ASS. REC. BY:	
WUNNIN From (Person)	ASSIGNMENT (Office)  Chong Boon 800 of CTL Date/Time: 28 8 180 3.09pm
Estimated Cos	Bill to:  St TP RES / OD RES / EVA / INV / MV 7 CS
To Inspect Vel at Workshop n	1/s Hon Cer Pepuirs Tel: 62710275
of Policy No:	BIK 1001, Blet Merch Lune 3 # 01-Ag MPCSN1313721805 Claim No: SNM/8D 02607C02
Sum Insured:_ Make of Veh:	Excess:
(Client's Record) CA / REV / Date/Time: 6	REP. / REV 24 HRS WY H.O.D. Endorsement:  1. Standard   Mr. tan Vehicle IN DUT
Date/Time	Action/Instruction (x) Estimate 814485E->
	9/13/632D-X Dismountle: 30/2018

.

ASSIGNMENT  Veh No: SLU 4485E Yr Regn: You's / Amage of the first of the state of t	Surveyor: Asm REF:	71.116
Type: MCGP   M.Cycle   Bus   Van   Lorry   Taxi   Prime Mover	anregor	SIGNMENT ( XPIRY: 2028/m
Truck   Trailer or		
To Inspect Vehicle No: SLM 44856 at Workshop mis		
at Workshop mis  of 100 1 67 MARMH LN 3 # 01-49 Insured.  Other Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Claims No.  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Claims No.  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Claims No.  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Claims No.  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Claims No.  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Claims No.  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Claims No.  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Claims No.  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Sp. Reading 151237 TiRadio: Insured / Std / Ni / Ni Finglio:  Sp. Reading 151237 Tire Insured / Std / Ni / Ni Finglio:  Sp. Reading 151237 Tire Insured / Std / Ni / Ni Finglio:  Sp. Reading 151237 Tire Insured / Std / Ni / Ni Finglio:  Sp. Reading 151237 Tire Insured / Std / Ni / Ni Finglio:  Standard Finglio: Fing		Make: SUBARN IMPRESA 20 c.c 1994
of Lovi , 67 MeANH Lis		
Insured:    Policy No.   Claims No.   Sur Insured:   Excess:   C(Clert's Record)   Survey Fee:   Italy   See See See See See See See See See S		-
Policy No. Claims No. Sum Insured:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: IDAC Accident Rport:  Consistent?: Yes or No Est. Repairs:  days Res.: Yes or No Lum Sum:  % 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Date / Time Action / Instruction  Date / Time Action / Instruct	1	
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.  Bal. or Market Value:  IDAC Accident Rport: Consistent? : Yes or No  Clair / PR Seen: Consistent? : Yes or No  Lum Sum: 96 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date / Time Action / Instruction  Add Fee: Site Insp (\$		C/No: 3F1GH7K858G019467
Collent's Record   Make of Veh:   Modi: Nil   SRIM   STD A/Rim or   Tyre Size: F: 205   \$\$2.84   \$\$   Modi: Nil   SRIM   STD A/Rim or   Tyre Size: F: 205   \$\$2.84   \$\$   Modi: Nil   SRIM   STD A/Rim or   Tyre Size: F: 205   \$\$2.84   \$\$   Modi: Nil   SRIM   STD A/Rim or   Tyre Size: F: 205   \$\$2.84   \$\$   Modi: Nil   SRIM   STD A/Rim or   Tyre Size: F: 205   \$\$2.84   \$\$   Modi: Nil   SRIM   STD A/Rim or   Tyre Size: F: 205   \$\$2.84   \$\$   Modi: Nil   SRIM   STD A/Rim or   Tyre Size: F: 205   \$\$2.84   \$\$   Modi: Nil   SRIM   STD A/Rim or   Tyre Size: F: 205   \$\$2.84   \$\$   Modi: Nil   SRIM   STD A/Rim or   Tyre Size: F: 205   \$\$2.84   \$\$   Modi: Nil   SRIM   STD A/Rim or   Tyre Size: F: 205   \$\$   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   \$\$   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   \$\$   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   \$\$   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   \$\$   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   \$\$   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   \$\$   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   \$\$   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Stize   Torol / STD A/Rim or   Tyre Size: F: 205   Torol / STD A/Rim or   Tyre Size: F: 205   Torol / STD A/Rim or   Tyre Size: F: 205   Torol / STD A/Rim or   Tyre Size: F: 205   Torol / STD A/Rim or   Tyre Size: F: 205   Torol / STD A/Rim or   Tyre Size: F: 205   Torol / STD A/Rim or   Tyre Size: F: 205   Torol / STD A/Rim or   Tyre Size: F: 205   Torol / STD A/Rim or   Tyre Size:		
Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAG Accident Roort:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date / Time Accident / Instruction  Date / Time Accident / Instruction / Ins	Sum Insured: Excess:	Steering: Norder / Jammed / Leaked / Burnt or
Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Roort:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted:  Date / Time Action / Instruction  Date / Time / T		Brake: (norder / Jammed / Leaked / Burnt or
R: 1.4  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Date / Time Action / Instruction  Date / Time Action / Instruction  Date / Time, File Pass to?  Date / Time, File Return to?  Add Fee:  Site Insp  Si	SAMPLE CONTROL OF THE	Modi: Nil / SRim / STD A/Rim or
R: 1.4  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Date / Time Action / Instruction  Date / Time Action / Instruction  Date / Time, File Pass to?  Date / Time, File Return to?  Add Fee:  Site Insp  Si		Tyre Size: F: 205   352R16
Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time  Action / Instruction  Cate / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Cate / Time  Action / Instruction  Date / Time  Action / Instruction  Cate / Time / Cate / Ca	(Policy Condition)	
repair at the time of inspection.  Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted:  Date / Time Action / Instruction  Date / Time Action / Instruction  Date/Time, File Pass to? Date/Time, File Return to?  Add Fee: Site Insp  Site Insp  Site Insp  Site Insp  Site Insp  Rear R/Bal.  Rear R/Bal.  DO.A. 2.7 0% IX D.O.I. 29 0% IX D.O.I. 20 0%		BS / DUN / EXNOVA / GY / FS / LIZA / MIC/ OHTSU / PIR / SUMI /
IDAC Accident Rport: Consistent? : Yes or No  GIA / PR Seen: Consistent? : Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Date / Time	repair at the time of inspection.	¬1
GIA / PR Seen:  Consistent? : Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  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  Date/Time, File Pass to?  : Preli. Report  Date/Time, File Return to?  Add Fee:  : Site Insp (\$ ) _s+RS_SI  : Interview (\$ ) Photos  Report Format:  Report   Proposition   Photos   Photos    Report Format:  Report Format:  P. 2	Bal. or Market Value:	Front Rear
Est Repairs:	IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm
Lum Sum:	GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction    Date/Time, File Pass to?   : Preli. Report    Date/Time, File Return to?   : Sire Inspect    Date/Time, File Return to?   : Sire Inspect    Add Fee: : Site Inspect    Interview (\$ ) Photos    Report Format : P. Interview (\$ ) Others	Est. Repairs: days Res.: Yes or No	D.O.A. 23 05 18 D.O.I. 29 08 18
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Date/Time   Action / Instruction	Lum Sum: % 3 Val.: Yes or No	Survey held at HAN COR REPORTS
Date / Time   Action / Instruction   Action /	CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date/Time   Action / Instruction	Vehicle: IN / OU	
Date/Time, File Pass to?    Preli. Report   Days Of Repair: 6	Date / Time   Action / Instruction	
Date/Time, File Pass to?  1) : Final Report	Estimated repair vary	e \$4,500 -\$5,500
Date/Time, File Pass to?  1) : Final Report	/	
Date/Time, File Pass to?  1) : Final Report		matt
Date/Time, File Pass to?  1) : Final Report		/ / / /
1) Survey Fee: 150  Date/Time, File Return to?  Add Fee: Site Insp (\$ ) _s+Rssi  Interview (\$ ) Photos  Report Format: PC		7/9/2018
1) Survey Fee: 150  Date/Time, File Return to?  Add Fee: Site Insp (\$ ) _s+Rssi  Interview (\$ ) Photos  Report Format: PC		
1) Survey Fee: 150  Date/Time, File Return to?  Add Fee: Site Insp (\$ ) _s+Rssi  Interview (\$ ) Photos  Report Format: PC		
1) : Final Report Resurvey No. of Trip:   Survey Fee: /50  Date/Time, File Return to?  2) Add Fee: : Site Insp (\$ )S+RSSI  : Interview (\$ ) Photos  Report Format: PCS	Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Date/Time, File Return to?   Transportation:     2)		
Report Format: PCS : Interview (\$ ) Photos : Tech. Invs (\$ ) Others		
Report Format: PCS : Tech. Invs (\$ ) Others	2) Add F	ee:: Site Insp (\$)s+Rssi
		: Interview (\$ ) Photos
Lump Sum / I.B.I: (\$ ) : Weekend (\$ ) .	Report Format: PRS	: Tech. Invs (\$) Others
	Lump Sum / I.B.I: (\$	:Weekend (\$



# 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 Interna	tionale Des Experts En Auto	mobile
СНІ	NA TAIPING INSU	JRANCE (S) PTE LTD	Ref : CS3/CTI18015	5789/R1z4d3
	NSON ROAD #16- RINGLEAF TOWER	00 RSINGAPORE 079909	Date: 29-08-2018 Code: CTI	
1.		Policy Particulars	s :- (THIRD PARTY CLA	JM)
	Insured Veh.	SKB 1632D	Veh. Inspected	SLU 4485E
	Policy No.	DMPCSN1313721805	Coverage (\$)	0.00
	Claim No.	SNM18D02607C02	Excess (\$)	0.00
	Assign From	MERIMEN (CHONG BOON SEN)	Assign Date	29/08/2018
2.		Vehicle Par	ticulars & Condition	to be with the same
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	•	Steering	
	Brakes		Modification	
	General			
3.		Condi	itions 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.		Descrip	tion of Damages	
5.	Engine No.	HILLIAM Gener	al Information	
	Accident Date	23/05/2018	Inspection Date	29/08/2018
	Survey held at	HAN CAR REPAIRS		
		BLK 1001 #01-49 BUKIT MER ALEXANDRA VILLAGE SINGAPORE 159718	AH LANE 3	
ā.		- Cand	Remarks	
	B) THE REPAIR ES	ON WAS CONDUCTED ON A "W STIMATE WAS NOT PRESENTE VAS TOLD TO PREPARE THE E EASE FIND DAMAGED VEHICL	ED AT THE TIME OF INSPE STIMATE.	SIS. ECTION.

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sut	omitted	Ins Auth'ed	Status		
Main	27 Aug 2018		28 Aug 2018 15:09 Assign						ssignment Case	
M	tain	Re	ference		Claim Details		Docume	nts	Show All	
CLAIM SUE	FOLDER DE	TAILS		Helician Inches		[Creat	ed by insurer1		ANTONE BANK SCHOOL STORY	
Insured:	ABDUL HA	LIM BIN ABDUL	RASHID, ID:	S7811505Z		Lorcat	cu by maurer]			
Main Claimant:	MAK KAI	MENG, ID: S122								
Vehicle Reg. No.:	SLU448!	5E			Date of Loss:	23/05/2	2018 20:00 - :59			
Claim Type:	TP / SNM	118D02607C02			Policy/Cover Note No.:	DMPCSI	N1313721805 (Co	mprehensive	2)	
Vehicle Reg. No. (Insured):	SKB1632	•			Policy No. (Claimant):	GA3090	GA309098/1			
Donnisses			N		Excess:	S\$0.00				
Repairer: Handling		epairs (HQ) BLK							62710275	
Insurer:	China Taip	oing Insurance (	singapore) Pte	. Ltd. (HQ)	- Tel: 6389 611	1 [Har	dled by Chong B	oon Sen]		
Claimant's Insurer:	AXA Insur	ance Pte Ltd (Ho	<b>2)</b> - Tel: 6338 7:	288						
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	. [Final Rpt	due 06/	09/2018]			
Driver/Custo dian (Insured):		IM BIN ABDUL RA					•			
Adj Asg. Remarks:	NO EST, CA	SE W/O SJE.								
ASSOCIATE	D MAIL REG	CEIVED						View All	Compose Case Mai	
There are no	mail for this	case,						7.011 7.11	Compose Case Mai	
ALL ASSOC	IATED TASI	KS⊟				\p	u II c	1	2.0-	
Due Date	Priority		roup Entri	net Hand	Inn. Ann	View A		Create Ne		
No results.	Priority	Type Task 0	iroup Subje	ect Hand	ler Assign	ed By	Completed O	n Crea	ted On Done	

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	7611G
Vehicle No.:	SLU4485E
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Sep 2018
Vehicle Make:	SUBARU
Vehicle Model:	IMPREZA 5D 2.0 R-S AWD AT ABS
Primary Colour:	Grey
Manufacturing Year:	2008
Engine No.:	EJ20D454727
Chassis No.:	JF1GH7KS58G019407
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$15,203.00
Original Registration Date:	29 Aug 2008
First Registration Date:	29 Aug 2008
Transfer Count:	3
Actual ARF Paid: Intended PARF Rebate Details	\$15,203.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	28 Aug 2028
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$34,991.00
COE Rebate Amount:	\$34,925.00
Total Rebate Amount:	\$34,925.00

The information contained herein is correct as at 04 Sep 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 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.

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	24/05/2018 15:11
Date Of Accident	23/05/2018 20:55
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU4485E
Insured/Policyholder	
Name Of Registered Owner	MAK KAI MENG
NRIC No	S1227611G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97323431
Alternative Phone No	OFFICE-97323431
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA 5D 2.0 R-S AWD AT ABS
Exact Purpose for which vehicle was being used at	PRIVATE

time of accident

PRIVATE

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 CAR

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

GA309098/1

Cover Note Number

Driver

Name of Driver MAK ZHENG WEI, KEITH

NRIC No S9539324A Date Of Birth 02/11/1995 Occupation OUTDOOR Date Of Driving Pass 04/12/2017

Driving Experience 0 YEAR AND 5 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91529199

Fax Number

Contact Number

EMail Address KEITHMUG@GMAIL.COM Address

APT BLK 296B CHOA CHU KANG AVENUE 2 #09-36

Postcode

682296

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO NO

YES

NO

1

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKB1632D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

ABDUL HALIM BIN ABDUL RASHID

NRIC/Passport Number

S7811505Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Accident 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.
- 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.
- 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.
- 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)

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

a de la segui a referencia

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Jarlean

NRIC/FIN No.:

### Accident Sketch Plan Pg. 1

SKETCH PLAN	-		
	++-+++++++		
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		T	8-SEB 1632 D
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DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT		
Accident Date & Time : 23	1/May 1 18 20.5	2	
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. I was	driving Straight	along the m	rentioned location.
	e clow & heavy		
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1			my rear portion.
1 alight.	ed & noted the	+ vehicle	B had
العمد والم	ded into my veh	cle.	
	one was injured		s accident
140	one was inforced		
☐ Reporting	Only Own Damage	☐ Third Party	Claim at other workshop (OD/P)
DECLARATION			Claim at other workshop (CD/F)
I/We declare the foregoing particulars	You't	ORTANT NOTE: ad been advised by the workshop is a FOURTEEN (14) days rise	that in the event that you wish to claim apainst your own policy (Own Damage Claim wherethy the claim must be made within the stipulated timetiance from the day of
A. II. I		s a POURTEEN (14) days dans nence.	от меняния выполнять и полис мары вте зарычает впревать йот вте day t
Mallahor	Hale		<b>~~</b>
The continue of		-	0
Policyholder's Signature  Date & Time:	Driver's Signature (If driver is not the policyholde	arl	Reporting Centre Personnel's Signature Name: Tollern
Date of Time.	Date & Time:		NRIC/FIN No.:

CCARMC SketchPlanForm\_V3

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

AIM SUBFO	LDER TRA	CKING										
Case N	otified	Est Submitted	Adj Assigned	Adj Rpt		Adj Sub	mitted	Ins Auth'ed	Status	-		
Main 2	7 Aug 2018		28 Aug 2018 15:09 Edit Adj Rpt	S\$0.00 Edit E	stimates	S\$0.00 View R	4		Report  Cancel (	for Survey		
Ма	ain		Reference		Claim Det	ails		Documents		Show All		
CLAIM SUB	FOLDER DE	TAILS				[C	reated I	oy insurer]				
nsured:	ABDUL HA	ALIM BIN ABD	UL RASHID, ID: S7	811505Z								
Main Claimant:	MAK KAI	MENG, ID: S	1227611G									
Vehicle Reg. No.:	SLU448	5E			Date of I	Loss: [1		20:00 - :59 as and <b>24</b> Days Fr	om LTA Reg I	Date (Man Yr)		
Claim Type:	TP / SNN	118D02607C	)2		Policy/Co	1110	IPCSN13	13721805 (Compr	ehensive)			
Vehicle Reg. No. (Insured):	SKB1632	D			Policy No (Claimar	(-0	GA309098/1			GA309098/1		
					Excess:	1000	0.00					
Repairer:	Han Car R	tepairs (HQ) B	LK 1001 BUKIT MERA	H LANE 3	#01-49 ALI	EXANDRA	VILLAGE	, 159718 Alexand	ra - Tel: 627	10275		
Handling Insurer:	China Tai	ping Insuranc	e (Singapore) Pte. l	td. (HQ)	- Tel: 6389	6111	[Handled	by Chong Boon	Sen]			
Claimant's Insurer:	200000000000000000000000000000000000000		( <b>HQ)</b> - Tel: 6338 728									
Adjuster:	LKK Auto	Consultants P	te Ltd (HQ) - Tel: 62	256-3561 .	[Handled	by MOH	D RASU	L] [Final Rpt	due 06/09	9/2018]		
Driver/Custo dian (Insured):	ABDUL HA	LIM BIN ABDUL	RASHID (40 / Male),	NRIC: S	7811505Z							
Adj Asg. Remarks:	NO EST, C	ASE W/O SJE.										
ASSOCIATE	D MAIL RE	CEIVED						Viev	v All Con	pose Case Ma		
There are no	mail for this	case.										
ALL ASSOC	IATED TAS	iks⊟				View	All	earch Tasks C	reate New Tas	k Complet		
Due Date No results.	Priority	Туре Та	sk Group Subjec	ct Han	dler A	ssigned	Ву	Completed On	Created	I On Don		
	UNITED BY THE PARTY OF THE PART	AND RESERVED AND DESCRIPTION	040 07 F B#C400 F 0700		X MINISTER							

Merimen e-Claims Page 1 of 2

### **Claim Documents**

\*SLU4485E (SNM18D02607C02)

[SKB1632D]

TP

MAK KAI MENG

May 23 2018 8:00PM

[ABDUL HALIM BIN ABDUL RASHID]

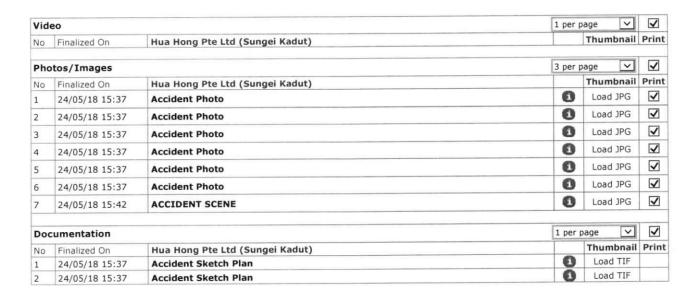
Han Car Repairs

Up	load Documents Up	load Photos Compose New Letter	View	View in Brows	ser 🗸
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No	Finalized On	Hua Hong Pte Ltd (Sungei Kadut)		Thumbnail	Print
1	24/05/18 15:41	Video - Accident [Linked Accident Report Documents]	0	Load MP4	
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2	24/05/18 15:37	Accident Photo [Linked Accident Report Documents]	Ð	Load JPG	✓
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4	24/05/18 15:37	Accident Photo [Linked Accident Report Documents]	0	Load JPG	<b>✓</b>
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6	24/05/18 15:37	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
7	24/05/18 15:42	ACCIDENT SCENE [Linked Accident Report Documents]	Ð	Load JPG	<b>4</b>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	04/09/18 12:40	General View	0	Load PDF	-
2	04/09/18 12:40	Photographs of Damaged Parts	0	Load PDF	
Doc	cumentation		1 per	page 🔻	~
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	28/08/18 15:09	PRS	Ð	Load PDF	
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1	24/05/18 15:37	Accident Sketch Plan [Linked Accident Report Documents]	0	Load TIF	
2	24/05/18 15:37	Accident Sketch Plan [Linked Accident Report Documents]	0	Load TIF	

# **Linked Accident Report Documents**

			View View	in Brows	ser 🗸
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No	Finalized On	Hua Hong Pte Ltd (Sungei Kadut)	Thu	mbnail	Print
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No	Finalized On	Hua Hong Pte Ltd (Sungei Kadut)	Thu	mbnail	Print
1	24/05/18 15:43	Accident Statement	1 Loa	d HTM	

Merimen e-Claims Page 2 of 2



### **Documents Checklist**

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
			^
			~
Show Remarks To: Handling Insurer  Note: Remarks are private unless you show it to other parties.			

### 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/CTI18015789/R1Z4D3E2

Date:

11/09/2018

REFERENCE

Handling Insurer:

China Taiping Insurance

Policy No: (Singapore) Pte. Ltd.

DMPCSN1313721805

Claimant Vehicle

SLU4485E

Insured Vehicle

SKB1632D

Date of Loss:

23/05/2018

No:

Nature of Claim: TP

Claim No:

SNM18D02607C02

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

No:

SLU4485E

Make & Model:

SUBARU IMPREZA, 2.0 R-S AWD (A)

Engine No: Chassis No: EJ20D454727

JF1GH7KS58G019407

Reg. Date: Colour:

29/08/2008 (Man. Year: 2008)

Odometer:

151233 km

**Engine Capacity:** 

1994 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:

Pre-accident Condition: No

**CONDITION OF TYRES** 

Front Tyre Size:

205/55Z R16

Rear Tyre Size:

205/55Z R16

Front Left Side:

Michelin 6 mm

Rear Left Side:

Michelin 6 mm

Front Right Side:

Michelin 6 mm

Rear Right Side:

Michelin 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	

INSPECTION

Date of Assignment:

28/08/2018

Date Inspected:

29/08/2018 Inspected At:

Han Car Repairs (HQ)

BLK 1001 BUKIT MERAH LANE 3 #01-49

ALEXANDRA VILLAGE Singapore 159718

Estimated Period of Repair:

6.0 days

Adjuster: MOHD RASUL

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 \$4,500.00 -\$5,500.00

Adjuster Report Page 4 of 5

### REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 11 Sep 2018)

Parts: 143 SUBARU IMPREZA 2.0 R-S AWD (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SLU4485E)

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.

Adjuster Report Page 5 of 5

# 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 >