

ASS. REC. BY: Two Gino REF: CS3/MSG18013630/GVD3 Date/Time: 17/11/18
 Surveyor: menmen ASSIGNMENT (Office) 25/11/18 4:04pm
 From (Person): Christina Wang of MSG
 Estimated Cost: _____ Bill to: _____
 OD TP WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: SJK 6639S Insured: SGA 607L
 at Workshop n/s: Ht Automation Tel: 9873 3215
 of 8 Kaki Bkt Ave 4 #03-24 premier
 Policy No: B29010165 SMP Claim No: 565245
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 21/07/2018
 (Client's Record)
 CA / REV / REP. / REV 24 HRS lup H.O.D. Endorsement: _____
 Date/Time: 10:41am 26/7/18 Person Contacted: Ah Mun Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SJK 6639S -X</u>
	<u>SGA 607L -X</u>
<u>29/7/18</u>	<u>Disassembled</u>

\$5000, 5 Days.
2/000

[Signature]

URGENT

29/11/2018.

Repair days 5

29/11/18 Submit LS \$3900, 5 days (Red 600, 139)
 Note: MV: \$11K (EST) LTA: \$7600 (EST) NV: \$3400
Trim line
29/11/18
 RECEIVED 29 NOV 2018

(08/11/13) wef
ASS REC BY: PRS
XRL

REF: MSIG

B 6420M

ASSIGNMENT

(-2018)

From: _____ Date: 26/7/18

Estimated Cost:

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

To Inspect Vehicle No: SJK 6639S
at Workshop n/s HT Automation
of 8 Keeki Bkt Ave 4 #03-24

Insured:

Policy No:

Claims No:

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Ahmun @ 9873 3215

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Ball. or Market Value: \$11k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6 days. Res.: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS lup

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJK6639S Yr Regn: 30 Oct 2008
Type: MC / RM / Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mit Lancer C.C. 1499

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

Sp. Reading: 223514 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMYSRCY 2A 84 008377

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 / Rim or

Tyre Size: F: 215/60R16

R: 1

BS: WUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

Survey held at

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

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

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 26-07-18

W/S 4:30pm

FA O/S

Date / Time Action / Instruction

\$4000 - \$5000

3/2/18 submit PRS report

MV 111C

LTA 7600

(7ARF)

HL 3400 + body 500
HL 3900

Date/Time: File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS SI

) Photos

) Others

TOTAL

Report Format :

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

Nivitha (LKK Auto)

From: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Sent: Monday, 19 November 2018 7:56 AM
To: Christina Wong; assignments
Subject: RE: Our Ref:M565245 Your ref:SJK6639S -paper survey- Very Urgent

Dear Christina,

Thank you for the email.

Dear Assignment Team,

FYNA

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

From: Christina Wong <Christina_Wong@sg.msig-asia.com>
Sent: Saturday, 17 November 2018 6:49 PM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: Our Ref:M565245 Your ref:SJK6639S -paper survey- Very Urgent

Hi Veron





Please do paper survey Urgently and let me know once report is uploaded.

Thanks

Best Regards

Christina Wong
Senior Executive, Claims Services (Motor)
Direct line +65 6643 1311 | Direct fax +65 6225 7402 | christina_wong@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us on    

A member of  INSURANCE GROUP

CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440

Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783

Reg No: 201000228E

INVOICE

Chang Privauto
C/o: HT Automation
8 Kaki Bukit Ave 4 #03-24
Premier @ Kaki Bukit Singapore 415875

Invoice No: CL/18670

Ref No: HTA/07/1804/TP

Date: 01 August 2018

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SJK 6639 S
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

GRAND TOTAL **SS 665.00**

E & O. E

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd

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 ability.
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	21/07/2018 11:21
Date Of Accident	21/07/2018 09:00
Exact Location Of Accident	BUKIT MERAH FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6639S
Insured/Policyholder	
Name Of Registered Owner	CHANG PRIVAUTO
Co Reg No	53366420M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82821703

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5097923311
Cover Note Number	

Driver

Name of Driver	AZHAR BIN ADAS
NRIC No	S7110231I
Date Of Birth	01/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94821804
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 526 #06-147 HOUGANG AVENUE 6
Postcode	530526
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Type Of Accident: HEAD TO SIDE AS PER POLICE REPORT No.T/2018721/20161

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	SGA607L
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: : -

GENDER: : FEMALE

Passenger 2

NAME: : -

GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name AZHAR BIN ADAS

Approximate Age 47

Injuries Sustain

Injured person in which vehicle? SJK6639S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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 & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)

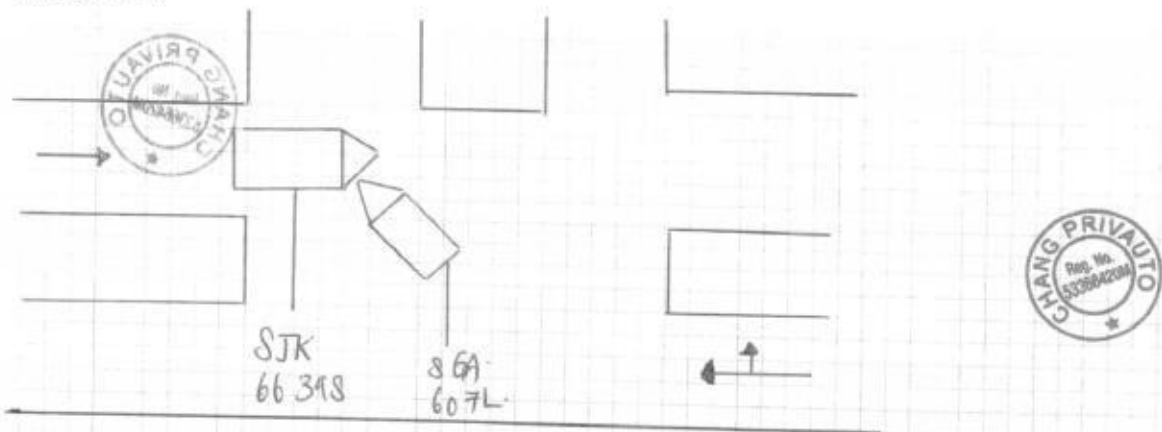
Date & Time:

21 JUL 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933
Reporting Centre Personnel's Signature
Name: *[Signature]*
Tel: 67416697 Fax: 67492305
NRIC/FIN No: *[Signature]*
Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
E-file

DECLARATION

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

Policyholder's Signature
Date & Time:

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

21 JUL 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415983
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180721/2061

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20180721/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2018 13:15		Vide Report No.: A/20180721/0067		Station Diary No.: 41
Informant's Particulars				
Name of Informant: AZHAR BIN ADAS		Address: APT BLK 537 WOODLANDS DRIVE 16 #09-163 SINGAPORE 730537		
ID Type / ID No.: NRIC NO / S7110231I		Contact No.: Home/Office: Mobile: 94821804		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 47	Date of Birth: 01/04/1971	Type of Informant: Driver	
Race: Boyanes		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/07/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH NEW BRIDGE ROAD JALAN BUKIT MERAH FLYOVER TOWARD NEW BRIDGE ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGA607L	Car					2
SJK6639S	Car				Seriously Damaged	2

Details of Person Involved

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180721/2061

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20180721/2061

CONTINUATION OF REPORT

Driver			
Name	JOHN ANG		ID No. 0
Related Vehicle	SGA607L (Car)		Contact No. 0
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	AZHAR BIN ADAS		ID No. S71102311
Related Vehicle	SJK6639S (Car)		Contact No. 94821804
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 21/07/2018 at about 9am, I was driving my vehicle bearing registration number SJK6639S along Bukit Merah Flyover toward New Bridge Road. Traffic light was green on my side at that time and suddenly at the junction of CTE, the car bearing registration number SGA607L from opposite direction made a right turn. I did managed to brake in time however the other vehicle collided onto my vehicle's side. I wish to state that I will be seeing a doctor to assess my injuries due to the accident.

The other driver only have a international driving license as such traffic police was informed.



**SINGAPORE
POLICE FORCE**



T/20180721/2061

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20180721/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 TIONG YEE SENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/07/2018 13:15

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:



Authentication Stamp

NP168

SIGNATURE

888 Plaza Family Clinic
888 Woodlands Drive 50 #01-739 888 Plaza
Tel : +65 6368 8762

GST Reg No : 201002665N

MEDICAL CERTIFICATE

Certificate No : MC/211040

Date Of Visit : 21/07/2018

Patient Ref No : 41376

This is to certify that :

AZHAR BIN ADAS

NRIC : S7110231I

is unfit for work for 3 days
from 21/07/2018 to 23/07/2018.

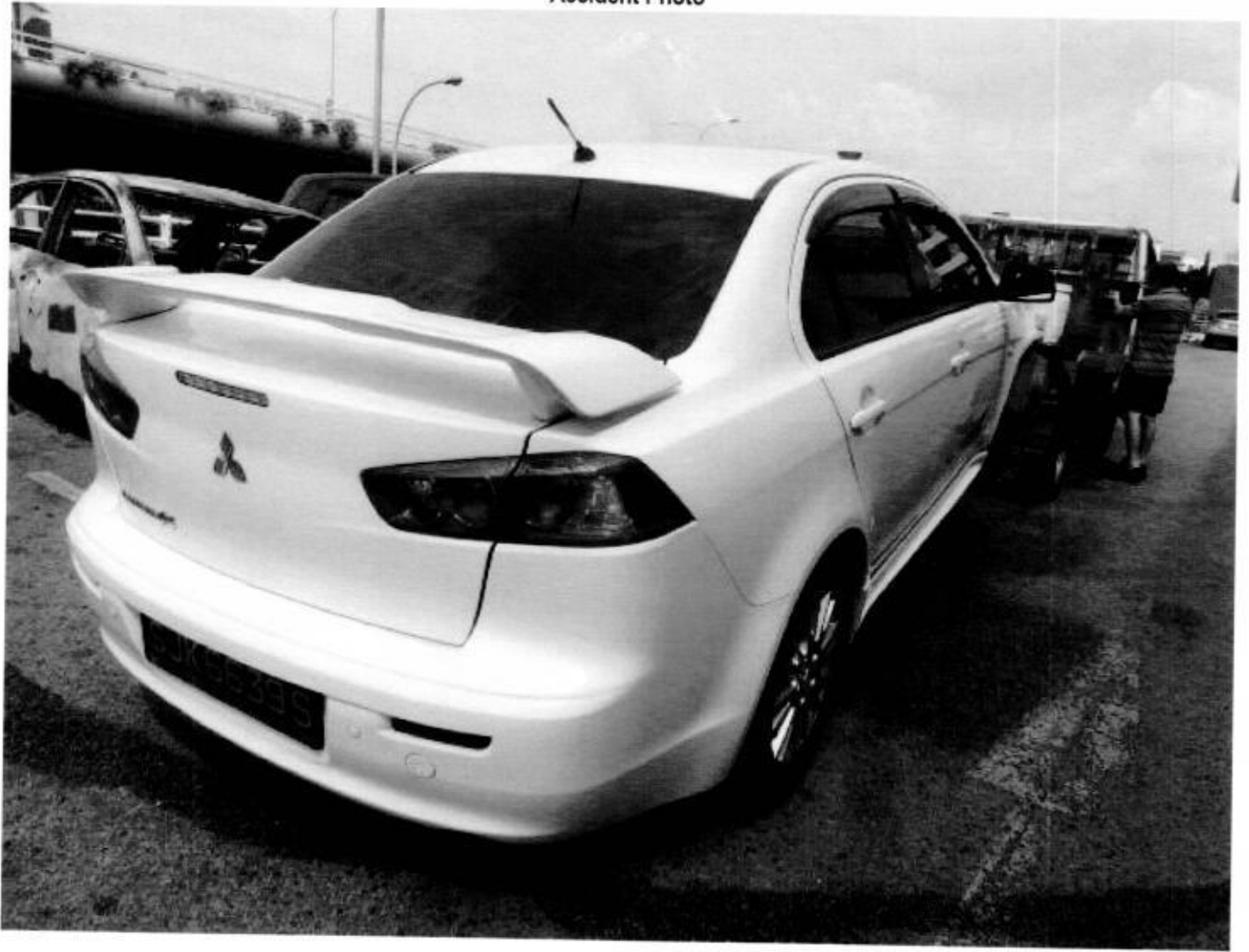
888 PLAZA FAMILY CLINIC
888 Woodlands Drive 50
#01-739 Singapore 730886
Tel: 6368 8762

DR LOW HONG AI

Note : This certificate is not valid for absence from court.

Date Printed : 21/07/2018 8:10:21 PM

Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

