

22/03/2002

ASS. REC. BY:

REF: 08/MS618002016/Titber

Special Instruction:

Survivor:

Tawfik

ASSIGNMENT (Office)

Melimen

From (Person):

Elaine Ngu

of

MSLH

Date/Time:

02/05/2018 4:43pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YP 3981T

Insured:

GBC 6070T

at Workshop m/s

AAK Logistics

Tel:

9762 3134

of

No. 4 Penjuru Close

Policy No:

A29074028MKC

Claim No:

552670

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

13/03/2018

CA / REV / REP. / REV 24 HRS WPI

03/05/2018

H.O.D. Endorsement:

Date/Time:

02/05/2018 5:29pm

Person Contacted:

Pei Juan

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction ( ✓ ) Estimate

YP 3981T - NA / CIL18000528/r3

D.O.A. 03/01/2018

GBC 6070T - x

7/5-

Revert via menmen

No claim as liability not clear.

Submit precu report



### Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
1	1	OD/TP Case (Insurer)	10.00
Miscellaneous Items			

Sub Total (\$\$)

10.00

### Estimates on Labour

No	Particulars	Lab.Type	Amount
1	TO KNOCK, STRAIGHTEN AND RENEW ACCIDENT AREA SUCH LH REAR PANEL, LH REAR SIDE ENGINE PANEL AND ETC	New	1,200.00
2	TO PUTTY AND RESPRAY ACCIDENT AREA SUCH LH REAR PANEL, LH REAR SIDE ENGINE PANEL AND ETC	New	1,500.00

Gross Labour Cost (\$\$)

2,700.00

2150

ComfortDeIgro Engineering Pte Ltd/PA9465M/18/12/2015 09:59. Not valid without Reference section.  
Generated using Meritmen e-Claims IEAS

< END OF ESTIMATES >

3770  
20% : 3000  
4 Days  
Lumpsum repair  
After repair photo's  
Guo Qiangy - 80880282  
Guo Qiangy @lkkauto.com

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:

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Mar 2018		02 May 2018 16:43 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All																				
<b>CLAIM SUBFOLDER DETAILS</b>		<b>[Created by insurer]</b>																						
Insured:	FANG LING FLYER DISTRIBUTOR, Co. Reg. No.: 53021721W																							
Main Claimant:	VIJAYA KUMAR S/O RAJENDRAN, ID: S7716400F																							
Vehicle Reg. No.:	YP3981T	Date of Loss:	13/03/2018 13:00 - :59 [18 Months and 15 Days From LTA Reg Date (Man Yr)]																					
Claim Type:	TP / 552670	Policy/Cover Note No.:	A29074028MKC (Comprehensive) Coverage: 08/03/2018 - 07/03/2019																					
Vehicle Reg. No. (Insured):	GBC6070T	Policy No. (Claimant):																						
		Excess:	S\$600.00																					
Repairer:	Aak Logistics Services Pte Ltd (HQ) BLK 153 BUKIT BATOK ST 11, #03-292, 650153 Bukit Batok - Tel:																							
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Elaine Ngu Siau Mei - 6594 2540]																							
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 03/05/2018]																							
Driver/Custodian (Insured):	WAN BOCK KEE (), NRIC: S0040997I, Tel: +6596979762																							
Adj Asg. Remarks:	ON WP. Car at 4 Penjuru Close, S608574, please contact us ASAP if you are not able to attend this assignment																							
<b>ASSOCIATED MAIL RECEIVED</b>		<b>View All</b> <b>Compose Case Mail</b>																						
There are no mail for this case.																								
<div> </div> <b>ALL ASSOCIATED TASKS</b> <div> <b>View All</b>   <b>Search Tasks</b>   <b>Create New Task</b>   <b>Complete</b> </div> <table border="1"> <thead> <tr> <th>Due Date</th> <th>Priority</th> <th>Type</th> <th>Task Group</th> <th>Subject</th> <th>Handler</th> <th>Assigned By</th> <th>Completed On</th> <th>Created On</th> <th>Done?</th> </tr> </thead> <tbody> <tr> <td colspan="10">No results.</td> </tr> </tbody> </table>					Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?	No results.									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?															
No results.																								

## **Denise Tay (LKKAuto)**

---

**From:** Pei Juan <peijuan\_lee@aakls.com>  
**Sent:** Thursday, 4 October 2018 8:52 AM  
**To:** Denise Tay (LKKAuto)  
**Subject:** RE: YP 3981T / DOA: 13/03/2018 / MSIG

Hi Denise,

No claim as liability not cleared.

Thanks & Regards,  
Peijuan

---

**From:** Denise Tay (LKKAuto) <denisetay@lkkauto.com>  
**Sent:** Wednesday, 3 October 2018 4:16 PM  
**To:** peijuan\_lee@aakls.com  
**Subject:** YP 3981T / DOA: 13/03/2018 / MSIG

Dear Pei Juan,

Can you check for me, if this vehicle is still claiming, or any repair done?

Best Regards,

**Denise Tay** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@lkkauto.com) | fax: 6256-4315

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

**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

To: MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way  
#21-01 SGX Centre 2  
Singapore 068807

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Elaine Ngu Siau Mei

Date: 07 May 2018

**Preliminary Advice**

Insured Vehicle No	: GBC6070T	Accident Date	: 13/03/2018
TP Vehicle No	: YP3981T	Assignment Date	: 02/05/2018
Make	: ISUZU NMR85UH5A	Est. Duration of Repair	: 3.00
Date of Inspection	: 03/05/2018		
Inspection At	: AAK LOGISTICS SERVICES PTE LTD (HQ) BLK 153 BUKIT BATOK ST 11, #03-292 SINGAPORE 650153		

**Point of Impact / General Description of Damages**

The vehicle sustained impact / damages o/s rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,250.00
Revised Amount	:S\$	700.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	700.00

Lump Sum Repair	:S\$	
-----------------	------	--

**Total Loss Consideration**

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

**Remarks**

- ( ) The vehicle is economical/not economical for repair.
- ( x ) The above survey was conducted on a 'without prejudice' basis.

**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Business  
Owner ID: 53049324A

**Vehicle Details**

Vehicle No.: GZ1248B  
Vehicle to be Exported: Yes  
Intended De-registration Date: 10 Dec 2012  
Vehicle Make: CITROEN  
Vehicle Model: BERLINGO 1.9  
Primary Colour: Grey  
Manufacturing Year: 2005  
Engine No.: 10DXFZ6022639  
Chassis No.: VF7GCWJYB94196429  
Open Market Value: \$18,562.00  
Original Registration Date: 16 Dec 2005  
First Registration Date: 16 Dec 2005  
Transfer Count: 0  
Actual ARF Paid: \$929.00

**Intended PARF Rebate Details**

PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

**Intended COE Rebate Details**

COE Expiry Date: 15 Dec 2015  
COE Category: C - Goods Vehicle & Bus  
COE Period(Years): 10  
QP Paid: \$8,501.00  
COE Rebate Amount: \$2,561.00

**Total Rebate Amount: \$2,561.00**

The information contained herein is correct as at 10 Dec 2012

[OK]

Land Transport  Authority

Please read through the Privacy Statement, Conditions of Use and Disclaimer.  
Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.  
Best viewed with IE 6.0 SP3 and above, 800 X 600 resolution  
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## 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	17/03/2018 11:20
Date Of Accident	13/03/2018 13:30
Exact Location Of Accident	PIONEER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3981T
-----------------------------	---------

#### Insured/Policyholder

Name Of Registered Owner	VIJAYA KUMAR S/O RAJENDRAN
NRIC No	S7716400F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98000911
Alternative Phone No	OFFICE-98000911

#### Vehicle Particulars

Manufacturer	ISUZU
Model	NMR85UH5A

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P1827824
Cover Note Number	

#### Driver

Name of Driver	K GORDON
NRIC No	S9128488Z
Date Of Birth	15/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2013
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82303062
Fax Number	
Contact Number	
Email Address	RUSHUSH11@GMAIL.COM



Address	BLK 78 REDHILL LANE #05-05 SINGAPORE
Postcode	150078
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH STATEMENT RECORDED ISAAC- PROGRESSIVE AUTOMOTIVE 6741 5336

#### 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	GBC6070T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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:

*12-gus*  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*S*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *Isaac*  
NRIC/FIN No.:

\_\_\_\_\_

refer to police report

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

GIARMC SketchPlanForm\_V3

## Common Statement Pg. 1

## ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 13/03/18 13:30		2 Exact location of accident PIONEER ROAD		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

Registration No. (VEHICLE A) YP398IT

6 Insured / policyholder (see insurance cert.)

Name VIJAYA KUMAR  
(capital letters) S/O RASEN KAN

Address

NRIC / Passport no. S7716400T

Tel no. (from 9am till 5pm)

HP 98000911

7 Vehicle  
Make, type ISUZU

8 Insurance company AXA ☒ TPFT ☐ TPO

Does the policy cover damage to vehicle A?  
No ☐ Yes ☒

Policy No. VCA / P1827824

9 Driver ☐ Same as Owner

Name K Gordon  
(capital letters)

NRIC / Passport no. S91284882

Class of licence 8250 3002

HP

Gender Male ☒ Female ☐

12 CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicyclist
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drink Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Slide Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) 9BC6070T

6 Insured / policyholder (see insurance cert.)

Name

(capital letters)

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle  
Make, type

8 Insurance company ☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B?  
No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence)  
(if different from Insured B above)

Name

(capital letters)

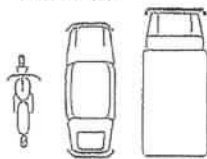
NRIC / Passport no.

Class of licence

HP

Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred  
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make a reference to one of the sketches on page 2

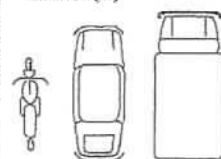
15 Signatures of drivers

A

12-13

B

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

14 My remarks

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

# Individual Statement Pg. 1

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (If any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1 Occupation (if more than one, state all)		Email: <u>Yachush11@gmail.com</u>
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>employee</u> State the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify		
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____		
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass
		Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		
Injured persons	9 Full details of all driving convictions including pending prosecutions in the last 36 months		
	Date	Offence	Penalty
Damage to property & vehicles (other than vehicles A and B)	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
			Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Police action	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage
			Insurer's name and address (if known)
Accident details	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____		
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____		
	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>	
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>	
	16 Speed of vehicles	A _____ km/hr B _____ km/hr	
	17 What warnings were given by driver or other party? _____		
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____		
	20 If your vehicle is commercial, state weight of load carried at time of accident _____		
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)		
22 State number of Passengers (Including Driver) <u>1</u>			
Declaration	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature _____		Date _____
	Driver's signature (if driver is not the policyholder) <u>ke ym</u>		Date _____

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180313/2198

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20180313/2198

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2018 23:41		Vide Report No.:		Station Diary No.: 136	
<b>Informant's Particulars</b>					
Name of Informant: K GORDON			Address: APT BLK 78 REDHILL LANE #05-05 SINGAPORE 150078		
ID Type / ID No.: NRIC NO / S9128488Z			Contact No.: Home/Office: Mobile: 82303062		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 15/07/1991	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: LORRYDRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/03/2018 13:30	Type of Location: Roundabout
Location: Along Road 1 PIONEER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC6070T	Lorry				Slightly Damaged	1
YP3981T	Lorry				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180313/2198

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20180313/2198

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	K GORDON	ID No.	S9128488Z
Related Vehicle	YP3981T (Lorry)	Contact No.	82303062
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 13/3/18, around 1330hrs, I was travelling along Pioneer Rd in my vehicle YP3981T. Subsequently, another vehicle, GBC6070T, collided into the rear right of my vehicle. Both of us stopped and the driver of the said vehicle claimed that I had cut into his lane. However when I reviewed back my dashcam footage, the said vehicle was seen to have cut from the extreme right and in the process collided into my vehicle. At that point of time, no one was injured. The said driver then left without exchanging particulars. That's all.



**SINGAPORE  
POLICE FORCE**



T/20180313/2198

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20180313/2198

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Staff Sgt MUHAMMAD ZHARIF BIN ZAINUDIN

Signature Of Informant:

X 15-jny

Signature Of Interpreter:

Not applicable

Date/Time:

13/03/2018 23:41

Officer In Charge Of Case:

TP / HRT /

SI.ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Classification Of Case:

Authentication Stamp  
NP168

Singapore Police Force



# AAK LOGISTICS SERVICES PTE LTD

Bik 153 Bukit Batok Street 11 #03-292 Singapore 650153

Tel: (65) 6665 0190 Fax: (65) 6561 9509

E-mail: admin@aacls.com

Company Registration No.: 201325787M

GST Reg. No.: 201325787M

TO:

**MSIG – Claims Department**

4 Shenton Way #21-01 SGX Centre 2

Singapore 068807

## Quotation

DATE: 30-Apr-18

TERMS: 30 Days

PAGE NO.: Page 1 of 1

S/N	DESCRIPTION	UOM	QTY	UNIT PRICE	AMOUNT (\$)
<b>Accident Repair of YP3981T</b>					
1	Panel Beating		1	\$650.00	300 \$650.00
2	Spray Paint		1	\$500.00	300 \$500.00
3	Labour		1	\$100.00	✓ \$100.00
				E. & O. E.	SUB-TOTAL
					\$1,250.00
				7% GST	\$87.50
				TOTAL	\$1,337.50

SGD: ONE THOUSAND THREE HUNDRED THIRTY-SEVEN AND CENTS FIFTY ONLY.

*Tan Jiah 97495749*  
*wp*  
*3/5/18 @ 4pm*  
*Resurvey after repair.*  
*serv @ (hhauto.com)*  
*3 days*

*[Signature]*  
*2/5/18*

Note:

Cheque should be crossed and made payable to "AAK Logistics Services Pte. Ltd."

Accepted and Confirmed by

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

Company Chop & Signature

Acknowledged by Repairer

Signature:

Date:

AAK LOGISTICS SERVICES PTE LTD

Authorised Signature



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	14 Mar 2018		02 May 2018 16:43 <a href="#">Edit Adj Rpt</a>	<b>S\$700.00</b> <a href="#">Edit Estimates</a>	<b>S\$700.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured: <b>FANG LING FLYER DISTRIBUTOR</b> , Co. Reg. No.: 53021721W									
Main Claimant: <b>VIJAYA KUMAR S/O RAJENDRAN</b> , ID: S7716400F									
Vehicle Reg. No.: <b>YP3981T</b>		Date of Loss:	13/03/2018 13:00 - :59 [18 Months and 15 Days From LTA Reg Date (Man Yr)]						
Claim Type: <b>TP / 552670</b>		Policy/Cover Note No.:	A29074028MKC (Comprehensive) Coverage: 08/03/2018 - 07/03/2019						
Vehicle Reg. No. (Insured): <b>GBC6070T</b>		Policy No. (Claimant):							
		Excess:	S\$600.00						
Repairer: <b>AAK Logistics Services Pte Ltd (HQ)</b> Blk 153 Bukit Batok St 11, #03-292, 650153 Bukit Batok - Tel:									
Handling Insurer: <b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Elaine Ngu Siau Mei</b> - 6594 2540]									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>MOHD TAUFIKH BIN HAMID</b> ] ... [Final Rpt due 01/06/2018]									
Driver/Custodian (Insured): <b>WAN BOCK KEE ()</b> , NRIC: S0040997I, Tel: +6596979762									
Adj Asg. Remarks: ON WP. Car at 4 Penjuru Close, S608574, please contact us ASAP if you are not able to attend this assignment									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

**\*YP3981T (552670)**  
**[GBC6070T]**  
**TP**  
**VIJAYA KUMAR S/O RAJENDRAN**  
**Mar 13 2018 1:00PM**  
**[FANG LING FLYER DISTRIBUTOR]**  
**AAK Logistics Services Pte Ltd**

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

**View**
[View in Browser](#)

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	30/04/18 15:40	<b>Accident Statement Addm. #1</b> From: SC - Reg. No: GBC6070T, Claimant: FANG LING FLYER DISTRIBUTOR	Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	07/05/18 15:47	<b>Adjuster Immediate Advice</b>	Load HTM	

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
2	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
3	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
4	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
5	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
6	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
7	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
8	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
9	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
10	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
11	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
12	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
13	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
14	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
15	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
16	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
17	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
18	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>
19	05/10/18 14:55	<b>General View</b>	Load JPG	<input checked="" type="checkbox"/>

Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	30/04/18 15:40	<b>TP YP3981T GIA REPORT</b> From: SC - Reg. No: GBC6070T, Claimant: FANG LING FLYER DISTRIBUTOR	Load PDF	
2	30/04/18 15:41	<b>TP Estimate</b>	Load PDF	
3	30/04/18 15:45	<b>TP PRI Request Email</b>	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/MSG18008016/T1TBE2

Date: 08/10/2018

### REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: A29074028MKC

Claimant Vehicle No : YP3981T

Insured Vehicle No : GBC6070T

Date of Loss: 13/03/2018

Nature of Claim: TP

Claim No: 552670

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: YP3981T

Make &amp; Model: ISUZU NMR85UH5A, 3.0 D (M)

Engine No: 4JJ12N6682

Reg. Date: 26/08/2016 (Man. Year: 2016)

Chassis No: JAANMR85HG7101771

Colour: Black

Odometer: 88406 km

Engine Capacity: 2999 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: 205 R16

Rear Tyre Size: 195/85 R16 (D)

Front Left Side: Continental 6 mm

Rear Left Side: Bridgestone 6/6 mm

Front Right Side: Continental 6 mm

Rear Right Side: Bridgestone 6/6 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	1,250.00	700.00	550.00	44.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>1,250.00</b>	<b>700.00</b>	<b>550.00</b>	<b>44.00</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>87.50</b>	<b>49.00</b>	<b>38.50</b>	<b>44.00</b>
<b>Nett Amount (S\$)</b>	<b>1,337.50</b>	<b>749.00</b>	<b>588.50</b>	<b>44.00</b>

### INSPECTION

Date of Assignment: 02/05/2018

Date Inspected: 03/05/2018 Inspected At:

No. 4 Penjuru Close

Repairer : Aak Logistics Services Pte Ltd (HQ)

Estimated Period of Repair: 3.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

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: 08 Oct 2018)

**Parts:** N/A ISUZU NMR85UH5A 3.0 D (M) (Model not available in database)

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

**Print Code:** (Unsubmitted, no print-code for YP3981T)

**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

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	650.00	300.00
2	SPRAY PAINT	New	500.00	300.00
3	LABOUR	New	100.00	100.00
Gross Labour Cost (S\$)			1,250.00	700.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >