

INS. CASE OWNER:

CC 6/CTI1800 5639, AX6352

LKK:
IDAC:

Surveyor:

Adnan

DOI:

ASSIGNMENT

26/3/18

Date / Time :

26/3/18

Registered in Merimen:

Pre-assign / CCU / FTE

SGM 9238X



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

26/3/18

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

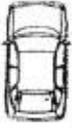
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SEJ 6030R



INSRS:
WSP:
Tel : modern
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time		STAGE	DATE / PIC
26/3/18	SEJ 6030R - 7 SGM 9238X - X	Non-Reporting ltr (1st):	
27/3	"our client has withdrawn its claim." - GRACE	Non-Reporting ltr (2nd):	
	- TO GET SETTLEMENT & SUBMIT WP.	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
02/07/18	EMAIL TO OI TO INFORM TP WITHDRAWN CLAIM.	Documentation Check List:	Handler Typist
	SUBMIT WP REPORT.	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 + LOI [Tick only one]

GIA/LTA Search: \$ _____

Medical: \$ _____

Disbursement: \$ (e.g. Tow/ Independent) _____

Legal Cost: \$ _____

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: _____

NO SETTLEMENT IF WITHDRAWN

26/3/18

WP REPORT

7350



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 : CC6/CTI18005639/Ahb3

3 ANSON ROAD #16-00
SPRINGLEAF TOWERSINGAPORE 079909

Date : 27-03-2018



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGM 9238X	Veh. Inspected	SKJ 6030R
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/03/2018

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	24/03/2018	Inspection Date	26/03/2018
Survey held at	MODERN AUTOMOTIVE PTE LTD BLK 3023A UBI ROAD 1 #01-61 SINGAPORE 408717		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. 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	26/03/2018 15:15
Date Of Accident	24/03/2018 14:15
Exact Location Of Accident	INTERSECTION BTW JLN SELASEH & SELETAR HILLS DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6030R
Insured/Policyholder	
Name Of Registered Owner	WEE AH KWANG
NRIC No	S0054302J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98153600
Alternative Phone No	OFFICE-98153600

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200-2.0 (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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5060915803-04
Cover Note Number	

Driver

Name of Driver	ONG HUI SHAN
NRIC No	S9042203J
Date Of Birth	22/10/1990
Occupation	INDOOR
Date Of Driving Pass	29/10/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98153600
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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.

Wendy Tan
Policyholder's Signature

Date & Time: 26/3/18

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



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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4302J
Vehicle Details	
Vehicle No.:	SKJ6030R
Vehicle to be Exported:	Yes
Intended De-registration Date:	27 Mar 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E200 AUTO
Primary Colour:	Green
Manufacturing Year:	1997
Engine No.:	11194222039867
Chassis No.:	WDB2100352A476845
Maximum Power Output:	-
Open Market Value:	\$42,115.00
Original Registration Date:	24 Apr 1998
First Registration Date:	24 Apr 1998
Transfer Count:	1
Actual ARF Paid:	\$58,961.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2018
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$14,486.00
COE Rebate Amount:	\$15.00
Total Rebate Amount:	\$15.00

The information contained herein is correct as at 27 Mar 2018

OK

Accident Report by Driver of SKJ6030R

Date of Accident : 24 March 2018

Place of Accident : Inter-section between Jalan Selaseh and Seletar Hills Drive

Time of Accident : 2.15 pm

Weather : Sunny

Road condition : Dry

How It Happened

I, Ong Hui Shan, NRIC S9042203J was the driver of SKJ6030R at the time of the accident on 24 March 2018.

I was driving from Seletar Court and turned into Seletar Hills Drive. When I was approaching the inter-section between Seletar Hills Drive and Jalan Selaseh, I stepped on the brakes and looked at both sides for any approaching vehicles. There was no vehicle on my right and a vehicle was just turning in from Yio Chu Kang Road into Jalan Selaseh on my left.

As the vehicle was a distance away, I decided to cross the junction.

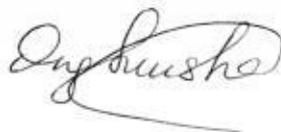
Seletar Hills Drive is an inner road intersected by Jalan Selaseh. Jalan Selaseh is a 2-way carriageway and has a continuous white line dividing the 2 lanes. From where my vehicle is heading to, vehicles turning in from Yio Chu Kang Road into Jalan Selaseh will be on the lane after the continuous white line.

When my car had already crossed the continuous white line on Jalan Selaseh and was about to reach to the other side of Seletar Hills Drive, I saw vehicle SGM9238X approaching my vehicle from the left at quite a speed and I immediately stopped my vehicle. Vehicle SGM9238X however did not stop and its right front side banged into the left front side of my car smashing my left front fenders and headlights, and dislodging the bumper. The front left passenger door could not open properly and smoothly. The impact was so great that my vehicle was pushed towards the right although it was stationary.

I have photographs taken on the scene of the accident which showed pieces of glass from my headlights lying on the lane that is after the white line, ie on the lane which vehicle SGM9238X was travelling on. This indicates that the accident occurred when my vehicle had already passed the white line. The extent of the damage on the left front side of my vehicle also showed that vehicle SGM9238X had banged into my vehicle at a great force and speed.

Although SGM9238X may have the right of way, the driver should have noticed my car already crossing the intersection and should have slowed down and stopped. He did not do so and banged into my car.

Signed by : ONG HUI SHAN



Date : 25 MAR 2018



Vic (LKKAuto)

From: Chin <chin@modernautomotive.com.sg>
Sent: Tuesday, 27 March, 2018 3:03 PM
To: Shu Pei (LKKAuto)
Cc: Admin A; Vic (LKKAuto); Asher Sng (LKKAuto)
Subject: RE: TP Claim SKJ6030R & SGM9238X (CHINA) ***LKK REF:CC6/CTI18005639/Ahb3

Dear Shu Pei

Our client has withdrawn its claim, kindly ignore this email.

Thank you

Regards,
Grace Chin
Modern Automotive Pte Ltd
Blk 3023-A, Ubi Road 1 #01-61
Singapore 408717

Tel: 6748 4422
Fax: 6747 6720

From: Shu Pei (LKKAuto) [mailto:shupe@lkkauto.com]
Sent: Tuesday, 27 March, 2018 12:22 PM
To: Chin <chin@modernautomotive.com.sg>
Cc: Admin A <admin-a@lkkauto.com>; Vic (LKKAuto) <vicalpeh@lkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Subject: RE: TP Claim SKJ6030R & SGM9238X (CHINA) ***LKK REF:CC6/CTI18005639/Ahb3

Dear Grace,

We refer to the above matter.

Please be informed that we are currently **pending for our insured's GIA report.**

Kindly note that for liability, claim negotiation and settlement, please contact Vic at 6841 2096.

Our respective case handler will look into the matter and revert to you in due course.

Thank you

To check availability of the case handler , you may contact the undersigned.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeilkkauto.com | fax: 6741-4108

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

From: Chin [<mailto:chin@modernautomotive.com.sg>]

Sent: Tuesday, 27 March 2018 11:16 AM

To: Admin A <admin-a@lkkauto.com>

Subject: Re: TP Claim SKJ6030R & SGM9238X (CHINA)

Dear Sir/Mdm

We refer to the above matter.

Kindly advise liability of the accident urgently.

Your Insured: SGM9238X

Our Insured: SKJ6030R

DOA: 24.03.2018

We enclosed herewith our client report for your perusal.

Thank you

Regards,

Grace Chin

Modern Automotive Pte Ltd

Blk 3023-A, Ubi Road 1 #01-61

Singapore 408717

Tel: 6748 4422

Fax: 6747 6720