

ASS. REC. BY:

REF: CS/CTI 180 11335/ Kvd3 | n2
Special Instruction:

Surveyor
Meimer

ASSIGNMENT (Office)

From (Person): Sharon Hun of CTI Date/Time: 20/6/2018 @ 9:17am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBE 7829E Insured: GW 8892
at Workshop m/s: Esteem Performance Tel: 64841221 / 67532112
of BIK 5033 Amk Ind. Park 2 # 01-259 65662112

Policy No: DMCVSN 307 3891701 Claim No: SNM18D0295 2C02

Sum Insured: Excess:

Make of Veh: D.O.A. 11/06/2018
(Client's Record) 20/06/2018 @ after lunch.

CA / REV / REP. / REV 24 HRS 'up' H.O.D. Endorsement:

Date/Time: 9:23 am @ 20/6/18 Person Contacted: Jenny Vehicle-IN (OUT)

Date/Time	Action/Instruction (✓) Estimate
	GBE 7829E - x
	GW 8892 - CS/INCL 4 000664 / H/m 3k3 DOA: 03/10/2013
30/7	✓ / 1/1 Py @ 5501 Confirmed (Red 676, 550)

ASS. REC. BY:

REF: C111

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Esther

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 + 137 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: GBE 7829E Yr Regn: 03, 16

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

Truck / Trailer or

Make: Fiat Doblo ^{maxi} 15.88 cc

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 52994 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZFA 26300006C07799

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI S/Rim / STD A/Rim or

Tyre Size: F: 195/60R16

R: _____

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

TOYO / YOKO or

Continental

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 11/6/18

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 25/6/18

Survey held at _____

Des. of Damages: FR / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>26/6</u>	<u>File pass to Catherine</u>

RECEIVED 30 JUL 2018

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2) 30/7 - typist

Report Format: merimen

Lump Sum / I.B.I: (\$) 550/2

Days Of Repair: 2

Resurvey No. of Trip: 1

- Add Fee:
- : Site Insp (\$)
 - : Interview (\$)
 - : Tech Invs (\$)
 - : Weekend (\$)

Survey Fee:

Transportation:

\$ - RS. \$

Fuel

Others

TOTAL

220

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 Jun 2018		22 Jun 2018 09:17 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	SAMCO ENTERPRISE PTE LTD, Co. Reg. No.: 199409082H								
Main Claimant:	GOLDBELL CAR RENTAL PTE LTD, Co. Reg. No.: -								
Vehicle Reg. No.:	GBE7829E	Date of Loss:	11/06/2018 14:00 - :59						
Claim Type:	TP / SNM18D02952C02	Policy/Cover Note No.:	DMCVSN3073891701 (TP, Fire & Theft)						
Vehicle Reg. No. (Insured):	GW889Z	Policy No. (Claimant):	SD18V00032/VCZ/R03						
		Excess:	S\$0.00						
Repairer:	Esteem Performance Pte Ltd (HQ) Blk 5033 Ang Mo Kio Ind Park 2, #01-259, 569536 Ang Mo Kio - Tel:								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Sharon Han - 63896]								
Claimant's Insurer:	Liberty Insurance Pte Ltd (HQ) - Tel: 6221 8611								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 03/07/2018]								
Driver/Custodian (Insured):	MUNIASAMY SEKAR (38 / Male), NRIC: G7719230T, Tel: +6582440330								
Adj Asg. Remarks:	EST \$1226, ASSIGN KENNETH KONG AS SJE.								
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.									

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	12/06/2018 14:28
Date Of Accident	11/06/2018 14:25
Exact Location Of Accident	PIE TOWARDS SIM AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7829E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	-
Email Address	JOEGOH@COCA_COLA.COM.SG
Mobile Phone No	(LOCAL) +65-98420375
Alternative Phone No	OFFICE-98420375

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00032/V CZ/R03
Cover Note Number	

Driver

Name of Driver	GOH YONG TEE
NRIC No	S7811086D
Date Of Birth	29/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2002
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98420375
Fax Number	
Contact Number	
EMail Address	JOEGOH@COCA_COLA.COM.SG

Address	BLK 436 TAMPINES STREET 43 #11-107
Postcode	520436
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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 STATEMENT (ATTENDED BY: JAMES NG)

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	GW889Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUNIASAMY SEKAR
NRIC/Passport Number	G7719230I
Contact Number	82440330
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

6389 6 171 Bwan seng

Sketch Plan Pg. 1

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 willful 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.

B 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 JUN 2018

 12/6/18

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



Reporting Centre Personnel's Signature
Name: NG WING KIN JAMES
NRIC/FIN No.: S7927881E

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11-6-18 at 14:25 hrs I was driving steady
 (Due to the high traffic) at the 3rd lane
 towards SIM AVE. Suddenly this blue Toyota Lorry
 GM 8372 cut into 1st lane and hit my front
 right side of my van.
 no injuries is involved.

DECLARATION

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

Policyholder's Signature

Date & Time: 12 JUN 2018

Driver's Signature

(If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NG WING KIN JAMES
 S7927881E





ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
 Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Spare Parts

Vehicle No. : GBE 7829 E
 Make & Model : FIAT DOBLO
 Chassis No : ZFA26300006C07799

Submit By : Carmen Lim
 Year Manufacture : 2016
 Engine No. : _____

Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	RH front fender <i>By</i>	1	\$280.00		✓
2	RH front fender undershield <i>Sn</i>	1	\$200.00		X
3	RH front fender undershield clip <i>nn</i>	8	\$40.00		X
4	RH front hub cab <i>Sn</i>	1	\$120.00		X
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

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/CTI18011335/KVD3N2

Date: 30/07/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN3073891701
Claimant Vehicle No :	GBE7829E	Insured Vehicle No :	GW889Z
Date of Loss:	11/06/2018	Nature of Claim:	TP
		Claim No:	SNM18D02952C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBE7829E	Engine No:	263A50007587107
Make & Model:	FIAT DOBLO, 1.6 D CARGO MJ (M)	Chassis No:	ZFA26300006C07799
Reg. Date:	28/03/2016 (Man. Year: 2016)	Odometer:	52994 km
Colour:	White		
Engine Capacity:	1598 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	195/60R16	Rear Tyre Size:	195/60R16
Front Left Side:	Continental 7 mm	Rear Left Side:	Continental 7 mm
Front Right Side:	Continental 7 mm	Rear Right Side:	Continental 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	576.00	252.00	324.00	56.25
Miscellaneous Items	0.00	0.00	0.00	
Labour	650.00	430.00	220.00	33.85
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	1,226.00	682.00	544.00	44.37
Approved Total (Overridden) (\$\$)		550.00		
(\$\$)	1,226.00	550.00	676.00	55.14
+ GST 7.00/7.00% (\$\$)	85.82	38.50	47.32	55.14
Nett Amount (\$\$)	1,311.82	588.50	723.32	55.14

INSPECTION

Date of Assignment:	22/06/2018	
Date Inspected:	25/06/2018	Inspected At:
		Esteem Performance Pte Ltd (HQ)
		Blk 5033 Ang Mo Kio Ind Park 2, #01-259
		Singapore 569536

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

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:	(Last Synchronised: 30 Jul 2018)	
Parts:	N/A	FIAT DOBLO 1.6 D CARGO MJ (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBE7829E)	
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		*RH FRONT FENDER	Bent	280.00 FL	*280.00 FL
2	1		*RH FRONT FENDER UNDERSHIELD	Serviceable	200.00 FL	*- FL
3	8		*RH FRONT FENDER UNDERSHIELD CLIP	Not Necessary	40.00 FL	*- FL
4	1		*RH FRONT HUB CAB	Serviceable	120.00 FL	*- FL
					Sub Total (S\$)	640.00 280.00
					- List Item Discount on L Items 10.00/10.00% (S\$)	64.00 28.00
					Total Parts (S\$)	576.00 252.00

F=Franchise part. L=ListItemDisc.

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	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA (RH FRONT FENDER)	New	300.00	200.00
2	TO PUTTY,RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA (RH FRONT FENDER)	New	300.00	200.00
3	TO TUFF COAT	New	50.00	30.00
Gross Labour Cost (S\$)			650.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >