ASS. REC. BY: | REF: CS/CTL17007638/ b | Special Instruction:

Surveyor : Adrian

ASSIGNMENT (Office)

From (Person): Jason Teo of CTL Date/Time: 19042017

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBC 6727H Insured: SJT 5466H

at Workshop m/s Kwan Ying Mun Motor Tel: 9076 3688

of Blk 3023A Ubi Road 1 # 01-57

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 24.01.2017
(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time: 19.04.2017 11.02am Person Contacted: Ms. Kwan Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBC 6727H - X
	SJT 5466H - CC3/CTL/7002609 / Hlw342 DOA: 03/2017
26/10/18	Ms Kwan cannot find correspond email. She said owner don't want claim TP
	Insurance (Boon Sen) check said no record found can't create claim in
	network.
	Cancel Claim. Cchai 30/10/2018

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

3 ANSON ROAD #16-00
SPRINGLEAF TOWERSINGAPORE 079909

Ref. : CS/CTI17007638/Arb

Date : 19-04-2017

Code : CTI

1.	Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	SJT 5466H	Veh. Inspected	GBC 6727H
	Policy No.		Coverage ($)	0.00
	Claim No.		Excess ($)	0.00
	Assign From	JASON TEA	Assign Date	19/04/2017

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

5.	General Information			
	Accident Date	24/01/2017	Inspection Date	20/04/2017
	Survey held at	KWAN YING MUN MOTOR SERVICE BLK 3023A UBI RD 1 #01-57 SINGAPORE 408717		

5a.	Remarks
	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

Janice Lee (LKKAuto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Tuesday, September 25, 2018 10:59 AM
To: Janice Lee (LKKAuto)
Subject: RE: GBC 6727H DOA : 24.01.2017

Dear Janice,

What you want me to assist with?

Also checked our records but no such reported matter.

Regards,
Chong Boon Sen
Claims Executive
Claims

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower
Singapore 079909
Co. Reg. No. 200208384E
DID: 63896171
Fax: 62247175
Email: boonsen.chong@sg.cntaiping.com
Website: www.sg.cntaiping.com

From: Janice Lee (LKKAuto) [mailto:JaniceLee@lkkauto.com]
Sent: Tuesday, 25 September, 2018 10:48 AM
To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Subject: GBC 6727H DOA : 24.01.2017

Dear Boon Sen,

Kindly assist.

Thank you.

Best Regards,
Jannice Lee (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: janicelee@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 07 Apr 2017 / 10:48:36

Receipt Date/Time : 07 Apr 2017 / 10:48:36

Tax Invoice/Receipt

Receipt No. : ITNET-00000-170407-000501

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
	Result of Insurance Enquiry - SJT5466H As at 24 Jan 2017/15:25:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - SJT5466H Enquiry Fee 20170407104804210626	5.00	0.35	5.35
	Sub-Total	5.00	0.35	5.35
	Total Before Rounding	5.00	0.35	5.35
	Rounding Difference			0.00
	Total Amount Payable			5.35
	Paid By			
	xxxxxxxxxxx3219 Credit Card: Visa/MasterCard			5.35
	Total			5.35
	Cash Change			0.00
	Tendered Amount			5.35
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

MKFS/2017/21921-01 / Kan Fook Sing Motor Workshop - Defu
ENTRY DATE & TIME: 25/01/2017 10:33

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 witholding 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 10:33
Date Of Accident	24/01/2017 15:25
Exact Location Of Accident	KAKI BUKIT AVE 3 TOWARDS BEDOK NORTH ROAD
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC6727H
Insured/Policyholder	
Name Of Registered Owner	SRK ENGINEERING PTE LTD
Co Reg No	200904391E
Email Address	admin@srkepl.com.sg
Mobile Phone No	(LOCAL) +65-84791255
Alternative Phone No	Office-68414988
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	Commercial Vehicle
Insurance Company	
Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCV16S007510
Cover Note Number	13/06/2016 TO 12/06/2017
Driver	
Name of Driver	SETHU ALEX
NRIC No	G5894329R
Date Of Birth	29/05/1982
Occupation	Outdoor
Date Of Driving Pass	26/09/2014
Driving Experience	2 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-84791255
Fax Number	
Contact Number	
EMail Address	alex@srkepl.com.sg

Address	1 KAKI BUKIT AVE 3 KB-1 SINGAPORE 416087
Postcode	
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- 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
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	Traffic Police Division Hq
Police Station Address	**ROAD**: 10 Ubi Avenue 3 , **POSTCODE:** 408865 , **COUNTRY**: Singspore
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	No
If Yes,against whom?	

Circumstances of Accident

REFER WITH POLICE REPORT T/20170125/2039

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	SJT5466H
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	

FAX: 67481006

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' 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.

SBK ENGINEERING PTE. LTD.

25/01/2017 - 10:40Am

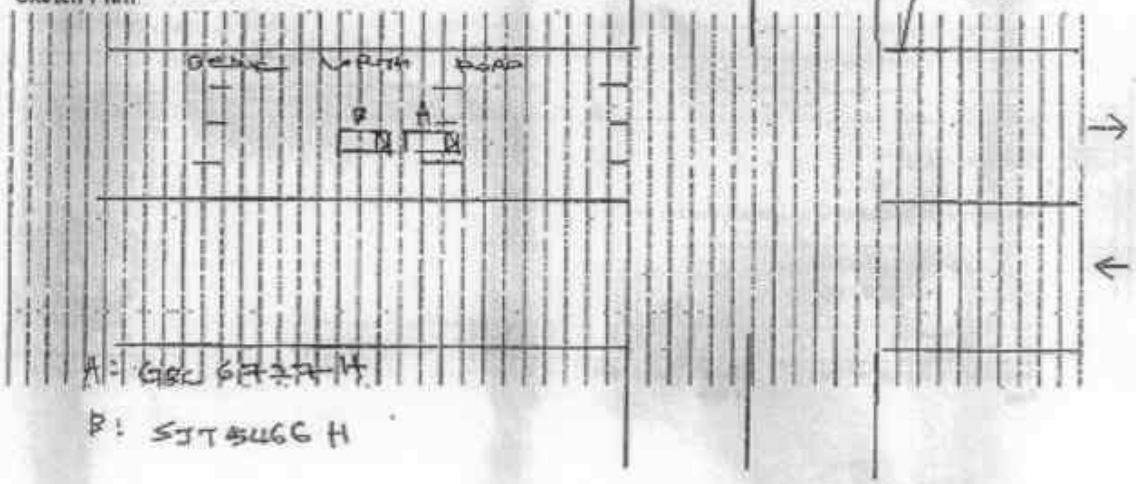
KAMPOK MOTOR WORKS

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



25/01 2017 WED 11:50 FAX

Describe Circumstances of the Accident

REFER WITH POLICE REPORT.

Insurance Co. [illegible]

Vehicle No. [illegible] Date of Accident [illegible]

- [ ] Reporting Only
- [ ] Own Damage Claim
- [ ] Third Party Claim
- [ ] Other Workshop

Declaration

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

SNE ENGINEERING PTE. LTD. X

Policyholder's Signature / Date & Time

25/01/2017 - 10:40 Am

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

Witnessed by Reporting Centre Personnel

P

SINGAPORE POLICE FORCE

T/20170125/2039

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20170125/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
25/01/2017 10:12		

Informant's Particulars

Name of Informant: SETHU ALEX			Address: 1 KAKI BT AVE 3 KB-1 SINGAPORE 416087	
ID Type / ID No.: FIN NO / G5894329R			Contact No.: Home/Office: Mobile: 84791255	
Nationality: INDIAN			Email:	
Sex: Male	Age: 34	Date of Birth: 29/05/1982	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: SENIOR QUANTITY SURVEYOR			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/01/2017 15:25	Type of Location: Straight Road

Location:
Along Road 1
KAKI BUKIT AVENUE 3

KAKI BUKIT AVENUE 3 TOWARDS BEDOK NORTH ROAD

Weather: Drizzling	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBC6727H (Not Accurate)	Lorry				Slightly Damaged	0
SJT5466H (Not Accurate)	Car				Slightly Damaged	0

SINGAPORE
POLICE FORCE

T/20170125/2039

Report No. T/20170125/2039

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVED MENTIONED DATE, TIME AND LOCATION

I(GBC6727H) WAS TRAVELLING ALONG KAKI BUKIT AVE 3 TOWARDS BEDOK NORTH ROAD. THE TRAFFIC LIGHT AHEAD WAS RED SO I MOVE SLOWLY AND WAS ABOUT TO STOP MY CAR. HOWEVER AFTER 5 SECONDS OR SO I FELL A HIT FROM THE BACK OF MY VEHICLE. I THEN WENT OUT OF MY VEHICLE AND I NOTICED THAT IT WAS A CAR(SJT5466H) THAT WAS BEHIND MY VEHICLE THAT HIT ONTO THE REAR OF MY VEHICLE. I THEN APPROACH THE DRIVER OF (SJT5466H) AND ASK FOR HIS PARTICULARS BUT HE REFUSED TO PROVIDE AND HE DID NOT EVEN GET OUT OF HIS CAR. I THEN WENT ON TO TAKE PICTURES OF THE DAMAGES ON BOTH OF THE VEHICLES. BUT WHEN I TAKING THE PICTURES THE DRIVER DROVE OFF, AND I THEN GET INTO MY VEHICLES AND TRY TO FOLLOW HIM BUT HOWEVER AT THE JUNCTION AHEAD THE DRIVER OF (SJT5466H) THEN GIVE ME A FALSE SIGNAL AND TURN INTO ANOTHER DIRECTION. AFTER THAT I DID NOT GIVE CHASE AND I CALLED THE POLICE, I WAS THEN TOLD TO MAKE A POLICE REPORT. THAT'S ALL.

SINGAPORE POLICE FORCE

T/20170125/2039

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20170125/2039

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: TP / KEVAN ANG ZI SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2017 10:12
Officer In Charge Of Case: TP / HRT / SI KALESWARI D/O PALANI Contact No.: 65476902	Classification Of Case:

Authentication Stamp
NP168


70
NISSAN
13
pax
GBC
6727H


70
km/h
NISSAN
13
pax
GBC
6727H