

22/03/2002

ASS. REC. BY:

REF: CS/TMLIS020351/Avbn2

Special Instruction:

Survivor

Maimen

**ASSIGNMENT (Office)**From (Person): Zheng Hanyang of TML Date/Time: 09/12/2018 359pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: YL 9988G Insured: GZ 1593Dat Workshop m/s Hua Meng Tel: 6746 5599of Blk 1 Kaki Bukit Ave 6 #01-61Policy No: MJ001172 Claim No: M1803361

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 22.10.2018  
(Client's Record)CA / REV / REP. / REV 24 HRS wp

H.O.D. Endorsement:

Date/Time: 09.11.2018 4:50pm Person Contacted: June Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	YL 9988G - NA/CAL/5011292/d2
	GZ 1593D - x
2/1/19	Adrian confirmed LS \$500 (Fed 696, 589)

DA: 07072015

Adrian

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

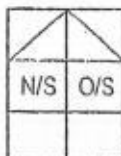
Claims No. \_\_\_\_\_

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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: YL9988G Yr Regn: 2002, Oct.Type: M.Car / M.Cycle / Bus / Van / Corr / Taxi / Prime Mover /

Truck / Trailer or

Make: Isuzu NHR69 c.c. 3059Colour Blue/Red A/C: Insured / Std / NI / NASp. Reading 927847 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: NHR69C740027Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175R14CR: 175R14C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 12/11/18Survey held at Hua May

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear n/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time \_\_\_\_\_ Action / Instruction

TP to be Marine

RECEIVED 02 JAN 2019

Date/Time, File Pass to?

Date/Time, File Return to?

1) 2/1 - typist

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

Prel. Report: \_\_\_\_\_

Final Report: \_\_\_\_\_

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic &amp; Add.

S + RS, SI

Photos

Others

TOTAL

25010260

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	23 Oct 2018		09 Nov 2018 15:59 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	CRYSTAL JADE FOOD MANUFACTURER PTE LTD, Co. Reg. No.: 199705164E								
Main Claimant:	ISLAND TOWING SERVICES, Co. Reg. No.: 53269210A								
Vehicle Reg. No.:	YL9988G	Date of Loss:	22/10/2018 09:00 - :59						
Claim Type:	TP / M1805361	Policy/Cover Note No.:	MJ001172 (TP, Fire & Theft) Coverage: 01/09/2018 - 31/08/2019						
Vehicle Reg. No. (Insured):	GZ1593D	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	Hua Meng Spray Painting Workshop (HQ) No 1 Kaki Bukit Avenue 6, #01-61 Autobay@Kaki Bukit, 417883 Kaki Bukit - Tel: 67478064, 67465519								
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Zheng Hanyang - 65926416]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 20/11/2018]								
Driver/Custodian (Insured):	TEO HOCK KEE (), NRIC: S1266623C, Tel: +6591871592								
Adj Asg. Remarks:	PLS. CHECK CONSISTENCY OF THE DAMAGE & PARTS PRICE. THKS								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;">View All Compose Case Mail</span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;">View All Search Tasks Create New Task Complete</span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	9210A
<b>Vehicle Details</b>	
Vehicle No.:	YL9988G
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Nov 2018
Vehicle Make:	ISUZU
Vehicle Model:	NHR69C
Primary Colour:	Blue
Manufacturing Year:	2001
Engine No.:	4JG2799379
Chassis No.:	NHR69C7410027
Maximum Power Output:	-
Open Market Value:	\$27,841.00
Original Registration Date:	11 Oct 2002
First Registration Date:	11 Oct 2002
Transfer Count:	3
Actual ARF Paid:	\$1,393.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	10 Oct 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$57,140.00
COE Rebate Amount:	\$22,327.00
<b>Total Rebate Amount:</b>	<b>\$22,327.00</b>

The information contained herein is correct as at 13 Nov 2018

OK

MSME18137743 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 23/10/2018 16:31  
SUBMITTED BY: Chia Pei Ying

## 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 23/10/2018 16:31  
Date Of Accident 22/10/2018 09:15  
Exact Location Of Accident GAMBAS AVE  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YL9988G  
**Insured/Policyholder**  
Name Of Registered Owner ISLAND TOWING SERVICES  
Co Reg No 53269210A  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-91828211  
**Vehicle Particulars**  
Manufacturer ISUZU  
Model NHR69C  
Exact Purpose for which vehicle was being used at time of accident  
Are you claiming under your own insurance policy for repair to your vehicle? NO  
If No, Please state action to be taken THIRD PARTY  
Vehicle Category COMMERCIAL VEHICLE  
**Insurance Company**  
Name of Insurance Company AXA INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number P1946966  
Cover Note Number  
**Driver**  
Name of Driver WANG HUI  
NRIC No G5280345X  
Date Of Birth 05/06/1980  
Occupation INDOOR  
Date Of Driving Pass 20/01/2018  
Driving Experience 0 YEAR AND 9 MONTH  
Gender MALE  
Mobile Number (LOCAL) +65-83050969  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address -  
 Postcode -  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -

### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
 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

I WAS STATIONARY ALONG LANE 2 IN GAMBAS AVENUE ON 22/10/2018 AT 0915HRS. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY REAR. VEHICLE B COLLIDED ONTO REAR LEFT PORTION OF MY VEHICLE.

### 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 GZ1593D  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver TEO HOCK KEE  
 NRIC/Passport Number S1266623C  
 Contact Number 91871592  
 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 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 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  
Date

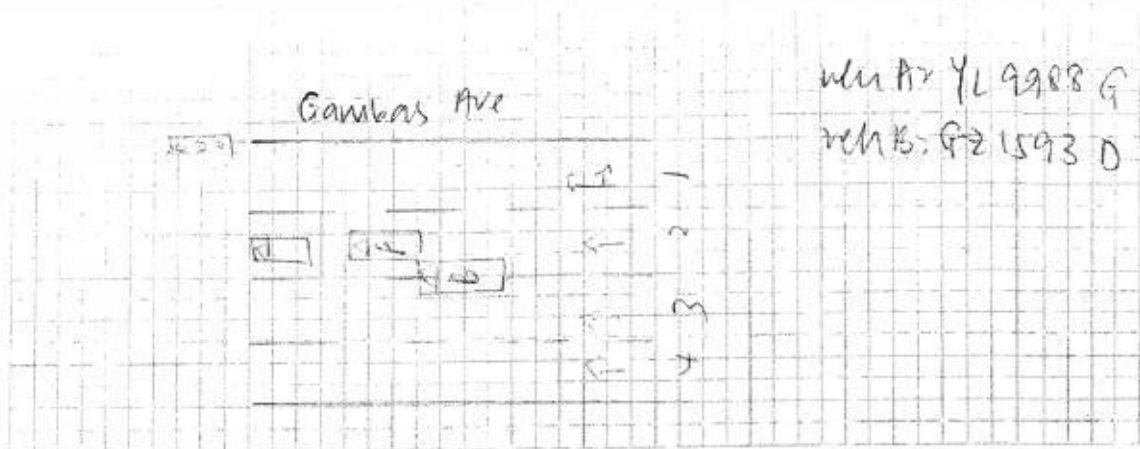
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along lane 2 in Gambas Ave on 22.10.2018 @ 0915 hrs. Suddenly, I heard a bang sound and felt an impact from my rear - vehicle B was collided into rear left portion of my vehicle.

## DECLARATION

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



*[Signature]*

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



YL 99886.

TP Tokia Marine  
Version:

Suzuki NHR 69.

NHR 69C7410027.

Tail lamp. cracked

246. /

Panel Beating.

~~3000.~~ 1000.

Spray Painting (Multi Colour).

~~600~~ 300.

Wiring.

~~50~~ 30.

1196

list: 246.

len 15%: 209.10

Labour: 430

total: 639.10

A/S: 500

02 Days.

LKK Auto Consultants 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

Acknowledged by Repairer

Signature:

Date:

## 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/TMI18020351/AVBN2

Date: 04/01/2019

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ001172
Claimant Vehicle No :	YL9988G	Insured Vehicle No :	GZ1593D
Date of Loss:	22/10/2018	Nature of Claim:	TP
		Claim No:	M1805361

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	YL9988G	Engine No:	4JG2799379
Make & Model:	ISUZU NHR69E, 3.1 D (M)	Chassis No:	NHR69C7410027
Reg. Date:	11/10/2002 (Man. Year: 2001)	Odometer:	927847 km
Colour:	Blue/Red		
Engine Capacity:	3059 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	175R14C	Rear Tyre Size:	175R14C
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	246.00	209.10	36.90	15.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	950.00	430.00	520.00	54.74
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (\$\$)</b>	<b>1,196.00</b>	<b>639.10</b>	<b>556.90</b>	<b>46.56</b>
<b>Approved Total (Overridden) (\$\$)</b>		<b>500.00</b>		
<b>Nett Amount (\$\$)</b>	<b>1,196.00</b>	<b>500.00</b>	<b>696.00</b>	<b>58.19</b>

## INSPECTION

Date of Assignment:	09/11/2018	
Date Inspected:	12/11/2018 Inspected At:	Hua Meng Spray Painting Workshop (HQ) No 1 Kaki Bukit Avenue 6, #01-61 Autobay@Kaki Bukit Singapore 417883

Estimated Period of Repair: 2.0 days

Adjuster: ADRIAN LING

Manager: VERON CHEN

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

<b>Reference</b>		
<b>Part Source:</b>	(Last Synchronised: 04 Jan 2019)	
<b>Parts:</b>	N/A	ISUZU NHR69E 3.1 D (M) (Model not available in database)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for YL9988G)	
<b>Validity:</b>	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	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*TAILLAMP	Cracked	246.00 F	*246.00 FL
						F=Franchise part. L=ListItemDisc.
<b>Sub Total (S\$)</b>					<b>246.00</b>	<b>246.00</b>
<b>- List Item Discount on L Items 0.00/15.00% (S\$)</b>					<b>0.00</b>	<b>36.90</b>
<b>Total Parts (S\$)</b>					<b>246.00</b>	<b>209.10</b>

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
<b>Labour Items</b>				
1	PANEL BEATING	New	300.00	100.00
2	SPRAY PAINTING (MULTI COLOUR)	New	600.00	300.00
3	WIRING	New	50.00	30.00
<b>Gross Labour Cost (\$\$)</b>			<b>950.00</b>	<b>430.00</b>

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;