22/03/2002 ASS. REC. BY:	REF: (83/C71)	8013537/G	4be2 Special	Instruction:	1
Surveyor 6B	ASSIGNMI	ENT (Office)			ō
From (Person): July Tay Estimated Cost:	of	CTL	Dat	e/Time:	25092018 256pm
- Obbt.		BIII to:			
OD TP/WS/TP RES/OD R	ES / EVA / INV / MV / C	CS			
To Inspect Vehicle No:	YL 5505T		Insured:	6x	99536
at Workshop m/s	N-51 Automotive		Tel:	6842	0051
of	2 Kaki Bukh AVL 2	#01-17	_		
Policy No: DMCVSN		Claim No:	SMM18	D 0192	1002
Sum Insured:		Excess:			
Make of Veh: (Client's Record)			D.0	).A	11.062018
CA / REV / REP. / REV 24  Date/Time: 35077018 3230	HRS Wpi  Person Contacted:	Hui Xin	H. Vehi	I.O.D. Endo	DUT
Date/Time Action/Instruction	(x) Estimate				
YL 5505T - 6X 996361-	NA/ [NC] 801058 ×	19 /k4		- OLA-	: 110618
18/18 Dismantled.					
2/8/18 Affec Reposit					

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	25 Jul 2018		25 Jul 2018 14:56 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
CLAIM SUBFOLDER DETAILS			[Created by ins	urer]
Insured:	SG LEASING PTE LTD, Co. Re	g. No.: 201317520E		
Main Claimant:	THOI MICHAEL, ID: S019539	6F		
Vehicle Reg. No.:	YL5505T	Date of Loss:	11/06/2018 11:00	) - :59
Claim Type:	TP / SNM18D02922C02	Policy/Cover Note No.:	DMCVSN1617721 Theft)	802 (TP, Fire &
Vehicle Reg. No. (Insured):	GX9953G	Policy No. (Claimant):	5062976500-04	
		Excess:	S\$0.00	
Repairer:	N-51 Automotive Pte Ltd (HQ Tel: 68420051			
Handling Insurer:	China Taiping Insurance (Sing 6174]	gapore) Pte. Ltd. (HQ) - Tel: 6	5389 6111 [Handled by <b>Jov</b>	wyn Tay - 6389
Claimant's Insurer:	NTUC Income Insurance Co-o			
Adjuster:	LKK Auto Consultants Pte Ltd	(HQ) - Tel: 6256-3561 [Fin	nal Rpt due 03/08/2018]	
Driver/Custodian (Insured):	MOHAMED SIRAJ MUNIR S/O ABI	DUL (28 / Male), NRIC: S9011	.744J, Tel: +6590254323	
Adj Asg. Remarks:	NO EST, CASE W/O SJE.			
ASSOCIATED MAIL RECEIVE	D		View All Com	pose Case Mail
There are no mail for this case.				
Е				
ALL ASSOCIATED TASKS		View All Search	h Tasks Create New Tas	k Complete
	e Task Group Subject H	andler Assigned By	Completed On Create	ed On Done

### 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 witholding 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

aloresala.	
	ACCIDENT STATEMENT
Date Of Report	11/06/2018 15:00
Date Of Accident	11/06/2018 11:00
Exact Location Of Accident	IN BETWEEN HOUSE 12/14 OF CHUAN WALK TWDS LORCHUAN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YL5505T
Insured/Policyholder	
Name Of Registered Owner	THOI MICHAEL

NRIC No S0195396F Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-98189878
Alternative Phone No OTHERS-98189878

Vehicle Particulars

Manufacturer NISSAN Model CABSTAR

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 NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5062976500-04

Cover Note Number

Driver

 Name of Driver
 THOI MICHAEL

 NRIC No
 \$0195396F

 Date Of Birth
 19/12/1951

 Occupation
 INDOOR

 Date Of Driving Pass
 19/09/1975

Driving Experience 42 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98189878

Fax Number

Contact Number OTHERS-98189878

EMail Address NOEMAIL

Address

BLK 330 ANG MO KIO AVE 1

#03-1815

Postcode

560330

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?

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

PLS REFER TO THE ATTACHED STATEMENT.

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

GX9953G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

Lunderstand, 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 the purpose(s).
  - 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:
  - 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:

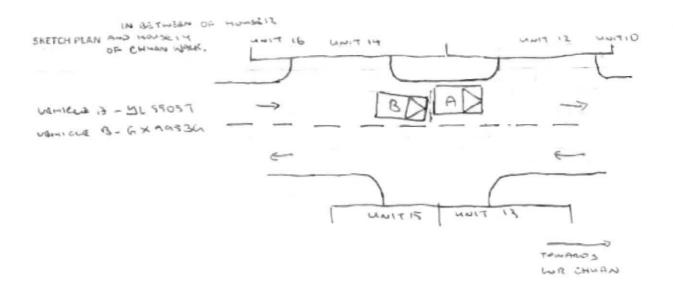
Driver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

#### Sketch Plan #2



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

17	VEHICLE WAS STATIONARY STUPPED DUTSING ANIT IN OF
CHIU	AN WALK TUNAKUS LOR CHUAN.
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Suo	SENT OF WHITE SAME SAME AND HIT DIRECTLY TO THE
REG	the of my vertices.
7	WALKED OVER AND PEAKLED IT WAS A VEHICUE
	inh ( LX 9953 G ) TM97 CALIDED TO THE RESH OF
	CENTRES AMICE MY USINICE WAS STATIONAGED
	. Carac
VIE	MIGUE A - DL 55057
	ericue B - Gx 99334

DECLARATION

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

Ih.

Policytoider's Signature Date & Time. Driver's Signature

of driver is not the opicyholder! Date & Time: Reporting Contra Personnel's surveture
Name.
NAME/FINITION

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	5396F
Vehicle Details	<b>《新学者》(1986年)</b> 1985年 - 1985年
Vehicle No.:	YL5505T
Vehicle to be Exported:	No
ntended De-registration Date:	26 Jul 2018
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR
Primary Colour:	Silver
Manufacturing Year:	2003
Engine No.:	QD32184214
Chassis No.:	JN1SF4F23Z0851339
Maximum Power Output:	-
Open Market Value:	\$21,792.00
Original Registration Date:	04 Dec 2003
First Registration Date:	04 Dec 2003
Fransfer Count:	0
Actual ARF Paid:	\$1,090.00
ntended PARF Rebate Details	40. 多数的数据表现的数据表现实现的对象的数据表现的
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
ntended COE Rebate Details	
COE Expiry Date:	31 Aug 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$15,582.00
COE Rebate Amount:	\$1,132.00
otal Rebate Amount:	\$1,132.00

The information contained herein is correct as at 26 Jul 2018

the statutory lifespan (if applicable) of the vehicle.

ОК

# ...CLAIM SUBFOLDER...(Pending for Survey Report)

LAIM SUBFO	LDEK IKA	CKING									
Case N	otified	Est Submitted	Adj Assigned	Adj Rpt		Adj Subm	itted	Ins Auth'ed	State		
Main 2	5 Jul 2018		25 Jul 2018 14:56 Edit Adj Rpt	S\$0.00 Edit Est	imates	S\$0.00 View Rpt			Rep	Pending for Survey Report Cancel Case	
М	ain	R	eference		laim Det	ails	$\Gamma$	Document	ts	1	Show All
CLAIM SUB	OLDER DI	TAILS				[Cr	eated	by insurer]			
Insured:	SG LEASI	NG PTE LTD, Co	o. Reg. No.: 201317	'520E							
Main Claimant:	тноі міс	CHAEL, ID: S01	95396F								
Vehicle Reg. No.:	VI 55051				Date of	Loss: [17		8 11:00 - :59 hs and <b>7</b> Days Fr	om LTA R	eg Date	(Man Yr)]
Claim Type:	m Type: TP / SNM18D02922C02 Policy/Cover Note No.: DMCVSN1617721802 (TP, Fire & Theft				ft)						
Vehicle Reg. No. (Insured):	GX9953G (Claimant). 5062976500-04										
					Excess:	S\$0	.00				
Repairer:	N-51 Aut	omotive Pte Ltd	(HQ) BLK 2 KAKI B	UKIT, #01-	17/18 KA	KI BUKIT A	UTOHU	IB, 417921 Kaki E	Bukit - Te	1: 684200	)51
Handling Insurer:	China Tai	ping Insurance	(Singapore) Pte. L	.td. (HQ) -	Tel: 6389	6111 [	Handle	d by <b>Jowyn Tay</b>	- 6389 6	174]	
Claimant's Insurer:			Co-operative Ltd (								
Adjuster:	LKK Auto	<b>Consultants Pte</b>	Ltd (HQ) - Tel: 62	256-3561	[Handled	by XING	GUO Q	IANG] [Fina	I Rpt d	ue 03/0	8/2018]
Driver/Custo dian (Insured):	MOHAMED	SIRAJ MUNIR S/0	O ABDUL (28 / Male	), NRIC: S	59011744	J, Tel: +	659025	4323			
Adj Asg. Remarks:	NO EST, C	ASE W/O SJE.									
ASSOCIATE	D MAIL RE	CEIVED						Vie	ew All	Compos	e Case Mail
There are no	mail for this	case.									
ALL ASSOC	IATED TAS	KS⊟				View A	All S	Search Tasks	Create Ne	w Task	Complete
Due Date No results.	Priority	Type Task	Group Subject	t Hand	ler A	ssigned B	у	Completed On	Cre	eated On	Done

## **Claim Documents**

Ass	essment Reports		1 per page	
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1	11/06/18 15:45	Accident Statement	1 Load HTM	
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22	26/07/18 08:34	Chassis Number	0	Load JPG	~
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# **Linked Accident Report Documents**

			View View in Brows	ser 🗸
Ass	essment Reports		1 per page	<b>✓</b>
No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
1	11/06/18 15:45	Accident Statement	1 Load HTM	
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No	Finalized On	National Assessment Centre Services (Ubi)	Thumbnail	Print
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15	11/06/18 15:40	Accident Photo	1 Load JPG	<b>V</b>
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2	11/06/18 15:37	Sketch Plan #2	Load JPG	<b>V</b>

# **Documents Checklist**

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.	-		
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
			^
			~

## 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:

CS3/CTI18013537/GZ4BE2

Date:

08/08/2018

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore) Pte. Ltd.

Policy No:

DMCVSN1617721802

Claimant Vehicle

YL5505T

Insured Vehicle

GX9953G

Date of Loss:

No:

11/06/2018

Nature of Claim: TP

Claim No:

SNM18D02922C02

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

YL5505T

Make & Model:

NISSAN CABSTAR, 3.0 (M)

Engine No:

QD32184214

146853 km

Reg. Date:

04/12/2003 (Man. Year: 2003)

Chassis No: Odometer:

JN1SF4F23Z0851339

Colour:

3153 cc

Engine Capacity: 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: Handbrake (Serviceable):

Steering (Serviceable): Yes Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition:

Yes

CONDITION OF TYRES

Front Tyre Size:

195 R15

Rear Tyre Size:

155 R12

Front Left Side:

Yokohama 6 mm

Rear Left Side:

Yokohama 6 mm

Front Right Side:

Yokohama 6 mm

Rear Right Side:

Yokohama 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

25/07/2018

Date Inspected:

25/07/2018 Inspected At:

N-51 Automotive Pte Ltd (HQ)

BLK 2 KAKI BUKIT, #01-17/18 KAKI

**BUKIT AUTOHUB** Singapore 417921

Estimated Period of Repair:

6.0 days

Adjuster: XING GUO QIANG

Manager: Ho Zhao Tian

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.

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.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000.00 -\$5,000.00

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## REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 08 Aug 2018)

Parts: N/A NISSAN CABSTAR 3.0 (M) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for YL5505T)

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

There are no new parts selected.

Report was unsubmitted during this print-out.

# Recommended Miscellaneous Items

There are no new miscellaneous items selected.

### Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >