

ASS. REC. BY:

REF:

CS/CR18019097/ RLS d302

Special Instruction:

SURVEYOR
MAMMEN

RASU

ASSIGNMENT (Office)

From (Person):

Irene Tay

of

CT1

Date/Time:

19/10/18 @ 5:05pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGS 4473J

Insured:

GBE 6903E

at Workshop m/s

Burneo Motor

Tel:

9336 6875

of

2 Pandan Crescent

Policy No:

DMCVSN 1806641800

Claim No:

SNM18D04974C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12/10/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11:03am @ 22/10/18

Person Contacted:

Shashi

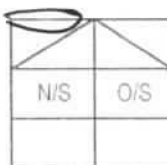
Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate
	SGS 4473J - X
	GBE 6903E - X
22/10/18	vehicle not in yard.

ASSIGNMENT

From: Date: Veh No: 565 44735 Yr Regn: 2016 CVT
 Estimated Cost: Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or
 To Inspect Vehicle No: 565 44735 Make: TOYOTA MISH 18 CVT C.C. 1798
 at Workshop m/s BORNEO MOTOR Colour: MAROON A/C Insured / Std / NI / NA
 of 2, Pannan cars Sp. Reading: 60872 T/Radio: Insured / Std / NI / NA
 Insured: CTI Eng/No:
 Policy No: CTNo: JTDGA20W90J005508
 Claims No: Gen. Cond: Good / Fair / Poor / Burnt
 Sum Insured: Excess: Steering: In order / Jammed / Leaked / Burnt or
 (Client's Record) Brake: In order / Jammed / Leaked / Burnt or
 Make of Veh: Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition) 10am - 12pm Shashi
 Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: Front: Rear:
 IDAC Accident Rpt: Consistent?: Yes or No R/Bal. 6 mm
 GIA / PR. Seen: Consistent?: Yes or No L/Bal. 6 mm
 Est. Repairs: days Res.: Yes or No D.O.A. 12/10/18
 Lum Sum: % 3 Val.: Yes or No Survey held at BORNEO MOTOR
 CA / REV / REP. / 24 HRS Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 Date: Person Contacted: Vehicle: IN / OUT FRF N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

04/09/19 confirmed P/P \$ 1,284.00 @ 3 days with Resul.
 (\$ 1,284.00 Red - 50%)

RECEIVED 14 SEP 2019

Date/Time, File Pass to? 04/09/19
 1) Type
 Date/Time, File Return to?

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 3
 Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Insp (\$)
☐ Weekend (\$)

Survey Fee
 Transportation
 S + RS
 Photos
 Others

Report Format :
 Lump Sum / I.B. / \$ 1,284.00 P/P

270
 270

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Oct 2018		19 Oct 2018 17:05 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:									
Main Claimant: LEONG JYR HANN									
Vehicle Reg. No.: SGS4473J		Date of Loss: 12/10/2018 00:00 - :59							
Claim Type: TP / SNM18D04974C02		Policy/Cover Note No.: DMCVSN1806641800							
Vehicle Reg. No. (Insured): GBE6903E		Policy No. (Claimant):							
		Excess: S\$0.00							
Repairer: Borneo Motors (S) Pte Ltd (Pandan) 2 Pandan Crescent, 128462 West Coast - Tel: 66311857									
Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 30/10/2018]									
Adj Asg. Remarks: EST \$2747.76, CASE WITH SJE.									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete 									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Re: SGS 4473J DOA final bill

Shirley Hiew (LKK Auto)

Wed 4/9/2019 3:17 PM

To: Shashitharan PTCBC <Shashitharan@borneomotors.com.sg>

Hi Shashi,

Finalize amount confirmed.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte LtdPhone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

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

From: Shashitharan PTCBC <Shashitharan@borneomotors.com.sg>**Sent:** Wednesday, 4 September 2019 2:40 PM**To:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>**Subject:** RE: SGS 4473J DOA final bill

From: Shirley Hiew (LKK Auto) [<mailto:ShirleyHiew@lkkauto.com>]**Sent:** Wednesday, September 4, 2019 2:09 PM**To:** Shashitharan PTCBC**Subject:** SGS 4473J DOA - 12/10/2018

CAUTION: This email originated from outside of the organization (Inchcape). Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Shashi,

Please call me back.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte LtdPhone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

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

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could be intercepted, corrupted, lost, destroyed, delayed or incomplete, or could contain viruses. We therefore do not accept liability for any errors or omissions in the contents of this e-mail which arise as a result of e-mail transmission, and you are advised to carry out your own virus checks and confirm the accuracy of the contents of this e-mail before relying on it for any purpose.

TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DS

MCA:

Shashy

MOTOR ACCIDENT REPORT

Date Of Report: 15/10/18 Time: 1649 Date Of Accident: 12/10/2018 Time: 2036
Exact Location Of Accident: 217A PETIR ROAD S(67127) open carpark lot 124
Country/State of Loss: Singapore ☐ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ /

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: SG54473 J Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: S8013508D
Name Of Registered Owner: LEONG JIR HANN
Mobile Number: 81274225 Alternative No: Email Address: leong.emails@gmail.com

Vehicle Particulars

Manufacturer: Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model:
Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):
Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ Reporting Only ☐ Third Party ☒
Vehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐

Insurance Company

Name of Insurance Company: AIG
Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐
Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: 2100485525

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: LEONG JIR HANN NRIC/ Passport / FIN No: S8013508D
Date Of Birth: 02 May 1985 Occupation: Indoor ☒ Outdoor ☐
Date Of Driving Pass: 09 Dec 2005 Gender: Male ☒ Female ☐
Mobile Number: 81274225 Fax No: Alternative No:
Address: Blk 323 TAH CHIN RD #08-SFS (610323) Postal Code: 610323
Email Address: leong.emails.com.sg
Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured:
Vehicle Registration Number of Driver's Own Vehicle (if applicable): S8013508D
Insurance Company of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: Hit and run
Number of Passengers in the above vehicle (Including Driver): / If more than 2 Pax Please fill ANNEX B

PASSENGER 1

Name: Gender: Male ☐ Female ☐
Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):
Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):
Was any body injured in the Accident? No ☒ Yes ☐
Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐
Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:
Number of vehicles involved in the accident:
Was there any witness? No ☒ Yes ☐ If yes, please furnish witness details column below
Witness Name: | Contact No.: | Email:
Was there any other vehicle or property damaged? No ☒ Yes ☐
Was there any video captured by Car Camera? No ☐ Yes ☒ Are accident scene photos available for attachment? No ☐ Yes ☐
Was the accident reported to the police? No ☐ Yes ☒ (If yes, please state which Police Station): Jurong West N.P.C
Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: QB66903 E Vehicle Make/Model/Colour: Toyota Dyna
Details Of Properties Damage in Accident:
Vehicle Category:
Name of Driver:
NRIC/Passport/FIN Number: Contact Number:
Address: Postal Code:
Insurance Company Name:
Nature Of Damage: No. Of Passenger (Including Driver):

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 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 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.
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

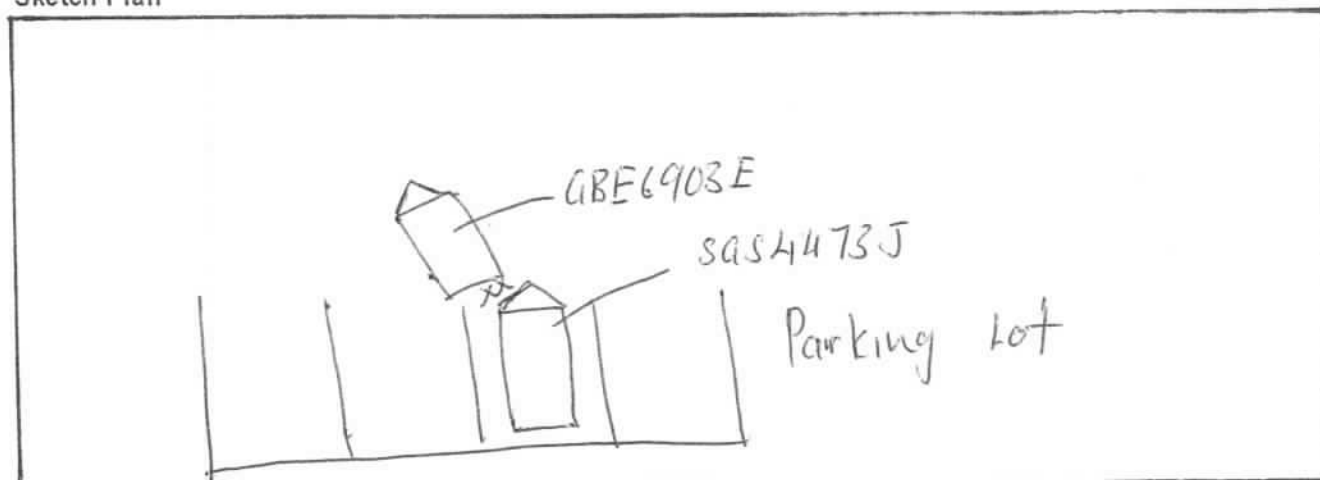
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



- Refer to police report -

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



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



Witnessed by Reporting Centre
Personnel

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 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	17/10/2018 16:57
Date Of Accident	12/10/2018 20:35
Exact Location Of Accident	217A PETIR RD OPEN CP LOT 124
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS4473J
Insured/Policyholder	
Name Of Registered Owner	LEONG JYR HANN
NRIC No	S8013508D
Email Address	LEONG.EMAILS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81279225
Alternative Phone No	OFFICE-81279225

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100485325
Cover Note Number	

Driver

Name of Driver	LEONG JYR HANN
NRIC No	S8013508D
Date Of Birth	02/05/1980
Occupation	INDOOR
Date Of Driving Pass	09/12/2005
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81279225
Fax Number	
Contact Number	OFFICE-81279225
Email Address	LEONG.EMAILS@GMAIL.COM

Address	BLK 323 TAH CHING RD #08-585
Postcode	610323
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER AS ATTACHED

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	GBE6903E
Vehicle Make/Model/Colour	TOYOTA/DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

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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 willful 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 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.
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.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

- Refer to police report -

Declaration

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



Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20181013/2152

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20181013/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 20:05		Vide Report No.:		Station Diary No.: 153	
Informant's Particulars					
Name of Informant: LEONG JYR HANN			Address: APT BLK 323 TAH CHING ROAD #08-58 SINGAPORE 610323		
ID Type / ID No.: NRIC NO / S8013508D			Contact No.: Home/Office: Mobile: 81279225		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 02/05/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Resident technical officer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/10/2018 20:35	Type of Location: Car Park
Location: Along Road 1 PETIR ROAD B/217A Petir Road open carpark lot 124				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBE6903E	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER			0
SGS4473J	Car	TOYOTA	WISH	Maroon		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181013/2152

3 of 3

Report No. T/20181013/2152

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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:

J /

Sr Staff Sgt MUHAMAD RIZMAN BIN SAMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/10/2018 20:05

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

SN 126

Authentication Stamp

NP168



Signature :

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20181013/2152

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20181013/2152

CONTINUATION OF REPORT

Vehicle Owner			
Name	LEONG JYR HANN	ID No.	S8013508D
Related Vehicle	SGS4473J (Car)	Contact No.	81279225
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/10/2018 at about 2010hrs, I had parked my car at Lot 124 of the open carpark of B/217A Petir Road and everything was intact then. I then went over to my in-law's place. On the next day at about 0900hrs, I wanted to retrieve my car and I discovered scratches on the left front bumper. The bumper was also slightly dislodged.

I took a look at the in-car camera recording and the footage revealed that a lorry GBE6903E had tried to park on the left parking lot beside my car and had collided with the left bumper of my car on 12/10/2018 at 2036hrs. There was no note and number left at my car. I am lodging this report to claim insurance for the damages.



Borneo Motors (Singapore) Pte Ltd

Online Service Booking :
www.toyotasingsapore.com.sgToyota Bodycare Centre
No. 2 Pandan Crescent
Singapore 128462
Tel no.: 6631 1188Co Reg No : 196700086Z
GST Reg No : MR-8500000-9**ESTIMATE**

Join Toyota ME @ http://toyotame.borneomotors.com.sg & earn points to redeem for attractive items!

Account Detail	Account No	Customer Detail
THIRD PARTY CLAIM	S1000020 / TPCLAIM	Mr Leong Jyr Hann 323 Tah Ching Road #08-58 Singapore 610323 Mobile: 81279225
	Document No	
	Document Date	
	0	
	17/10/2018	

Year	Make	Model	Reg Date	Veh Reg No	Kilometers	WIP No	Order No/Remarks
16	HPXNP	S6	ZGE20R	27/10/2016	SGS4473J	0	36531 :6TP/SGS4473J/15101:
Chassis No	Engine No	TWC No	Terms	Service Engineer	Vehicle In	Collected On	
JTDGG20W90J005508	2ZR1842508	60	Shashitharan	--/--/----	0.00	--/--/----	0.00

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-SUNDRY SUNDRIES TP VEH NO.: ACC DATE:12/10/18 DATE-IN: DATE SURVEY: NO OF REPAIR DAYS: BY: AUTHORISED ON:				50 100.00
2	B	BP-LAB REPL ACC AFF PARTS AND PANEL STRAIGHTEN AND REALIGN ACC AFF AREA				678 1356.00
3	B	BP-RES RESRPAY ACC AFF AREA				556 1112.00
<p><i>Resul</i> <i>Hp 90010068</i> <i>3 days</i> <i>27/11/18 @ 1050hr</i> <i>Resurvey after repair</i></p> <p><i>28/11/18</i></p> <p><i>KK Auto Consultants</i> hence notify the Repairer of the following: • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.</p>						
For & on behalf of Borneo Motors Date:		Customer's Signature	Change Summary		Total	2,568.00
		Please acknowledge receipt of vehicle	Parts	0.00	GST 7.00%	179.76
			Labour	2,568.00	Less	0.00
			Materials	0.00		
			Lubrication/Fluid	0.00		
			Others	0.00		
Amount Due						2,747.76

PLEASE TEAR ALONG PERFORATED LINE

3804183

TO SECURITY GUARD

3804183PLEASE ALLOW THE UNDERMENTIONED
VEHICLE TO LEAVE THE COMPANY PREMISES.DATE 17/10/2018
TIME 16:08

VEHICLE NO SGS4473J

CUSTOMER

SIGNATURE
FOR BORNEO MOTORS (SINGAPORE) PTE LTD**Borneo Motors**

TAX INVOICE

Toyota Bodycare Centre
No. 2 Pandan Crescent
Singapore 128462
Tel no.: 6631 1188

China Taiping Insurance (S) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909
Attn: Motor Claims Dept

S1000003/ICCI1

38037943

22/05/2019

Mr Leong Jyr Hann
323 Tah Ching Road
#08-58
Singapore 610323
Mobile: 81279225

16 HPXNP S6 ZGE20R 27/10/2016 SGS4473J 72260 36531 16TP/SGS4473J/15101

JTDGG20W90J005508 2ZR1842508 60 Shashitharan 15/04/2019 13.41 22/05/2019 19.3

1 Z BP-SUNDRY SUNDRIES 50.0
 TP VEH NO.: ACC DATE:12/10/18
 DATE-IN: DATE SURVEY:27/11/18
 NO OF REPAIR DAYS:3
 BY:rasul AUTHORISED ON:
2 S BP-SUBLET REPL ACC AFF APRTS AND PANEL A45 678.0
 STRAIGHTEN AND REALIGN ACC AFF AREA
3 S BP-SUBLET RESRPAY ACC AFF AREA A45 556.0

COPY DOCUMENT

1,284.
0.00 GST 7.00% 89.
50.00 0.
1,234.00
0.00
0.00 1,373.

PLEASE MAIL YOUR CHEQUE TO 2 PANDAN CRESCENT, LEVEL 10 INCHCAPE CENTRE, SINGAPORE 128462

22/05/2019
19:31

SGS4473J





















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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Oct 2018		19 Oct 2018 17:05 Edit Adj Rpt	S\$1,284.00 Edit Estimates	S\$1,284.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: -, Co. Reg. No.: -									
Main Claimant: LEONG JYR HANN									
Vehicle Reg. No.: SGS4473J		Date of Loss: 12/10/2018 00:00 - :59 [23 Months and 15 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / SNM18D04974C02		Policy/Cover Note No.: DMCVSN1806641800							
Vehicle Reg. No. (Insured): GBE6903E		Policy No. (Claimant):							
		Excess: S\$0.00							
Repairer: Borneo Motors (S) Pte Ltd (Pandan) 2 Pandan Crescent, 128462 West Coast - Tel: 66311857									
Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 30/10/2018]									
Adj Asg. Remarks: EST \$2747.76, CASE WITH SJE.									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SGS4473J (SNM18D04974C02)**
[GBE6903E]
TP
LEONG JYR HANN
Oct 12 2018 12:00AM
[-]
Borneo Motors (S) Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
2	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
3	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
4	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
5	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
6	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
7	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
8	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
9	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
10	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
11	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
12	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
13	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
14	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
15	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
16	04/09/19 15:24	General View	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	19/10/18 17:04	EMAIL FM BORNEO	 Load PDF	
2	19/10/18 17:04	REPAIR EST	 Load PDF	
3	19/10/18 17:04	TP GIA	 Load PDF	
4	08/11/18 11:16	Singapore Accident Statement	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)				
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>				
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				

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: CS/CT118019097/R1SD3E2

Date: 05/09/2019

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMCVSN1806641800

Claimant Vehicle
No : SGS4473JInsured Vehicle
No : GBE6903E

Date of Loss: 12/10/2018

Nature of Claim: TP

Claim
No: SNM18D04974C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SGS4473J**

Make & Model: TOYOTA WISH, 1.8 (A)

Reg. Date: 27/10/2016 (Man. Year: 2016)

Colour: Maroon

Engine Capacity: 1798 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): **Market Value/New Car Price**

Engine No: 2ZR1842508

Chassis No: JTDGG20W90J005508

Odometer: 60872 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195/65 R15

Front Left Side: Goodyear 6 mm

Front Right Side: Goodyear 6 mm

Rear Tyre Size: 195/65 R15

Rear Left Side: Goodyear 6 mm

Rear Right Side: Goodyear 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	100.00	50.00	50.00	50.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,468.00	1,234.00	1,234.00	50.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,568.00	1,284.00	1,284.00	50.00
+ GST 7.00/7.00% (S\$)	179.76	89.88	89.88	50.00
Nett Amount (S\$)	2,747.76	1,373.88	1,373.88	50.00

INSPECTION

Date of Assignment: 19/10/2018

Date Inspected: 27/11/2018 Inspected At:

Borneo Motors (S) Pte Ltd (Pandan)
2 Pandan Crescent
Singapore 128462

Estimated Period of Repair: 3.0 days

Adjuster: MOHD RASUL

Manager: Hiew May Fung

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.

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 04 Sep 2019)
Parts:	M1-MPV	TOYOTA WISH 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SGS4473J)	
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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*SUNDRIES	Necessary	100.00 FS	*50.00 FS
					Total Parts (\$\$)	100.00 50.00

F=Franchise part. S=SpcNett.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	REPL ACC AFF PARTS AND PANEL STRAIGHTEN AND REALIGN ACC AFF AREA	New	1,356.00	678.00
2	RESPRAY ACC AFF AREA	New	1,112.00	556.00
Gross Labour Cost (S\$)			2,468.00	1,234.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >