

22/03/2012

ASS. REC. BY:

REF:

CS/II 18001256/Uqbn2

Special Instruction:

SUNAJAR

## ASSIGNMENT (Office)

From (Person):

mamin

Gabriel Wee

of

II

Date/Time: 22.01.2018 922am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLJ 8226T

Insured:

SHA 2U31B

at Workshop m/s

Strong Hai Motor

Tel:

6555 7272

of

Blk 1 Kaki Bukit Ave 6 # 02-03

Policy No:

MCOM0015

Claim No:

MCT18010504

Sum Insured:

Excess:

Make of Veh:

D.O.A 17.01.2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Ah Huat

Vehicle IN/OUT

Date/Time

Action/Instruction ( ✓ ) Estimate

SLJ 8226T - CA / CR 17013522 / Kz6392

JAF: 300677

SHA 2U31B - NS / INC 17019001 / K1Hbn2

DIA: 07-10-17

(08/11/13) wef

ASS. REC. BY: MariusREF: 111/**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLY82267at Workshop m/s Sionhe

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.

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLY82267 Yr Regn: 12 16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or A/Make: maxda c.c. 1496Colour: Red A/C: Insured / Std / NI / NASp. Reading: 62095 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JM63M 42A890347581Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Campeon

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 17/1/18 D.O.I. 17/5/18

Survey held at \_\_\_\_\_

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop orO/S Rf.

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

Date / Time Action / Instruction LTA 52743

7/5/18 confirmed L/S \$2700 with AH/hust.  
(Red \$3359, 55%)

RECEIVED 8 JUN 2018

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 31) 08/6/18 transfer☐ : Final ReportResurvey No. of Trip: 2

Date/Time, File Return to?

2) \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) S + RS, SI☐ : Interview (\$ \_\_\_\_\_) Photos☐ : Tech. Invs (\$ \_\_\_\_\_) Others☐ : Weekend (\$ \_\_\_\_\_)Report Format: MER-7PLump Sum / I.B.I: (\$ 2700)Survey Fee: 250Transportation: 10

TOTAL

260

15/5/2010

INS. CASE OWNER:

CC 4 / III18001256 / u53

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

DOI:

Date / Time :

19/01/18

Registered in Merimen:

22/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 2431B

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$

D.O.A: 17/01/18

Place of Accident:

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO )

Insured Liability:

%

Final ? Yes / No

SLJ 8226T



INSRS:

WSP: Song Hai

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SLJ 8226T - CC4/LOR/7015322/K76842	Non-Reporting ltr (1st):	
SHA 2431B - CC3/ATG07000436/45 DSA: 16/08/07	Non-Reporting ltr (2nd):	
- CC3/ATG08027593/02 DSA: 18/10/08	Non-Reporting ltr (Final):	
- NS/ENC15003853/112d1 DSA: 26/02/13	Notification ltr (if non-pickup):	
- NS/ENC15009593/111+3163 DSA: 06/06/13	Call OI:	
- NS/ENC17019001/K1thn2 DSA: 02/10/17	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA:	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

**FINALIZATION**

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$

(

days) Reduction:

%

Email

Call

**FINAL SETTLEMENT**

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

\$

Loss of Rental (LOR):

\$

(

days)

Loss of Use (LOU):

\$

(\$

x

days)

Loss of Income (LOI):

\$

(\$

x

days)

LOR only

☐

LOU only

☐

LOR + LOU

☐

LOR + LOU

☐

[Tick only one]

GIA/LTA Search

\$

Medical:

\$

Disbursement:

\$

(e.g. Tow/ Independent)

Legal Cost

\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

**Total:**

\$

**Global Sum \$:****FINAL PAYMENT**

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$

Name 1:

Payee 2: (Strike if N.A.)

\$

Name 2:

Payee 3: (Strike if N.A.)

\$

Name 3:

## Nivitha (LKK Auto)

---

**From:** Motor Claim - III <motorclaim@iii.com.sg>  
**Sent:** Monday, 22 January 2018 9:22 AM  
**To:** Ruby Ong; 'sur@lkkauto.com'; Catherine Chong (LKK Auto)  
**Cc:** Zuhaidah Samsuri  
**Subject:** RE: REQUEST FOR PRE-REPAIR SURVEY PROTOCOL FOR SLJ8226T [OUR REF. TCL.GCN.RO.50034.18.SHM]

q. ASam @ 22/01/2018  
vehicle Not In  
person @ Ah huet

Dear Sir / Mdm,

Please have Marcus conduct a survey on TP vehicle SLJ8226T and let us have your report urgently.

This claim will be handled by Ms Aida.

\*Kindly upload this survey request email to merimen.

Thank You.

*Best Regards,*

**Gabriel Wee**

Motor Claims Dept.  
**India International Insurance Pte Ltd**  
64 Cecil Street | #05 IOB Building | Singapore 049711  
Tel: 6347 6100, Ext - 248

---

**From:** Ruby Ong [mailto:ruby@htapartners.com.sg]  
**Sent:** 19 January, 2018 5:48 PM  
**To:** Motor Claim - III <motorclaim@iii.com.sg>  
**Subject:** REQUEST FOR PRE-REPAIR SURVEY PROTOCOL FOR SLJ8226T [OUR REF. TCL.GCN.RO.50034.18.SHM]  
**Importance:** High

Your ref: SHA 2431B  
Our ref: TCL.GCN.ro.50034.18.shm

**WITHOUT PREJUDICE**

19 January 2018

**India International Insurance Pte Ltd**  
Motor Claims Department  
64 Cecil Street  
#04-02 IOB Building  
Singapore 069428

**By Email Only**

**VERY URGENT**

Dear Sirs

**CLAIMANT: AMV PTE LTD**  
**ACCIDENT INVOLVING SLJ 8226T & SHA 2431B AT BLOCK 773A PASIR RIS STREET 71 MCSP ON 17 JANUARY 2018**  
**@ ABOUT 1500HRS**

We are instructed by AMV Pte Ltd to notify you of a road traffic accident on 17 January 2018 at about 1500hrs at block 773A Pasir Ris Street 71 MSCP involving our client's vehicle registration number SLJ 8226T and vehicle registration number SHA 2431B driven by you/your insured at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, our client propose to appoint Marcus of LKK Auto Consultants Pte Ltd as the single joint expert to carry out the pre-repair survey for SLJ 8226T.

Please make the necessary arrangements with the contact person. The details are as follows :

Venue : **Siong Hai Motor & Trading**  
1 Kaki Bukit Avenue 6  
#02-03 Autobay  
Singapore 417883

Contact Person : **Mr Ah Huat (H/P : 6555 7272)**

In the event that the pre-repair survey was not conducted during the prescribed time or already conducted at your end previously, we reserve our client's right to claim for compensation for loss of use for your current request for re-

Best regards,  
Ruby Ong  
Secretary  
M/s Hin Tat Augustine & Partners  
20 Upper Circular Road  
#02-10/12 The Riverwalk  
Singapore 058416  
Tel : 6533 0212 ext 257  
Fax : 6533 0313 / 6338 3536  
[www.htapartners.com.sg](http://www.htapartners.com.sg)

Privileged/Confidential information is contained in this message. If you are not the addressee indicated in this message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email.

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

#### DISCLAIMER:

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It may contain confidential and/or legally privileged information.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.



## 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 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	18/01/2018 16:13
Date Of Accident	17/01/2018 15:00
Exact Location Of Accident	B/773A MSCP PASIR RIS ST 71
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8226T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMV PTE. LTD.
Co Reg No	201505825Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98583956

### Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.6 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5094942903
Cover Note Number	

### Driver

Name of Driver	KANG THIA KUANG
NRIC No	S2612307J
Date Of Birth	13/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1990
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97771580
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL



Address	231 MOUNTBATTEN ROAD #02-01
Postcode	397999
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO BELOW STATEMENT/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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2431B
Vehicle Make/Model/Colour	HYUNDAI SONATA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM TEOW GUAN
NRIC/Passport Number	S0054479E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



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.

(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.

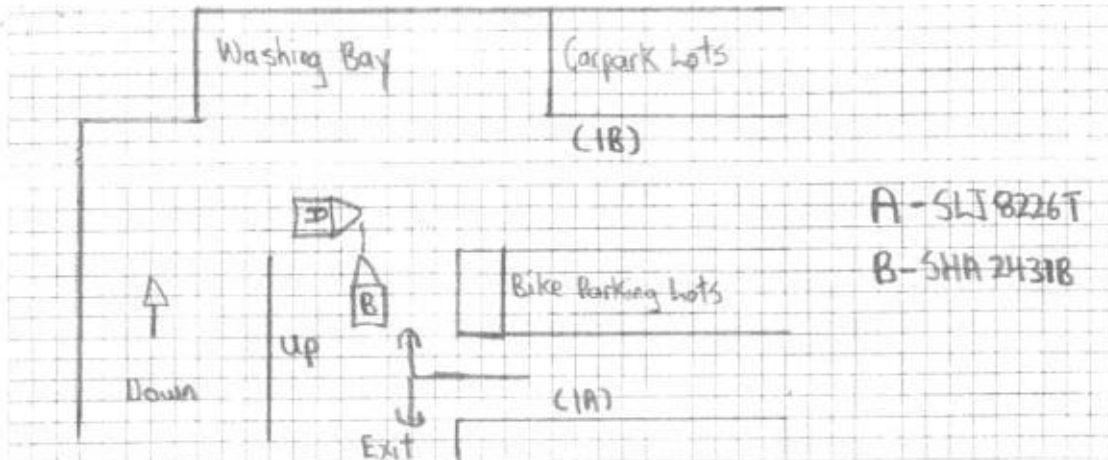
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

Reporting Centre Person's Signature  
Name: vackb@singnet.com.sg  
NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/01/18 at about 15.00, I was driving down in carpark from 2A → 1B, I slowdown and notice a taxi coming up from 1A. I horned to alert the taxi but notice he did not take note and still continue driving up the ramp. I quickly jam brake to avoid accident but the taxi still hit onto my right hand front wheel/bumper and headlamp area. I could feel the car vibrate.

## DECLARATION

I/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:

UDAC KAKI BUKIT(VAC)  
23 KAKI BUKIT AVE 4  
Singapore 415933  
Tel: 67416697

Reporting Centre Person's Signature  
Name: Email: vackb@singnet.com.sg  
NRIC/FIN No.:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	5825Z
<b>Vehicle Details</b>	
Vehicle No.:	SLJ8226T
Vehicle to be Exported:	No
Intended De-registration Date:	18 May 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	P520378046
Chassis No.:	JM6BM42A8G0347581
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$16,869.00
Original Registration Date:	27 Dec 2016
First Registration Date:	27 Dec 2016
Transfer Count:	2
Actual ARF Paid:	\$11,869.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Dec 2026
PARF Rebate Amount:	\$8,901.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	26 Dec 2026
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$54,901.00
COE Rebate Amount:	\$43,842.00
<b>Total Rebate Amount:</b>	<b>\$52,743.00</b>

The information contained herein is correct as at 18 May 2018

OK

## SINGAPORE ACCIDENT STATEMENT

### 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. This 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.

### ACCIDENT STATEMENT

Date Of Report	17/01/2018 17:00
Date Of Accident	17/01/2018 15:10
Exact Location Of Accident	MULTI-STOREY CARPARK AT BLK 773A PASIR RIS ST 71
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2431B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA
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	TAXI

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

### Driver

Name of Driver	LIM TEOW GUAN
NRIC No	S0054479E
Date Of Birth	14/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1975
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	TEOWGUANLIM1411@YAHOO.COM

Address	BLK 729 TAMPINES STREET 71 #07-37
Postcode	520729
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ8226T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

COMFORT TRANSPORTATION PTE LTD  
CO-REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

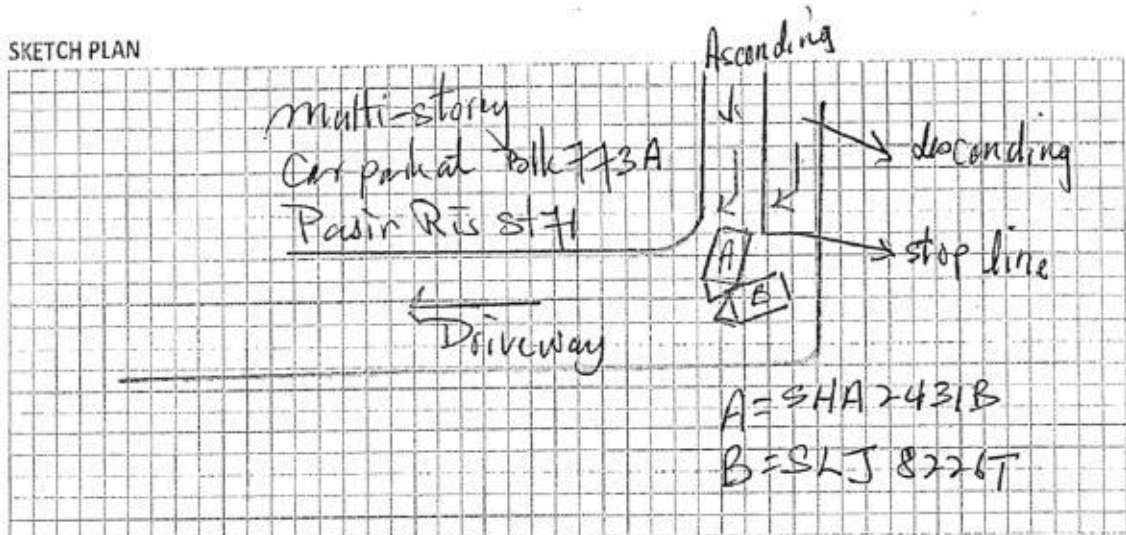
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

APPROVED FOR SIGNATURE

APPROVED FOR SIGNATURE

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 199303821R

Policyholder's Signature  
Date & Time:

Signature of Policyholder

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

Lim Ee Soon  
CSO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Signature of Reporting Centre Personnel



SHA 2431 B - ACCIDENT STATEMENT

This afternoon (17/01/2018), after exiting Pasir Ris Street 71, I drove to the multi-storey carpark at Blk 773A with intent to park my taxi in this carpark before taking a break.

As seen in the video footage, it was light traffic when I entered the carpark.

As I maintained slow speed while ascending into deck B, suddenly my taxi was hit into by car B( SLJ 8226T), a red colour Mazda, amid descending from deck 2A.

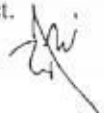
I took photos at the scene. The photo vividly showed there was a stop line on the descending driveway where car B came from.

There was no stop line on the driveway I was ascending.

The impact inflicted damage to the left front of my taxi while car B's right front was dented.

No report of injury.

I affirmed the above-statement is true and correct.



Driver name : Lim Teow Guan  
NRIC NO : S 0054479E  
Date: 17/01/2018

Recorded by Alex Lim



# SIONG HAI MOTOR AND TRADING

Blk 1 Kaki Bukit 6, #02-03 Singapore 417883

TEL: 65557272

Fax: 67411019

H/P: 93365311 (Ah Huat)

Vehicle No: SJ8226T

Model: MAZDA 3

15/05/2018

*Nof. Approval*  
*26/5*  
*1/5 @ 2700/1*  
*3 dy.*

QTY	List Items
1	Front bonnet
1	Front R/H fender
1	Front R/H headlamp
1	Front support panel
1	Front bumper <i>981-20</i>
1	Front bumper top pad
1	Front bumper chrome moulding R/H
1	Front bumper top frame pad
1	Front bumper top beam
1	Front bumper reinforcement
1	Front R/H bumper <del>brackets</del> <i>holder</i>
1	Front R/H fender inner shields R/H

	Price \$	
<i>11</i>	991.6	X
<i>12</i>	333.9	X
<i>Che</i>	1889	✓
<i>12</i>	569	X
<i>Dis/To</i>	1339.5	✓
<i>11</i>	288.9	X
<i>11</i>	186.9	X
<i>11</i>	131.6	X
<i>11</i>	145	X
<i>11</i>	523.7	X
<i>CN</i>	\$59	✓
<i>To</i>	\$155.60	✓

Total \$4,705  
Less 20% \$941.00  
\$3,763.70

*3084.8*  
*2467.84*

	Special Nett Items
1set	Front bumper clip
<i>1 bot</i>	Air-con oil
<i>1 bot</i>	Radiator coolant
1set	Front R/H fender shields clip

<i>11</i>	50	✓
<i>11</i>	\$60.00	X
<i>11</i>	\$60	X
<i>11</i>	\$45.00	✓

\$215

## Labour charges

To remove and refix A/C condenser, gas  
To apply undercoating on accident parts  
To remove, refix, front bonnet, fender, headlamp and structure, realign body damaged consistent to the accident  
To respray painting and etc

<i>11</i>	180	X
<i>11</i>	\$250.00	X
	850	<i>350</i>

\$800 *500*

\$2,080

\$6,059

*7585.96*

**ESTIMATE PARTS AND LABOUR GRAND TOTAL**

LKK Auto Consultants hence notify the Repairer of the following:

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

## 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/III18001256/UQBN2

Date: 14/06/2018

## REFERENCE

Handling Insurer:	India International Insurance Pte Ltd	Policy No:	MCOM0015
Claimant Vehicle No :	SLJ8226T	Insured Vehicle No :	SHA2431B
Date of Loss:	17/01/2018	Nature of Claim:	TP
		Claim No:	MCT18010504

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SLJ8226T	Engine No:	P520378046
Make & Model:	MAZDA 3, 1.5 SEDAN L SP.6EAT (A)	Chassis No:	JM6BM42A8G0347581
Reg. Date:	27/12/2016 (Man. Year: 2016)	Odometer:	62095 km
Colour:	Red		
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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Campeon 6 mm	Rear Left Side:	Campeon 6 mm
Front Right Side:	Campeon 6 mm	Rear Right Side:	Campeon 6 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	5,505.96	2,562.84	2,943.12	53.45
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,080.00	850.00	1,230.00	59.13
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>7,585.96</b>	<b>3,412.84</b>	<b>4,173.12</b>	<b>55.01</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>2,700.00</b>		
(S\$)	7,585.96	2,700.00	4,885.96	64.41
<b>+ GST 7.00/7.00% (S\$)</b>	<b>531.02</b>	<b>189.00</b>	<b>342.02</b>	<b>64.41</b>
<b>Nett Amount (S\$)</b>	<b>8,116.98</b>	<b>2,889.00</b>	<b>5,227.98</b>	<b>64.41</b>

## INSPECTION

Date of Assignment: 22/01/2018

Date Inspected: 17/05/2018 Inspected At:

Siong Hai Motor & Trading (HQ)  
NO 1 KAKI BUKIT AVE 6, #02-03  
AUTOBAY @ KAKI BUKIT  
Singapore 417883

Estimated Period of Repair: 3.0 days

Adjuster: MARCUS CHUA

Manager: SHIAU CHAN

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 14 Jun 2018)
<b>Parts:</b> 143	MAZDA 3 1.5 SEDAN L SP.6EAT (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SLJ8226T)	
<b>Validity:</b>	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
<b>Further Info:</b>	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 BONNET	Not Necessary	991.60 FL	*- FL
2	1		*FRONT R/H FENDER	Repair	333.90 FL	*- FL
3	1		*FRONT R/H HEADLAMP	Cracked	1,889.00 FL	*1,889.00 FL
4	1		*FRONT SUPPORT PANEL	Repair	569.00 FL	*- FL
5	1		*FRONT BUMPER	Distorted/Torn	1,339.50 FL	*981.20 FL
6	1		*FRONT BUMPER TOP PAD	Not Necessary	288.90 FL	*- FL
7	1		*FRONT BUMPER CHROME MOULDING R/H	Not Necessary	186.90 FL	*- FL
8	1		*FRONT BUMPER TOP FRAME PAD	Not Necessary	131.60 FL	*- FL
9	1		*FRONT BUMPER TOP BEAM	Not Necessary	145.00 FL	*- FL
10	1		*FRONT BUMPER REINFORCEMENT	Not Necessary	523.70 FL	*- FL
11	1		*FRONT R/H BUMPER HOLDER	Cracked	59.00 FL	*59.00 FL
12	1		*FRONT R/H FENDER INNER SHIELDS R/H	Torn	155.60 FL	*155.60 FL
13	1		*SET FRONT BUMPER CLIP	Necessary	50.00 FS	*50.00 FS
14	1		*BOL AIR-CON OIL	Not Necessary	60.00 FS	*- FS
15	1		*BOL RADIATOR COOLANT	Not Necessary	60.00 FS	*- FS
16	1		*SET FRONT R/H FENDER SHIELDS CLIP	Necessary	45.00 FS	*45.00 FS

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

<b>Sub Total (S\$)</b>	<b>6,828.70</b>	<b>3,179.80</b>
<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>1,322.74</b>	<b>616.96</b>
<b>Total Parts (S\$)</b>	<b>5,505.96</b>	<b>2,562.84</b>

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
<b>Labour Items</b>				
1	TO REMOVE AND REFIX A/C CONDENSER,GAS	New	180.00	-
2	TO APPLY UNDERCOATING ON ACCIDENT PARTS	New	250.00	-
3	TO REMOVE,REFIX,FRONT BONNET,FENDER,HEADLAMP AND STRUCTURE,REALIGN BODY DAMAGED CONSISTENT TO THE ACCIDENT	New	850.00	350.00
4	TO RESPRAY PAINTING AND ETC	New	800.00	500.00
<b>Gross Labour Cost (S\$)</b>			<b>2,080.00</b>	<b>850.00</b>

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;