

ASS. REC. BY:

REF: CS/III8003974/M1+d322 Special Instruction:

Surveyor: MA
Maimen

ASSIGNMENT (Office)

From (Person): Gabriel Wee of III Date/Time: 28/2/18 @ 2:13pm

Estimated Cost: Bill to:

OD ~~(IP)~~ WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: GBE 9091C Insured: SH 8031R

at Workshop m/s Heng Yap Seng Tel: 9183 3008

of 160 Sin Ming Drive #08-13

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 21/02/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS 1w1

H.O.D. Endorsement:

Date/Time: 9:35am @ 13/18 Person Contacted: Beng Vehicle: ~~IN~~ / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBE 9091C - X
	SH 8031R - (03/11/13) 3002825 / H106392 D.O.A. 6/2/13
	lump sum \$5500 (Red: 9936.10, 64%)

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To inspect Vehicle No: _____
 at Workshop no: Hwy Yap song
 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.



Ball or Market Value: _____
 (DAO Accident Report) Consistent? Yes or No
 GIA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: 6 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: GBE9091C V/P Reg
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: TOYOTA HIACE
 Colour: SILVER A/C Insured / Std / NI / NA
 So Reading: 32674 P/Fact: Insured / Std / NI / NA
 Engine: _____
 C No: KDH2015620070
 Gen Cond: Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Mod: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 195/80/215
 R: 2
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / QHTSU / PIR / SUMI /
 TOYO / YOKO or BRUN

Front _____ Rear _____
 R Bal: 6 mm R Bal: 6 mm
 L Bal: 6 mm L Bal: 6 mm
 D/GA _____ O/GA: 1136018
 Survey held at: 2
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

NO DOCUMENT upon Survey.

RECEIVED 6 DEC 2018

TGM Lin

7/11/18

Date/Time File Pass to: ☐ Preli. Report
6/12/18 Typst ☒ Final Report
 Date/Time File Return to: _____

Days Of Repair: 6
 Resurvey No. of Trip: 1

Survey Fee

Add Fee: ☐ Site Insp: 6
☐ Interview: 6
☐ Test Insp: 6
☐ Loss Insp: 6

Phone

Fax

Total

Report Format:

Lump Sum / I.B.U. /

TP
55007-

450

10

460



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

INDIA INTERNATIONAL INSURANCE PL

Ref : CS/III18003974/M1td3

64 CECIL STREET

#05-02 IOB BUILDING SINGAPORE 049711

Date : 01-03-2018

Code : III2



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SH 8031R	Veh. Inspected	GBE 9091C
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	GABRIEL WEE	Assign Date	01/03/2018

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	24/02/2018	Inspection Date	01/03/2018
Survey held at	160 SIN MING DRIVE # 08-13		
Repairer	HENG YAP SENG AUTO SERVICE		

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.

Catherine Chong (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Wednesday, 28 February, 2018 2:13 PM
To: Shirley Loh; 'sur@lkkauto.com'; Catherine Chong (LKK Auto)
Cc: Zuhaidah Samsuri
Subject: RE: Our Ref: TKS/H434-ACC-39920.18/sl Your Ref: SH 8031 R
Attachments: PRS.PDF

Dear Sir / Mdm,

Please conduct a survey on TP vehicle GBE9091C 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: Shirley Loh [mailto:shirley.loh@ksteoptr.com]
Sent: 28 February, 2018 11:55 AM
To: Gabriel Wee <Gabriel@iii.com.sg>
Cc: Motor Claim - III <motorclaim@iii.com.sg>
Subject: FW: Our Ref: TKS/H434-ACC-39920.18/sl Your Ref: SH 8031 R

Dear Gabriel,

We refer to your email dated 28/2/18.

Please be informed that our client is agreeable to the appointment of your motor surveyors LKK Auto Consultants Pte Ltd as a single joint expert.

We do not have any repair estimate as no surveyor has been engaged yet.

Please let us have your survey report soon.

Thank you.

Regards

Shirley

Teo Keng Siang LLC

Tel: 6333 4222 ext 59

From: Gabriel Wee [mailto:Gabriel@iii.com.sg]
Sent: Wednesday, February 28, 2018 8:32 AM
To: 'shirley.loh@ksteoptr.com' <shirley.loh@ksteoptr.com>
Cc: Motor Claim - III <motorclaim@iii.com.sg>
Subject: RE: Our Ref: TKS/H434-ACC-39920.18/sl Your Ref: SH 8031 R

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

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: Natalie Lee
Sent: 27 February, 2018 5:23 PM
To: Gabriel Wee <Gabriel@iii.com.sg>
Cc: 'shirley.loh@ksteoptr.com' <shirley.loh@ksteoptr.com>
Subject: FW: Our Ref: TKS/H434-ACC-39920.18/sl Your Ref: SH 8031 R

Dear Gabriel,

Please assist.

Best Regards,

Natalie Lee

India International Insurance Pte Ltd

64 Cecil Street #05-01

IOB Building, Singapore 049711

Tel: 6347 6100 | Fax: 6224 4174

S&P 'A-' (stable) rated Company

From: Shirley Loh [mailto:shirley.loh@ksteoptr.com]
Sent: Tuesday, 27 February, 2018 2:57 PM
To: Lalitha Krishnan - III; Zuhaidah Samsuri; Natalie Lee
Subject: FW: Our Ref: TKS/H434-ACC-39920.18/sl Your Ref: SH 8031 R

Dear Sirs,

We refer to the above matter.

We enclosed herewith our letter dated 27/2/18 for your necessary action.

Please reply with your surveyor list soon.

Thank you.

Regards
Shirley
Teo Keng Siang LLC
Tel: 6333 4222 ext 59

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:

This email is intended solely for the person to whom it has been addressed.

It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

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.

India International Insurance Pte Ltd.

Registration No. 198703792-K

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.

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

India International Insurance Pte Ltd.
Registration No. 198703792-K

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688
Email: KSTEOCO@singnet.com.sg
(FAX - NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKS/H434-ACC-39920.18/s1
Your Ref : SH 8031 R
Date : 27 February 2018

Secretary in charge: Shirley
Tel : 6333 4222 (ext 59)
Fax : 6333 5676 / 6333 5688
Email : shirley.loh@ksteoptr.com

India International Insurance Pte Ltd
64 Cecil Street
#04-05 IOB Building
Singapore 049711
Attn: Motor Claim Dept

WITHOUT PREJUDICE
BY PDX 8172 & FAX 6224 4174

Comfort Transportation Pte Ltd
383 Sin Ming Drive
Gas Building
Singapore 575717

BY POST

PDX Intercompany Exchange Pte Ltd



010808366676
FROM **TEO KENG SIANG LLC**
PDX Box No. **8902**
PDX Contact: 8902

Dear Sirs

RE: ACCIDENT INVOLVING GBE 9091 C / SH 8031 R ON 24/02/18 ALONG PUNGGOL WAY

We are instructed by Wei Long Construction Pte Ltd to notify you of a road traffic accident on 24/02/2018 at about 17:45 hours **ALONG PUNGGOL WAY** involving our client's vehicle registration number **GBE 9091 C** and vehicle registration number **SH 8031 R** driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle **GBF 3582 L** is now at the following workshop:-

Heng Yap Seng Auto Services
160 Sin Ming Drive Sin Ming Autocity #08-13
Singapore 575722
Person I/C : Beng
Contact : **9183 3008**

Yours faithfully,

M/s Teo Keng Siang LLC
Encls (By Fax 6873 2017)

****Survey was conducted by:-**

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature

Denise Tay (LKKAuto)

From: Heng Yap Seng Auto Services <hysauto1122@hotmail.com>
Sent: Wednesday, 5 December 2018 9:06 PM
To: Denise Tay (LKKAuto)
Subject: Re: Attn: Denise (GBE9091C)

Dear Sir/mdm,

We confirm to accept the final settlement.

Thank you

Best regards,

Heng Yap Seng Auto Services

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Wednesday, December 5, 2018 1:20 AM
To: Heng Yap Seng Auto Services; SUR
Subject: RE: Attn: Denise (GBE9091C)

Dear Sir,

Lump sum \$5500/-, 6days

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Heng Yap Seng Auto Services <hysauto1122@hotmail.com>
Sent: Friday, 9 November 2018 4:29 PM
To: SUR <sur@lkkauto.com>
Subject: Attn: Denise (GBE9091C)

GBE9091C photo after new parts replace and photo done repair.

Heng Yap Seng Auto Services

To: Mr Denise

WSPH15027519 / S & H Motor Pte Ltd - Sin Ming
ENTRY DATE & TIME: 25/02/2018 17:26
SUBMITTED BY: Wong Kee Nyuk

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 17:26
Date Of Accident 24/02/2018 17:45
Exact Location Of Accident PUNGGOL WAY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE9091C
Insured/Policyholder
Name Of Registered Owner WEI LONG CONSTRUCTION PTE LTD
Co Reg No - 201200133R
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91794588
Alternative Phone No OFFICE-91794588

Vehicle Particulars

Manufacturer TOYOTA
Model

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 8-V0015042-MVA

Cover Note Number

Driver

Name of Driver FU ZENGXIANG
NRIC No S7762319A
Date Of Birth 26/12/1977
Occupation INDOOR
Date Of Driving Pass 13/06/2007
Driving Experience 10 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91794588
Fax Number
Contact Number
Email Address NOEMAIL

Address
Postcode
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 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? YES
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? YES
If Yes, Please state which Police Station
Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

refer attached police report.

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 SH8031R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver MAZILAN B ABDULLAH
NRIC/Passport Number S18000361
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name FU ZENGXIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBE9091C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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 willful 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.

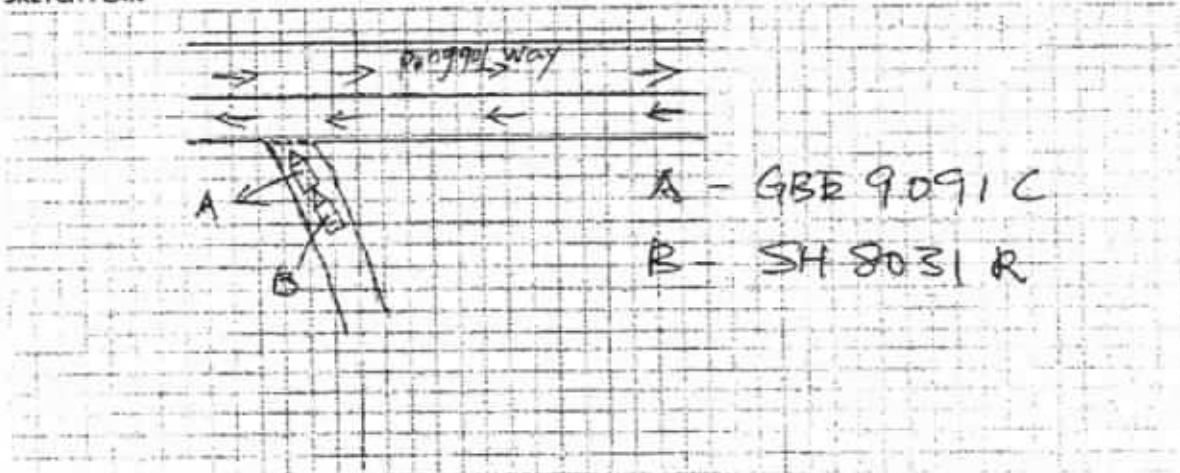


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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



Police Officer's Signature

Date & Time:

Vehicle Identification No.:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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 14:23
Date Of Accident	24/02/2018 17:15
Exact Location Of Accident	SLIP RD FROM TPE TWDS PUNGGOL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8031R
Insured/Policyholder	
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	TOYOTA
Model	PRIUS HYBRID 4G
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	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	MCOM0015
Cover Note Number	

Driver

Name of Driver	MAZILAN BIN ABDULLAH
NRIC No	S1800036I
Date Of Birth	13/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1987
Driving Experience	30 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	MAZILAN_ABDULLAH@YAHOO.COM.SG

Address	BLK 127 BISHAN STREET 12 #02-139
Postcode	570127
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	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	2
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 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	GBE9091C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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. 189303821R

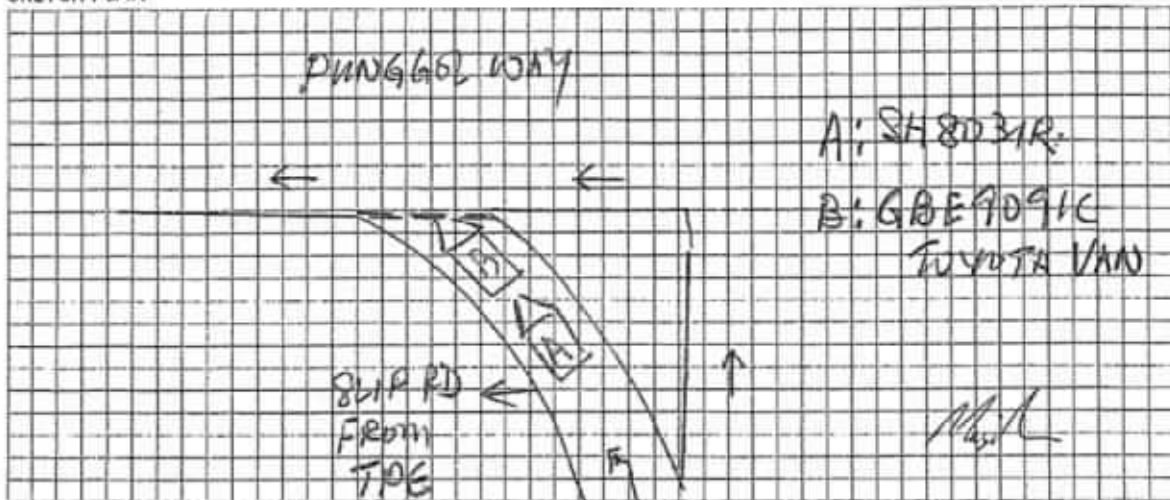
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24 Feb 18 at about 1715hrs the pt van
GBE9091C braked abruptly and stopped.
I immediately braked as well but to no
avail.
No psx. No injury.

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:

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

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

SMRABC SketchPlanForm_V3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE



SCENE



SCENE



HENG YAP SENG AUTO SERVICES

Blk 160, Sin Ming Drive, #08-13 Sin Ming AutoCity, Singapore 575722
 Hp : 9183 3008 Fax : 6873 2017

Vehicle No : GBE9091C
 Vehicle Model : TOYOTA HIACE

Estimate Repair Cost

No.	Qty	Parts List Items		
1	1	Rear bumper	\$	599.10 DDV
2	2	Rear bumper retainers	\$	124.10 NECV
3	2	Rear bumper brackets	\$	110.35 BRV
4	1 set	Rear bumper clips	\$	40.00 NECV
5	1	Rear tailgate	\$	1,755.95 DDV
6	1	Rear tailgate lock	\$	359.40 DDV
7	1	Rear tailgate weatherstrip	\$	399.10 CUTV
8	2	Rear tailgate hinges	\$	136.10 NNX
	2	Rear tailgate dampers	\$	211.60 NNX
9	1	Rear tailgate outer handle	\$	214.10 DDV
10	1	Rear tailgate emblem	\$	65.10 NECV
11	1	Rear tailgate brake light	\$	298.10 NNX
12	1	Rear tailgate windscreen moulding	\$	210.10 NECV
	2	Rear tailgate absorber	\$	299.20 NNX
13	1	Rear tailgate inner trim board	\$	680.10 DISV
14	2	Tail lamp	\$	786.10 BRV
15	2	Tail lamp panel	\$	808.10 DDV
	1	Rear end panel (inner)	\$	654.40 DDV
	1	Rear end panel (outer)	\$	453.30 DDV
16	1	Rear floor panel	\$	1,567.60 RX
17	1	Rear exhaust silencer	\$	606.10 NNX no pic
18	1	Rear exhaust silencer mounting	\$	95.10 NNX no pic
	1	Rear spare tyre bracket	\$	273.30 BTV
			\$	10,746.10

Parts Special Nett Items

19	1	Rear number plate	\$	60.00 NNX
20	2	Reverse sensor	\$	400.00 CUTV

Total \$ 460.00

Total Parts \$ 11,206.10

Labour

1	Labour charge to remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	\$ 2,200.00 1,000.00
2	To putty and respray painting on affected areas.	\$ 1,200.00 600.00
3	To remove, replace rear tailgate fittings to facilitate repair.	\$ 350.00 150.00 60
4	To remove, replace reverse sensor.	\$ 250.00 60.00
5	To remove, replace rear exhaust silencer.	\$ 150.00 80.00 X
6	To check wiring and lightings.	\$ 80.00 50.00 30
Total Labour		\$ 4,230.00
Total Parts and Labour		\$ 15,436.10

Repair days 6


8/11/18.

15036-40

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:

Terim



7/11/18

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

WP

































CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Mar 2018 Edit Reg		28 Feb 2018 00:00 Edit Adj Rpt	S\$5,500.00 Edit Estimates	S\$5,500.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Main Claimant:	WEI LONG CONSTRUCTION PTE LTD, Co. Reg. No.: -								
Vehicle Reg. No.:	GBE9091C	Date of Loss:	24/02/2018 00:00 - :59 [22 Months and 4 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / MCT18020845	Policy/Cover Note No.:	MCOM0016						
Vehicle Reg. No. (Insured):	SH8031R	Policy No. (Claimant):							
		Excess:							
Repairer:	Heng Yap Seng Auto Services () 160 Sin Ming Auto City, #08-13, 575722 Sin Ming - Tel:								
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Zuhaidah Bte Samsuri - 6347 6070]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MA CHIN FOOK] ... [Final Rpt due 15/03/2018]								
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.									

Claim Documents

*GBE9091C (MCT18020845)
[SH8031R]
TP
WEI LONG CONSTRUCTION PTE LTD
Feb 24 2018 12:00AM
[COMFORT TRANSPORTATION PTE LTD]
Heng Yap Seng Auto Services

Upload Documents			Upload Photos		Compose New Letter		View		View in Browser	
Photos/Images							3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print					
1	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
2	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
3	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
4	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
5	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
6	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
7	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
8	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
9	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
10	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
11	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
12	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
13	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
14	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
15	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
16	06/12/18 09:18	General View		Load JPG	<input checked="" type="checkbox"/>					
17	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
18	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
19	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
20	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
21	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
22	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
23	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
24	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
25	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
26	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
27	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
28	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
29	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
30	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
31	06/12/18 09:19	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>					
Documentation							1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	India International Insurance Pte Ltd (HQ)		Thumbnail	Print					
1	07/03/18 08:48	Singapore Accident Statement		Load PDF						

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: CS/III18003974/M1TD3E2

Date: 13/12/2018

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No:

MCOM0016

Claimant Vehicle No: GBE9091C

Insured Vehicle No: SH8031R

Date of Loss: 24/02/2018

Nature of Claim:

TP

Claim No: MCT18020845

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: GBE9091C

Make & Model: TOYOTA HIACE, 2.0 (M)

Engine No: 1KD2570011

Reg. Date: 20/04/2016 (Man. Year: 2015)

Chassis No: KDH2015020070

Colour: Silver

Odometer: 32674 km

Engine Capacity: 2982 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: 195/80 R15

Rear Tyre Size:

195/80 R15

Front Left Side: Dunlop 6 mm

Rear Left Side:

Dunlop 6 mm

Front Right Side: Dunlop 6 mm

Rear Right Side:

Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	11,206.40	5,207.22	5,999.18	53.53
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,230.00	1,750.00	2,480.00	58.63
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	15,436.40	6,957.22	8,479.18	54.93
Approved Total (Overridden) (S\$)		5,500.00		
Nett Amount (S\$)	15,436.40	5,500.00	9,936.40	64.37

INSPECTION

Date of Assignment: 28/02/2018

Date Inspected: 01/03/2018

Inspected At:

Heng Yap Seng Auto Services
160 Sin Ming Auto City, #08-13
Singapore 575722

Estimated Period of Repair: 6.0 days

Adjuster: MA CHIN FOOK

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 13 Dec 2018)	
Parts:	N/A	TOYOTA HIACE 2.0 (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBE9091C)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Dented	599.10 F	*599.10 FL
2	2		*REAR BUMPER RETAINERS	Necessary	124.10 F	*124.10 FL
3	1		*REAR BUMPER BRACKETS (2PCS)	Broken	110.35 F	*110.35 FL
4	1		*SET REAR BUMPER CLIPS	Necessary	40.00 F	*40.00 FL
5	1		*REAR TAILGATE	Dented	1,755.95 F	*1,755.95 FL
6	1		*REAR TAILGATE LOCK	Dented	359.40 F	*359.40 FL
7	1		*REAR TAILGATE WEATHERSTRIP	Cut	399.10 F	*399.10 FL
8	2		*REAR TAILGATE HINGES	Not Necessary	136.10 F	*- FL
9	2		*REAR TAILGATE DAMPERS	Not Necessary	211.60 F	*- FL
10	1		*REAR TAILGATE OUTER HANDLE	Dislodged	214.10 F	*155.00 FL
11	1		*REAR TAILGATE EMBLEM	Necessary	65.10 F	*65.10 FL
12	1		*REAR TAILGATE BRAKE LIGHT	Not Necessary	298.10 F	*- FL
13	1		*REAR TAILGATE WINDSCREEN MOULDING	Necessary	210.10 F	*210.10 FL
14	2		*REAR TAILGATE ABSORBER	Not Necessary	299.20 F	*- FL
15	1		*REAR TAILGATE INNER TRIM BOARD	Distorted	680.10 F	*680.10 FL
16	1		*TAIL LAMP	Broken-1pc only	786.10 F	*393.00 FL
17	1		*TAIL LAMP PANEL	Dented-1pc only	808.10 F	*404.00 FL
18	1		*REAR END PANEL (INNER)	Dented	654.40 F	*654.40 FL
19	1		*REAR END PANEL (OUTER)	Dented	453.30 F	*453.30 FL
20	1		*REAR FLOOR PANEL	Repair	1,567.60 F	*- FL
21	1		*REAR EXHAUST SILENCER	Not Necessary	606.10 F	*- FL
22	1		*REAR EXHAUST SILENCER MOUNTING	Not Necessary	95.10 F	*- FL
23	1		*REAR SPARE TYRE BRACKET	Bent	273.30 F	*273.30 FL
24	1		*REAR NUMBER PLATE	Not Necessary	60.00 FS	*- FS
25	2		*REVERSE SENSOR	Cut	400.00 FS	*200.00 FS

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

Sub Total (\$\$)	11,206.40	6,876.30
- List Item Discount on L Items 0.00/25.00% (\$\$)	0.00	1,669.08
Total Parts (\$\$)	11,206.40	5,207.22

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	LABOUR CHARGE TO REMOVE, CUT OUT DAMAGE PORTION, JACK OUT, STRAIGHTEN, PANEL BEATING, WELDING, ALIGN AND RENEW REPLACED PARTS	New	2,200.00	1,000.00
2	TO PUTTY AND RESPRAY PAINTING ON AFFECTED AREAS	New	1,200.00	600.00
3	TO REMOVE, REPLACE REAR TAILGATE FITTINGS TO FACILITATE REPAIR	New	350.00	60.00
4	TO REMOVE, REPLACE REVERSE SENSOR	New	250.00	60.00
5	TO REMOVE, REPLACE REAR EXHAUST SILENCER	New	150.00	0.00
6	TO CHECK WIRING AND LIGHTINGS	New	80.00	30.00
Gross Labour Cost (S\$)			4,230.00	1,750.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >