

ASS. REC. BY:

REF: CS3 / III 18006961 / GZ462 Special Instruction:

Supervisor:

Munim.

ASSIGNMENT (Office)

From (Person):

Gabriel Wee

of

III

Date/Time:

16/4/2018 1:37pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLW 656U

Insured:

SHD 6502M

at Workshop m/s

Lian Heng Painter

Tel:

6453 5779

of

160 Sin Ming Drive #06-10

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

14/04/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

16/04/2018 1:47pm

Person Contacted:

Henry

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SLW 656U - x
	SHD 6502M - CC3 / III 18006961 / has
13/4/18	Disassembled

Def: 020418

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Liam Henf
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S
<u>0</u>	

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

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
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLW656 U Yr Regn: 31 Oct 2012
 Type: M.Cas / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Bmw 528i cc 1997
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 81833 T/Radio: Insured / Std / NI / NA
 Eng/No: 81833
 C/No: WBA X6320 90D X 83124
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 245/45 R18
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front Rear
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A. D.O.I. 16-04-18
 Survey held at: w/s 4pm
 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
18/4/18	Submit PRS Report

RECEIVED 18 APR 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : Weekend (\$)

Survey Fee: _____

Transportation: _____

☐ : S + RS (\$)

☐ : Photos

☐ : Others

TOTAL

80
80
10
170



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 : CS3/III18006961/Gz4b		
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 16-04-2018		
		Code : III2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHD 6502M	Veh. Inspected	SLW 656U	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	GABRIEL WEE	Assign Date	16/04/2018	
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	14/04/2018	Inspection Date	16/04/2018	
Survey held at	160 SIN MING DRIVE #06-10			
Repairer	LIAN HENG PAINTER CO.			
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: Monday, 16 April, 2018 1:37 PM
To: Serene Tan; 'sur@lkkauto.com'; Nivitha (LKK Auto)
Cc: Sherini Pillai
Subject: RE: PRE-REPAIR SURVEY - SLW 656U
Attachments: 16042018110936.pdf

Dear Sir / Mdm

This Pre-Repair Survey is on Without Prejudice Basis.

THIRD PARTY VEHICLE NO. : SLW656U
III INSURED VEHICLE NO. : SHD6502M
DATE OF LOSS : 14.04.18

We acknowledge receipt of your email.

In compliance to Pre-Action Protocol for NIMA cases, we note that

We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor LKK AUTO CONSULTANTS to conduct the pre-repair survey.

This claim is handled by **Sherini**.

Please let us have your client's **accident report and repair estimate** for our appointed surveyor to conclude his report.

****We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.**
****Surveyor kindly upload this assignment 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: Serene Tan [mailto:serene.tan@mneduco.com.sg]

Sent: 16 April, 2018 12:47 PM

To: Motor Claim - III <motorclaim@iii.com.sg>

Subject: RE: PRE-REPAIR SURVEY - SLW 656U

Our Ref : MN.IG.L1.1812342.st

WITHOUT PREJUDICE

SAVE AS TO COSTS

**NOTICE TO INSURERS OBJECTING TO THE LIST OF MOTOR SURVEYORS PROVIDED
WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2.6 OF THE STATE COURTS
PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)**

Dear Sir/Mdm,

1. We refer to your email below.
2. We are instructed by our client, CHAN PHUI-SEE SHARLENE, the claimant and/or Lian Heng Painter Company, the motor workshop for **SLW 656U** that they are not agreeable to the appointment of the motor surveyors as stated in your said email.
3. In compliance with The State Courts Practice Directions (Amendment No. 1 of 2016), we propose to use one of the below mentioned motor surveyor to conduct the joint pre-repair survey ("hereinafter referred to as PRS") as a Single Joint Expert ("hereinafter referred to as a SJE").

1.	NICKY SEAH (Absolute Appraisal Services)	6.	ANDREW HOW (Prominent Appraiser Services)
2.	MICHAEL YAP TECK CHYE (MC-COY Appraiser Pte Ltd)	7.	NG KONG BENG PATRICK (Carlink Consultancy)
3.	DIXON YEO (Treasure Appraisal Services)	8.	ANANDA KUMAR BISWAS S/O B N BISWAS (United Appraisal & Management Pte Ltd)
4.	LOI BOON JUAN (PAR Automotive Consultancy)	9.	DENNIS YAP TECK WEE (PAL's Appraiser Pte Ltd)
5.	AMAS ONG (AEON Auto Consultants LLP)	10.	ANDY YAP TECK LEE (LCW Appraiser Pte Ltd)

4. Please let us know within two (2) working days whether you agree to the appointment of any of the above motor surveyors as proposed by the claimant and/or the motor workshop as a Single Joint Expert ("hereinafter referred to as "SJE").

Thanks & Best Regards,
(For and on behalf of Mr Nedumaran Muthukrishnan)
Serene Tan (Ms)
M NEDUMARAN & CO
Advocates & Solicitors
Commissioner for Oaths

Branch Office:

11 Sin Ming Road
#B2-09 (Unit 2), Thomson V Two
Singapore 575629
Tel: 6509-8480 / 6509-8481
Fax: 6509-8482

Email : serene.tan@mneduco.com.sg

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From: Motor Claim - III [<mailto:motorclaim@iii.com.sg>]
Sent: Monday, April 16, 2018 11:21 AM
To: Serene Tan <serene.tan@mneduco.com.sg>
Subject: RE: PRE-REPAIR SURVEY - SLW 656U

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: Serene Tan [<mailto:serene.tan@mneduco.com.sg>]
Sent: 16 April, 2018 11:13 AM
To: Motor Claim - III <motorclaim@iii.com.sg>
Subject: PRE-REPAIR SURVEY - SLW 656U

URGENT

WITHOUT PREJUDICE

Our Ref: MN.IG.L1.1812342.st

Dear Sirs,

Notice of Accident dated **16/04/2018** attached herein.

Kindly arrange for the pre-repair survey of our client's vehicle SLW 656U.

Thanks & Best Regards,
(For and on behalf of Mr Nedumaran Muthukrishnan)
Serene Tan (Ms)
M NEDUMARAN & CO
Advocates & Solicitors
Commissioner for Oaths

Branch Office:
11 Sin Ming Road

#B2-09 (Unit 2), Thomson V Two
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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

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.

M NEDUMARAN & CO

Advocates & Solicitors
Commissioner for Oaths

UEN NO. 53181067D

Please reply to our Branch Office for this matter

Nedumaran Muthukrishnan
LLB (hons) [Buckingham]
Barrister at Law (Lincoln's Inn)

Branch Office: 11 Sin Ming Road
#B2-09 (Unit 2) Thomson V Two
Singapore 575629
Tel : 6509-8480 / 6509-8481
Fax : 6509-8482
Email : igene.lim@mneduco.com.sg
serene.tan@mneduco.com.sg

Our Reference : MN/IG/L1/1812342/st
Your Reference : SHD 6502M

16th April 2018

INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street,
#04/06-00, IOB Building
Singapore 049711

BY EMAIL: motorclaim@iii.com.sg ONLY

Dear Sirs,

1. NOTICE OF ACCIDENT TO INSURERS AND PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF THE STATE COURTS PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)
2. ACCIDENT ON 14/04/2018 INVOLVING VEHICLE NOS. SLW 656U AND SHD 6502M ALONG RAFFLES BOULEVARD TRAFFIC LIGHT JUNCTION TURNING TO TEMASEK AVENUE.

We are instructed by CHAN PHUI-SEE SHARLENE (owner of motor vehicle no. SLW 656U) and/or LIAN HENG PAINTER COMPANY (the motor workshop for SLW 656U) to notify you of a road traffic accident on 14/04/2018 at about 2300 hours along RAFFLES BOULEVARD TRAFFIC LIGHT JUNCTION TURNING TO TEMASEK AVENUE involving our client's vehicle registration number [SLW 656U] and [SHD 6502M] driven by you at the material time.

As a result of the accident, our client's vehicle has been damaged. Before we 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 with the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Yours faithfully,


NEDUMARAN MUTHUKRISHNAN
(Branch Office)

c.c. 1) COMFORT TRANSPORTATION PTE LTD

(Vehicle : SHD 6502M)

2) Lian Heng Painter Company
160 Sin Ming Drive
#06-10 Sin Ming AutoCity
Singapore 575722

(Vehicle : SLW 656U)

Tel : 6453-5779 / 9863-2371 (Ms Nomy / Mr Henry)

Fax : 6453-3173

Send/Fax to: _____

Submitted: _____

L/1812342

SINGAPORE ACCIDENT STATEMENT

Date of Accident:	14/04/2018	Time of Accident:	11:00 PM
Exact Location:	Raffles Boulevard turning to Temasek Ave traffic light Junction		
Vehicle Registration No.	8LW 656 U		
Name of Registered Owner:	CHAN PHUI-SEE SHARLENE		
NRIC / FIN / Passport no:	S79233261		
Vehicle Make:	BMW	Vehicle Model:	528I
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:			
Type of Policy:	Comprehensive Third Party / Third Party, Fire & Theft		
Policy Number:			

Name of Driver:	CHARLES LIM <input type="checkbox"/> same as owner		
NRIC / FIN / Passport no:	S7330801A	Date of Birth:	02-09-1973
Occupation:	Indoor / Outdoor	Driving Pass Date:	20 Dec 2017
Contact Number:	98283472	Gender:	Male / Female
Address:	BLK 86 Telok Plangah heights #07-371		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hire / Other: SC100086		

Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (Including driver):	01		

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SHD 6502 M		
Vehicle Make / Model:	Hyundai I 40.		
Name of Driver:	Lee Bee Eng		
NRIC / FIN / Passport no:	S16434169		
Contact Number:	81126934		
Name of Insurance Co:			

Name:		Contact Info:	
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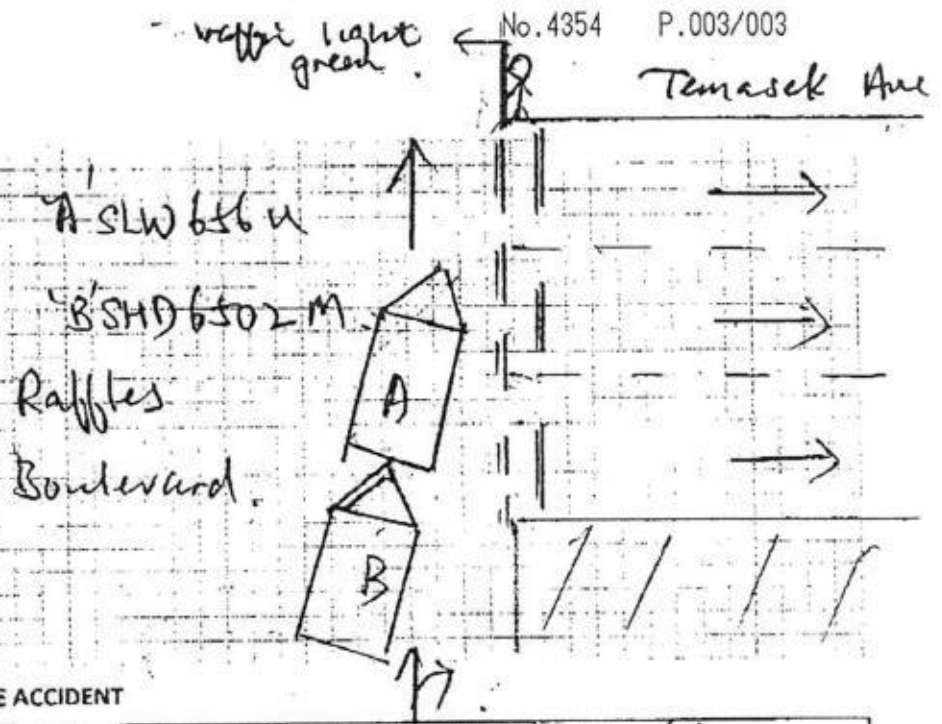
	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver _____

Date and time _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

traffic light junction

I was at Raffles Boulevard, turning right into Temasek Ave, traffic light in my favor but I need to wait and give way to pedestrians to cross and suddenly a carport from my vehicle. I realised Taxi SHD 6502 M had driven onto the rear of my vehicle SLW 656 W.

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:

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	16/04/2018 12:28
Date Of Accident	14/04/2018 23:00
Exact Location Of Accident	RAFFLES BOULVD TRAFFIC JUNCTION TURN TO TEMASEKAVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW656U
Insured/Policyholder	
Name Of Registered Owner	CHAN PHUI-SEE SHARLENE
NRIC No	S7923326I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98283472
Alternative Phone No	OFFICE-98283472

Vehicle Particulars

Manufacturer	BMW
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 PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098648380
Cover Note Number	

Driver

Name of Driver	CHARLES LIM
NRIC No	S7330801A
Date Of Birth	02/09/1973
Occupation	INDOOR
Date Of Driving Pass	20/12/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98283472
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 SPOUSE
 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) 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 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 SHD6502M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver LEE BEE ENG
 NRIC/Passport Number S1643416G
 Contact Number 81126934
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

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.

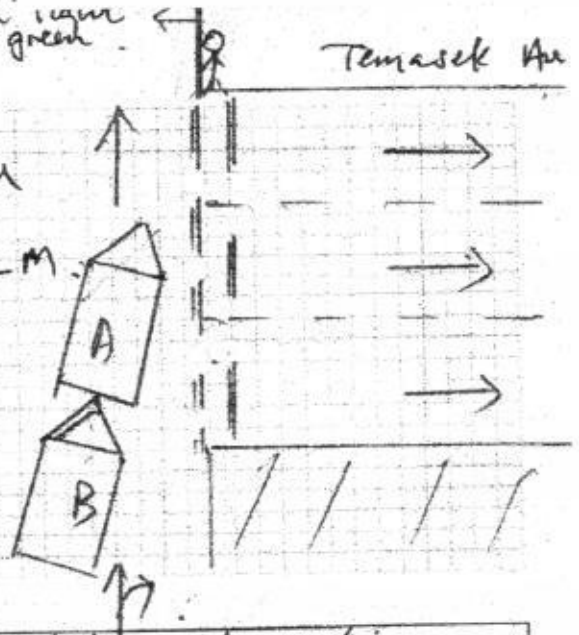
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A' SLW 656 U
B' SHD 6502 M
Raffles
Boulevard.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

traffic light junction
I was at Raffles Boulevard, turning right into Temasek Ave, traffic light in my favor but I need to wait and give way to pedestrian to cross and suddenly a report from my vehicle. I realised Taxi SHD 6502 M had driven onto the Rear of my vehicle SLW 656 U.

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:

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3326I
Vehicle Details	
Vehicle No.:	SLW656U
Vehicle to be Exported:	No
Intended De-registration Date:	17 Apr 2018
Vehicle Make:	B.M.W.
Vehicle Model:	528I 2.0L AT D/AB 2WD 4DR GAS/D NAV
Primary Colour:	Grey
Manufacturing Year:	2012
Engine No.:	A8230316N20B20A
Chassis No.:	WBAXG32090DX83124
Maximum Power Output:	180.0 kW (241 bhp)
Open Market Value:	\$47,754.00
Original Registration Date:	31 Oct 2012
First Registration Date:	31 Oct 2012
Transfer Count:	1
Actual ARF Paid:	\$47,754.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Oct 2022
PARF Rebate Amount:	\$33,427.00
Intended COE Rebate Details	
COE Expiry Date:	30 Oct 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$85,801.00
COE Rebate Amount:	\$38,910.00
Total Rebate Amount:	\$72,337.00

The information contained herein is correct as at 17 Apr 2018

OK

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

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	18 Apr 2018 Edit Reg		16 Apr 2018 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

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

Insured: -, Co. Reg. No.: -

Main Claimant: **CHAN PHUI-SEE SHARLENE**, ID: S79233261

Vehicle Reg. No.: SLW656U	Date of Loss: 14/04/2018 23:00 - :59 [65 Months and 14 Days From LTA Reg Date (Man Yr)]
Claim Type: TP	Policy/Cover Note No.:
Vehicle Reg. No. (Insured): SHD6502M	Policy No. (Claimant):
	Excess:

Repairer: **Lian Heng Painter Company ()** 160 SIN MING DRIVE, #06-10 SIN MING AUTOCITY, 575722 Sin Ming - Tel:

Handling Insurer: **India International Insurance Pte Ltd (HQ)** - Tel: 63476100 ... [Handled by **Sherini Pillai**]

Adjuster: **LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [Handled by **XING GUO QIANG**] ... **[Final Rpt due 26/04/2018]**

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

***SLW656U**
[SHD6502M]




TP

CHAN PHUI-SEE SHARLENE

Apr 14 2018 11:00PM

[-]

Lian Heng Painter Company

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder		Thumbnail	Print
1	18/04/18 14:57	LKK Auto Consultants Pte Ltd (HQ)		
		LKKPhotosIn6-1	 Load PDF	
2	18/04/18 14:57	LKKPhotosIn6-2	 Load PDF	
No	Finalized On		Thumbnail	Print
1	18/04/18 08:55	India International Insurance Pte Ltd (HQ)		
		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) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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/III18006961/GZ4BE2

Date: 19/04/2018

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No:

Claimant Vehicle No : SLW656U

Insured Vehicle No : SHD6502M

Date of Loss: 14/04/2018

Nature of Claim: TP Claim No: N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLW656U

Make & Model: BMW 528i, 2.0 (A)

Engine No: A8230316N20B20A

Reg. Date: 31/10/2012 (Man. Year: 2012)

Chassis No: WBAXG32090DX83124

Colour: Black

Odometer: 81833 km

Engine Capacity: 1997 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: 245/45 R18

Rear Tyre Size: 245/45 R18

Front Left Side: Continental 6 mm

Rear Left Side: Continental 6 mm

Front Right Side: Continental 6 mm

Rear Right Side: Continental 6 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	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 16/04/2018

Date Inspected: 16/04/2018 Inspected At:

Lian Heng Painter Company
160 SIN MING DRIVE, #06-10 SIN MING
AUTOCITY
Singapore 575722

Estimated Period of Repair: 0.0 days

Adjuster: XING GUO QIANG

Manager: Ho Zhao Tian

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.

- 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.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 19 Apr 2018)
Parts: 143	BMW 528I 2.0 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLW656U)
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.

< END OF ESTIMATES >