

12/15/2012

ASS. REC. BY:

REF:

C/MOG/18012883/NC

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Jasmine Lolo

of

MOGA

Date/Time: 4/6/2018

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

YN6639Z

Insured:

XD 43049

at Workshop m/s

Tel:

of

Policy No:

Claim No:

MS48459

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A 1/2/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction () Estimate

YN6639Z-X

8001-8

Celine Fong (LKKAuto)

From: Admin-D (LKKAuto)
Sent: Monday, 4 June 2018 5:05 PM
To: 'Jasmine Lok Kheng Kwei'; Investigation
Cc: Bryan Ang (LKKAuto); assignments
Subject: FW: Our ref: M548459 TP vehicle: YN6639Z DOA: 01.02.2018
Attachments: XD43045 - PART 1.pdf; PART 2.pdf; PART 3.pdf

Dear Jasmine,

Thank you for your email.

Dear Investigator,

Kindly assist.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Jasmine Lok Kheng Kwei [mailto:jasmine_lok@sg.msig-asia.com]
Sent: Monday, 4 June, 2018 4:42 PM
To: 'assignments' <assignments@lkkauto.com>
Subject: Our ref: M548459 TP vehicle: YN6639Z DOA: 01.02.2018

Dear Catherine,

We refer to our conversation just now.

We would like you to conduct height measurement on our insured's vehicle YN6639Z

Our insured mentioned that there is no collision and felt no impact.

Insured, Mr Ong can be contacted (tel: 98361223) directly the most convenient time for survey.

*Enclosed our insured report.

*Third party report in the next email.

Thank you.

Have a nice day ahead.

Jasmine Lok

Executive, Claims Services (Motor)

Direct line +65 6594 2550 | Direct fax +65 6225 7402 | jasmine_lok@sg.msig-asia.com



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	02/02/2018 08:45
Date Of Accident	01/02/2018 14:40
Exact Location Of Accident	OUTRAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6639Z
Insured/Policyholder	
Name Of Registered Owner	YEW SENG HENG ENGINEERING PTE LTD
Co Reg No	200008024W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94592822 DESMOND
Alternative Phone No	OFFICE-62998822
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE83BE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087237059-01
Cover Note Number	
Driver	
Name of Driver	BOOMINATHAN LAKSHMANAN
Passport No/FIN	G2490210U
Date Of Birth	29/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2014
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98994124
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 50 KAKI BUKIT INDUSTRIAL TERRACE
 Postcode 416130
 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 SIDE SWIPE
 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: : LEE CHEE TONG
 GENDER: : MALE
 Passenger 2 NAME: : SHAMIN
 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

MY VEHICLE WAS STATIONARY STOPPED AT THE TRAFFIC LIGHT JUNCTION. VEHICLE B WHILE MAKING A TURN INTO THE CONSTRUCTION SITE CAME TOO CLOSE TO ME AND WHILE TURNING, HIS VEHICLE REAR PORTION HOOK ONTO MY RIGHT FRONT DOOR PORTION AND CAUSED DAMAGE TO MY VEHICLE DOOR AND RIGHT FRONT SIDE 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 XD43045
 Vehicle Make/Model/Colour
 Details Of Properties VEH B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver ONG KIAN TIONG
 NRIC/Passport Number S1174534B
 Contact Number 98181525
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN


IMPORTANT NOTICE

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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.

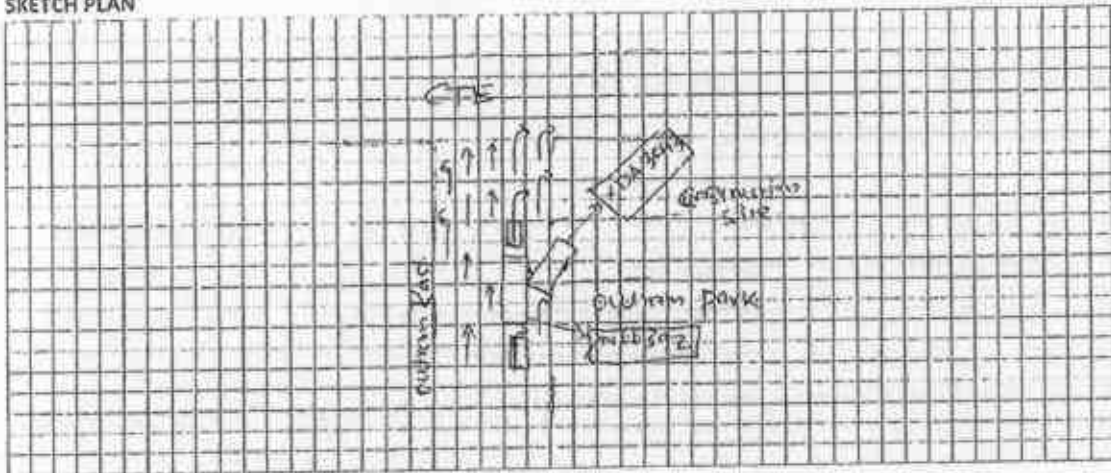

Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY STOPPED AT THE TRAFFIC LIGHT JUNCTION, VEHICLE B WHILE MAKING A TURN INTO THE CONSTRUCTION SITE CAME TOO CLOSE TO ME AND WHILE TURNING, HIS VEHICLE REAR PORTION HOOK ONTO MY RIGHT FRONT DOOR PORTION AND CAUSED DAMAGE TO MY VEHICLE DOOR AND RIGHT FRONT SIDE PORTION.

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.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



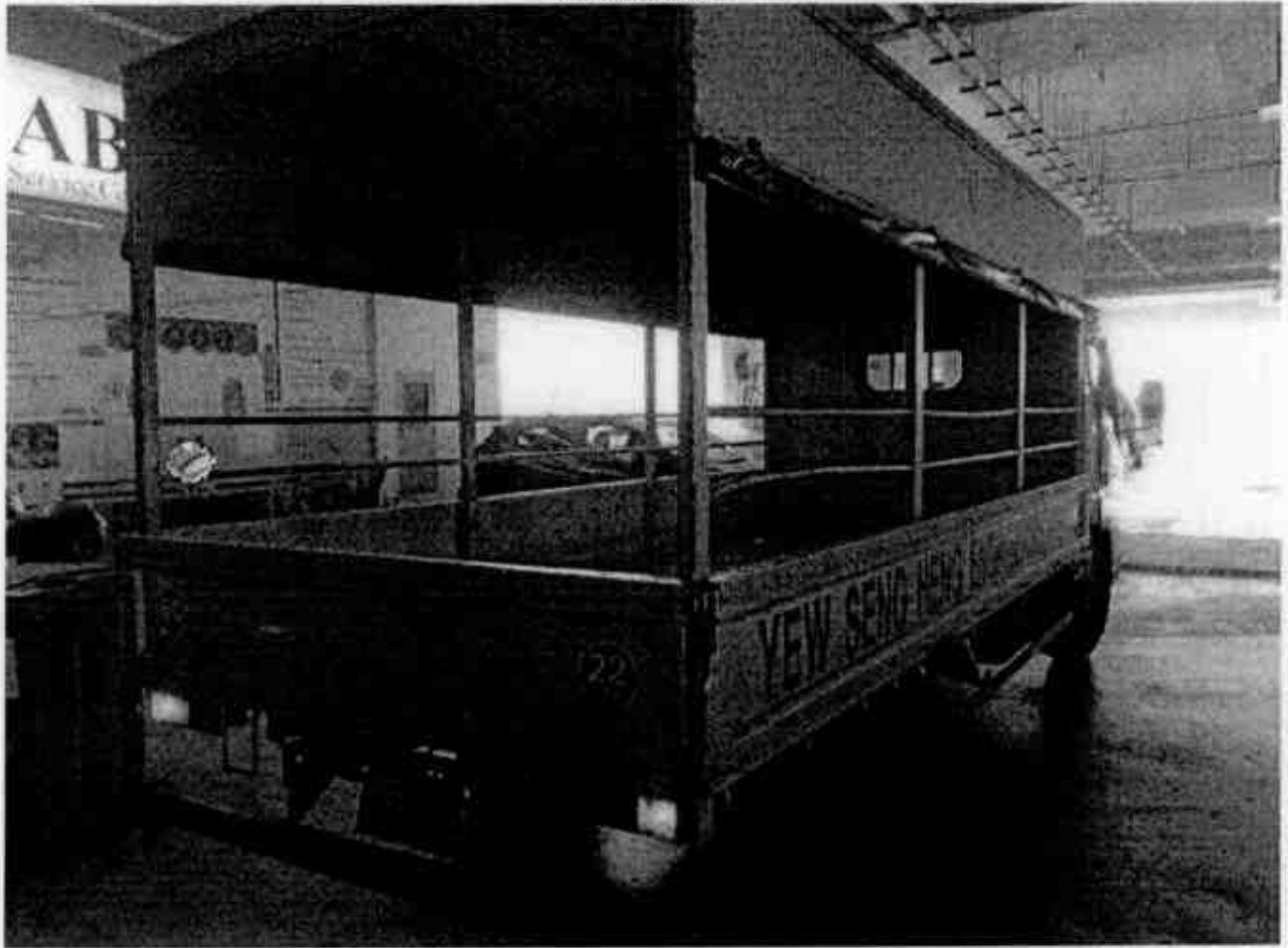
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 02/02/2018 08:35
Date Of Accident 01/02/2018 14:40
Exact Location Of Accident OUTRAM PARK (BLK 9)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD4304S
Insured/Policyholder
Name Of Registered Owner CHUAN TRANSPORT
Co Reg No 0
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-98361223
Alternative Phone No Office-98361223

Vehicle Particulars

Manufacturer HINO
Model TRUCK

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number A 27916424 TVM
Cover Note Number

Driver

Name of Driver ONG KIAN TIONG
NRIC No S1174534B
Date Of Birth 27/12/1956
Occupation OUTDOOR
Date Of Driving Pass 26/11/1979
Driving Experience 38 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98361223

- 3 photos
- better arrange morning
- by go the give a call
- Address need and msg

Fax Number	
Contact Number	OFFICE-98361223
EMail Address	NOEMAIL
Address	457 JURONG WEST ST 41 #12-770
Postcode	S840457
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	SIDE SWIPE
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)	3
Passenger 1	Name: - Gender: Male
Passenger 2	Name: - 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

I WAS AT THE JUNCTION OF OUTRAM ROAD WITH MY RIGHT SIGNAL LIGHT ON THE INDICATE THAT I WILL BE TURNING RIGHT. ALL OF A SUDDEN, I HEARD A HORN SOUND. WHEN I REACHED THE CONSTRUCTION SITE, THE SAID LORRY DRIVER APPROACHED ME AND CLAIM THAT MY VEHICLE HAD HIT ONTO HIS VEHICLE. I HAVE NO KNOWLEDGE THAT THERE WAS ANY CONTACT AT ALL. THE SAID LORRY WAS ACTUALLY BEHIND ME

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	YN6639Z
Vehicle Make/Model/Colour	LORRY
Details Of Properties	

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

BOOMINATHAN LAKSHMANAN

NRIC/Passport Number

G249210U

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 - (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 situated 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.

-2 FEB 2018

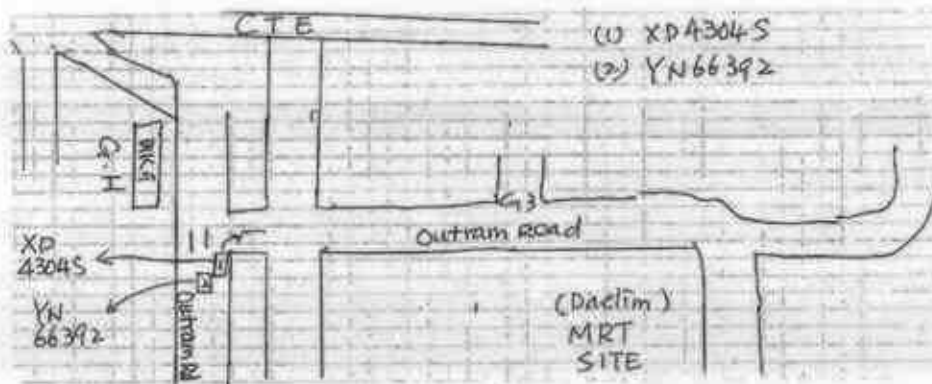
IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: v.vac@idac.org.sg

Policyholder's Signature
Date & Time

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

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

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Area for describing the circumstances of the accident, containing horizontal lines and a large diagonal line with the word 'None' written across it.

(JAWI) NOTAS TINDAK TAKDIS

DECLARATION

(We declare the foregoing particulars are true in every respect.)

- 2 FEB 2018



Policyholder's Signature
Date & Time:

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 6722
Email: vacbb@singnet.com.sg

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

