

ASS. REC. BY:

REF:

CS/CTL18005616 / Atb 94

Special Instruction:

Surveyor

Maiman

ASSIGNMENT (Office)

From (Person):

Irene Tay

of

CTL

Date/Time:

26/3/2018 4:59pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKZ 6681C

Insured:

SKV 3806B

at Workshop m/s

Eunos Motor

Tel:

of

Blk 1 Kaki Bukit Ave 6 #01-64

Policy No:

DMPCSN1541821702

Claim No:

SNM18D01576C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

24032018

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time:

26/3/2018 5:55pm

Person Contacted:

msng

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SKZ 6681C - NA / DPU 18035530 / 14

D.O.A: 24/03/2018

SKV 3806B - X

Lump Sum \$5800/-, 6 days.

(Red: 2555.28 : 61%)

REF: CTI

## ASSIGNMENT

From: Date: 27/3/18

Estimated Cost:

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

To inspect Vehicle No SKZ 6681C

at Workshop mis

of Eunos Motor  
Blk 1 Kaki Bkt Ave 6 # 01-64

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 | O/S |
|     |     |

Bal. or Market Value:

IDAC Accident Rpt: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est Repairs: days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 'w/p

Date: Person Contacted:

Vehicle: IN / OUT

Veh No SKZ6681C Yr Regn:

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

Truck / Trailer or

Make: Honda Vezel cc

Colour: Blue A/C Insured / Std / NI / NA

Sp Reading: 30179 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size F: 215/60R16

R: 215/60R16

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

TOYO / YOKO or

Front:

Rear:

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 27/03/18

Survey held at Eunos Motor

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

TP Check.

RECEIVED 30 APR 2018

Date/Time File Pass to:

☐ : Prel Report234 Typet ☒ : Final Report

Date/Time File Return to:

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

3-400-50

Photo:

Other:

Add Fee: ☐ Site Insp \$☐ Interview \$☐ Tech Insp \$☐ Fresh End \$

Report Format: TP

Lump Sum / I.B.I: \$ 5300



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No: 19-9607198-R

| Affiliated to Federation Internationale Des Experts En Automobile   |  |                          |            |   |
|---|--|--------------------------|------------|---|
| CHINA TAIPING INSURANCE (S) PTE LTD   |  | Ref : CS/CTI18005616/Atb |            |   |
| 3 ANSON ROAD #16-00<br>SPRINGLEAF TOWERS SINGAPORE 079909   |  | Date : 26-03-2018        |            |  |
|   |  | Code : CTI               |            |   |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>   |  |                          |            |   |
| Insured Veh.  | SKV 3806B  | Veh. Inspected           | SKZ 6681C  |   |
| Policy No.  | DMPCSN1541821702   | Coverage (\$)            | 0.00       |   |
| Claim No.   | SNM18D01576C02   | Excess (\$)              | 0.00       |   |
| Assign From   | MERIMEN (IRENE TAY)  | Assign Date              | 26/03/2018 |   |
| <b>2. Vehicle Particulars &amp; Condition</b>   |  |                          |            |   |
| Make & Model  |  | c.c                      | 0          |   |
| Engine No.  | HIDDEN   | Year of Reg.             |            |   |
| Chassis No.   |  | Colour                   |            |   |
| Odometer  | -  | Steering                 |            |   |
| Brakes  |  | Modification             |            |   |
| General   |  |                          |            |   |
| <b>3. Conditions of Tyres</b>   |  |                          |            |   |
|   | Size   | Make                     | Balance    |   |
| R/H Front Tyre  |  |                          | mm         |   |
| L/H Front Tyre  |  |                          | mm         |   |
| R/H Rear Tyre   |  |                          | mm         |   |
| L/H Rear Tyre   |  |                          | mm         |   |
| <b>4. Description of Damages</b>  |  |                          |            |   |
|   |  |                          |            |   |
| <b>5. General Information</b>   |  |                          |            |   |
| Accident Date   | 24/03/2018   | Inspection Date          | 26/03/2018 |   |
| Survey held at  | EUNOS MOTOR SERVICE<br>1 KAKI BUKIT AVE 6<br>#01-64 AUTOBAY @ KAKI BUKIT<br>SINGAPORE 417883 |                          |            |   |
| <b>5a. Remarks</b>  |  |                          |            |   |
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |  |                          |            |   |

## 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             | 24/03/2018 11:09                         |
| Date Of Accident           | 24/03/2018 09:15                         |
| Exact Location Of Accident | PASIR PANJANG TWDS WEST COAST EXPRESSWAY |
| Country/State of Loss      | SINGAPORE                                |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKZ6681C             |
| Insured/Policyholder        |                      |
| Name Of Registered Owner    | LIM, LAY GHIM        |
| NRIC No                     | S1806059J            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97911020 |
| Alternative Phone No        | OTHERS-97911020      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | HONDA       |
| Model  | -           |
| 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 |

### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage          | COMPREHENSIVE                             |
| Fleet Policy              | NO  |
| Policy Number             | MT/00447663                               |
| Cover Note Number         |   |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIM, LAY GHIM         |
| NRIC No              | S1806059J             |
| Date Of Birth        | 05/07/1967            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 28/05/1999            |
| Driving Experience   | 18 YEARS AND 9 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-97911020  |
| Fax Number           |                       |
| Contact Number       | OTHERS-97911020       |
| Email Address        | NOEMAIL               |

|   |  |
|---|--|
| Address   | BLK 92A TELOK BLANGAH STREET 31<br>#22-219 |
| Postcode  | 101092                                     |
| 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)   | 2  |
| Passenger 1   | NAME: : LER SUAN CHEOK<br>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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |   |
|-----------------------------|---|
| Vehicle Registration Number | SKV3806B                                      |
| Vehicle Make/Model/Colour   |   |
| Details Of Properties       |   |
| Vehicle Category            | PRIVATE CAR                                   |
| Name of Driver              | TAN YEE HONG                                  |
| NRIC/Passport Number        | S7318021Z                                     |
| Contact Number              | 96950971                                      |
| Address                     |   |
| Postcode                    |   |
| Insurance Company Name      | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Nature Of Damage            |   |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

|   |               |
|---|---------------|
| Name  | LIM, LAY GHIM |
| Approximate Age                                     |               |
| Injuries Sustain                                    | BACK PAIN     |
| Injured person in which vehicle?                    | SKZ6681C      |
| Were seat belts worn?                               | YES           |
| Was this injured conveyed to hospital by ambulance? |               |
| Address   |               |
| Postcode  |               |









