

22/03/2002

ASS. REC. BY:

REF:

CS3 / CT218003914 / WBSY

Special Instruction:

range 2 days

Surveyor:

Nilson

## ASSIGNMENT (Office)

Mediam

From (Person):

Chong Boon Sen

of

C11

Date/Time:

28/02/2018 10:49am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLS 610Y

Insured:

SGD 6301M

at Workshop m/s

Gforce Autotechlink

Tel:

6363 0123

of

10 Kaki Bukit Rd 2 #01-34

Policy No:

DMPCSN 307211801

Claim No:

SNM1800106402

Sum Insured:

Excess:

Make of Veh:

D.O.A.

24022018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

28/02/2018 11:00pm

Person Contacted:

Adrian

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

SLS 610Y - X

SGD 6301M - X

Signature

PRS

Wilson

# ASSIGNMENT

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

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

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

To inspect Vehicle No SLS 610 Y

at Workshop no G Force  
of 10, Kaler Bazar Rd + #01-34

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.

N/S	OS
X	X

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

IDAC Accident Report: 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 SLS 610 Y in Regn \_\_\_\_\_

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

Truck / Trailer or \_\_\_\_\_

Make Honda cc \_\_\_\_\_

Colour Silver Insured / Std / NI / NA

Sp. Reading 100934 T. Rad: Insured / Std / NI / NA

Eng No \_\_\_\_\_

C No 3HMRB18408C202533

Gen Cond Good / Fair / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt or

Brake Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size F: \_\_\_\_\_

R: 215/60R16

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

TOYO / YOKO or

Front

R/Bal 3 mm R/Bal 2 mm

L/Bal 3 mm L/Bal 2 mm

D.O.A 24/2/2018 DO: 28/3/2018

Survey held at: At Above @ 230pm

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

Range

\$1900 - \$2900

2 Days pm

3/4/2018

RECEIVED 04 APR 2018

Date/Time File Pass to:

03042018

Date/Time File Return to:

☐ : Preli. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transporter

1-3-PS

Photo

Witness

Signature

Stamp

Add Fee: ☐ Site Insp \$  
☐ Interview \$  
☐ Technician \$  
☐ Weekend \$

Report Format: PRS

Lump Sum / I.B.I. \$

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Feb 2018		28 Feb 2018 10:49 Assign				<b>New Assignment</b> Cancel Case

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

<b>Insured:</b>	
<b>Main Claimant:</b>	COVE RENTALS PTE LTD
<b>Vehicle Reg. No.:</b>	SLS610Y
<b>Claim Type:</b>	TP / SNM18D01064C02
<b>Vehicle Reg. No. (Insured):</b>	SGD6301M
<b>Date of Loss:</b>	24/02/2018 00:00 - :59
<b>Policy/Cover Note No.:</b>	DMPCSN3092211802
<b>Policy No. (Claimant):</b>	
<b>Excess:</b>	S\$0.00
<b>Repairer:</b>	Gforce Autotechnik Pte Ltd (HQ) 10 Kaki Bukit Road 2, #01-34 First East Centre, 417866 Kaki Bukit - Tel: 6363 0123 / 9139 1448
<b>Handling Insurer:</b>	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by <b>Chong Boon Sen</b> ]
<b>Adjuster:</b>	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 09/03/2018]

**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.									

28/02/2018 @ 11:00pm  
Adnan veh in  
Wilson

## 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	26/02/2018 09:18
Date Of Accident	24/02/2018 22:45
Exact Location Of Accident	JUNC OF YIO CHU KANG RD & AMK AVE 05
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS610Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COVE RENTALS PTE LTD
Co Reg No	201626878M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87978998
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	ODYSSEY 2.4 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5089077060-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHOO WEI BIN(ZHU WEIBIN)
NRIC No	S7012433E
Date Of Birth	22/04/1970
Occupation	INDOOR
Date Of Driving Pass	07/01/1992
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90077152
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 264 #01-112 TAMPINES STREET 21
Postcode	520264
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : HO SIEW HONG
	GENDER: : FEMALE

#### 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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. I WAS STATIONERY AT THE TRAFFIC JUNCTION. WHEN VEHICLE B UNABLE TO REACT ON TIME AND THUS COLLIDED ONTO MY VEHICLE REAR PORTION.

#### 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	SGD6301M
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIN GUAN WEE
NRIC/Passport Number	S7928024J
Contact Number	97904730
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	2

**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:

*[Signature]*

**IDAC KAKI BUKIT (VAC)**

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Address  
Singapore 415933

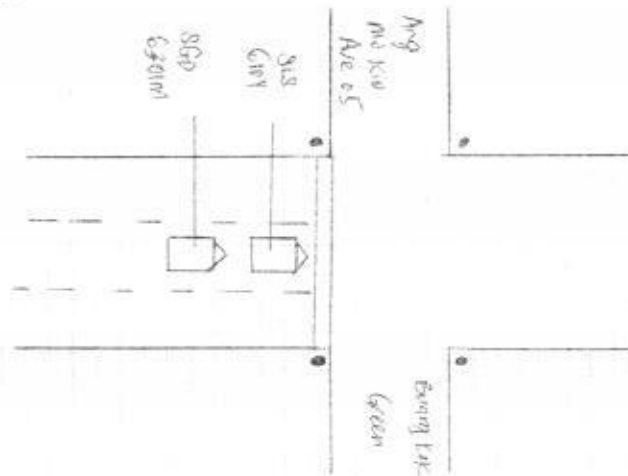
Name: Tel: 67416697 Fax: 67492305

NRIC: Email: [vackb@sinqnet.com.sg](mailto:vackb@sinqnet.com.sg)

2 FEB 2018

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer

e-fu

*[Handwritten signature]*

## 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:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Singapore 415933

Name: Tel: 67416697 Fax: 67492305

NRIC/ID No: Email: vackb@singnet.com.sg

24 FEB 2018

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj. Assigned	Adj. Rpt	Adj. Submitted	Ins. Auth'd	Status
Main	27 Feb 2018		28 Feb 2018 10:49 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	-, Co. Reg. No.: -		
Main Claimant:	COVE RENTALS PTE LTD		
Vehicle Reg. No.:	SLS610Y	Date of Loss:	24/02/2018 00:00 - :59 [337 Months and 23 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / SNM18D01064C02	Policy/Cover Note No.:	DMPCSN3092211802
Vehicle Reg. No. (Insured):	SGD6301M	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Gforce Autotechnik Pte Ltd (HQ) 10 Kaki Bukit Road 2, #01-34 First East Centre, 417866 Kaki Bukit - Tel: 6363 0123 / 9139 1448		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng Ming Wilson] ... [Final Rpt due 09/03/2018]		

### 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?
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No results.





## Claim Documents

**\*SLS610Y (SNM18D01064C02)**  
**[SGD6301M]**  
**TP**  
**COVE RENTALS PTE LTD**  
**Feb 24 2018 12:00AM**  
**[-]**  
**Gforce Autotechnik Pte Ltd**

<a href="#">Upload Documents</a> <a href="#">Upload Photos</a> <a href="#">Compose New Letter</a>			<b>View</b> <a href="#">View in Browser</a> ▼	
<b>Documentation</b>			1 per page ▼	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		
1	28/02/18 10:52	<b>PRS CONTACT DETAIL</b>		<a href="#">Thumbnail</a> <a href="#">Print</a>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		
1	03/04/18 15:44	<b>LKKPhotosIn6-1</b>		<a href="#">Thumbnail</a> <a href="#">Print</a>
				<a href="#">Load PDF</a>

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	<a href="#">Reset</a> <a href="#">Save</a> <a href="#">Print</a>
There are no document checklists configured.	
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>	
<div></div>	
<b>Show Remarks To:</b> <input type="checkbox"/> 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/CTI18003914/WBS2  
 Date: 10/04/2018

## REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMPCSN3092211802  
 Claimant Vehicle No: SLS610Y Insured Vehicle No: SGD6301M  
 Date of Loss: 24/02/2018 Nature of Claim: TP Claim No: SNM18D01064C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SLS610Y Engine No: HIDDEN  
 Make & Model: HONDA ODYSSEY, 2.4 (A) Chassis No: JHMRB18408C202533  
 Reg. Date: 01/01/1990 (Man. Year: 1990) Odometer: 100934 km  
 Colour: Silver  
 Engine Capacity: 0 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: Fair Steering (Serviceable): Yes Footbrake (Serviceable): Yes  
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size: 215/60R16 Rear Tyre Size: 215/60R16  
 Front Left Side: ENASAVE 3 mm Rear Left Side: Yokohama 2 mm  
 Front Right Side: ENASAVE 3 mm Rear Right Side: Yokohama 2 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 28/02/2018  
 Date Inspected: 28/02/2018 Inspected At: Gforce Autotechnik Pte Ltd (HQ)  
 10 Kaki Bukit Road 2, #01-34 First East Centre  
 Singapore 417866  
 Estimated Period of Repair: 2.0 days

Adjuster: Teo Cheng Ming Wilson

Manager: CATHERINE CHONG KAI LING

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.

4/10/2018

Adjuster Report

- 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 \$1,900.00 - \$2,900.00

REGISTRATION DATE UNABLE TO TRADE:DUE TO VEHICLE DE-REGISTER

## REPAIR DETAILS

### Reference

**Part Source:** MRM-SG      Version: 1.0 (Last Synchronised: 06 Apr 2018)

**Parts:**      M1-MPV      HONDA ODYSSEY 2.4 (A) (Catalogue:Merimen Singapore 1.0)

**Labour:**      Repairer's      (Price-denominated Standard List)

**Print Code:** (Unsubmitted, no print-code for SLS610Y)

**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.
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**< END OF ESTIMATES >**