

ASS. REC. BY:

REF: CS3/CTI17023899/MJD35² Special Instruction:

Surveyor: MA

ASSIGNMENT (Office)

Minimen

From (Person): Irene Tay

of CTI

Date/Time: 13/12/17 @ 5:10pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLB 6019E

Insured:

GBA 3977H

at Workshop in/s

Hiap Lek Automobile

Tel:

645 31743

of 160 Sin Ming Drive # 05-17

Policy No: DMCVSN 1739 49 1700

Claim No:

SNM19D07120C02/7

Sum Insured:

Excess:

Make of Veh:

D.O.A. 13/12/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time: 9:30am @ 18/12/17

Person Contacted:

Kim Chay

Vehicle IN/OUT

Date/Time

Action/Instruction

Estimate

SLB 6019E - X

GBA 3977H - X

Dismantle Part: 21.12.2017

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

Yr Regn: APR 2016

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

Truck / Trailer or

Make: _____

C.C. 1496

Colour: _____

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

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: _____

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

D.O.I. _____

Survey held at _____

1:34pm

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

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

Date / Time

Action / Instruction

Repair cost estimate : \$16k to \$18k
21 days.

URGENT

Date/Time, File Pass to?

☐

Preli. Report

1) 26/12/08

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

\$ + RS. \$

Photos

Others

TOTAL

Report Format: PRS

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



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 : CS3/CTI17023899/M1d3	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909			Date : 18-12-2017	
			Code : CTI	
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	GBA 3977H	Veh. Inspected	SLB 6019E	
Policy No.	DMCVSN1739491700	Coverage (\$)	0.00	
Claim No.	SNM17D07120C02/7	Excess (\$)	0.00	
Assign From	MERIMEN (IRENE TAY)	Assign Date	18/12/2017	
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	13/12/2017	Inspection Date	18/12/2017	
Survey held at	160 SIN MING DRIVE # 05-17,575722			
Repairer	HIAP LEK AUTOMOBILE TRADING			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.				

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	15 Dec 2017		15 Dec 2017 17:10 Assign				New Assignment Cancel Case

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

Insured:	TOH KIM BOCK C-E CONTRACTOR PTE LTD, Co. Reg. No.: 198600003M		
Main Claimant:	NG CHWEE HOON, ID: S1446642H		
Vehicle Reg. No.:	SLB6019E	Date of Loss:	13/12/2017 18:00 - :59
Claim Type:	TP / SNM17D07120C02/7	Policy/Cover Note No.:	DMCVSN1739491700 (TP, Fire & Theft)
Vehicle Reg. No. (Insured):	GBA3977H	Policy No. (Claimant):	D17MTPV01004637
		Excess:	S\$0.00
Repairer:	Hiap Lek Automobile Trading (HQ) 160 Sin Ming Drive, #05-17 Sin Ming Autocity, 575722 Sin Ming - Tel: 64531743		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Claimant's Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 27/12/2017]		
Driver/Custodian (Insured):	NATESAN GANESAN (45 / Male), NRIC: G6128294M, Tel: +6593875924		
Adj Asg. Remarks:	NO ESTIMATES, ASSIGNED FOR WP PRS		

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.									

Date of Accident : 13/12/17 Accident Time: 6-30pm (24-HR-FORMAT)
 Accident Place : Slip Road of Ang mo Kio Ave1 towards CTE/SLK /TPE)
 Vehicle Reg. No (Car plate No.) : SLB 6019E
 Vehicle Make/Model : MAZDA 2.
 Insurance Company : Sompo insurance Policy No. D17MTPV01004637
 Owner or Company Names /IC NO: Ng chwee Hoon / 514466424
 Owner or Company Contact No. : 901007135 Owner's HP _____ Company Tel _____
 DRIVER'S Name & IC no. : Tang Ah Seng 514262798
 DRIVER'S Date of Birth : 12/03/1960 DRIVER'S License Pass Date 10 Oct 1980
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BLK 317B Anchorvale Road #09-240 (S) 542317
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc) Technician
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
 Number of Passengers (including Driver): 1
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: GBA 3977H
 Vehicle Make/Model: 15422 pickup
 Name DRIVER: Natesun Ganesan
 IC No. DRIVER: G6128244m
 DRIVER'S Contact & add: _____

Vehicle Reg No: SKA 2227P
 Vehicle Make/Model: Volkswagen Toucan
 Name DRIVER: _____
 IC NO. DRIVER: _____
 DRIVER'S Contact & add: _____

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 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:

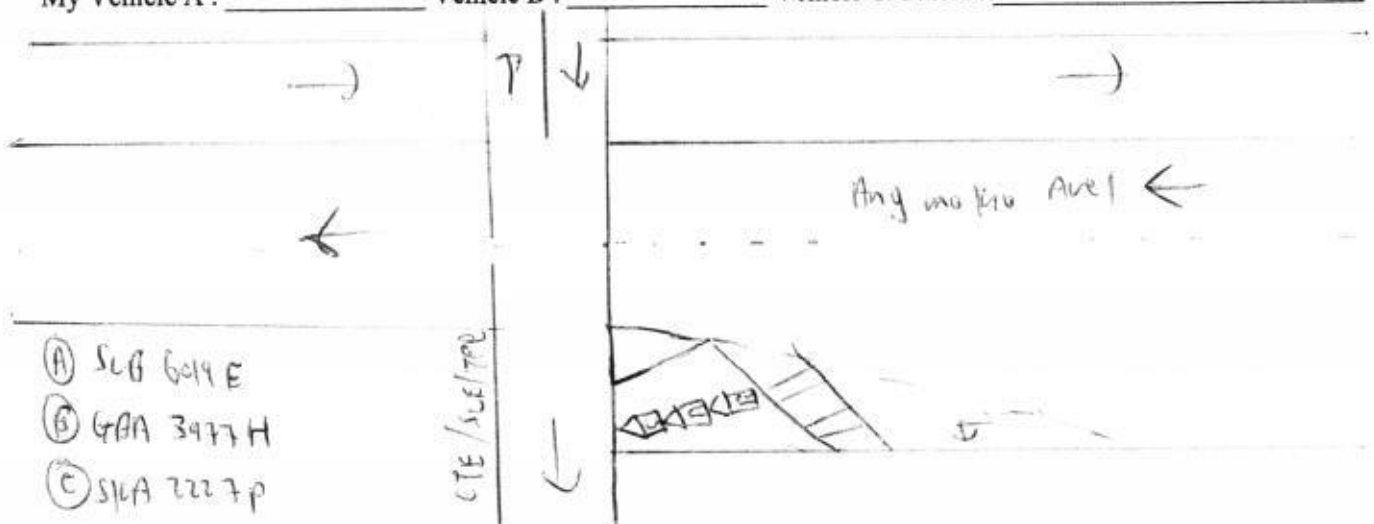


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Date of Accident: 13/12/17 Time: 6.30pm Location: Slip Road of Ang Mo Kio Ave 1
 My Vehicle A: _____ Vehicle B: _____ Vehicle C/Others: _____

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

on 13/12/17 @ about 6.30pm, I am travelling along Ang Mo Kio Ave 1 towards CTE / TPE / SLE. At the Slip Road, the car ahead of me slow down and stopped. I too stopped with safe keeping distance. when suddenly, I felt an impact on my rear and the strong impact cause my vehicle to surge forward and hit onto the front vehicle. After the impact, I felt some impact on my neck area.

() Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to:

My workshop : HAP LER Automobile Trading

email address :

& myself : hapter@hotmail.com

email address :

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	15 Dec 2017		15 Dec 2017 17:10 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

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

[Created by insurer]

Insured: **TOH KIM BOCK C-E CONTRACTOR PTE LTD**, Co. Reg. No.: 198600003M

Main Claimant: **NG CHWEE HOON**, ID: S1446642H

Vehicle Reg. No.: **SLB6019E** Date of Loss: 13/12/2017 18:00 - :59

Claim Type: **TP / SNM17D07120C02/7** Policy/Cover Note No.: DMCVSN1739491700 (TP, Fire & Theft)

Vehicle Reg. No. (Insured): **GBA3977H** Policy No. (Claimant): D17MTPV01004637

Excess: **S\$0.00**

Repairer: **Hiap Lek Automobile Trading (HQ)** 160 Sin Ming Drive, #05-17 Sin Ming Autocity, 575722 Sin Ming - Tel: 64531743

Handling Insurer: **China Taiping Insurance (Singapore) Pte. Ltd. (HQ)** - Tel: 6389 6111 ... [Handled by **Irene Tay Hui Ping** - 638986192]

Claimant's Insurer: **Sompo Insurance Singapore Pte. Ltd. (HQ)** - Tel: 6461 6555

Adjuster: **LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [Handled by **MA CHIN FOOK**] ... **[Final Rpt due 27/12/2017]**

Driver/Custodian (Insured): **NATESAN GANESAN** (45 / Male), NRIC: G6128294M, Tel: +6593875924

Adj Asg. Remarks: **NO ESTIMATES. ASSIGNED FOR WP PRS**

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.									

Claim Documents

*SLB6019E (SNM17D07120C02/7)
[GBA3977H]
TP
NG CHWEE HOON
Dec 13 2017 6:00PM
[TOH KIM BOCK C-E CONTRACTOR PTE LTD]
Hiap Lek Automobile Trading

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Assessment Reports			1 per page	☒
No	Finalized On	Ah Lim Motor Company (Sin Ming)	Thumbnail	Print
1	14/12/17 13:58	Accident Statement	Load HTM	
Photos/Images			3 per page	☒
No	Finalized On	Ah Lim Motor Company (Sin Ming)	Thumbnail	Print
1	14/12/17 13:50	Accident Photo [Linked Accident Report Documents]	Load JPG	☒
2	14/12/17 13:50	Accident Photo [Linked Accident Report Documents]	Load JPG	☒
3	14/12/17 13:50	Accident Photo [Linked Accident Report Documents]	Load JPG	☒
4	14/12/17 13:50	Accident Photo [Linked Accident Report Documents]	Load JPG	☒
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10	14/12/17 13:50	Accident Photo [Linked Accident Report Documents]	Load JPG	☒
11	14/12/17 13:50	Accident Photo [Linked Accident Report Documents]	Load JPG	☒
12	14/12/17 13:50	Accident Photo [Linked Accident Report Documents]	Load JPG	☒
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	15/01/18 15:43	General View	Load JPG	☒
2	15/01/18 15:43	General View	Load JPG	☒
3	15/01/18 15:43	General View	Load JPG	☒
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Documentation				Thumbnail	Print
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	1	Load PDF	
1	15/12/17 17:10	OI GIA REPORT		Thumbnail	Print
No	Finalized On	Ah Lim Motor Company (Sin Ming)	1	Load TIF	
1	14/12/17 13:51	Sketch Plan [Linked Accident Report Documents]		Thumbnail	Print
2	14/12/17 13:51	Policy Holder-Driver's Particulars [Linked Accident Report Documents]		Thumbnail	Print

Linked Accident Report Documents

				View	View in Browser
Assessment Reports				1 per page	☒
No	Finalized On	Ah Lim Motor Company (Sin Ming)		Thumbnail	Print
1	14/12/17 13:58	Accident Statement	1	Load HTM	
2	15/01/18 16:58	Addendum Sheet	1	Load TIF	
3	15/01/18 16:58	Accident Statement Addm. #1	1	Load HTM	
				3 per page	☒
Photos/Images				Thumbnail	Print
No	Finalized On	Ah Lim Motor Company (Sin Ming)			
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3	14/12/17 13:50	Accident Photo	1	Load JPG	☒
4	14/12/17 13:50	Accident Photo	1	Load JPG	☒
5	14/12/17 13:50	Accident Photo	1	Load JPG	☒
6	14/12/17 13:50	Accident Photo	1	Load JPG	☒
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13	15/01/18 16:56	scene	1	Load JPG	☒
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No	Finalized On	Ah Lim Motor Company (Sin Ming)	1	Load TIF	
1	14/12/17 13:51	Policy Holder-Driver's Particulars		Thumbnail	Print
2	15/01/18 16:55	Sketch Plan	1	Load TIF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer
Note: Remarks are private unless you show it to other parties.

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: CS3/CT117023899/M1D3S2

Date: 26/01/2018

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMCVSN1739491700

Claimant Vehicle
No: SLB6019EInsured Vehicle
No: GBA3977H

Date of Loss: 13/12/2017

Nature of Claim: TP

Claim
No: SNM17D07120C02/7

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLB6019E

Make & Model: MAZDA 2, 1.5 (A)

Engine No: P520347910

Reg. Date: 15/04/2016 (Man. Year: 2016)

Chassis No: MM6DL2SAAGW196645

Colour: Grey

Odometer: 20734 km

Engine Capacity: 1496 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: 185/65R15

Rear Tyre Size: 185/65R15

Front Left Side: Dunlop 8 mm

Rear Left Side: Dunlop 8 mm

Front Right Side: Dunlop 8 mm

Rear Right Side: Dunlop 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 15/12/2017

Date Inspected: 18/12/2017 Inspected At:

160 SIN MING DRIVE # 05-17,575722

Repairer: Hiap Lek Automobile Trading
(HQ)BLK 14 #01-19 SECTOR B SIN MING
INDUSTRIAL ESTATE .
SINGAPORE 575658.

Estimated Period of Repair: 21.0 days

Adjuster: MA CHIN FOOK

Manager: Nivitha Govindasamy

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.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$16,000.00 - \$18,000.00

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 26 Jan 2018)
Parts: 143	MAZDA 2 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLB6019E)
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

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >