

ASS. REC. BY:

REF:

CS3/AGI18010049/G24d3²

Special Instruction:

Surveyor:

GQ

ASSIGNMENT (Office)

From (Person):

Julie mangubat

of

AGI

Date/Time:

31/5/18 @ 425pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PA 9733 P

Insured:

SLJ 8925J

at Workshop m/s

EM solution

Tel:

6456 0226

of 160 8in Ming Drive # 03-18 119

Policy No:

Claim No:

C10 001639/JM

Sum Insured:

Excess:

Make of Veh:

D.O.A.

30/5/18

(Client's Record)

CA / REV / REP. / REV 24 HRS lwp

H.O.D. Endorsement

Date/Time

9.14am 4/6/18

Person Contacted:

Bernard

Vehicle

IN OUT

Date/Time

Action/Instruction (X) Estimate

PA 9733P-CS/AXA12024402/M/y/42

DOA: 9/12/2012

SLJ 8925J-X

5/6/18

Disassembled

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD **B** TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s **EM solution**
 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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **6** 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: **PA9733P** Yr Regn: **08 Oct 2008**
 Type: M.Car / M.Cycle / Bds / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Toyota Hiace** C.C. **2982**
 Colour: **Silver** A/C: Insured / Std / NI / NA
 Sp. Reading: **524164** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KDH 223 000 4072**
 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 A/Rim or
 Tyre Size: F: **195 R15**
 R: **11**
B DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal. **5** mm R/Bal. **5** mm
 L/Bal. **5** mm L/Bal. **5** mm
 D.O.A. _____ D.O.I. **04-06-18**
 Survey held at **w/s** **4:50pm**
 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
	Estimated repair range \$6,000 - \$7,500
1/6/18	Submit PRS Report

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

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

) S + RS SI

) Photos

) Others

TOTAL

Report Format : _____

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

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)



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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS3/AGI18010049/Gz4d3

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRES SINGAPORE

239924

Date : 04-06-2018



Code : AGI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SLJ 8925J	Veh. Inspected	PA 9733P
Policy No.		Coverage (\$)	0.00
Claim No.	C10001639/JM	Excess (\$)	0.00
Assign From	JULIE MANGUBAT	Assign Date	04/06/2018

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	30/05/2018	Inspection Date	04/06/2018
Survey held at	EM SOLUTION PTE LTD 160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY SINGAPORE 575722		

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: Julie Mangubat <julie.m@budgetdirect.com.sg>
Sent: Thursday, 31 May, 2018 4:25 PM
To: SUR; assignments
Cc: Lincoln Yeo
Subject: FW: OUR REF: C10001639/JM | Your ref: TBA

Importance: High

Hi Team

Please accept PRI and survey on a without prejudice basis.

Workshop details:

Venue : **E M SOLUTION PTE LTD**
160, Sin Ming Drive, #03-18/19, Sin Ming
Autocity,
Singapore 575722
Contact : Mr. Bernard (Tel.: 6456-0226 / 9101-8302)

Thank you,
-Julie

From: Sally Chong <sallychong@visionlawllc.com>
Sent: Thursday, 31 May, 2018 3:45 PM
To: Lincoln Yeo <lincoln.yeo@budgetdirect.com.sg>
Cc: Julie Mangubat <julie.m@budgetdirect.com.sg>; EM Solution Pte Ltd <emautosolution@singnet.com.sg>
Subject: RE: OUR REF.: E21-MISC.18 (PA 9733P @ 30.05.2018) AUTO & GENERAL INS REF.: SLJ 8925J
Importance: High

Dear Lincoln,

NOTICE TO INSURERS TO CONDUCT PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF PRE-ACTION PROTOCOL FOR NIMA CASES
CLAIMANT: DAVE TRANSPORTATION SERVICE
ACCIDENT INVOLVING PA 9733P & SLJ 8925J ON 30 MAY 2018 ALONG TPE TOWARDS BKE AT ABOUT 18:10 HRS

Reference to your email of even date below and your list of surveyors.

TAKE NOTICE that we object to your surveyor stated in your said List, for appointment as the Single Joint Expert.

Pursuant to Pre-Action Protocol for NIMA cases, we now propose for appointment as Single Joint Expert the following List of Motor Surveyors for your consideration:-

<u>Name of Surveyor</u>	<u>Company Name</u>
Dennis Yap	Pal's Appraiser Pte Ltd
Michael Yap	Mc-coy Appraiser Pte Ltd

Andy Yap	LCW Appraiser Pte Ltd
B J Loi	Par Automotive Consultancy
Sebastian Lim	Constant Appraiser Services
Lee Yew Hok	Constant Appraiser Services
Alan Cheong	CL Appraiser Pte Ltd
Jason Lek	JP Knights

Please be informed that the said vehicle can be inspected at:-

Venue : **E M SOLUTION PTE LTD**
160, Sin Ming Drive, #03-18/19, Sin Ming Autocity,
Singapore 575722
Contact : Mr. Bernard (Tel.: 6456-0226 / 9101-8302)

If you fail to conduct the pre-repair inspection within the next 2 working days, the said workshop will commence repairs thereafter without further reference to you.

Thank you.

Sally Chong

(Secretary)

VISION LAW LLC

133 NEW BRIDGE ROAD,

#18-01/02, CHINATOWN POINT,

SINGAPORE 059413

TEL.: 6534-2811 (ext 115)

FAX : 6535-6802

From: Lincoln Yeo [<mailto:lincoln.yeo@budgetdirect.com.sg>]

Sent: Thursday, 31 May, 2018 2:52 PM

To: Sally Chong

Cc: Julie Mangubat

Subject: RE: OUR REF.: E21-MISC.18 (PA 9733P @ 30.05.2018) AUTO & GENERAL INS REF.: SLJ 8925J

Dear Sally,

We don't have JPK under our panel

Please find the list of your surveyors to choose from.

1. Calvin Ang LKK Auto Consultant Pte Ltd
2. Bryan Ang LKK Auto Consultant Pte Ltd
3. Xing Guo Qiang LKK Auto Consultant Pte Ltd
4. Mohammed Rasul LKK Auto Consultants Pte Ltd
5. Mohamad Taufihk LKK Auto Consultants Pte Ltd
6. Simon Ho LKK Auto Consultants Pte Ltd
7. Pang Kiah Keen (Frankie) FormTeam Adjusters Pte Ltd
8. Chua Soo Teck (Benjamin) FormTeam Adjusters Pte Ltd
9. Lim Say Koon FormTeam Adjusters Pte Ltd
10. Ng You Han FormTeam Adjusters Pte Ltd
11. Soon HanXin (Gary) FormTeam Adjusters Pte Ltd
12. Chow Bo Xiong FormTeam Adjusters Pte Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors.

Thank you,

Warmest Regards,

Lincoln Yeo
Manager, Claims

T +65 6540 2180

F +65 6725 0853 (Claims)

M +65 8382 8999

E lincoln.yeo@budgetdirect.com.sg

Budget
Direct
insurance

Customer Care +65 6221 2111

Claims +65 6221 2199

Claims (Int.) +65 6540 2199

190 Clemenceau Avenue
#03-01, Singapore Shopping Centre
Singapore 239924
budgetdirect.com.sg

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

From: Sally Chong <sallychong@visionlawllc.com>

Sent: Thursday, 31 May 2018 2:46 PM

To: Lincoln Yeo <lincoln.yeo@budgetdirect.com.sg>

Cc: Julie Mangubat <julie.m@budgetdirect.com.sg>

Subject: RE: OUR REF.: E21-MISC.18 (PA 9733P @ 30.05.2018) AUTO & GENERAL INS REF.: SLJ 8925J

Importance: High

Dear Lincoln,

NOTICE TO INSURERS TO CONDUCT PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

CLAIMANT: DAVE TRANSPORTATION SERVICE

ACCIDENT INVOLVING PA 9733P & SLJ 8925J ON 30 MAY 2018 ALONG TPE TOWARDS BKE AT ABOUT 18:10 HRS

Tks for your prompt reply.

Just send me your preferred surveyor for us to seek client's mandate. Maybe JP Knights?

Tks! ☺

Sally Chong

(Secretary)

VISION LAW LLC

133 NEW BRIDGE ROAD,

#18-01/02, CHINATOWN POINT,

SINGAPORE 059413

TEL.: 6534-2811 (ext 115)

FAX : 6535-6802

From: Lincoln Yeo [<mailto:lincoln.yeo@budgetdirect.com.sg>]

Sent: Thursday, 31 May, 2018 2:46 PM

To: Sally Chong

Cc: Julie Mangubat

Subject: RE: OUR REF.: E21-MISC.18 (PA 9733P @ 30.05.2018) AUTO & GENERAL INS REF.: SLJ 8925J

Hi Sally,

Noted, my colleague Julie will arrange for you urgently. 😊

Can use LKK or FTA?

Warmest Regards,

Lincoln Yeo

Manager, Claims

T +65 6540 2180

F +65 6725 0853 (Claims)

M +65 8382 8999

E lincoln.yeo@budgetdirect.com.sg

**Budget
Direct
insurance**

Customer Care +65 6221 2111

Claims +65 6221 2199

Claims (Int.) +65 6540 2199

190 Clemenceau Avenue

#03-01, Singapore Shopping Centre

Singapore 239924

budgetdirect.com.sg

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

From: Sally Chong <sallychong@visionlawllc.com>

Sent: Thursday, 31 May 2018 2:39 PM

To: Lincoln Yeo <lincoln.yeo@budgetdirect.com.sg>

Subject: FW: OUR REF.: E21-MISC.18 (PA 9733P @ 30.05.2018) AUTO & GENERAL INS REF.: SLJ 8925J

From: Sally Chong [mailto:sallychong@visionlawllc.com]

Sent: Thursday, 31 May, 2018 2:36 PM

To: 'claims@budgetdirect.com.sg'; 'Albert Hong'

Cc: EM Solution Pte Ltd (emautosolution@singnet.com.sg); 'Judy Soh'

Subject: OUR REF.: E21-MISC.18 (PA 9733P @ 30.05.2018) AUTO & GENERAL INS REF.: SLJ 8925J

VERY URGENT

Dear Sir,

NOTICE TO INSURERS TO CONDUCT PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

CLAIMANT: DAVE TRANSPORTATION SERVICE

ACCIDENT INVOLVING PA 9733P & SLJ 8925J ON 30 MAY 2018 ALONG TPE TOWARDS BKE AT ABOUT 18:10 HRS

We are instructed by DAVE TRANSPORTATION SERVICE to notify you of a road traffic accident ON 30 MAY 2018 ALONG TPE TOWARDS BKE AT ABOUT 18:10 HRS involving our client's vehicle registration number PA 9733P and vehicle registration number SLJ 8925J driven by you/your insured at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurers would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without reference to you.

Thank you.

Sally Chong

(Secretary)

VISION LAW LLC

133 NEW BRIDGE ROAD,

#18-01/02, CHINATOWN POINT,

SINGAPORE 059413

TEL.: 6534-2811 (ext 115)

FAX : 6535-6802

C.c.: VEHICLE OWNER OF SLJ 8925J
MOHAMMAD RIZAL BIN MOHD NAIF
643, Punggol Central,
#08-326,
Singapore 820643

VISION LAW LLC

Advocates & Solicitors

(Incorporated with limited liability)

Unique Entity No. 200721148H

Head Office: 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413

Branch: 490 Lorong 6 Toa Payoh #03-11 HDB Hub (Biz 3 Lobby 1), Singapore 310490

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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	31/05/2018 12:01
Date Of Accident	30/05/2018 18:10
Exact Location Of Accident	TPE TOWARDS BKE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PA9733P
Insured/Policyholder	
Name Of Registered Owner	DAVE TRANSPORTATION SERVICE
Co Reg No	53243505B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-60000000
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
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	P1535558
Cover Note Number	
Driver	
Name of Driver	BALDEV SINGH S/O MUKHTIAR SINGH
NRIC No	S2168157A
Date Of Birth	01/05/1957
Occupation	INDOOR
Date Of Driving Pass	14/08/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91622937
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 718 JURONG WEST STREET 71 #02-99
Postcode	640718
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	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)	3
Passenger 1	NAME: : SEEMOO GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

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	SLJ8925J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD RIZAL BIN MOHD NAIF
NRIC/Passport Number	S7202295E
Contact Number	
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

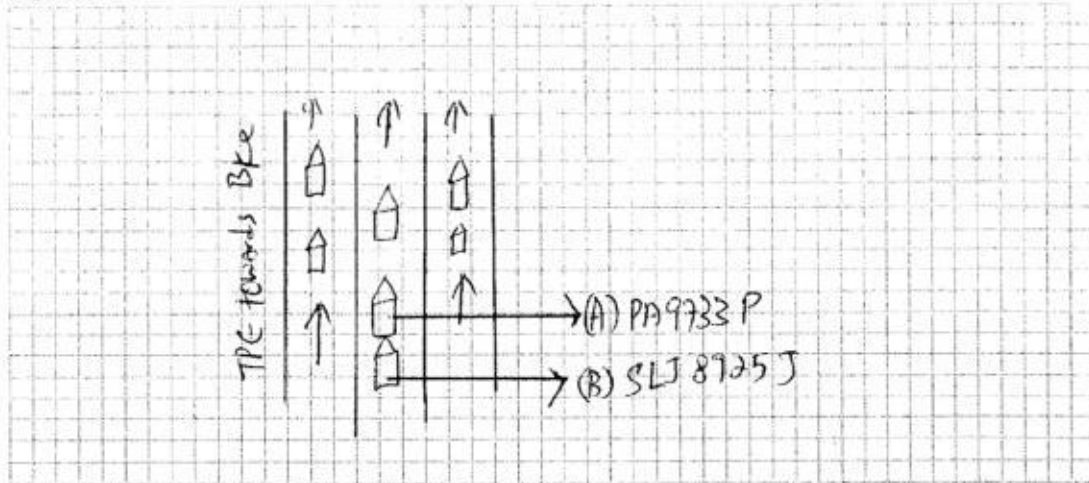
Driver's Signature
(if driver is not the policyholder)
Date & Time:



Shuman
Reporting Centre Personnel's Signature
Name: *3118/2018 @*
NRIC/FIN No: *117044*

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/5/2018 at about 6:10 pm I was driving my vehicle PA 9733 P along TPE towards Bke. As I was driving, a vehicle in front stopped, so I stopped my vehicle while waiting for traffic to clear. Out of a sudden, a vehicle front behind bang onto the rear portion of my vehicle. I reporting this incident for T/Party claim against SLJ 8925 J.

* Repair at other workshop.

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.:



Shuman

31/5/18 @
11:20 AM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	3505B
Vehicle Details	
Vehicle No.:	PA9733P
Vehicle to be Exported:	No
Intended De-registration Date:	09 Jun 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 3.0 A
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	1KD1823625
Chassis No.:	KDH2230004072
Maximum Power Output:	-
Open Market Value:	\$42,732.00
Original Registration Date:	08 Oct 2008
First Registration Date:	08 Oct 2008
Transfer Count:	2
Actual ARF Paid:	\$2,137.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	07 Oct 2018
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$12,959.00
COE Rebate Amount:	\$814.00
Total Rebate Amount:	\$814.00

The information contained herein is correct as at 09 Jun 2018

OK

MSME18071236 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 01/06/2018 15:45
SUBMITTED BY: Farida Wen

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 01/06/2018 15:53

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	01/06/2018 15:45
Date Of Accident	30/05/2018 18:15
Exact Location Of Accident	TPE TOWARDS PUNGGOL.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8925J
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD RIZAL BIN MOHD NAIF
NRIC No	S7202295E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97377547
Alternative Phone No	Office-97377547

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10060047R00
Cover Note Number	

Driver

Name of Driver	MOHAMMAD RIZAL BIN MOHD NAIF
NRIC No	S7202295E
Date Of Birth	18/01/1972
Occupation	INDOOR
Date Of Driving Pass	14/06/1994
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97377547

Fax Number	
Contact Number	OFFICE-97377547
EMail Address	NOEMAIL
Address	BLK 643 PUNGGOL CENTRAL #08-326
Postcode	820643
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEHICLE B SUDDENLY JAMMED BRAKE AND STOP, I BRAKE BUT COULD NOT STOP IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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	PA9733P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

6/1/2018

E-FILE

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

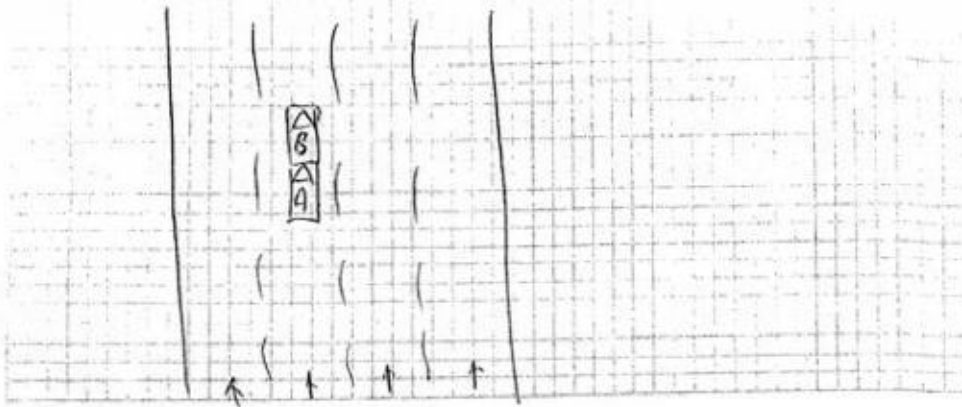
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A suddenly jammed brake and stop, I brake but could not stop in time and hit into vehicle B rear position.

DECLARATION

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

X 
 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.:



**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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
AUTO & GENERAL INSURANCE (S) PL		Ref: CS3/AGI18010049/Gz4d3s2		
(BUDGET DIRECT INSURANCE)190 CLEMENCEAU AVE #03-01SINGAPORE SHOPPING CTR S239924		Date: 22-06-2018		
Code: AGI				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SLJ 8925J	Veh. Inspected	PA 9733P	
Policy No.	P10060047R00	Coverage (\$)	0.00	
Claim No.	C10001639/JM	Excess (\$)	0.00	
Assign From	JULIE MANGUBAT	Assign Date	31/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA HIACE	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	KDH2230004072	Colour	SILVER	
Odometer	524164 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15	BRIDGESTONE	5 mm	
L/H Front Tyre	195 R15	BRIDGESTONE	5 mm	
R/H Rear Tyre	195 R15	BRIDGESTONE	5 mm	
L/H Rear Tyre	195 R15	BRIDGESTONE	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	30/05/2018	Inspect Date / Time	04/06/2018 (04:50 PM)	
Survey held at	EM SOLUTION PTE LTD 160 SIN MING DR #03-18/19 SIN MING AUTOCITY S575722			
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. D)THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$6,000-\$7,500				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		

Report Ref No. CS3/AGI18010049/Gz4d3s2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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