REF:

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sub	mitted	Ins Auth'ed	Status	
Main	16 Oct 2018		19 Oct 2018 09:23 Assign						ignment ase
ř	lain	Re	ference		Claim Details		Documer	nts	Show All
CLAIM SU	BFOLDER DE	TAILS				[Create	ed by insurer1		
Insured:						Lordan	ed by mourer]		
Main Claimant:	кон ZIJI	AN							
Vehicle Reg. No.:	SLL6607	7E			Date of Loss:	15/10/2	2018 00:00 - :59		
Claim Type:	pe: TP / SNM18D04934C02 Policy/Cover Note No.: DMCVSN3024701800								
Vehicle Reg. No. (Insured):	GBF88725	5			Policy No. (Claimant):				
Donning.	11-1 4-1-				Excess:	S\$0.00			
Repairer: Handling Insurer:							BUKIT, 417883 Ka		: 67482795
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final Rpt	due 30/	10/20181		
Adj Asg. Remarks:		ASE W/O SJE.			•	,	.,,		
ASSOCIAT	ED MAIL RE	CEIVED						View All	Compose Case Mail
There are no	mail for this	case.							The same right
ALL ASSO	CIATED TAS	KS [□]				View A	II Search Tasks	Create New	Took Complete
Due Date	Priority	Type Task (Group Subj	ect Han	idler Assign		Completed Or	-	
No results.			p	11011	manight manight	Lu tay	~ompleted Of	creat	ed On Done

\mathbf{CPc}

C PAGLAR & CO

ADVOCATES & SOLICITORS UEN NO. 53130985A GST REG NO. M90371275E

50 Chin Swee Road #05-03 Thong Chai Building Singapore 169874

Telephone: (65) 6536 5456 Facsimile: (65) 6836 2195

Email: pri@cpaglar.com.sq SERVICE OF COURT DOCUMENTS BY FACSIMILE
WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference:

GBF 8872S

Our Reference:

CP/PRI/SLL6607/18.na

17th October 2018

CHINA TAIPING INSURANCE (S'PORE) PTE LTD BY FAX 6224 7478 ONLY ATTN: MOTOR CLAIMS DEPT

Dear Sirs.

CORRESPONDENCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

We refer to your letter dated 17th October 2018.

Please note that the said vehicle can be inspected at:

UNI AUTOMOTIVE PTE LTD 1 Kaki Bukit Avenue 6 #01-94 Autobay@KB Singapore 417883 Contact No.: 9798 1616 (Alvin)

KINDLY REPLY BY EMAIL ONLY: pri@cpaglar.com.sg

Please note that the vehicle will only be available for the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without any further notice or reference to you. All our client's rights are expressly reserved.



C PAGLAR & CO

[Client by Fax 6747 2373 Only] - (SLL 6607E)

FOR SURVEYOR Please initial here after completion of pre-repair inspection. Thank you

Appointed Surveryor	(Name	&	Signature)
Date & Time of In			

Send Confirmation Page [1] of [1] Date/Time 10-17-2018 04:58 PM Model Name X7500GX Machine Serial Number 08FAB1DG700001B Host Name SEC30CDA76176F1 Fax Name Fax Number Job Information Job No. 128463 User Local User Submission Date/Time 10-17-2018 04:57 PM Completed Time 10-17-2018 04:58 PM Total Destinations 1 File Settings Number of Images 1 Page(s) : Resolution Standard File Name File Format Bytes Filed **Destinations** Type To Duration Pages Status Reason Fax 62247478 30'46"

1

CPc

Total Duration:

C PAGLAR & CO

ADVOCATES & SOLICITORS UEN NO. 53130985A GST REG NO. M90371275E

50 Chin Swee Road #05-03 Thong Chai Building Singapore 169874 Telaphone: (65) 6535 6545 Facsimie: (65) 6835 2195 Email: pri@cpaglar.com.gs Email: pri@cpaglar.com.gs will Not see Accepted

Success

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

GBF 8872S CP/PRVSLL6607/18.na

30'46"

Date : 17* October 2018

CHINA TAIPING INSURANCE (S'PORE) PTE LTD ATTN: MOTOR CLAIMS DEPT

BY FAX 6224 7478 ONLY

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FOR SURVEYOR

FOR SURVEYOR

C PAGLAR & CO

[Client by Fax 6747 2373 Only] - (SLL 6607E)

Please Initial here after completion of pre-repair inspection.

Appointed Surveryor (Name & Signature)

Date & Time of Inspection

Form 3

Send Confirmation Page [1] of [1] Date/Time 10-17-2018 04:59 PM Model Name X7500GX Machine Serial Number 08FAB1DG700001B Host Name SEC30CDA76176F1 Fax Name Fax Number Job Information Job No. 128464 User Local User Submission Date/Time 10-17-2018 04:57 PM Completed Time 10-17-2018 04:59 PM Total Destinations 1 : File Settings Number of Images : 1 Page(s) Resolution Standard File Name File Format Bytes Filed **Destinations** Type To Duration Pages Status Reason Fax 67472373 30'45" 1 Success

CPc

C PAGLAR & CO

ADVOCATES & SOLICITORS UEN NO. 53130985A GST REG NO. M90371275E

30'45"

50 Chin Swee Road #05-03 Thong Chai Bullding Singapore 169874 Telephone: (65) 6536 5456 Facsimile: (65) 6836 2195 Email: pri@cpaglar.com.sg or count accoments or recounts with not se accomen

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

GBF 8872\$ CP/PRI/SLL6607/18.na

Total Duration:

17th October 2018

CHINA TAIPING INSURANCE (S'PORE) PTE LTD ATTN: MOTOR CLAIMS DEPT

BY FAX 6224 7478 ONLY

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FOR SURVEYOR

completion

C PAGLAR & CO

[Client by Fax 6747 2373 Only] - (SLL 6607E)

Please initial here ofter completion of pre-repair inspection.

Appointed Surveryor (Name & Signature)

Date & Time of Inspection

Form 3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	1185Z
Vehicle No.:	SLL6607E
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Oct 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	P520428448
Chassis No.:	JM6BN22A8H0140627
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,951.00
Original Registration Date:	03 Mar 2017
First Registration Date:	03 Mar 2017
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$9,951.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Mar 2027
PARF Rebate Amount: Intended COE Rebate Details	\$7,463.00
COE Expiry Date:	02 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,751.00
COE Rebate Amount:	\$41,545.00
Total Rebate Amount:	\$49,008.00

The information contained herein is correct as at 24 Oct 2018

ОК

MSME18134406 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 16/10/2018 14:29 SUBMITTED BY: Ang Guo Bao

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 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. 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	16/10/2018 14:29	
Date Of Accident	15/10/2018 17:00	
Exact Location Of Accident	32 TUAS ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL6607E	
Insured/Policyholder		

Name Of Registered Owner KOH ZI JIAN NRIC No S8511185Z **Email Address** NOEMAIL

Mobile Phone No (LOCAL) +65-96969661 Alternative Phone No OFFICE-96969661

Vehicle Particulars

Manufacturer MAZDA Model 3

Exact Purpose for which vehicle was being used at

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5104141232

Cover Note Number

Driver

Name of Driver KOH ZI JIAN NRIC No S8511185Z Date Of Birth 23/03/1985 Occupation INDOOR Date Of Driving Pass 19/11/2004

Driving Experience 13 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96969661

Fax Number

Contact Number OFFICE-96969661

EMail Address NOEMAIL Address

155 JALAN TECK WHYE

#05-67

Postcode

S680155

OWNER

, 001000

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS STATION AT THE DOTTED WHITE LINE TO LOOK OUT OF TRAFFIC, OUT OF SUDDEN VEHICLE GBF8872S DID NOT STOP AND HIT ONTO MY CAR REAR 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

GBF8872S

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 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.
- 3 Information provided must be as <u>truthful</u> and <u>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.
- 5. Any false reporting may be referred to the Police for investigation.
- 5 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)

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 insurers) who have insured vehicle(s) involved in this accident (all insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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
- 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 -

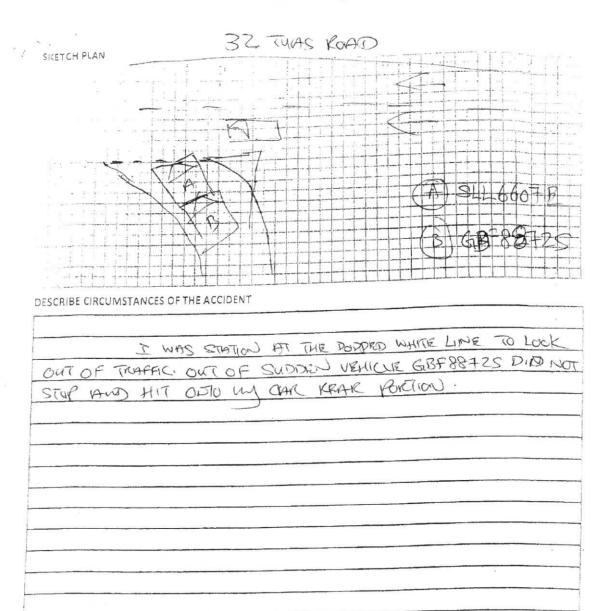
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1



DECLARATION

:/We declare the foregoing particulars are true in every respect.

odicybolder's Signature

Optver's Signature

(Af driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	16 Oct 2018		19 Oct 2018 09:23 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Report Cancel Case	_,
	Main	R	eference	Claim De	tails	Documents	.]	Show All
CLAIM S	UBFOLDER D	ETAILS			[Created	d by insurer]		
Insured:	-, Co. Re	eg. No.: -						
Main Claimant:	кон ZIJI	AN						
Vehicle Re No.:	sLL660	7E		Date of	Loss: [19 Mont	18 00:00 - :59 hs and 12 Days Fro	m LTA Reg Date	(Man Yr)]
Claim Typ	e: TP / SN	M18D04934C02	2	Policy/0 Note N		3024701800		
Vehicle Re No. (Insured):	GBF8872	s		Policy (Claima				
				Excess	S\$0.00			
Repairer:	Uni Auto	motive Pte Ltd (I	HQ) NO. 1 KAKI BU	KIT AVE 6 #01-94 A	UTOBAY@KAKI B	UKIT, 417883 Kaki	Bukit - Tel: 674	82795
Handling Insurer:			(Singapore) Pte. L					
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [Handle	d by ADRIAN LI	NG] [Final Rp	t due 30/10/	2018]
Adj Asg. Remarks:	NO EST, O	CASE W/O SJE.						
ASSOCIA	TED MAIL RI	CEIVED				Vie	w All Compo	se Case Mai
There are	no mail for this	case.						
ALL ASS	OCIATED TA	sks⊟			View All	Search Tasks C	reate New Task	Complete
Due Da		Type Task	Group Subject	t Handler	Assigned By	Completed On	Created 0	n Done

Claim Documents

*SLL6607E (SNM18D04934C02)
[GBF8872S]
TP
KOH ZIJIAN
Oct 15 2018 12:00AM
[-]
Uni Automotive Pte Ltd

Uţ	oload Documents U	pload Photos Compose New Letter	View	View in Brows	ser 🗸
Pho	tos/Images		3 per p	age 🔻	~
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	24/10/18 11:50	General View	0	Load PDF	
2	24/10/18 11:50	Photographs of Damaged Parts	0	Load PDF	
3	24/10/18 11:50	Photo After Spray	0	Load PDF	
Doc	cumentation		1 per p	oage 🔻	V
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	19/10/18 09:23	PRS	0	Load PDF	

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/CTI18019016/ACD3E2

Date:

29/10/2018

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore) Pte. Ltd.

Policy No:

DMCVSN3024701800

Claimant Vehicle No :

SLL6607E

Insured Vehicle No :

GBF8872S

Date of Loss:

15/10/2018

Nature of Claim: TP

Claim No:

SNM18D04934C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SLL6607E

Make & Model:

MAZDA 3, 1.5 (A)

Engine No:

P520428448

23043 km

Reg. Date:

03/03/2017 (Man. Year: 2017)

Chassis No: Odometer: JM6BN22A8H0140627

Colour: Engine Capacity:

1496 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): Engine Modification: Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Rear Tyre Size:

205/60 R16

Front Tyre Size: Front Left Side:

205/60 R16 Firenza 6 mm

Rear Left Side:

Firenza 6 mm

Front Right Side:

Firenza 6 mm

Rear Right Side:

Firenza 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:

19/10/2018

Date Inspected:

19/10/2018 Inspected At:

Uni Automotive Pte Ltd (HQ)

NO. 1 KAKI BUKIT AVE 6 #01-94

AUTOBAY@KAKI BUKIT

Singapore 417883

Estimated Period of Repair:

6.0 days

Adjuster: ADRIAN LING Manager: CELINE FONG

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 \$5,000.00 -\$6,000.00

Adjuster Report Page 4 of 5

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 29 Oct 2018)

Parts: 144 MAZDA 3 1.5 (A) (Catalogue: Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SLL6607E)

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 >