Meyingh From (Person	Elaine cheoro	ASSIGNMENT		101-11-0	-
Estimated Co	est:	Diu		ate/Time:19/10/18@	5.10 pm
OD(HTP)(W	S+TP RES / OD RES /	EVA/INV/MV7CS			
To Inspect V	ehicle No:	98G 6672 K	Insured:	GBA 5128D	
at Workshop	m/s	Jin Auto Surio	08 Tel:	6289 8126	•
		SIC 14 De Fu tra	e 10 #01-410		
Sum Insured:	DWCA2N 30610	11800	Excess:		
Make of Veh: (Client's Record				810/F1 A.C	
CA / REV	REP. / REV 24 HRS 10:58/cm3 20/10/18	Person Contacted:	OUIS Vehi	de IN (OUT)	
Date/Time:					
Date/Time: Date/Time		/) Estimato			
	Action/Instruction (
	Action/Instruction (GBG 6672K	CSI/AXA ARUZO	223/Afd1	JUA: 2	1/11/2007

Simplific No/cus	C1./	
	ASSIGNMENT	
From: Date:	Veh Mo. GBG 66726	Yr Regn: Q / / 7
Estimated Cost:	Type: M.Gar / M.Gycle / Bus (Van / L	orry / Taxl / Prime Mover /
C	Truck (Traffer or (M)	/
To Inspect Vehicle No. C. B B 66726	Make Toylota	liger = 29f2
OD / (P) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop mus J. n. Auc	Colour S.hu	A/O: Insured / Std / NI / NA
J. A HU	Sp.Reading 2,2 45-4	TrRadia: Insured / Std / NI / Na
insured	Eng/Ne	
Policy No.		28 100 2328 60
Cialms No.	Gen. Cong. Good / Fair / Poor / Burn	21 100 650100
Sum Insured: Excess;	Steering: Increter / Jammed / Leaked	/ Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked	
Make of Veh:	Modil: Nil S/Rim / STD A/Rim o	
	Tyre Size: F: /85	RIS
(Policy Condition)	R:	
Remark: The veh had commenced its N/S	O/S BS JOUN / EXNOVA / GY / FS / LIZA	/ MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or	
Bal. or Market Value:	Front 6	Rear 6
JDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm	R/Bal. / m
GIA PR Seep Consistent? : Yes or No	L/Bal. 6 mm	L/Bal. m
Est. Repairs: 3 days Res.: Yes or No	D.O.A. , 2/10/18	D.O.I. 22/10/18
Lum Sum: 1.51 % 3 Val.: Yes or No	Survey held at	
CA / REV / REP. / 24 HRS 6 4950	Des. of Damages : Frt / Rear LO/S	/ N/S / U/C / Rooftop or
Vehicle: IN	IOUT AP	
Date: Person Contacted:	The U/C / Chassis frame / Boo	dy Structure affected due to collision
Date / Time Action / Instruction		
1/18: 274 29086	Audi la break cent	1 110 2 11 1
119. Jours Rom rejain sa	I well hespit send.	ins ruga. Private
Survey per		
RECE	IVED 0 9 JAN 2019	
	H K K K 25 M	
		500 00 ×
Date/Time File Pass to Preli. Report	Days Of Repair:	
Data/Time File Pass 167 Preli. Report 1 04/1 MM31 : Final Report	Days Of Repair: Resurvey No. of Trip:	Survey Fee 200
Dala/Time. File Raturn to?: Final Report	Resurvey No. of Trip:	Transportation
Dala/Time. File Raturn to?: Final Report	Resurvey No. of Trip:	Transportation:
Dala/Time. File Raturn to?: Final Report	Resurvey No. of Trip:	Transportation

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

	Notified	Est Submitted	Ad Assigned	Adj Rys	Aug Submitted	ins Auth'ed	Status	
Main	19 Oct 2018 Sendback Est	19 Oct 2018 11:01 S\$3,005.00	19 Oct 2018 17:15 Assign				New Assig Cancel Cas	A CONTRACTOR OF THE PARTY OF TH
	Main	Referen	nce	Claim Deta	ils	Documents		Show All
CLAIM SU	BFOLDER DETA	ILS						
Insured:	SG LEASING	PTE LTD, Co. Rec	. No.: -					
Main Claimant:	UNIQUE AIR	CONDITIONING	SERVICES, Co	. Reg. No.: 529664	95W			
Vehicle Reg No.:	GBG6672K			Date of L	USE.	3 10:00 - :59 and 19 Days Fro	m LTA Reg Date ([Man Yr)]
Claim Type	,	D04968C02		Policy/Co Note No.	13M(VSN1 /	51051801		
Vehicle Reg No. (Insured):	GBA5128D	GBA5128D Policy No. (Claimant): DMCVSN3061011800						
					S\$0.00			
Repairer: Handling	Jin Auto Serv	rices Pte Ltd (Def	u) Blk 14 Defu L	ane 10, #01-410/4	12, 539195 Defu	Lane - Tel: 6289	8126	
Insurer:	China Taiping	g Insurance (Sing	apore) Pte. Ltd	I. (HQ) - Tel: 6389	6111 [Handle	d by Elaine Chec	ong]	
Claimant's Insurer:	China Taiping	g Insurance (Sing	apore) Pte. Ltd	I. (HQ) - Tel: 6389	6111			
Adjuster:	LKK Auto Cor	nsultants Pte Ltd	(HQ) - Tel: 6256	-3561 [Final I	Rpt due 30/10,	/2018]		
Driver/Cust dian (Insured):	57.71	lale), NRIC: S974	4941D, Tel: +	6587529151				
Adj Asg. Remarks:	EST \$3215.35	, CASE WITH SJE.						
ASSOCIAT	ED MAIL RECEI	VED				Vie	ew All Compos	e Case Mai
There are n	o mail for this cas	e,						
ALL ASSO	CIATED TASKS	3			View All	Search Tasks	Create New Task	Complet
Due Date No results.	Priority T	ype Task Grou	p Subject	Handler As	signed By	Completed On	Created On	Done

Jin Auto Services Pte Ltd

Blk 14 Defu Lane 10 #01-410/412 Singapore 539195

Tel: 6289 8126 Fax: 6287 0590

Email: Jin@jinauto.com.sg

20/10/16 3 L. Company Reg. No: 200704370C GST Reg.No: 200704370C

TP INSURER:

China Taiping Insurance (Singapore) Pte. Ltd. (HQ)

Singapore

Claimant Insurer:

China Taiping Insurance (Singapore) Pte. Ltd.

PARTICULARS OF CLAIM

Claim Type:

Third Party

Ref. No:

GBG6672K

Policy No:

Date of Loss:

17/10/2018

Vehicle Reg. No.: Party At Fault:

GBG6672K

Driveable?

Driver (TP):

THIRD PARTY YAP CHEE LENG

Driver (Insured):

AMIRRUL

Make/Model:

TOYOTA HIACE, 2.0 (M)

Vehicle Reg. Date:

28/09/2017

Vehicle Colour:

Silver

Engine No:

1KD2749386

Chassis No:

JTFHT02P100232960

Odometer:

20139 KM

Paint Type:

Total Loss?

NO

Est. Duration of Repair (day) 5

Description of Accident/Loss I WAS TRAVELLED ALONG JALAN HAJIJAH TOWARDS UPPER EAST COAST

ROAD , SUDDENLY FRONT VEHICLE B(GBA5128D) REVERSED AND HIT ONTO

MY VEHICLE FRONT PORTION , NO ONE WAS INJURED.

Present Location:

JIN AUTO SERVICES PTE LTD (DEFU)

COST OF CLAIMS	LKK Auto Consultants hence the Repairer of the followin		Amount
Parts	To resurvey before/after spray p To display damaged part(s) duri	ainting no resurvey	1,575.00
Miscellaneous Items Labour	Parts prices are subject to confi Third party survey is on a "Without party survey is o	1,430.00	
Paintwork Labour Towing	No illegal modification(s) is allow Supplementary item(s) must be is subject to final approval from	resurveyed and	0.00
	Acknowledged by Repairer Signature: Date:	Gross Total (S\$) + GST 7.00% (S\$)	3,005.00 210.35
	500	Nett Amount (S\$)	3,215.35

This claim is handled by: FOONG SAU WAH

REPAIR DETAILS

Reference

Part Source:

(Last Synchronised: 19 Oct 2018)

Parts:

N/A

TOYOTA HIACE 2.0 (M) (Model not available in database)

Labour: Print Code: Jin Auto Services Pte Ltd/GBG6672K/19/10/2018 11:01

Repairer's

(Price-denominated Standard List)

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 *.

Estimates on Parts

No.	Qty Pa	art No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT UPPER GRILLE	0.00	0.00	*80.00 F
2	1		*FRONT LOWER GRILLE	0.00	0.00	*120.00 F
3	1		*FRONT GRILLE INNER M 7	0.00	0.00	*175.00 F)
4	10		*CLIPS 12	0.00	0.00	*40.00 F >
5	1		*FRONT BUMPER	0.00	0.00	*160.00 F
3	1		*FRONT BUMPER SIDE RETAINER A 1	0.00	0.00	*45.00 F
7	1		*FRONT BUMPER CENTER GRILLE 1/1	0.00	0.00	*80.00 F
3	1		*FRONT LOGO A A	0.00	0.00	*25.00 F
9	2		*FRONT HEADLAMP 11	0.00	0.00	*480.00 F
10	1		*FRONT NUMBER PLATE (VC	0.00	0.00	*35.00 F D
11	1		*BONNET /	0.00	0.00	*240.00 F
12	1		*BUMPER REINFORCEMENT / ^	0.00	0.00	*95.00 F
=Fra	nchise part.					
			Tota	Il Parts (S\$)		1,575.00

Jin Auto Services Pte Ltd/GBG6672K/19/10/2018 11:01. Not valid without Reference section. Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

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	uula	100	OII	La	DOUL

No	Particulars	Lab,Type		Amount
Labo	our Items	A74.21823	300	
1	LABOUR CHARGE TO RENEW PARTS AND REPAIR SUPPORT PANEL	New		550.00
2	SPRAY PAINTING	New	500	850.00
3	CHECK WIRING	New	20	30.00
		Gross Labour Cost (S\$)		1,430.00

Jin Auto Services Pte Ltd/GBG6672K/19/10/2018 11:01. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
(1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	ACCIDENT STATEMENT
Date Of Report	17/10/2018 14:36
Date Of Accident	17/10/2018 10:30
Exact Location Of Accident	JALAN HAJIJAH TOWARD UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG6672K
Insured/Policyholder	
Name Of Registered Owner	UNIQUE AIR CONDITIONING SERVICES
Co Reg No	52966495W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93627483
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY

COMMERCIAL VEHICLE

Vehicle Category Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

DMCVSN3061011800 Policy Number

Cover Note Number

Driver

Name of Driver YAP CHEE LENG

NRIC No S7206402Z Date Of Birth 28/02/1972 Occupation OUTDOOR Date Of Driving Pass 18/11/1996

21 YEARS AND 10 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-93627483

Fax Number

Contact Number

KEE1850@GMAIL.COM EMail Address

Address BLK 6 BEDOK SOUTH AVENUE 2 #05-332

Postcode 460006

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

insurance company or briver's Own vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? 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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

NO

3

DRIVER'S COMPANY'S WORKER

GENDER: :

: MALE

Passenger 2

NAME:

NO

NO

: DRIVER'S COMPANY'S WORKER

GENDER:

: MALE

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?

Circumstances of Accident

I WAS TRAVELLED JALAN HAJIJAH TOWARDS UPPER EAST COAST ROAD , SUDDENLY FRONT VEHICLE B(GBA5128D) REVERSED AND HIT ONTO MY VEHICLE FRONT PORTION , NO ONE WAS INJURED.

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

GBA5128D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

 Name of Driver
 AMIRRUL

 NRIC/Passport Number
 \$9744941D

 Contact Number
 87529151

Address Postcode

Page 2 of 19

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- L. 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 <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.
- 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 ludgment 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.
- 3. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My inverse, 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:
 - processing, handling and/or dealing with my claims including the softlement 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, involves, 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/faw 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 ann/or GIA to their third party service providers or agents fincluding their lawyers/law Tirms), 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 frout, regulators, law enforcement and government agencies as re-sonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders-

UNIQUE AIR CONDITIONING SERVICES

1 , Commonwealth Lane 209-12, Our Commonwealth

Policyhukter's Sens fur Date & Time: IIp : 9367 Albi Driver's Signature (If driver is not the policyholder) Date & Time Reporting Centre Personnel's Name ANDY

NRIC/FIN NO.

Accident Sketch Plan

	DOA: 17/10/2018
	A: GBG667
UPPER EAST COAST RD	B: GBA5128
Ä	video Fadage
+ Jakin Harrah	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was Travelled Jalan Hajijah Toward Upper	east coast road,
outo, Front portion, no one was injured.	
DECLARATION /We declare the foregoing particulars are true in every respect.	
/We declare the foregoing particulars are true in every respect. NIOLIE ALR CONDITIONING SERVICES	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	6495W
Vehicle No.:	GBG6672K
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Oct 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	1KD2749386
Chassis No.:	JTFHT02P100232960
Maximum Power Output:	
Open Market Value:	\$28,138.00
Original Registration Date:	28 Sep 2017
First Registration Date:	28 Sep 2017
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$1,407.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	27 Sep 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$32,590.00
COE Rebate Amount:	\$29,086.00
Total Rebate Amount:	\$29,086.00

The information contained herein is correct as at 24 Oct 2018

ОК

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

aforesaid.	
要是否是是被整体的。	ACCIDENT STATEMENT
Date Of Report	19/10/2018 14:45
Date Of Accident	17/10/2018 10:30
Exact Location Of Accident	EAST COAST ROAD
Country/State of Loss	SINGAPORE
Company of the Compan	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA5128D
Insured/Policyholder	
Name Of Registered Owner	SG LEASING PTE LTD
Co Reg No	201317520E
Email Address	SGLEASING@OUTLOOK.COM
Mobile Phone No	
Alternative Phone No	OFFICE-84211426
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	HIRE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1751051801
Cover Note Number	15/08/18 - 14/08/19
Driver	
Name of Driver	MUHAMMAD AMIRRUL BIN YUNOS
NRIC No	S9744941D
Date Of Birth	06/12/1997
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number Fax Number	(LOCAL) +65-87529151
Contact Number	8

NOEMAIL

Address

BLK 12 BEDOK SOUTH AVE 2 #11-634

Postcode

460012

OTHER - HIRER

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?

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

REFER ATTACHED.

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

GBG6672K

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

62898126 (OFFICE)

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO .: GBA 51283

INSURER DATE & TIME:

IMPORTANT NOTICE

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- 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.
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- 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
- 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

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

KETCH PLAN		• *)
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		A: GBASI28D
	Tall	B: GB & 6 672K
	130	6289 8126 04
	P.S.A.E.A. (10 st)	928 9 8126 3-4
	E>54 Coost Rd	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Ins: China Tolping	Veh No. GBA5128D	388-17 10 18 10-30 am
, 7		4 1
×I um de mesu	ng goods at the customer	house and was
il is be as t	my vehicle, so when I the	utel my bled east
there was not	relied forhind me so I	Reverse my vehicle
and Cesterale	I heard a loud bang beh	ind me and 1 stop
	a room gard ger	1100 1100
my Vehicle.		
		1
Note: Please note that yo	ur insurer may have 14days Time Frame for yo	ou to submit an Own Damage Claim
	nprehensive policy. Please check with your pol	icy for more information.
ECLARATION		
We declare the foregoing parti	culars are true in every respect.	
(meg. No.) -	A	
1000	-Va	1 1
2113	(Alexander)	(75) ag 19/10/18
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ite & Time:	(If driver is not the policyholder)	Name:
	Date & Tirne:	NRIC/FIN No.:
Althor sees the all force via () CI	aim Own Policy () Claim Third Party (/) R	eporting Only
() C	laim ODITE at other workshop (1

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

LAIM SUBF	DLDER TRACK	CING								
Case 1	lotified	Est Submitted	Adj Assigned		Adj Rpt	Adj	j Submitted	Ins Auth'ed	Status	
Main 1	9 Oct 2018 Sendback Est	19 Oct 2018 11:01 \$\$3,005.00	19 Oct 2018 17:15 Edit Adj Rpt	J	S\$820.00 Edit Estimates	1000	820.00 /iew Rpt		Report Cancel	Case
м	ain	Refe	erence	ľ	Claim Deta	ils		Documents		Show All
CLAIM SUB	FOLDER DETA	AILS			The second second					
Insured:	SG LEASING	PTE LTD, Co.	Reg. No.: -							
Main Claimant:	UNIQUE AI	R CONDITIONIN	G SERVICES,	Co.	Reg. No.: 5296649	5W				
Vehicle Reg. No.:	GBG66721	K			Date of Lo	oss:	17/10/2018 [12 Months a	10:00 - :59 and 19 Days Fro	m LTA Reg Da	ite (Man Yr)]
Claim Type:	TP / SNM18D04968C02			Policy/Cov Note No.:		DMCVSN1751051801				
Vehicle Reg. No. (Insured):	GBA5128D		Policy No. (Claimant		DMCVSN3061011800					
					Excess:		S\$0.00			
Repairer:	Jin Auto Sei	rvices Pte Ltd (D	efu) Blk 14 Def	u La	ne 10, #01-410/41	2, 5	39195 Defu La	ne - Tel: 6289 8	3126	
Handling Insurer:	China Taipir	ng Insurance (S	ingapore) Pte.	Ltd.	(HQ) - Tel: 6389	5111	[Handled	by Elaine Cheo	ng]	
Claimant's Insurer:	China Taipir	ng Insurance (S	ingapore) Pte.	Ltd.	(HQ) - Tel: 6389	5111	Ĺ			
Adjuster:	LKK Auto Co	onsultants Pte L	td (HQ) - Tel: 6	256-	3561 [Handled	by M	IARCUS CHU	1] [Final R	pt due 30/1	0/2018]
Driver/Custo dian (Insured):	AMIRRUL (/	Male), NRIC: S	9744941D, Tel	: +6	587529151					
Adj Asg. Remarks:	EST \$3215.3	5, CASE WITH SJE								
ASSOCIATE	D MAIL RECE	IVED						Vie	w All Com	pose Case Mail
There are no	mail for this ca	se.								
ALL ASSOC	IATED TASKS	S ∃	00			V	/iew All Se	arch Tasks C	reate New Tas	k Complete
Due Date No results.	Priority	Type Task G	roup Subje	ct	Handler As	sign	ed By C	Completed On	Created	On Done?

Claim Documents

GBG6672K (SNM18D04968C02)

[GBA5128D]

TP

UNIQUE AIR CONDITIONING SERVICES

Oct 17 2018 10:00AM

[SG LEASING PTE LTD]

Jin Auto Services Pte Ltd

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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: Repairer 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:

CS/CTI18019098/UQD3E2

Date:

09/01/2019

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMCVSN1751051801

Claimant Vehicle

GBG6672K

Insured Vehicle No:

GBA5128D

Date of Loss:

17/10/2018

Nature of Claim: TP

Claim No:

SNM18D04968C02

JTFHT02P100232960

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

GBG6672K

Make & Model:

TOYOTA HIACE, 2.0 (M)

Engine No: Chassis No:

Odometer:

1KD2749386

20454 km

Reg. Date: Colour:

28/09/2017 (Man. Year: 2017)

Engine Capacity:

2982 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): CONDITION OF TYRES

Yes Engine Modification:

195 R15

195 R15

Pre-accident Condition:

Front Tyre Size: Front Left Side:

Bridgestone 6 mm

Rear Tyre Size: Rear Left Side:

No

Bridgestone 6 mm

Front Right Side:

Bridgestone 6 mm

Rear Right Side:

Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,575.00	0.00	1,575.00	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,430.00	820.00	610.00	42.66
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,005.00	820.00	2,185.00	72.71
+ GST 7.00/7.00% (S\$)	210.35	57.40	152.95	72.71
Nett Amount (S\$)	3,215.35	877.40	2,337.95	72.71

INSPECTION

Date of Assignment:

19/10/2018

Present Location:

Jin Auto Services Pte Ltd (Defu)

Date Inspected:

22/10/2018 Inspected At: Jin Auto Services Pte Ltd (Defu) Blk 14 Defu Lane 10, #01-410/412

Singapore 539195

Estimated Period of Repair:

3.0 days

Adjuster: MARCUS CHUA

Manager: SHIAU CHAN

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_p... 9/1/2019

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 COST NOT CONCLUDE)

Adjuster Report Page 4 of 5

REPAIR DETAILS

Referen	ce	
Part Source	:	(Last Synchronised: 09 Jan 2019)
Parts:	N/A	TOYOTA HIACE 2.0 (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted,	no print-code for GBG6672K)
Validity:		es are valid only if they contain the print code (above) on all estimate pages, running page he END OF ESTIMATES marker on the last estimate page
Further Info	: Items/values n	ot in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT UPPER GRILLE	Repair	80.00 F	*-F
2	1		*FRONT LOWER GRILLE	Repair	120.00 F	*-F
3	1		*FRONT GRILLE INNER	Not Necessary	175.00 F	*-F
4	10		*CLIPS	Not Necessary	40.00 F	*-F
5	1		*FRONT BUMPER	Repair	160.00 F	*-F
6	1		*FRONT BUMPER SIDE RETAINER	Not Necessary	45.00 F	*-F
7	1		*FRONT BUMPER CENTER GRILLE	Not Necessary	80.00 F	*-F
8	1		*FRONT LOGO	Not Necessary	25.00 F	*-F
9	2		*FRONT HEADLAMP	Not Necessary	480.00 F	*-F
10	1		*FRONT NUMBER PLATE	Serviceable	35.00 F	*-F
11	1		*BONNET	Repair	240.00 F	*-F
12	1		*BUMPER REINFORCEMENT	Not Necessary	95.00 F	*- F
F=Fra	anchise	part.		Total Parts (S\$)	1,575.00	0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

Particulars	Lab.Type	Repairer's	Amount
our Items			
LABOUR CHARGE TO RENEW PARTS AND REPAIR SUPPORT PANEL	New	550.00	300.00
SPRAY PAINTING	New	850.00	500.00
CHECK WIRING	New	30.00	20.00
Gross Lal	oour Cost (S\$)	1,430.00	820.00
	DUIT Items LABOUR CHARGE TO RENEW PARTS AND REPAIR SUPPORT PANEL SPRAY PAINTING CHECK WIRING Gross Lai	LABOUR CHARGE TO RENEW PARTS AND REPAIR New SUPPORT PANEL SPRAY PAINTING New	LABOUR CHARGE TO RENEW PARTS AND REPAIR New 550.00

< END OF ESTIMATES >