

ASS. REC. BY:

REF: CS/C117018392/Dtbn2

Special Instruction:

Surveyor:

Bryan

ASSIGNMENT (Office)

From (Person):

Lrene Tay

of

CTI

Date/Time:

25/09/2017 4:12pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLD 1851R

Insured:

SLD 8408S

at Workshop m/s

Teamwork Garage

Tel:

6844 2175

of

53 Ubi Ave 1 #01-24

Policy No:

DMPCSN 3065541701

Claim No:

SNM1700553602

Sum Insured:

Excess:

Make of Veh:

D.O.A.

21/09/2017

(Client's Record)

CA / REV / REP. / REV 24HRS 'wp'

H.O.D. Endorsement:

Date/Time:

25/09/2017

3:54pm

Person Contacted:

Chris

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLD1851R - NA/INC17018188/h4 - D.O.A: 21/9/17

SLD8408S - NA/INC17018188/h4 - D.O.A: 21/9/17

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Sep 2017		25 Sep 2017 16:26 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:			
Main Claimant:	ROSET LIMOUSINE SERVICES PTE LTD, Co. Reg. No.: 200406722Z		
Vehicle Reg. No.:	SLD1851R	Date of Loss:	21/09/2017 10:00 - :59
Claim Type:	TP / SNM17D05536C02	Policy/Cover Note No.:	DMPCSN3065541701
Vehicle Reg. No. (Insured):	SLD8408S	Policy No. (Claimant):	5075357162-01
		Excess:	S\$0.00
Repairer:	Teamwork Garage Pte Ltd (HQ) 53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park, 408934 Ubi - Tel: 6844 2475		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 04/10/2017]		
Adj Asg. Remarks:	PLEASE ASSIST TO CONDUCT PRS AND REVERT WITH YOUR RECOMMENDATION		

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.									

Catherine Chong (LKK Auto)

From: Irene Tay <irene.tay@sg.cntaiping.com>
Sent: Monday, 25 September, 2017 4:02 PM
To: claims@teamworkgarage.com; assignments@lkkauto.com
Cc: assignments@lkkauto.com
Subject: CTP REF NO. SLD8408S TWG REF NO. SLD1851R - ACCIDENT INVOLVING SLD8408S AND SLD1851R ON 21 SEPTEMBER 2017

Dear Sir/Mdm,

We refer to the above matter and the email below.

Please assist to get your surveyor from your end to liaise with Jo from Teamwork Garage.

Regards

Irene Tay

Claims Department
China Taiping Insurance (Singapore) Pte. Ltd.
3, Anson Road, #16-00
Springleaf Tower,
Singapore 079909
Co. Reg. No. 200208384E
DID: 6389-6192
Fax: 6224 7175
Email: claimsdept@sg.cntaiping.com
Email: irene.tay@sg.cntaiping.com
Website: www.sg.cntaiping.com

From: claims@teamworkgarage.com [mailto:claims@teamworkgarage.com]
Sent: Monday, 25 September, 2017 3:26 PM
To: Irene Tay <irene.tay@sg.cntaiping.com>
Cc: assignments@lkkauto.com
Subject: RE: CTP REF NO. SLD8408S TWG REF NO. SLD1851R - ACCIDENT INVOLVING SLD8408S AND SLD1851R ON 21 SEPTEMBER 2017
Importance: High

OUR REF: 1709-21
YOUR REF: SLD8408S

Dear Irene,

We have agreed and selected the surveyor / surveyor company proposed by you to conduct the pre-repair inspection as a single joint expert whereby the cost of the pre-repair survey carried out by single joint expert will be bear by you.

We have selected :

LKK AUTO CONSULTANTS PTE LTD

as the SJE surveyor company named in your attached list.

Kindly forward your assignment to them asap so that we can arrange for the survey with them.

**Do get the surveyor / surveyor office to check with us on the availability of the car at the workshop before sending their surveyor down for PRI survey. We'll not be held responsible for wasted trips made to the workshop.*

Thank you.

Jo
Teamwork Garage Pte Ltd
Blk 53 Ubi Avenue 1
#01-24
Paya Ubi Industrial Park
Singapore 408934
Tel: 6844 2475
Fax: 6844 2474

IMPORTANT NOTICE:

This message is intended only for the attention of the addressee and may contain legally privileged and/or confidential information. Its unauthorised use, disclosure, storage or copying is not permitted. If you are not the intended recipient, please permanently delete the original, destroy all copies and inform the sender.

From: Irene Tay [<mailto:irene.tay@sg.cntaiping.com>]
Sent: Friday, 22 September 2017 07:49 AM
To: TEAMWORK GARAGE CLAIMS <claims@teamworkgarage.com>
Subject: CTP REF NO. SLD8408S TWG REF NO. SLD1851R - ACCIDENT INVOLVING SLD8408S AND SLD1851R ON 21 SEPTEMBER 2017

WITHOUT PREJUDICE
Save As To Costs

Dear Sir/Mdm,

We refer to your pre-repair survey request / email.

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop.

Here are the list of surveyors :

Marcus Chua
Edward Cho
Tay Beng Hee
See Chew Seng
Dereck Oh Siong Wee
Mohd Fadhilah Bin Osman
Cedric Ng
Steven Foong
Adrian Ling
Henry Ng

We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Thank you.

Regards,

Irene Tay

Claims Department
China Taiping Insurance (Singapore) Pte. Ltd.
3, Anson Road, #16-00
Springleaf Tower,
Singapore 079909
Co. Reg. No. 200208384E
DID: 6389-6192
Fax: 6224 7175
Email: claimsdept@sg.cntaiping.com
Email: irene.tay@sg.cntaiping.com
Website: www.sg.cntaiping.com

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

China Taipei

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	21/09/2017 13:37
Date Of Accident	21/09/2017 10:05
Exact Location Of Accident	OPEN CARPARK OF NO28 SIN MING LANE MIDVIEW CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1851R
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075357162-01
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD ARJUNA BIN PARIAN
NRIC No	S8416595F
Date Of Birth	31/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90274865
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 571 CHOA CHU KANG ST 52 #09-238
Postcode	680571
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

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)	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

PLEASE REFER TO 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	SLD8408S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ALEX LAW MENG HUAT
NRIC/Passport Number	S7716145G
Contact Number	85885353
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan

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 Authorized 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 lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

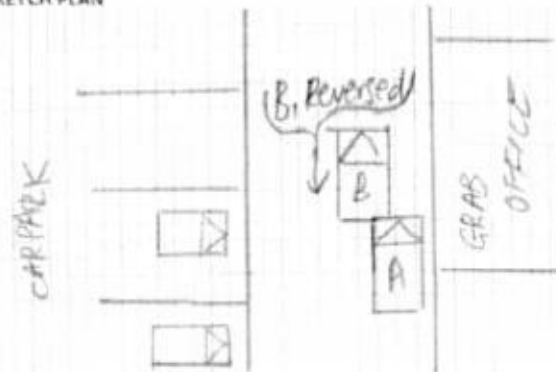
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN



A: SLD1851R

B: SLD 8408S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was completely stationary with my handbrake engaged (gear in parking mode), alighting a Grab passenger. While the passenger was alighting, Vehicle B which was in front of my car suddenly made a reverse and hit onto the front left portion of my car. I have the acknowledgement from the driver of Vehicle B, Alex, which he admitted that he made a reverse and hit onto my car.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature:
Date & Time:



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

[Handwritten signature]

Reporting Centre Personnel's Signature
Name:
NRIC/ID No.:

[Handwritten signature]



TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel : 6844 2475 Fax : 6844 2474

E-mail : claims@teamworkgarage.com

ROC number : 201015366H

3RD PARTY CLAIM ESTIMATION

LNK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey

China Taiping Insurance (Singapore) Pte Ltd
105 Cecil Street #19-00
The Octagon
Singapore 069534
Acknowledged by Repairer
Signature:

Pte Ltd

Vehicle number : SLD1851R
Make / Model : MITSUBISHI / ATTRAGE
Chassis number : MNBSTA13AHH000649
Accident date : 21 Septemembr 2017
Reference : 1709-21

Qty: Particulars

Unit Price - SGD \$

PARTS REPLACEMENT - LIST ITEMS		
1	FRONT BUMPER <i>distorted</i>	1532.00 836.40 ✓
1	FRONT BUMPER GRILEL CHROME <i>crack</i>	281.33 ✓
1	FRONT GRILLE ASSY <i>broken</i>	371.20 ✓
1	FRONT BUMPER LOWER GRILLE <i>crack</i>	295.32 ✓
2	FRONT BUMPER BRACKET <i>slc</i>	180.30 X
1	FRONT BUMPER REINFORCEMENT <i>dent</i>	387.10 ✓
2	RADIATOR AIR GUARD <i>n/s broken o/s nh</i>	65.10 130.20 ✓
1	FRONT LH FENDER <i>st</i>	782.10 ✓
1	FRONT LH FENDER INNER SHIEDL <i>nh</i>	184.56 X
1	FRONT LH FOG LAMP <i>nh</i>	319.09 X
1	FRONT LH HEADLAMP <i>broken</i>	430.00 692.30 ✓
		4459.90
3144.15 Less 10 %		445.99
2829.73 Subtotal		4013.91
Balance C/F		4013.91
PARTS REPLACEMENT - SPECIAL NETT ITEMS		
Balance B/F		4013.91
1	FRONT NUMBER PLATE <i>st</i>	70.00 35/-
1 SET	FRONT BUMPER CLIP <i>nh</i>	60.00 30/-
1 SET	FRONT FEDNER INNER TRIM CLIP <i>nh</i>	50.00 X
Subtotal		180.00
Balance C/F		4193.91
LABOUR AND MISCELLANEOUS CHARGES		
Balance B/F		4193.91
1	CHECK FRONT WIRING AND LIGHTNING SYSTEM	60.00 30/-
2	CHECK FRONT WHEEL ALIGNMENT	80.00 nh
3	PANEL BEATING ON AFFECTED AREAS	800.00 600/-
4	SPRAY PAINTING ON AFFECTED AREAS	700.00 500/-
5	APPLY ANTI RUST ON AFFECTED AREAS	150.00 30/-
Subtotal		1790.00
Grand total		5983.91

25/09/2017 @ 1500h
4 days
4054.73
2/s 3200/-

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CTI17018392/DTBN2

Date: 12/03/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN3065541701
Claimant Vehicle No :	SLD1851R	Insured Vehicle No :	SLD8408S
Date of Loss:	21/09/2017	Nature of Claim:	TP
		Claim No:	SNM17D05536C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLD1851R	Engine No:	3A92UDD7618
Make & Model:	MITSUBISHI ATTRAGE, 1.2 (A)	Chassis No:	MMBSTA13AHH000649
Reg. Date:	07/06/2016 (Man. Year: 2016)	Odometer:	94923 km
Colour:	Red		
Engine Capacity:	1193 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	185/55R15	Rear Tyre Size:	185/55R15
Front Left Side:	Neuton 5 mm	Rear Left Side:	Neuton 5 mm
Front Right Side:	Neuton 5 mm	Rear Right Side:	Neuton 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	4,193.91	2,894.73	1,299.18	30.98
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,790.00	1,160.00	630.00	35.20
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	5,983.91	4,054.73	1,929.18	32.24
Approved Total (Overridden) (S\$)		3,200.00		
(S\$)	5,983.91	3,200.00	2,783.91	46.52
+ GST 7.00/7.00% (S\$)	418.87	224.00	194.87	46.52
Nett Amount (S\$)	6,402.78	3,424.00	2,978.78	46.52

INSPECTION

Date of Assignment:	25/09/2017	
Date Inspected:	25/09/2017 Inspected At:	Teamwork Garage Pte Ltd (HQ) 53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park Singapore 408934

Estimated Period of Repair: 4.0 days

Adjuster: BRYAN TANI

Manager: DENISE TAY KWEE CHENG

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: 12 Mar 2019)
Parts: 143	mitsubishi attrage 1.2 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLD1851R)
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		*FRONT BUMPER	Distorted	836.40 FL	*532.00 FL
2	1		*FRONT BUMPER GRILLE CHROME	Cracked	281.33 FL	*281.33 FL
3	1		*FRONT GRILLE ASSY	Broken	371.20 FL	*371.20 FL
4	1		*FRONT BUMPER LOWER GRILLE	Cracked	295.32 FL	*295.32 FL
5	2		*FRONT BUMPER BRACKET	Serviceable	180.30 FL	*- FL
6	1		*FRONT BUMPER REINFORCEMENT	Dented	387.10 FL	*387.10 FL
7	1		*RADIATOR AIR GUARD	N/S Broken/O/s Not Necessary	130.20 FL	*65.10 FL
8	1		*FRONT LH FENDER	Bent	782.10 FL	*782.10 FL
9	1		*FRONT LH FENDER INNER SHIELD	Not Necessary	184.56 FL	*- FL
10	1		*FRONT LH FOG LAMP	Not Necessary	319.09 FL	*- FL
11	1		*FRONT LH HEADLAMP	Broken	692.30 FL	*430.00 FL
12	1		*FRONT NUMBER PLATE	Bent	70.00 FS	*35.00 FS
13	1		*SET FRONT BUMPER CLIP	Necessary	60.00 FS	*30.00 FS
14	1		*SET FRONT FENDER INNER TRIM CLIP	Not Necessary	50.00 FS	*- FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	4,639.90	3,209.15
- List Item Discount on L Items 10.00/10.00% (\$\$)	445.99	314.42
Total Parts (\$\$)	4,193.91	2,894.73

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
Labour Items				
1	CHECK FRONT WIRING AND LIGHTING SYSTEM	New	60.00	30.00
2	CHECK FRONT WHEEL ALIGNMENT	New	80.00	0.00
3	PANEL BEATING ON AFFECTED AREAS	New	800.00	600.00
4	SPRAY PAINTING ON AFFECTED AREAS	New	700.00	500.00
5	APPLY ANTI RUST ON AFFECTED AREAS	New	150.00	30.00
Gross Labour Cost (\$\$)			1,790.00	1,160.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >