.84

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	14 Feb 2017		14 Feb 2017 14:04 Edit Adj Rpt	S\$3,684.90 Edit Estimates	S\$3,684.90 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS		[Created by insurer]	
Insured:	Co. Reg. No.: -		
Main Claimant:	LYE LEONG CHO		
Vehicle Reg. No.:	SKU1256G	Date of Loss:	02/02/2017 00:00 - :59
Claim Type:	TP / SNM17D00937C01/1	Policy/Cover Note No.:	DMPCSN3113441600
Vehicle Reg. No. (Insured):	SKF281T	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Wearnes Automotive Pte Ltd (Leng Kee) 28 Leng Kee Road, 159105 Leng Kee - Tel: 63782680		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jason Tea - 63896171]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH] ... [Final Rpt due 23/02/2017]		
Adj Asg. Remarks:	TO SURVEY ON TP VEHICLE ON WP BASIS, INSURED ACCIDENT NON REPORTING.		
ASSOCIATED MAIL RECEIVED		View All	Compose Case Mail
There are no mail for this case.			
ALL ASSOCIATED TASKS		View All	Search Tasks
		Create New Task	Complete
Due Date	Priority	Type	Task Group
			Subject
			Handler
			Assigned By
			Completed On
			Created On
			Done?
No results.			

Claim Documents

*SKU1256G (SNM17D00937C01/1)
 [SKF281T]
 TP
 LYE LEONG CHO
 Feb 2 2017 12:00AM
 [-]
 Wearnes Automotive Pte Ltd

Upload Documents		Upload Photos	Compose New Letter	View Use Viewer <input type="checkbox"/>
Assessment Reports				1 per page <input type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	24/03/17 12:27	Adjuster Immediate Advice		Load HTM
Photos/Images				3 per page <input type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
2	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
3	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
4	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
5	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
6	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
7	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
8	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
9	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
10	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
11	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
12	26/12/17 17:34	General View		Load JPG <input type="checkbox"/>
Documentation				1 per page <input type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail Print
1	14/02/17 14:01	OTHER - SAS, EST AND REQ FOR DS		Load PDF
2	14/02/17 14:03	OTHER - INSD ANR, NO DS		Load PDF
3	27/02/17 12:13	Singapore Accident Statement		Load PDF

Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid gray; height: 40px; width: 100%;"></div>	
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>	

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607196R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CT117003035/T1RBS2

Date: 26/12/2017

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN3113441600		
Claimant Vehicle No :	SKU1256G	Insured Vehicle No :	SKF281T		
Date of Loss:	02/02/2017	Nature of Claim:	TP	Claim No:	SNM17D00937C01/1

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKU1256G	Engine No:	015026070659204PT
Make & Model:	JAGUAR XE, 2.0 (A)	Chassis No:	SAJAC05M3FPU75540
Reg. Date:	30/06/2015 (Man. Year: 2015)	Odometer:	29032 km
Colour:	Silver		
Engine Capacity:	1999 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	245/45R18	Rear Tyre Size:	245/45R18
Front Left Side:	Pirelli 6 mm	Rear Left Side:	Pirelli 6 mm
Front Right Side:	Pirelli 6 mm	Rear Right Side:	Pirelli 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,983.00	1,598.90	384.10	19.37
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,886.00	2,086.00	2,800.00	57.31
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	6,869.00	3,684.90	3,184.10	46.35
+ GST 7.00/7.00% (S\$)	480.83	257.94	222.89	46.36
Nett Amount (S\$)	7,349.83	3,942.84	3,406.99	46.35

INSPECTION

Date of Assignment:	14/02/2017		
Date Inspected:	23/03/2017	Inspected At:	Wearnes Automotive Pte Ltd (Leng Kee) 45 Leng Kee Road Singapore 159103
Estimated Period of Repair:	3.0 days		

Adjuster: MOHD TAUFIKH

Manager: Janice Lee Si Hua

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS**Reference**

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 26 Dec 2017)
 Parts: 143 JAGUAR XE 2.0 (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: (Unsubmitted, no print-code for SKU1256G)
 Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
 Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FENDER PANEL FRT RH	Bent	1,551.10 FS	*1,551.10 FS
2	1		*FENDER BAFFLE FRT RH	Not Necessary	73.80 FS	*- FS
3	1		*FENDER BRACKET FRT RH	Necessary	47.80 FS	*47.80 FS
4	1		*FINISHER-VEN	Not Necessary	310.30 FS	*- FS
Total Parts (S\$)					1,983.00	1,598.90

F=Franchise part. S=SpcNett.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO REPLACE FRT FENDER RH AND ETC.	New	2,400.00	850.00
2	TO SPRAY PAINT ON FRT FENDER R BAFFLE AND ETC.	New	2,000.00	750.00
3	TO CHECK WIRING INCLUSIVE OF RESETTING ALL ELECTRICAL.	New	486.00	486.00
Gross Labour Cost (S\$)			4,886.00	2,086.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >