

22/03/2002

SS REC. BY:

REF: RS3 / CTL18020530 / J deez

Special Instruction:

Survivor  
MunnenASSIGNMENT (Office)From (Person): June Tay of CTL Date/Time: 13.11.2018 432pm

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMF 529L Insured: GBF 6207Bat Workshop m/s Hong Auto Tel: 6747 6436of 2 Kaki Bukit Ave 2 # 01-28Policy No: DMCVSN3061981801 Claim No: SNM18DD5303C02

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

Make of Veh: \_\_\_\_\_ D.O.A. 09/11/2018  
(Client's Record)CA / REV / REP. / REV 24 HRS WPI 14.11.2018 @ morning H.O.D. Endorsement: \_\_\_\_\_Date/Time: 13.11.2018 437pm Person Contacted: An Hung Vehicle IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
	<u>SMF 529L - X</u>
	<u>GBF 6207B - X</u>
	<u>Diamond: 14/11/2018</u>
	<u>After repair: 19/11/2018</u>

PRS  
Surrey Hwee He

REF: CTI

ASSIGNMENT

From: Date: 14/11/2018

Estimated Cost:

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

To Inspect Vehicle No: SMF 527L

at Workshop m/s Hong Auto

of 2 Kaki Bukit Ave 2 #01-28

Insured:

Policy No.

Claims No.

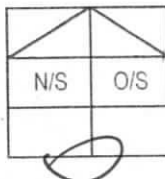
Sum Insured: Excess:

(Client's Record)

Make of Veh: Morning

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMF 527 L Yr Regn: 26 Oct 2018

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota harrier C.C. -1998

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 752 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTEZB36H90J003208

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/55 R18

R: -

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 9/11/18 D.O.I. 14/11/18

Survey held at - @ 1020

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

Rear

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

Date / Time Action / Instruction

Range: \$8,000-\$9,000  
6 days

19/11/2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: PRS.

Lump Sum / I.B.I: (\$ )

150

150

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

### CLAIM SUBFOLDER TRACKING

	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	15 Nov 2018		16 Nov 2018 12:13 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

<b>Main</b>	<b>Reference</b>	<b>Claim Details</b>	<b>Documents</b>	<a href="#">Show All</a>
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#### CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:			
Main Claimant:	<b>SIM SIO LENG</b>		
Vehicle Reg. No.:	<b>SMF527L</b>	Date of Loss:	09/11/2018 10:00 - :59
Claim Type:	<b>TP / SNM18D05303C02</b>	Policy/Cover Note No.:	DMCVSN3061981801
Vehicle Reg. No. (Insured):	<b>GBF6207B</b>	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	<b>Hong Auto Services (Kaki Bukit)</b> 2 Kaki Bukit Avenue 2, #01-28 Kaki Bukit Auto Hub, 417921 Kaki Bukit - Tel: 67476436 / 98535155		
Handling Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Irene Tay Hui Ping</b> - 638986192]		
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... <b>[Final Rpt due 27/11/2018]</b>		
Adj Asg. Remarks:	PLEASE SURVEY AND REVERT		

#### 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](#)

Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.								

## Catherine Chong (LKK Auto)

---

**From:** Irene Tay <irene.tay@sg.cntaiping.com>  
**Sent:** Tuesday, 13 November, 2018 4:32 PM  
**To:** Lheny  
**Cc:** assignments@lkkauto.com  
**Subject:** CTP REF NO. SNM18D05303C02 CYO REF NO. CY.SMF527L.18.HAS(HW).WP(LH) - ACCIDENT INVOLVING SMF527L AND GBF6207B ON 09 NOVEMBER 2018  
**Attachments:** 13112018162912.pdf

WITHOUT PREJUDICE

Dear Sir/Mdm (Lheny),

We refer to the above matter.

As spoken, you have requested for LKK.

Aside to LKK:

Please liaise with C YOGARAJAH LLC.

Thank you.

Irene Tay  
Executive  
Claims Department (Motor Division)

China Taiping Insurance (Singapore) Pte. Ltd.  
3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Direct (65) 6389 6192  
Fax (65) 62247478/62247175  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
[www.sg.cntaiping.com](http://www.sg.cntaiping.com)



*Disclaimer :*

*This message is confidential; its contents do not constitute a commitment by China Taiping Insurance (Singapore) Pte. Ltd. except where provided for in a written agreement between you and China Taiping Insurance (Singapore) Pte. Ltd. Any unauthorized disclosure, use or dissemination, either in whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.*



ANR 17

883 North Bridge Road  
#11-03 Southbank  
Singapore 198765  
T: 8292 5838  
F: 6292 5938  
(UEN No. 201333127N)  
(GST Reg No. 201333127N)

Our Ref : CY.SMF527L.18.HAS(HW).wp(Lh)

Your Ref : Your insured vehicle GBF 6207B

18-5303

09 November 2018

**SPECS LIGHTING**

c/o The Motor Claims Department  
China Taiping Insurance (Singapore) Pte Ltd  
105 Cecil Street  
#20-00 The Octagon  
Singapore 069534

BY FAX (6224 7478) ONLY

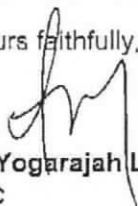
Dear Sirs

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES SMF 527L & GBF 6207B ON 09.11.2018 @ 10:10HRS ALONG BRADDELL ROAD** ✓

We are instructed by SIM SIO LENG to notify you of a road traffic accident on 09.11.2018 @ 10:10hrs along Braddell Rd involving our client's vehicle registration number SMF 527L and vehicle registration number GBF 6207B driven by you at the material time. A copy of the Singapore accident statement is enclosed.

As the result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

  
C. Yogarajah LLC  
Enc

cc: M/s Hong Auto Services  
2 Kaki Bukit Ave 2  
#01 - 28  
Singapore 417921  
Ah Tiong (9833 6132 / 6747 6436)  
By fax: 6746 8868

12 NOV 2018

[> Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	2458J
<b>Vehicle Details</b>	
Vehicle No.:	SMF527L
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Nov 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER M GRADE
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	8ARZ139945
Chassis No.:	JTEZB3GH90J003208
Maximum Power Output:	170.0 kW (227 bhp)
Open Market Value:	\$30,806.00
Original Registration Date:	26 Oct 2018
First Registration Date:	26 Oct 2018
Transfer Count:	0
Actual ARF Paid:	\$35,129.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Oct 2028
PARF Rebate Amount:	\$26,346.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	25 Oct 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$31,301.00
COE Rebate Amount:	\$31,115.00
<b>Total Rebate Amount:</b>	<b>\$57,461.00</b>

The information contained herein is correct as at 16 Nov 2018

OK

MPA218145218 / Progressive Car Care Pte Ltd - HQ  
 ENTRY DATE & TIME: 09/11/2018 15:00  
 SUBMITTED BY: Ng Pei Wen

## 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	09/11/2018 15:00
Date Of Accident	09/11/2018 10:10
Exact Location Of Accident	BRADDELL ROAD SLIP ROAD TOWARDS TOA PAYOH LOR 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF527L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM SIO LENG (SHEN XIAOLING)
NRIC No	S7332458J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93665269
Alternative Phone No	OTHERS-97441178

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2198957
Cover Note Number	

### Driver

Name of Driver	KANG KHOON HAK
NRIC No	S1765620A
Date Of Birth	18/09/1966
Occupation	INDOOR
Date Of Driving Pass	08/07/1988
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97441178
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address 43 BEDOK ROAD #03-11  
SINGAPORE

Postcode 469564

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 RAINING

Road Surface WET

**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? 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) 2

Passenger 1 NAME: : SIM SIO LENG (SHEN XIAOLING)  
GENDER: : FEMALE

**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 TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FRONT VIDEO WITH OWNER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBF6207B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver AHAMMED REYAD

NRIC/Passport Number G20898810

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage



## Sketch Plan

## 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 Authorized 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 report or form 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 lodging of this report to the insurer, 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 be 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 to be 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 insured's insurance broker, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police, for the purposes) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claim and any necessary investigations relating to the claim;
  - (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 sending of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to being about delivery of the same as well as the subsequent cover of correspondence/postage; and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purpose(s)".
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insured's lawyer/firm, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
- (c) my Personal Information may/has be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/firm), which may be located outside of Singapore, for one or more of the above Purpose(s).
- (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 to collected under regulations may be shared:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing traffic, regulatory, law enforcement and government agencies as reasonably required for the purposes listed; or
  - (ii) 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: 9/11/18

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

## Sketch Plan #2

## SKETCH PLAN

	<b>Vehicle</b> A - SMF 527L B - GBF 6207B
	<b>Legend</b> 

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/11/2018, Around 10:10 AM. I was driving from Braddell Road slip road towards Tanjong Loring G. Before turning out to the main road, I stopped my car to give way for oncoming vehicle. After a few second, I feel an impact from behind and I realise that was a <sup>van</sup> ~~car~~ B. (GBF 6207B) hit my car from the back.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against your policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(if driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PRINEN

## Common Statement

## ACCIDENT STATEMENT (Part 1)

This is NOT an admission of blame / liability, but a summary of incident and facts which will speed up the settlement of claims

1. Date of accident: 9/11/18 2. Exact location of accident: Braddell Road Slip road towards 2nd roundabout

3. Material damage: To vehicle other than vehicles A and B: No ☒ Yes ☐ To property other than vehicles: No ☒ Yes ☐

4. Witness' name, address and tel. no. (to be underlined if mobile or passenger in vehicle A or vehicle B):

To be signed by BOTH drivers: ☒ I agree even if slight

Registration No. (VEHICLE A): SMF 527L

Insured / policyholder (see insurance card):

Name: Sim Siu Lok (Simon Xiong Long)

Address:

INSURANCE / POLICY NO.: S7332458

Year of registration: 9366 5269

Vehicle: Toyota Harrier

Insurance company: AXA

DATE OF NEXT POLICY RENEWAL: P21/18 957

Driver: Kong Koon Hic

Insurance company: AXA

DATE OF NEXT POLICY RENEWAL: S7265620A

Year of registration: 9244170

Gender: Male ☒ Female ☐

13. CIRCUMSTANCES

1. How the accident occurred (mark with a cross):

2. Direction of travel (mark with a cross):

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Registration No. (VEHICLE B): GBF 6207B

Insured / policyholder (see insurance card):

Name:

Address:

INSURANCE / POLICY NO.:

Year of registration:

Vehicle:

Insurance company:

DATE OF NEXT POLICY RENEWAL:

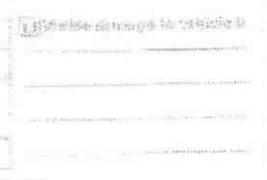
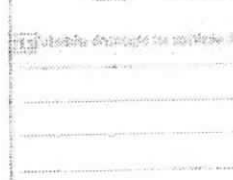
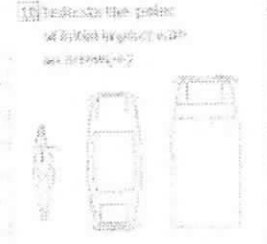
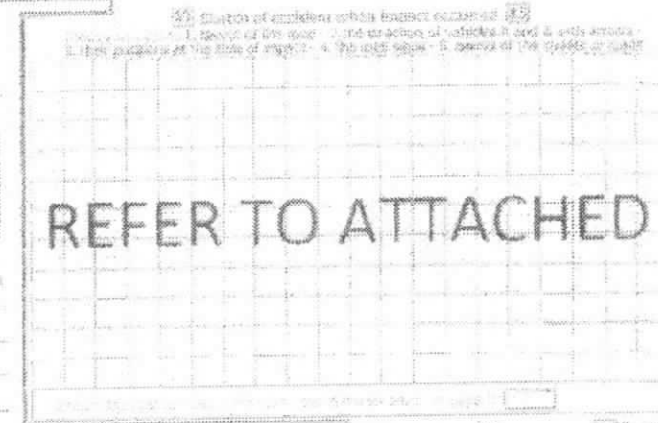
Driver:

Insurance company:

DATE OF NEXT POLICY RENEWAL:

Year of registration:

Gender: Male ☐ Female ☐



In the event of a crash or other incident, please contact the police immediately.

Do not use credit cards to pay for any damages or repairs.

For a full and complete statement, please refer to the attached documents.

## Individual Statement

67468868

### INDIVIDUAL STATEMENT (Part II)

(See Worksheet 2008 / 2009 / 2010)

**To be completed and submitted within 24 hours to your insurer or T&E or appointed workshop (use a separate sheet of paper where necessary)**

Damaged  On which vehicle are you the driver? <input type="checkbox"/> A <input type="checkbox"/> B	1. Occupation (if more than one, state all) 2. Vehicle registration no. <u>C.C.</u>		3. Is driver the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state relationship of driver with owner <u>Spouse</u> 4. Select purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private use 5. Is the vehicle still in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state where it is at present <u>Not up</u> 6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)																																	
	7. Date of birth <u>18/9/66</u> Occupation <u>Indoor</u> Date of licence pass <u>8/7/88</u> Was vehicle driven with the insurer's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was driver an employee of the insurer's company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Give details of any pre-existing impairment of sight or hearing, and of any other disability 9. Full details of all driving convictions including pending prosecutions in the last 36 months																																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date	Offence	Penalty										<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>10. Name(s), address(es) and approximate age(s)</th> <th>Insurer notified</th> <th>If vehicle occupants, state in which vehicle</th> <th>Were last belts being worn?</th> <th>Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>		10. Name(s), address(es) and approximate age(s)	Insurer notified	If vehicle occupants, state in which vehicle	Were last belts being worn?	Was injured conveyed to hospital by ambulance?				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Damages to property 11. Name(s) and address(es) of owner(s) Vehicle registration no. or details of property Nature of damage Insurer's name and address (if known)		12. Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which Police station 13. Was notice of intention prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, against whom?																																		
Accident details	14. Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Other 15. Road surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Other 16. Speed of vehicles: <u>A</u> <u>km/h</u> <u>B</u> <u>km/h</u> 17. Were warnings used given by driver or other party? 18. Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 19. Were lights used displayed on your vehicle/the other vehicle(s)? 20. If your vehicle is commercial, state weight of load carried at time of accident 21. State how accident happened, width of roads, speed limits, etc. (Refer to attached) 22. State number of Passengers (including Drivers) <u>2</u> <u>STM</u> <u>370</u> <u>Long</u>																																			
	Declaration I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date <u>9/11/18</u> Driver's signature (if driver is not the policyholder) _____ Date _____																																			

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	15 Nov 2018		16 Nov 2018 12:13 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured: -, Co. Reg. No.: -									
Main Claimant: <b>SIM SIO LENG</b>									
Vehicle Reg. No.: <b>SMF527L</b>		Date of Loss: 09/11/2018 10:00 - :59 [14 Days From LTA Reg Date (Man Yr)]							
Claim Type: <b>TP / SNM18D05303C02</b>		Policy/Cover Note No.: DMCVSN3061981801							
Vehicle Reg. No. (Insured): <b>GBF6207B</b>		Policy No. (Claimant):							
		Excess: S\$0.00							
Repairer: <b>Hong Auto Services (Kaki Bukit)</b> 2 Kaki Bukit Avenue 2, #01-28 Kaki Bukit Auto Hub, 417921 Kaki Bukit - Tel: 67476436 / 98535155									
Handling Insurer: <b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Irene Tay Hui Ping</b> - 638986192]									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>ONG HWEE JIE</b> ] ... [Final Rpt due 27/11/2018]									
Adj Asg. Remarks: PLEASE SURVEY AND REVERT									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

**\*SMF527L (SNM18D05303C02)**  
**[GBF6207B]**  
**TP**  
**SIM SIO LENG**  
**Nov 9 2018 10:00AM**  
**[-]**  
**Hong Auto Services**

[Upload Documents](#) | [Upload Photos](#) | [Compose New Letter](#)

**View** [View in Browser](#)

### Photos/Images

3 per page  ☒

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	16/11/18 17:02	<b>General View</b>		<a href="#">Load PDF</a>	
2	16/11/18 17:02	<b>Photographs of Damaged Parts</b>		<a href="#">Load PDF</a>	
3	20/11/18 12:01	<b>Photo After Spray</b>		<a href="#">Load PDF</a>	

## 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/CTI18020530/JCBE2

Date: 26/11/2018

## REFERENCE

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

Policy No: DMCVSN3061981801

Claimant Vehicle  
No: SMF527LInsured Vehicle  
No: GBF6207B

Date of Loss: 09/11/2018

Nature of Claim: TP

Claim  
No: SNM18D05303C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SMF527L

Make &amp; Model: TOYOTA HARRIER, 2.0 G GRADE (A)

Engine No: 8ARZ139945

Reg. Date: 26/10/2018 (Man. Year: 2018)

Chassis No: JTEZB3GH90J003208

Colour: Black

Odometer: 752 km

Engine Capacity: 1998 cc

Market Value/New Car Price: N/A

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

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

## CONDITION OF TYRES

Front Tyre Size: 235/55 R18

Rear Tyre Size: 235/55 R18

Front Left Side: Bridgestone 6 mm

Rear Left Side: 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	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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 16/11/2018

Date Inspected: 14/11/2018 Inspected At:

Hong Auto Services (Kaki Bukit)  
2 Kaki Bukit Avenue 2, #01-28 Kaki Bukit  
Auto Hub  
Singapore 417921

Estimated Period of Repair: 6.0 days

Adjuster: ONG HWEE JIE

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 \$8,000.00 -\$9,000.00

## REPAIR DETAILS

### Reference

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 26 Nov 2018)
<b>Parts:</b>	M1-SUV	TOYOTA HARRIER 2.0 G GRADE (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SMF527L)	
<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

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.
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< END OF ESTIMATES >