

ASS. REC. BY:

REF:

CS/CT18011823 / N sbm

Special Instruction:

ATV/IN

ASSIGNMENT (Office)

From (Person):

Mearmen

Jonyn Tay

of

CT1

Date/Time:

27062018 142pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YP 45238

Insured:

GBD 8853H

at Workshop m/s

Aak Logistics

Tel:

9762 3134

of

1 Changi North Way

Policy No:

DMCVSN 3058711701

Claim No:

SNM18D02843C02

Sum Insured:

Excess:

Make of Veh:

D.O.A. 04062018

(Client's Record)

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

18.07.18

5pm

owner: 9678 1673

H.O.D. Endorsement:

Date/Time:

28062018 9:54am

Person Contacted:

Pei Juan

Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate
	YP 4523 B - CS/CT18011823/RIQd3
	GBD 8853H - X

DUT: 190218

(08/11/13) wef

ASS. REC. BY:

REF: CT1

ASSIGNMENT

From: _____ Date: 18/07/2018

Estimated Cost: _____

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

To Inspect Vehicle No: YP 4523B

at Workshop m/s Aak Logistics

of 1 Changi North Way

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 96781673 owner

66776227

(Policy Condition)

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

Bal. or Market Value: 211,000

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: 9 Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS up

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YP 4523B Yr Regn: 10116

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

Truck / Trailer or

Make: Suzuki VR C.C. 7790

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

Sp. Reading: 50394 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALFVR34767000896

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: M / S/Rim / STD A/Rim or

Tyre Size: F: 275/70R225
R: _____BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. _____

Rear

R/Bal. 5/5 mm

L/Bal. 5/5 mm

D.O.I. 18/7/18

Survey held at 6 Changi North Way

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

96332994

24/8/18 confirmed L/S \$3000 with p.i. Juan

(97.685.00 Red - 72%)

RECEIVED 27 AUG 2018

Date/Time, File Pass to?

27/8/18

1) 7/18

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$) S + RS \$☐ : Interview (\$) Photos☐ : Tech. Invs (\$) Others☐ : Weekend (\$)

Report Format :

Lump Sum / I.B.I. (\$ 3,000/- L/S)

Survey Fee:

Transportation:

Photos

Others

TOTAL

20

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Jun 2018		27 Jun 2018 13:42 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:			
Main Claimant:	LEGEND MOTORS & LEASING PTE. LTD, Co. Reg. No.: 200909442H		
Vehicle Reg. No.:	YP4523B	Date of Loss:	04/06/2018 10:00 - :59
Claim Type:	TP / SNM18D02843C02	Policy/Cover Note No.:	DMCVSN3058711701
Vehicle Reg. No. (Insured):	GBD8853H	Policy No. (Claimant):	P1847906
		Excess:	S\$0.00
Repairer:	Aak (HQ) 4 PENJURU CLOSE, 608574 Jurong East - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]		
Claimant's Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 06/07/2018]		
Adj Asg. Remarks:	NO EST, ASSIGN TO MARCUS CHUA 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.									

Lucas Lee

From: Claims Dept of CTI
Sent: Saturday, 23 June, 2018 1:05 PM
To: Lucas Lee; Jowyn Tay
Subject: Accident repair quote for YP4523B (SNM18D02843C02/3)
Attachments: AXAI-MARS00000027-YP4523B-PICS.pdf; AXAI-MARS00000027-YP4523B-GIA.pdf

From: Pei Juan [mailto:peijuan_lee@aakls.com]
Sent: Thursday, June 21, 2018 5:59 PM
To: Claims Dept of China Taiping Insurance <e-claims@sg.cntaiping.com>; claimsdept@sg.cntaiping.com.sg
Subject: Accident repair quote for YP4523B (SNM18D02843C02/3)

Hi Sharon,

I'm sending this email on behalf of the insured to claim for vehicle – YP4523B
Please refer to attached GIA report, photos of damaged vehicle.
Kindly arrange for a surveyor at 4 Penjuru Close. Please also provide us claim handler email & contact for the case.

Thanks & Regards,
Peijuan
AAK
4 Penjuru Close
Singapore 608574
Tel No: 6677 6227

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	9442H
Vehicle Details	
Vehicle No.:	YP4523B
Vehicle to be Exported:	No
Intended De-registration Date:	19 Jul 2018
Vehicle Make:	ISUZU
Vehicle Model:	FVR34SUQDC
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	6HK1685628
Chassis No.:	JALFVR347G7000896
Maximum Power Output:	-
Open Market Value:	\$55,088.00
Original Registration Date:	01 Oct 2016
First Registration Date:	01 Oct 2016
Transfer Count:	0
Actual ARF Paid:	\$2,755.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Sep 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$4,897.00
COE Rebate Amount:	\$4,014.00
Total Rebate Amount:	\$4,014.00

The information contained herein is correct as at 19 Jul 2018

OK

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	05/06/2018 04:51
Date Of Accident	04/06/2018 10:45
Exact Location Of Accident	AMK AVE 6 IN FRONT OF MASJID AL MUTTAQIN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4523B
Insured/Policyholder	
Name Of Registered Owner	LEGEND MOTORS & LEASING PTE. LTD
Co Reg No	200909442H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96781673
Alternative Phone No	Office-96781673

Vehicle Particulars

Manufacturer	ISUZU
Model	FVR34SUQDC
Exact Purpose for which vehicle was being used at time of accident	Commercial
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	P1847906
Cover Note Number	N.A.

Driver

Name of Driver	TAN TOH HENG
NRIC No	S1113272C
Date Of Birth	16/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1979
Driving Experience	38 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96781673
Fax Number	
Contact Number	OFFICE-96781673
EMail Address	ANNG@AGILITY.COM
Address	BLK 264 BISHAN STREET 24 #07-110
Postcode	S570264
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?	
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

MY VEHICLE WAS STOP STATIONARY INFRONT OF MASJID AL MUTTAQIN AND MY COLLEAGUE WAS SEND DELIVERY. I WAS SITTING INSIDE THE VEHICLE. MY REAR LIFTED DOOR WAS OPEN BECAUSE MY COLLEAGUE WAS TAKING STUFF AND SEND DELIVERY. SUDDENLY, I FELT AN IMPACT ON REAR. VEHICHLW B COLLIDED ONTO MY LIFTED DOOR RIGHT PART. WE MANAGED TO EXCHANGED PARTICULARS AND TOOK PHOTO. NO INJURIES INVOLVED.

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	GBD8853H
Vehicle Make/Model/Colour	NISSAN/NV200 1.5L_/GRE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN CHIN HWEE

NRIC/Passport Number S0197860H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

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 insurance companies.
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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 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.
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.

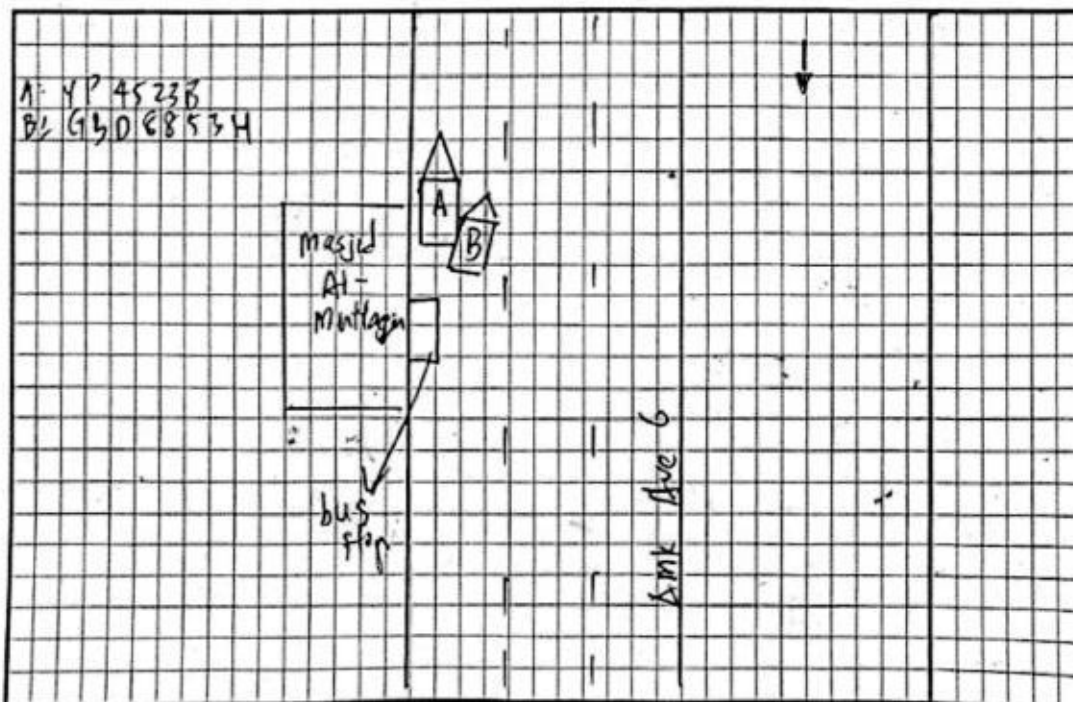
VERIFIED BY AJAX MARS
REPORTING OFFICER
THOMAS NG CHIN CHUN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

MY VEHICLE WAS STOP STATIONARY INFRONT OF MASJID AL MUTTAQIN AND MY COLLEAGUE WAS SEND DELIVERY. I WAS SITTING INSIDE THE VEHICLE. MY REAR LIFTED DOOR WAS OPEN BECAUSE MY COLLEAGUE WAS TAKING STUFF AND SEND DELIVERY. SUDDENLY, I FELT AN IMPACT ON REAR. VEHICLE B COLLIDED ONTO MY LIFTED DOOR RIGHT PART. WE MANAGED TO EXCHANGED PARTICULARS AND TOOK PHOTO. NO INJURIES INVOLVED.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

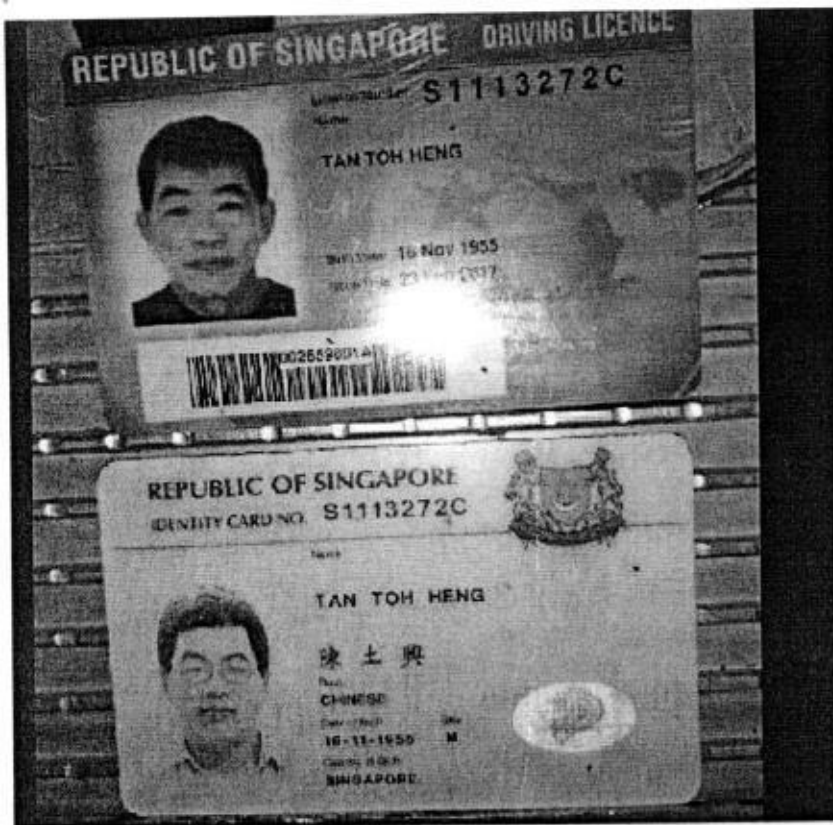
Job Complete Date/Time

4 June 2018 6:00 pm

Date/Time:

4 June 2018 6:00 pm

Driving License



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Effective Date
Class 2B	Motorcycles <= 250 cc	28 May 1998
Class 2A	Motorcycles between 251 cc and 400 cc	28 May 1998
Class 2	Motorcycles > 400 cc	28 May 1998
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	27 Sep 1979
Class 4A	Omni-buses	06 Oct 1982
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	05 Jul 1983
	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 7250kg	

NP 422A

3004403

51113272C

51113272C

22-01-1998

APT BLK 254 BISHAN STREET 24
#07-150
SINGAPORE 570264

AAK LOGISTICS SERVICES PTE LTD

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

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

E-mail: admin@aakls.com

Company Registration No.: 201325787M

GST Reg. No.: 201325787M

not Authorized
Hale Marcus
tel: 62563561

1/5 = 3000
207.

18/7/18

TO:

China Taiping Insurance (Singapore) Pte. Ltd. - Claims Department

3 Anson Road #15-00

Springleaf Tower

Attn: Sharon

Quotation

DATE: 14-Jun-18

TERMS: 30 Days

PAGE NO.: Page 1 of 1

S/N	DESCRIPTION	UOM	QTY	UNIT PRICE	AMOUNT (\$)
	Accident Repair of YP4523B (ISUZU FVR34SUQDC) DOA : 04/06/2018 AT AMK AVE 6 IN FRONT OF MASJID AL MUTTAQIN				
	SPECIAL NETT ITEMS				
1	Tailgate Board <i>extension</i> <i>but/tw</i>	<i>LP 3500</i>	1	\$6,985.00	\$6,985.00
2	Tailgate Board Side Bracket	<i>AA</i>	2	\$600.00	\$1,200.00
	LABOUR				
1	To remove & install rear tailgate board		1	\$2,500.00	\$2,500.00
	<div><p>LKK Auto Consultants hence notify the Repairer of the following:</p><ul style="list-style-type: none">• 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<p>Acknowledged by Repairer Signature: Date:</p></div>	<i>E. & O. E.</i>			
				SUB-TOTAL	\$10,685.00
				7% GST	\$747.95
				TOTAL	\$11,432.95

SGD: ELEVEN THOUSAND FOUR HUNDRED THIRTY-TWO AND CENTS NINETY-FIVE ONLY.

Note:

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

Accepted and Confirmed by

AAK LOGISTICS SERVICES PTE LTD

Company Chop & Signature

Authorised Signature



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/CTI18011823/USBN2

Date: 31/08/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN3058711701
Claimant Vehicle No :	YP4523B	Insured Vehicle No :	GBD8853H
Date of Loss:	04/06/2018	Nature of Claim:	TP
		Claim No:	SNM18D02843C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	YP4523B	Engine No:	6HK1685628
Make & Model:	ISUZU FVR34SUQDC, 7.8 D (M)	Chassis No:	JALFVR347G7000896
Reg. Date:	01/10/2016 (Man. Year: 2016)	Odometer:	50394 km
Colour:	White		
Engine Capacity:	7790 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:	275/70 R22.5	Rear Tyre Size:	275/70 R22.5 (D)
Front Left Side:	Bridgestone 5 mm	Rear Left Side:	Bridgestone 5/5 mm
Front Right Side:	Bridgestone 5 mm	Rear Right Side:	Bridgestone 5/5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	8,185.00	3,500.00	4,685.00	57.24
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,500.00	300.00	2,200.00	88.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	10,685.00	3,800.00	6,885.00	64.44
Approved Total (Overridden) (S\$)		3,000.00		
(S\$)	10,685.00	3,000.00	7,685.00	71.92
+ GST 7.00/7.00% (S\$)	747.95	210.00	537.95	71.92
Nett Amount (S\$)	11,432.95	3,210.00	8,222.95	71.92

INSPECTION

Date of Assignment:	27/06/2018	
Date Inspected:	18/07/2018	Inspected At: AAK Logistics Services Pte Ltd (Penjuru) 4 Penjuru Close Singapore 608574

Estimated Period of Repair: 2.0 days

Adjuster: MARCUS CHUA

Manager: Hiew May Fung

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: 31 Aug 2018)	
Parts:	N/A	ISUZU FVR34SUQDC 7.8 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for YP4523B)	
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		*TAILGATE BOARD EXTENSION (LOCAL PURCHASE)	Bent/Twisted	6,985.00 FS	*3,500.00 FS
2	2		*TAILGATE BOARD SIDE BRACKET	Not Necessary	1,200.00 FS	*- FS
					Total Parts (S\$)	8,185.00 3,500.00

F=Franchise part. S=SpcNett.

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 REMOVE & INSTALL REAR TAILGATE BOARD	New	2,500.00	300.00
Gross Labour Cost (\$\$)			2,500.00	300.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >