ASS. REC. BY	REF CS3 CT1180	20735/ U	Cd3 Decial Instruction:
Monmon	ASSIGNM	IENT (Office)	
From (Person	Ong chin kiat of	C1I	Date/Time: 15/11/18@5pm
Estimated Co	OSU:	Bill to:	
OD (TP)/W	S+TP RES / OD RES / EVA / INV / MV	'CS	
To Inspect V.	ehiole No. GPT. O.		Insured: GBB 29307
at Workshop	m/s Alpha Car	Services	Tel: 65098258
of	BIKC, kaki Bukit Ave	S # 01-59	030-102-0
Policy No:	DMCVSN1767221700	Claim No:	SNM18D(5383C02
Sum Insured:		T2	
Make of Veh (Client's Recor-			D.O.A. 14/11/18
A CONTRACTOR OF THE PARTY OF TH	/ REP. / REV 24 HRS WP		H.O.D. Endorsement:
	5.15pm 5/11 8 Person Contacted	cai ling.	Vehicle IX/OUT
Date/Time	Action/Instruction (X) Estimate	P	
	GBB 8444A - X		
	GBB 2930T-X		
	Dismantle: 16/11/2018		
	1 10		
			,
			,
-	1		

Tech. Invs (\$

Weekend (\$

Report Format:

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

PRS

Others

TOTAL

150

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sul	bmitted	Ins Auth'ed	Status	
Main	15 Nov 2018		15 Nov 2018 17:00 Assign					New Assi Cancel Ca	
	Main	Re	ference		Claim Details		Docume	nts	Show All
CLAIM S	UBFOLDER DE	TAILS				[Creat	ed by insurer]	Augus Professional Bar	Care II designated the later
Insured:	LOONGLO	BAL ENGINEERI	NG PTE LTD,	Co. Reg. No.	: 201007046N				
Main Claimant:	ABSOLUT	E AIRCON PTE L	TD, Co. Reg. N	lo.: 201326	511Z				
Vehicle Re No.:	GBB844	4A			Date of Loss		2018 12:00 - :59 nths and 18 Days	From LTA Reg	Date (Man Yr)]
Claim Type	e: TP / SNN	118D05383C02			Policy/Cover Note No.:	DMCVSN1767221700 (Comprehensive) Coverage: 16/12/2017 - 18/11/2018			-
Vehicle Re No. (Insured):	GBB2930	г			Policy No. (Claimant):		-		
					Excess:	S\$0.00			
Repairer:	Alpha Car	Services Pte Ltd	d (HQ) Blk C, Ka	aki Bukit Ave	6 #01-59, Kak	i Bukit Au	tobay, 417883 Kal	ki Bukit - Tel: 6	5098258
Handling Insurer:	China Tai	ping Insurance (Singapore) Pto	e. Ltd. (HQ) - Tel: 6389 61	11 [Har	ndled by Ong Chi i	n Kiat]	
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final Rpt	due 26,	/11/2018]		
ASSOCIA	TED MAIL RE	CEIVED						View All Co	ompose Case Mail
There are	no mail for this	case.							
ALL ASS	OCIATED TAS	KS⊟				View A	All Search Tasks	Create New	Task Complete
Due Da	te Priority	Type Task	Group Subi	ect Han	dler Assig	ned By	Completed 0		
No societa									

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	6611Z
Vehicle No.:	GBE8444A
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Nov 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0 DX DIESEL TURBO MT 2WD 4DR LGV
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	1KD2401503
Chassis No.:	KDH2015014880
Maximum Power Output:	
Open Market Value:	\$30,391.00
Original Registration Date:	27 Aug 2014
First Registration Date:	27 Aug 2014
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$1,520.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	26 Aug 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$27,396.00
COE Rebate Amount:	\$15,826.00
Total Rebate Amount:	\$15,826.00

The information contained herein is correct as at 16 Nov 2018

ОК

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDE	ENIT CT	CATE	MENIT
ACCIDE	-141 2	AICI	

Date Of Report

15/11/2018 11:29

Date Of Accident

14/11/2018 12:00

Exact Location Of Accident

CROSS JUNCTION OF INTERNATIONAL RD & JLN BOON LAY

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBE8444A

Insured/Policyholder

Name Of Registered Owner

@BSOLUTE AIRCON PTE LTD

Co Reg No

201326611Z

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-94515692

Alternative Phone No

OFFICE-94515692

Vehicle Particulars

Manufacturer

TOYOTA

Model

DYNA

Exact Purpose for which vehicle was being used at

time of accident

WORK USE

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

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5089045979-01

Cover Note Number

Driver

Name of Driver

LOW JIA YONG , JASON (LIU JIARONG , JASON)

NRIC No

S8200996E

Date Of Birth

01/01/1982

Occupation

OUTDOOR

Date Of Driving Pass

09/09/2003

Driving Experience

15 YEARS AND 2 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-94515692

Fax Number

Contact Number

EMail Address

NOEMAIL

. . Address

BLK 774 BEDOK RESERVOIR VIEW #13-117

Postcode

470774

Was driver an employee of the Insured's Company YES

Jest Burn an employee of the moured's company

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?

accident? NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

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:

: TIN MYO THU

GENDER:

: MALE

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 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

GBB2930T

Vehicle Make/Model/Colour

RENAULT OPEL

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ADAIKKALAM MEIYYANATHAN

NRIC/Passport Number

G6713983L

Contact Number

Address

Postcode

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.
- 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>.
- 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.
- 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 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)

l 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 personal information of the personal
 - 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:
 - to all insurers and/or any other third partles 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.

ROC PO 2012/2017 PO

Policyholder's Signature Date & Time: ROC DHOMILLAND

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN

Velfick BE GBB 293CT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	n the above mentioned date of time, I was travelling along
190000 MITC	CHOTOLUL KOOKI LINNI CHOTOCOCO OF LINNIGO LEW YL
Traffix	to turn green to turn ento Jalan Boom Lay. Out of sudder, B list onto the rear portion of my vehicle.
vehicle	B had a fee the same such a charter
14/101	O MAT ONTO THE VELLY POTION of MI VENICLE.
	1
7.1112	
CLARATION	oceoing particulars are true in every respective of an analysis of the second of the s
ROC ROC	Diegong particulars are true in every temperature
20122001	The state of the s

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.:

Merimen e-Claims

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

LAIM SUE	SFOLDER TRA	CKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj	Submitted	Ins Auth'ed	Status	
Main	15 Nov 2018		15 Nov 2018 17:00 Edit Adj Rpt	S\$0.00 Edit Estimates	1	ew Rpt		Pending for Report Cancel Case	
	Main	R	eference	Claim D	etails		Documents		Show All
CLAIM S	UBFOLDER DE	TAILS				[Created I	oy insurer]		
Insured:	LOONGLO	BAL ENGINEERI	NG PTE LTD, Co.	Reg. No.: 201007	046N				
Main Claimant:	ABSOLUT	E AIRCON PTE L	TD, Co. Reg. No.:	201326611Z					
Vehicle Re No.:	g. GBE844	4A		Date	Date of Loss: 14/11/2018 12:00 - :59 [50 Months and 18 Days From LTA Reg Date (Man Yr)]				(Man Yr)]
Claim Typ	e: TP / SNN	418D05383C02	8	Policy Note	/Cover	DMCVSN1767221700 (Comprehensive) Coverage: 16/12/2017 - 18/11/2018			
Vehicle Re No. (Insured):	GBB2930	т		Policy (Clain					
				Exces	s:	S\$0.00			
Repairer:	Alpha Car	Services Pte Lte	d (HQ) Blk C, Kaki l	Bukit Ave 6 #01-5	9, Kaki l	Bukit Autoba	y, 417883 Kaki Buki	t - Tel: 65098	258
Handling Insurer:	China Tai	ping Insurance ((Singapore) Pte. L	td. (HQ) - Tel: 63	89 611	1 [Handled	by Ong Chin Kiat]	
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [Hand	led by M	MARCUS CHI	JA] [Final Rpt	due 26/11,	2018]
ASSOCIA	TED MAIL RE	CEIVED					View	All Compo	se Case Mail
There are	no mail for this	case.							
ALL ASS	OCIATED TAS	sks⊟			,	View All S	earch Tasks Cre	ate New Task	Complete
Due Da	te Priority	Type Task	Group Subject	t Handler	Assign	ned By	Completed On	Created 0	n Done
		. , , , , , , , , , , , , , , , , , , ,	J. J. D.						- Telephone

Merimen e-Claims Page 1 of 1

Claim Documents

*GBE8444A (SNM18D05383C02)

[GBB2930T]

TP

ABSOLUTE AIRCON PTE LTD

Nov 14 2018 12:00PM

[LOONGLOBAL ENGINEERING PTE LTD]

Alpha Car Services Pte Ltd

Up	oload Documents U	Ipload Photos	Compose New Letter	View	View in Brows	ser 🗸
Pho	otos/Images			3 per p	page 🔻	~
No	Relabel/Reorder	LKK Auto (Consultants Pte Ltd (HQ)		Thumbnail	Print
1	19/11/18 15:23	General Vi	ew	0	Load PDF	
2	19/11/18 15:24	Photograp	ns of Damaged Parts	0	Load PDF	
Doc	cumentation			1 per j	page 🔻	V
No	Finalized On	China Taip	ing Insurance (Singapore) Pte. Ltd. (HQ)	10711	Thumbnail	Print
1	15/11/18 16:47	PRS		0	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
			^
			~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/CTI18020735/UCD3E2

Date:

23/11/2018

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMCVSN1767221700

Claimant Vehicle

GBE8444A

Insured Vehicle No:

GBB2930T

Date of Loss:

14/11/2018

Nature of Claim: TP

Claim No:

SNM18D05383C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

GBE8444A

Make & Model:

TOYOTA HIACE, 3.0 D DX DIESEL TURBO MT 2WD

Engine No:

Odometer:

1KD2401503

Reg. Date:

LGV (M) 27/08/2014 (Man. Year: 2014)

Chassis No:

KDH2015014880 106439 km

Colour: **Engine Capacity:** White

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 Engine Modification:

Footbrake (Serviceable):

Yes

Handbrake (Serviceable): CONDITION OF TYRES

No

195 R15

Pre-accident Condition:

Front Tyre Size: Front Left Side:

195 R15

Rear Tyre Size: Rear Left Side:

Bridgestone 6 mm

Front Right Side:

Bridgestone 6 mm 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	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

15/11/2018

Date Inspected:

16/11/2018 Inspected At:

Alpha Car Services Pte Ltd (HQ)

Blk C, Kaki Bukit Ave 6 #01-59, Kaki Bukit

Autobay

Singapore 417883

Estimated Period of Repair:

5.0 days

MARCUS CHUA Adjuster:

Manager:

CELINE FONG

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen... 23/11/2018

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 \$4,000.00 -\$5,000.00

Adjuster Report Page 4 of 5

REPAIR DETAILS

Reference Part Source:

(Last Synchronised: 23 Nov 2018)

Parts:

N/A

TOYOTA HIACE 3.0 D DX DIESEL TURBO MT 2WD LGV (M) (Model not available in

database)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for GBE8444A)

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Adjuster Report Page 5 of 5

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen... 23/11/2018