

ASS. REC. BY:

REF

CS3/SM018013082/G24d302

Special Instruction:

Surveyor: Guo Qiang

ASSIGNMENT (Office)

From (Person): Grace Leo

of

SMODate/Time: 18/7/18 @ 10.57am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMC 2670H

Insured:

SGN 7779J

at Workshop m/s

Reliable Carz

Tel:

816 69797

of

8 kaki Bkt Ave 4 #05-50

Policy No:

Claim No:

CMTD1803040 / THE

Sum Insured:

Excess:

Make of Veh:

D.O.A. 15/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

cup

H.O.D. Endorsement:

Date/Time: 11:47am @ 18/7/18

Person Contacted:

JasonVehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate	
	<u>SMC 2670H - NA/INC18013007/24</u>	<u>DOA: 15/07/2018</u>
	<u>SGN 7779J - NA/INC18013007/24</u>	<u>DOA: 15/07/2018</u>
	<u>Dismantle part : 19.07.2018</u>	

OP/T/1/1/1
Singer

PRS
XAL

REF:

SMO

C1527N ✓

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Reliable Cars

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMC2670H Yr Regn: 28 Jun 2018

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

Truck / Trailer or

Make: Toyota C-HR c.c. 1797

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

Sp. Reading: 0742 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 8YX102110963

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: 215/60R17

R: 1

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm

R/Bal. 9 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. _____

D.O.I. 18-07-18

Survey held at W/S

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
<u>26/7</u>	<u>\$5000 - \$6000</u> <u>Submit PRE report.</u>

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee: 100

Transportation: 60

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Photos

Others

Report Format : PRE

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

TOTAL

160

Nivitha (LKK Auto)

From: Reliable Carz <reliablecarzpl@gmail.com>
Sent: Wednesday, 18 July 2018 10:57 AM
To: Teo, Grace
Cc: ct-admin@visionlawllc.com; admin-d@lkkauto.com; assignments@lkkauto.com; Choo, Thelma; Ye, Yong Kang Melvin
Subject: Re: CMTD1803040/THE - SUV(LKK)/ SGN7779J & SMC2670H ACC ON 15.07.18

Hi,

The car is ready to be surveyed at 8 Kaki Bukit Ave 4 #05-50 Sinagpoer 415875 (Contac: Jason 81669797)

Regards,
Jason

On Wed, Jul 18, 2018 at 10:53 AM, Teo, Grace <grace.teo@sompo.com.sg> wrote:

Our Reference : CMTD1803040/THE

Your Reference: AM.jt.Ins.R28. 107344.18 (sj)

Without Prejudice

Date: 18th July 2018

EMAIL ONLY

Attention:

M/S VISION LAW LLC

Dear Anjalli,

ACCIDENT INVOLVING SGN7779J & SMC2670H ON 15.07.2018

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

Quick & Easy Claims Submission¹ & Product Purchase² via Sompo SG

Download now @  or 

¹For Travel, Personal Accident & Home Insurance | ²For Travel, Personal Accident, Home & Private Motor Insurance

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From: ct-admin@visionlawllc.com [<mailto:ct-admin@visionlawllc.com>]

Sent: Wednesday, July 18, 2018 10:29 AM

To: reliablecarzpl@gmail.com; Claims - Motor Survey; Teo, Grace

Subject: Scan Image



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				
SOMPO INSURANCE SINGAPORE PL		Ref : CS3/SMO18013082/Gz4d3		
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 18-07-2018		
		Code : SMO		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SGN 7779J	Veh. Inspected	SMC 2670H	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1803040/THE	Excess (\$)	0.00	
Assign From	GRACE TEO	Assign Date	18/07/2018	
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	15/07/2018	Inspection Date	18/07/2018	
Survey held at	RELIABLE CARZ PTE LTD 8 KAKI BUKIT AVE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875			
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.				

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1527N
Vehicle Details	
Vehicle No.:	SMC2670H
Vehicle to be Exported:	No
Intended De-registration Date:	19 Jul 2018
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8S CVT
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	2ZR8397219
Chassis No.:	ZYX102110963
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,272.00
Original Registration Date:	28 Jun 2018
First Registration Date:	28 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$10,181.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jun 2028
PARF Rebate Amount:	\$7,635.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jun 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$39,000.00
COE Rebate Amount:	\$38,761.00
Total Rebate Amount:	\$46,396.00

The information contained herein is correct as at 19 Jul 2018

OK

For LICK.

R C 3096.

MNA116092086 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 17/07/2018 11:41
SUBMITTED BY: Jackson Ho Zhao Tian

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 17/07/2018 11:57

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	17/07/2018 11:41
Date Of Accident	15/07/2018 19:50
Exact Location Of Accident	ALONG GEYLANG RD BEFORE LOR 16 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2670H
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101671135
Cover Note Number	

Driver

Name of Driver	RAJVINDER SINGH REHILL S/O SARJIT SINGH
NRIC No	S9230976B
Date Of Birth	22/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	05/01/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87426231
Fax Number	
Contact Number	OFFICE-87426231
EMail Address	NOEMAIL

Address	BLK 148 WOODLANDS STREET 13 #04-825
Postcode	730148
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 - 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	2
Was any body injured in the Accident?	YES
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: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180716/2143.

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	SGN7779J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG MUN CHAY

NRIC/Passport Number	S7340928D
Contact Number	90907779
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	RAJVINDER SINGH REHILL S/O SARJIT SINGH
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMC2670H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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 Authorized 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.



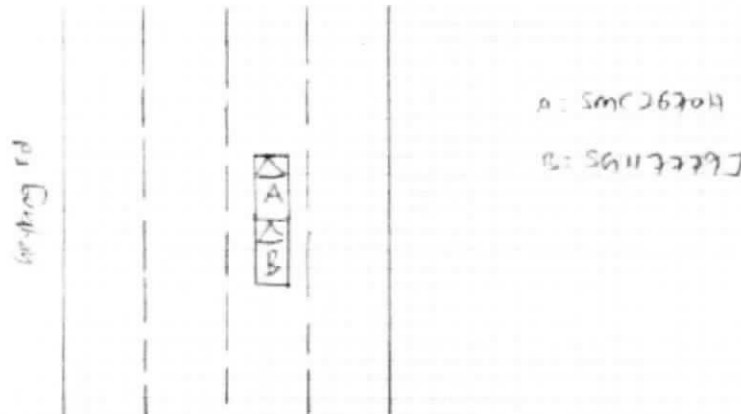
Policyholder's Signature
Date & Time

Driver'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

Refer to police report - 7/20180716/2145

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 Person's Signature
Name:
NRIC/FIN No:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180716/2143

1 of 3

Report No T/20180716/2143

Police Station Of Origin
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No 1800-4429999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 16/07/2018 18 03	Vide Report No	Station Diary No. 30
---	----------------	-------------------------

Informant's Particulars

Name of Informant: RAJVINDER SINGH REHILL S/O SARJIT SINGH	Address: APT BLK 148 WOODLANDS STREET 13 #04-825 SINGAPORE 730148		
ID Type / ID No	Contact No:	Mobile: 87426231	
NRIC NO / S9230976B	Home/Office:		
Nationality SINGAPORE CITIZEN	Email		
Sex Male	Age 25	Date of Birth 22/08/1992	Type of Informant Driver
Race Sikh	Language:	Institution / School Name:	
Occupation GRAB DRIVER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				Type of Location: Straight Road
Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 15/07/2018 19:50	
Location Along Road 1 GEYLANG ROAD				
At the traffic light near to Lorong 16 A Geylang				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGN7779J	Car	BMW	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV	Black	Seriously Damaged	1
SMC2670H	Car	TOYOTA	C-HR HYBRID 1.8S CVT	Silver	Slightly Damaged	3

Police Report



**SINGAPORE
POLICE FORCE**



T/20180716/2143

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

2 of 3

Report No: T/20180716/2143

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC2670H	NTUC Income Insurance Co-Operative Limited	5101671135	28/06/2018	27/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	Ong Mun Chay	ID No.	S7340928D	
Related Vehicle	SGN7779J (Car)	Contact No.	90907779	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	RAJVINDER SINGH REHILL S/O SARJIT SINGH	ID No.	S9230976B	
Related Vehicle	SMC2670H (Car)	Contact No.	87426231	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	16/07/2018	Date Discharge	16/07/2018	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	

Brief Details.

On 15/7/2018 at around 1950 hrs, I stopped my vehicle at the traffic light along Geylang Road, near to Lorong 16a Geylang as the traffic was red, I was rear ended by a black BMW, plate number: SGN7779J. I am lodging this report for insurance claim.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180716/2143

3 of 3

Report No. T/20180716/2143

Police Station Of Origin
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No. 1800-4429999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

G /

Sgt 3 TAN MENG LIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No. 65476436

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:

16/07/2018 18:03

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9230976B



Name

RAJVINDER SINGH REHILL
S/O SARJIT SINGH

Race

SIKH

Date of birth

22-08-1992 M

Country of birth

SINGAPORE

Sex

M

S9230976B

REPUBLIC OF SINGAPORE DRIVING LICENCE

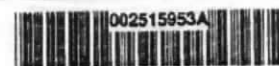
S9230976B



RAJVINDER SINGH REHILL S/O
SARJIT SINGH

Birth Date: 22 Aug 1992

Issue Date: 05 Jan 2016



002515953A



4093479



NRIC No. S9230976B

Date of issue

01-09-2007

Address

APT BLK 148 WOODLANDS STREET 13
#04-B25
SINGAPORE 730148

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 05 Jan 2016

NP 428A



Licence No: S9230976B

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101671135	RELIABLE RIDES PTE LTD	201611527N	GPC	drive CLASSIC	SMC2670H	SMC2670H	28/06/2018	27/06/2019

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5101671135

Cover : drive CLASSIC

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMC2670H |
| Chassis Number | : ZYX102110963 |
| 2. Name of Policyholder | : RELIABLE RIDES PTE LTD |
| 3. Effective Date of Insurance | : 28 Jun 2018 |
| 4. Expiry Date of Insurance | : 27 Jun 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$1,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TAN INSURANCE BROKERS PTE LTD (00000690287)
Date of Issue : 22 Jun 2018 15:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



**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

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PRE-REPAIR INSPECTION REPORT				
SOMPO INSURANCE SINGAPORE PL		Ref: CS3/SMO18013082/Gz4d3e2		
50 RAFFLES PLACE #05-01/06		Date: 26-07-2018		
SINGAPORE LAND TOWERS SINGAPORE 048623		Code: SMO		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SGN 7779J	Veh. Inspected	SMC 2670H	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1803040/THE	Excess (\$)	0.00	
Assign From	GRACE TEO	Assign Date	18/07/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA C-HR	c.c	1797	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	ZYX102110963	Colour	SILVER	
Odometer	4742 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R17	BRIDGESTONE	9 mm	
L/H Front Tyre	215/60 R17	BRIDGESTONE	9 mm	
R/H Rear Tyre	215/60 R17	BRIDGESTONE	9 mm	
L/H Rear Tyre	215/60 R17	BRIDGESTONE	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	15/07/2018	Inspect Date / Time	18/07/2018 (05:00 PM)	
Survey held at	RELIABLE CARZ PTE LTD 8 KAKI BUKIT AVE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875			
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 \$5,000-\$6,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		

Report Ref No. CS3/SMO18013082/Gz4d3e2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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