

2/20/2018

ASS. R.F.C. BY:

REF:

CS/CT18008408 / Gvbnz

Special Instruction:

Surveyor

AG

ASSIGNMENT (Office)

From (Person):

Jouyn Tay

of

CTL

Date/Time: 07052018 3:17pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJJ 3118D

Insured:

SLA 4133B

at Workshop m/s

Risperd motor

Tel:

9631 7782 97327672

of

Blk 3021A Ubi Rd 1 #01-39

Policy No:

DMPCSN 1731181700

Claim No:

SNM1820213502

Sum Insured:

Excess:

D.O.A. 25042018

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time: 08082018 9:30am Person Contacted:

Lilian

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SJJ 3118D - NBA / INC18007654 / Y

D.O.A. 250418

SLA 4133B - X

24/8/18

@430pm final fig \$ 2345.48 confirmed with Lilian (Reel 2376.92, 50%

Signature

XHL

REF:

CTi

ASSIGNMENT

11/1/2009

2008

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Rispeed Motor

of

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est Repairs:

3

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:

5IJ31180

Yr Regn:

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

Truck / Trailer or

Make:

Toyota Lexus

Colour:

Black

Sp Reading:

118719

Eng/No:

C/No:

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:

R:

235/55R18

11

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

TOYO / YOKO or

RADAR

Front

R/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

Rear

R/Bal.

6

mm

L/Bal.

6

mm

Survey held at

W/S

08-05-18

3:30pm

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

2345.48

RECEIVED 27 AUG 2018

Signature

24/8/2018

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

24/8 - typist

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Other:

Report Format :

merimen

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

2345.48

TOTAL

220

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 May 2018		07 May 2018 15:17 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All																				
CLAIM SUBFOLDER DETAILS				[Created by insurer]																				
Insured:	CHOO YANGLI, CHRISTOPHER, ID: S7709676J																							
Main Claimant:	NURZILA BINTE SENIN, ID: S9223524F																							
Vehicle Reg. No.:	SJJ3118D	Date of Loss:	25/04/2018 14:00 - :59																					
Claim Type:	TP / SNM18D02135C02	Policy/Cover Note No.:	DMPCSN1731181700 (Comprehensive)																					
Vehicle Reg. No. (Insured):	SLA4133B	Policy No. (Claimant):	5094059476																					
		Excess:	S\$0.00																					
Repairer:	Rispeed Motor Service (HQ) BLK 3021A UBI ROAD 1 #01-39, 408715 Ubi - Tel:																							
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]																							
Claimant's Insurer:	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:																							
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 16/05/2018]																							
Driver/Custodian (Insured):	CHOO YANGLI, CHRISTOPHER (41 / Male), NRIC: S7709676J																							
Adj Asg. Remarks:	NO EST, ASSIGN KENNETH KONG AS SJE.																							
ASSOCIATED MAIL RECEIVED				View All Compose Case Mail																				
There are no mail for this case.																								
ALL ASSOCIATED TASKS																								
<div> View All Search Tasks Create New Task Complete </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.																								

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 25/04/2018 16:50
 Date Of Accident 25/04/2018 14:00
 Exact Location Of Accident TELOK BLANGAH ROAD BEFORE HARBOURFRONT AVENUE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ3118D
Insured/Policyholder
 Name Of Registered Owner NURZILA BINTE SENIN
 NRIC No S9223524F
 Email Address NURZILASEN@GMAIL.COM
 Mobile Phone No (LOCAL) +65-83389819
 Alternative Phone No Others-83389819

Vehicle Particulars

Manufacturer LEXUS
 Model LEXUS RX350 STD
 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 COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5094059476
 Cover Note Number

Driver

Name of Driver NURZILA BINTE SENIN
 NRIC No S9223524F
 Date Of Birth 02/07/1992
 Occupation INDOOR
 Date Of Driving Pass 26/05/2011

8/6/2018

E-FILE

Driving Experience

6 YEARS AND 10 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-83389819

Fax Number

Contact Number

OTHERS-83389819

Email Address

NURZILASEN@GMAIL.COM

Address

19 CHWEE CHIAN VIEW

Postcode

119701

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 3

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

PLEASE REFER TO SKETCH PLAN

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

SLA4133B

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

8/6/2018

E-FILE

Name of Driver

CHOO YANGLI CHRISTOPHER

NRIC/Passport Number

S7709676J

Contact Number

83181709

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC3862Z

Vehicle Make/Model/Colour

HYUNDAI SONATA

Details Of Properties

Vehicle Category

TAXI

Name of Driver

QUEK THONG WAN

NRIC/Passport Number

S1292856D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NO DAMAGE

No. Of Passenger (Including Driver)

Sketch Plan

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: 25/04/18

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

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

Sketch Plan #2

SKETCH PLAN

TELOK BLANGAH ROAD.

SLA4B3R SJJ31180 4K3862Z

1st Right Junction

Harbourfront

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the most rightmost / 3rd lane

I was driving along Telok Blangah Road, before the right turn junction to Harbourfront Centre when I saw the taxi in front of me making a sudden brake hence I also had to brake to avoid. However an oncoming car from the back had hit me hard from the rear of my car. I immediately alighted to see the damages.

I heard a very loud impact. When I came down, I went to the back of my car to see the damage. Come the front taxi driver also stopped his vehicle in front of me and accused me of colliding with his car when actually the distance between my car and his taxi is about one meter. We did not see any visible damage or scratches at all at both my front side or his rear bumper. However I feel the hard impact of the rear car that had hit me from the back.

Note: I hope that I will not receive any claim from the front Taxi as there is no impact / damages at all.

DECLARATION

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

Policyholder's Signature

Date & Time: 25/04/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/04/2018



RISPEED MOTOR SERVICE

BLK 3021A, UBI ROAD 1, #01-39, SINGAPORE 408715

TEL: 67472488 FAX: 67452620 REG NO: 36694400B GST REG NO: M90360548J

EMAIL: rispeed@live.com.sg

the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- 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:

Minna Taiping Insurance (Singapore) Pte Ltd

3, Anson Road # 15-00
Springleaf Tower Singapore 079909

Attention: Motor Claim Department

Estimate: ES000288

Date: 04/05/2018

Vehicle Num: SJJ 3118D

Make/Model: TOYOTA LEXLIS

Chassis/Eng#:

Accident Date: 25/04/2018

Claim No.:

Reference:

Policy No.:

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	1	NETT ITEMS:		
2.	1	Rear Bumper	806.9	980.50
3.	2	Bumper Reinforcement	X 124.00	965.00
4.	6	Bumper Side Retainer	5.00	30.00
5.	1	Bumper Clips	X 148.50	148.50
6.	2	Red Reflectors	353.00	706.00
7.	1	Reverse Sensor	X 168.00	168.00
8.	1	Rear Bumper Coil	X 690.00	690.00
		Rear Exhaust	X repair	
		Nett Total S\$:	1317.2	3,936.00
		10.00% Discount S\$:	10%: 1185.48	393.60
				3,542.40
		LABOUR:		
		Labour charge as recommended for repaired & replaced damaged parts	400	500.00
		To putty and spray painting including touch up all affected areas	500	600.00
		To check rear wiring & function including to remove & refit rear reverse sensor	40	80.00
		Labour Total S\$:	2345.48	1,180.00

E. & O.E.

Total S\$:

4,722.40

for RISPEED MOTOR SERVICE

Guo Qiang - 82880282
part by part
before paint photos.
08/5/18
3 Days.

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/CT118008408/GVBN2

Date: 05/09/2018

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd.

Claimant Vehicle No: SJJ3118D

Date of Loss: 25/04/2018

Policy No: DMPCSN1731181700

Insured Vehicle No: SLA4133B

Nature of Claim: TP

Claim No: SNM18D02135C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJJ3118D
 Make & Model: LEXUS RX350, 3.5 (A)
 Reg. Date: 01/01/2009 (Man. Year: 2009)
 Colour: Black
 Engine Capacity: 3458 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): Market Value/New Car Price

Engine No: HIDDEN
 Chassis No: JTJHK31U902059498
 Odometer: 118779 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Footbrake (Serviceable): Yes
 Pre-accident Condition: Yes

CONDITION OF TYRES

Front Tyre Size: 235/55R18
 Front Left Side: RADAR 6 mm
 Front Right Side: RADAR 6 mm
 Rear Tyre Size: 235/55R18
 Rear Left Side: RADAR 6 mm
 Rear Right Side: RADAR 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,542.40	1,405.48	2,136.92	60.32
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,180.00	940.00	240.00	20.34
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,722.40	2,345.48	2,376.92	50.33
+ GST 7.00/7.00% (S\$)	330.57	164.18	166.39	50.33
Nett Amount (S\$)	5,052.97	2,509.66	2,543.31	50.33

INSPECTION

Date of Assignment: 07/05/2018

Date Inspected: 08/05/2018 Inspected At:

Rispeed Motor Service (HQ)
 BLK 3021A UBI ROAD 1 #01-39
 Singapore 408715

Estimated Period of Repair: 3.0 days

Adjuster: XING GUO QIANG

Manager: VERON CHEN

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:	MRM-SG	Version: 1.0 (Last Synchronised: 05 Sep 2018)
Parts:	M1-SUV	LEXUS RX350 3.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJJ3118D)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	980.50 FN	*806.90 FN
2	1		*BUMPER REINFORCEMENT	Not Necessary	965.00 FN	*- FN
3	2		*BUMPER SIDE RETAINER	Necessary	248.00 FN	*163.80 FN
4	6		*BUMPER CLIPS	Necessary	30.00 FN	*30.00 FN
5	1		*RED REFLECTORS	Broken	148.50 FN	*148.50 FN
6	1		*REAR BUMPER COIL	Cracked	168.00 FN	*168.00 FN
7	1		*REAR EXHAUST	Repair	690.00 FN	*- FN
8	2		*REVERSE SENSOR	Damaged	635.40 FS	*220.00 FS

F=Franchise part. S=SpcNett. N=NettItemDisc.

Sub Total (S\$)	3,865.40	1,537.20
- Nett Item Discount on N Items 10.00/10.00% (S\$)	323.00	131.72
Total Parts (S\$)	3,542.40	1,405.48

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	LABOUR CHARGE AD RECOMMENDED FOR REPAIRED & REPLACED DAMAGED PARTS	New	500.00	400.00
2	TO PUTTY AND SPRAY PAINTING INCLUDING TOUCH UP ALL AFFECTED AREAS	New	600.00	500.00
3	TO CHECK REAR WIRING & FUNCTION INCLUDING TO REMOVE & REFIT REAR REVERSE SENSOR	New	80.00	40.00
Gross Labour Cost (\$\$)			1,180.00	940.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >