

CS3/MS61702225/No

2/15/2018

ASS. REC. BY:

REF: CS3/MS617033355/R16/4

Special Instruction:

Surveyor: Roan ASSIGNMENT (Office)

From (Person): Jasmine Lok of MSU Date/Time: 22.11.2017 9:20am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: EZ 3663 X Insured: YP 3664 J

at Workshop no: Yeo & Partner Tel: 6269 2776

of 74 Sungai Kadut St 1

Policy No: 28966510 MKC Claim No: 539502

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18.11.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi after 2pm H.O.D. Endorsement: _____

Date/Time: 22.11.2017 10:36am Person Contacted: Sandy Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate
	EZ 3663 X - 007 / 176 / 3015611 / Chg 2 2A 220813
	YP 3664 J - X
	Desmantle part 23.11.2017
	After repair 27.11.2017

03.12.17 1:23pm Email to Jasmine Lok thru MCM

20/3 11:26am Jasmine Lok requested to conduct height measurement on their insured vehicle

Sandy

Denise Tay (LKKAuto)

From: Jasmine Lok Kheng Kwei <jasmine_lok@sg.msig-asia.com>
Sent: Friday, 22 March 2019 11:26 AM
To: Denise Tay (LKKAuto)
Cc: Bryan Ang (LKKAuto)
Subject: Our ref: M537502 OI vehicle: YP3664J
Attachments: index1.pdf; index2.pdf; index3.pdf

DOI: 22/11/17

Hi Denise,

I refer to my conversation with Bryan just now.

Please assist to do height measurement for this matter as our insured reported no collision.

Able to get the similar model vehicles to do the height measurement report for this matter as insured no longer with MSIG

Please inform me once the report is out.

Appreciate your urgent attention for this matter.

YP 3664J

Thank & Regards

S3387405J

Jasmine Lok
Executive, Claims Services (Motor)
Direct line +65 6594 2550 | Direct fax +65 6225 7402 | jasmine_lok@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us



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 willful 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	20/11/2017 17:01
Date Of Accident	18/11/2017 16:40
Exact Location Of Accident	ENTRANCE TO THE CARPARK OF BLK336 WOODLAND AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EZ3663X
Insured/Policyholder	
Name Of Registered Owner	ONG SU LING
NRIC No	S8229774Z
Email Address	CINDYONG8282@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92373077
Alternative Phone No	OFFICE-92373077
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 ABSOLUTE (RC1) (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1911305
Cover Note Number	

Driver

Name of Driver	ONG SU LING
NRIC No	S8229774Z
Date Of Birth	10/09/1982
Occupation	INDOOR
Date Of Driving Pass	01/12/2003
Driving Experience	13 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92373077
Fax Number	
Contact Number	OFFICE-92373077
Email Address	CINDYONG8282@GMAIL.COM

Address	81 ROSEWOOD DRIVE #01-02
Postcode	737873
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 REAR
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?	NO
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

Please refer to the Sketch Plan

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan Pg. 1

Describe Circumstances of the Accident

I was the 3rd car at the entrance to the carpark of 61K 336 Woodhurst Ave 1
 S 730336 on 18/11/2017 around 4:40pm.
 The middle car suddenly reversed and ramp onto my bonnet despite the long
 horn which I sounded to alert him. There was worker sitting behind the truck
 trying to signal him to stop when I honk but he just continue his reversing.

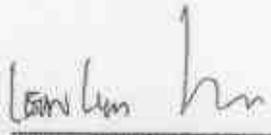
You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a <u>Fourteen (14) days clause</u> whereby the claim must be made within the stipulated timeframe from the day of occurrence.	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim OD/TP at other workshop

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time: 05:00pm

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


 Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

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 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.

Signature
20/11/2017

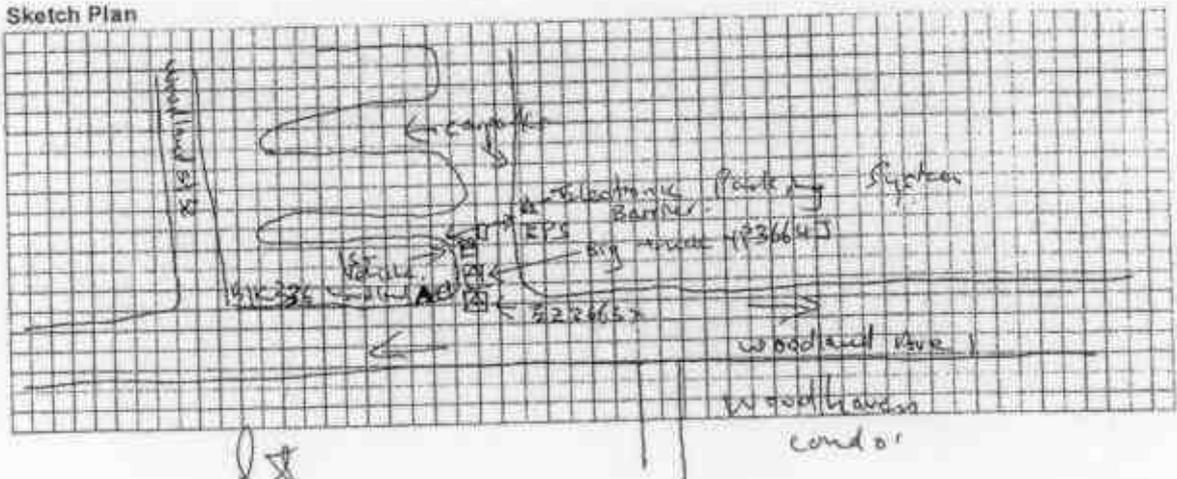
Policyholder's Signature / Date & Time

Signature

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

Witnessed by Reporting Centre Personnel

Sketch Plan



AXA INSURANCE PTE LTD
 8 Shenlon Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: (65)63387288 Fax: (65)63382522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 Customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

* Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) * Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 * Road Transport Act, 1987 (Malaysia) * Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)	
CERTIFICATE NO.	VPA/P1911305
Coverage	Comprehensive
Sum Insured	Market Value At The Time Of Loss
Name of Policy Holder	ONG SU LING
Vehicle Registration No.	EU3663X
Period of Insurance	From 18/03/2017 To 17/03/2018 (Both Dates Inclusive)
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE* (a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner (b) Any other person who is driving on the Policyholder's order or with his permission Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
LIMITATIONS AS TO USE* Use only for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.	
(01)	
Basic Own Damage Excess : SGD 600.00 An additional Excess is applicable as follows: S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperience Driver. S\$5,000.00 for Undeclared Young and Inexperienced Driver. (Please refer to your policy on the terms & conditions)	
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	

I/We hereby certify that the policy to which this Certification relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Authorized Workshop
Elite AM Pte Ltd

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSP on 17/03/2017

IMPORTANT:

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with the obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act, (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, cover note and endorsement etc.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8229774Z



NAME
ONG SU LING
(WANG SULING)
王素齡



RACE
CHINESE
Date of birth: 10-09-1982
Country/Place of Birth: SINGAPORE

S8229774Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8229774Z

Name: ONG SU LING (WANG SULING)

Iss. Date: 10 Sep 1982
Exp. Date: 01 Dec 2003

001030822C




3173502



S8229774Z



Date of issue: 28-05-2013

81 ROSEWOOD DRIVE
#01-02
SINGAPORE 737873

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	Issue Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Dec 2003

NP-429A



Nivitha (LKK Auto)

From: bonnie kwok <litigation@bonniekwok.com>
Sent: Thursday, 11 April 2019 11:21 AM
To: SUR; assignments; Admin-D (LKK Auto)
Cc: Richard Tan; phien@tanchinhoe.com.sg; Tan Chin Hoe & Co; mark@tanchinhoe.com.sg; shanice@tanchinhoe.com.sg
Subject: Your Ref: to be advised; TCH Ref: RT/EK/407/2017/pl; Our Ref: BK.17930.17; MC Suit No. 17734/2017; ACCIDENT INVOLVING GN 9758 G & SGU 7537 D ON 14 DECEMBER 2016
Attachments: 17930.17.SyrRpt.pdf

Dear Sirs,

We are the solicitors acting for the owner of vehicle no. GN 9758 G, the Plaintiff in the above matter.

Please be informed that parties have agreed to the appointment of either Mr. Adrian Ling or Mr. Marcus Chua of M/s LKK Auto Consultants Pte Ltd as the Single Joint Expert (SJE) of the above matter.

Kindly note that the SJE report should not be prejudiced towards any party and that both set of reports should be fairly taken into consideration in the preparation of the said SJE report.

We attach herewith a copy of the Plaintiff's survey report and the scanned colour photographs for your attention.

The Defendant's solicitors, M/s Tan Chin Hoe & Co. will be forwarding to you their re-inspection report.

We will notify you of the re-inspection date and venue.

Kindly let us have the SJE report as soon as possible.

Regards,
S/T

c.c. M/s Tan Chin Hoe & Co., please forward your re-inspection report to the SJE for his consideration.

--

BONNIE KWOK LLC

Advocates & Solicitors
101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358
TEL: 6536 6026
FAX: 6536 2279
email : litigation@bonniekwok.com
GST Reg. No.: 201203547Z

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report 25/11/2017 09:44
Date Of Accident 18/11/2017 18:00
Exact Location Of Accident BLK 336 WOODLANDS AVE 1 CARPARK ENTRANCE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP3664J
Insured/Policyholder
Name Of Registered Owner SIN CHIP HUP TENTAGE SERVICES
Co Reg No NA
Email Address SINCHIPUP.TENTAGE@YAHOO.COM.SG
Mobile Phone No (LOCAL) +65-88097222
Alternative Phone No Office-66842126
Vehicle Particulars
Manufacturer MITSUBISHI
Model CANTER
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 REPORTING ONLY
Vehicle Category COMMERCIAL VEHICLE
Insurance Company
Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number A 28966510 MKC
Cover Note Number
Driver
Name of Driver ANG KOK THYE
NRIC No S8835798E
Date Of Birth 14/09/1968
Occupation OUTDOOR
Date Of Driving Pass 23/10/1993
Driving Experience 24 YEARS AND 0 MONTHS
Gender MALE

Mobile Number	(LOCAL) +65-88097222
Fax Number	
Contact Number	OFFICE-66842126
E-Mail Address	SINCHIPUP.TENTAGE@YAHOO.COM.SG
Address	BLK 658 HOUGANG AVE 8 #11-457
Postcode	530658
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 REAR
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)	4

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

ON 18/11/17 @ 6.00PM, WHILE MY LORRY (YP 3864 J) WAITING FOR THE QUEUE TO ENTER THE SAID CARPARK ENTRANCE, THE BEHIND VEHICLE (EZ 3663 X) SAID THAT MY LORRY REVERSED & KNOCKED ONTO THE CAR. I WANTED TO STATE THAT THERE WAS NO COLLISION AT THE POINT OF THE ACCIDENT. THAT'S ALL.

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	EZ3663X
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

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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 purposes 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.

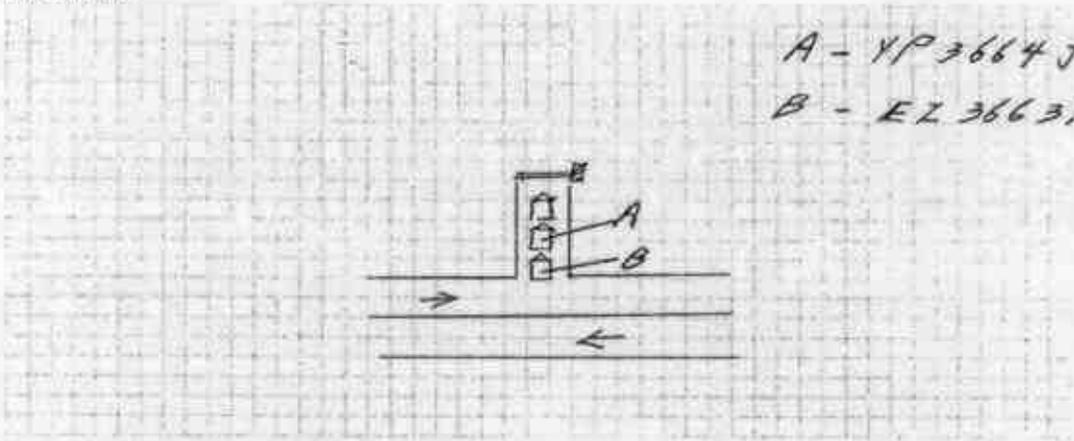


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/11/17 @ 6:00pm, while my lorry (YP 3664J) waiting for the queue to enter the said carpark entrance, the behind vehicle (EZ 3663X) said that my lorry reversed & knocked onto the cat. I wanted to state that there was no collision at the point of the accident. That's all.

DECLARATION

I/We hereby 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:


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

DRIVER IC, LICENSE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: 56835798E

Name: ANG KOK THYE

Date of Birth: 14 Sep 1968

Issue Date: 17 Mar 2000

Barcode: 56835798E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: 56835798E

Name: ANG KOK THYE

Race: CHINESE

Date of Birth: 14-09-1968

Place of Birth: SINGAPORE

Barcode: 56835798E

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	DESCRIPTION	VALID DATE
Class 1B	Motorcycles not exceeding 200 cc	14 Oct 1988
Class 1A	Motorcycles between 201 cc and 400 cc	14 Oct 1988
Class 2	Motor Cars and Motor Tractors the weight of which (including items not exceed 2000 kilograms)	28 Nov 1983
Class 4	Heavy Motor Cars and Motor Tractors the weight of which (including items) exceed 2000 kilograms	20 Oct 1982

License No: 56835798E

MP 4284

Barcode: 56835798E

Name: ANG KOK THYE

Address: 475 BLK 650 PINGANG AVENUE B #11-457 SINGAPORE 520658

MRIC No: 56835798E Date: 18/03/2000 No: 8182185

Accident Photo

