MIN MELL	al a al I i	ASSIGNMENT (Office)	
From (Perso	m chen shu huiggnes	of 8M0	Date/Time 20/11/16©	10.44 on
OD TO	GSC	Bill to:		
To Inspect \	VS/TP RES/OD RES/EV	SLH 6383X	Insured: SJY 9693R Tel 9640 7853	•
OI	10 kaki BK	+ Rd 2 # 03-31		3
Policy No Sum Insured	DISMIRENT	00040 Claim No: Excess:	CMTD1805182	
Make of Vel (Client's Rece	rd)	,	-1	810
CA / REV	/ REP. / REV 24 HRS (W	2)	A 12 18 H.O.D. Endopment	
Date/Time	11.23am@ 30/1118 Per	son Contacted: YO PEN		
	Artion/I / \s) Estimate		
Date/Time	STH 6383 X -	+		
Date/Time		+		

Bureaus Vh	Q REF:	SMO				C65	SOLN 1
1000		ASSIC	NMEN				
From:	Date: 4	12/18	Veh No:	44	6383X	Yr Regn	14Nov
Estimated Cost	Same.			I M. Cycla /	Bus / Van / Lo	orry / Taxi / Pri	
OD (F) WS / TP RES / OL	DESTEVATING MY						
To Inspect Vehicle No	SLH 6383 X		Make:	Ulan	do o	dysser	1 ac 73t
at Workshop mis	SKM Motor		Colour	Rec	ck	A/C Ins	1 cc 2350 sured / Std / NI / I
			Sp Reading		90	T/Radio: In	sured / Std / NI /
insured	Rd 2 # 03-3	-	Eng/No				
			G/No:	14	MM	01880	6c 2071
Policy No.				Gold / Fair	/ Poor / Burns	010	.,
Claims No.	Eurott				med / Leaked		
Sum Insured:	Excess		100	•	med / Leaked		
(Client's Record) Make of Veh:				-	STD A/Rim o		
andRe. Ur. YER.			Tyre Size	S E	214	155 RI	7
(m.). (m.).			Tyle Glad.	P	us	11	
(Policy Condition) Remark: The veh had com	moncod its	N/S O/S	Q POLIN	/ EXNOVA / C	SY/FS/117A	/ MIC / OHTSI	J / PIR / SUMI /
repair at the time			TOYOTY		2) / (0/000		
S.M.M. In-CADOCIES.	N. N.	0	NAME OF THE OWNER	3113		Rent	
Bal, or Market Value.	Consistent? : Yes	or No.	Front R/Bal	6	mm	R/Bal.	6
IDAC Accident Rport.	Consistent?: Yes		L/Bal	6	mm	L/Bal.	6
GIA / PR Seen:	-		D.O.A.	0	11411	D.O.I.	24 17
Est. Repairs: >	HATE DAILED MATERIA		Survey he	let at	wk		01-10-
	% 3 Val. Yes	01 110			-	/ N/S / U/C	/ Roofton or
GA / REV / REP. /	24 HRS /up>	Mediate: IN LOUT	Des. or De	anagos . Pre	O	1 100 1 010	, ,,,,,,,,,,
Date: Per	son Contacted	Vehicle: IN / OUT	The U	C / Chassis	frame / Bod	ly Structure a	ffected due to coll
Date / Time Action /	Instruction Leve - \$600	10					
Contribute File Pass 102	: Prell. Report		Days Of F	Repair:	5	Survey F	ea 100
F						Temesporte	
II Dule/Time: File Return to?	_						
		Add Fee	: Si	te tnap (\$)S+R5	_97
11 Dudo/Firme, Filie Weturn No.7		Add Fee		te thap (\$ terview (\$)S+RS	_11
Date/Firms, File Nature 16-7	PRS.	Add Fee	in				10

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

Main			Adj Assigned	ADJ RUL	Adl Su	bmitted	Ins Authred	Status	
TOTAL CO.	26 Nov 2018		30 Nov 2018 10:44 Assign						ssignment Case
H	tain	Re	ference		Claim Details		Docume	nts	Show All
CLAIM SUE	FOLDER DE	TAILS				[Creat	ed by insurer]		
nsured:	ETHOZ GR	OUP LTD, Co. R	eg. No.: 198104	531H		Leider	ad by maurer]		
fain Jaimant:	UNKNOW	N5182							
lehicle Reg. lo.:	SLH6383	X			Date of Loss	26/11/2	018 08:00 - :59		
laim Type:	TP / CMT	MTD1805182			Policy/Cover Note No.:	D18MTRENTD00040 (Third Party Only)			
fehicle Reg. io. Insured):	SJY9693R				Policy No. (Claimant):				
epairer:	SVM Mater	Weeks Dis List	(Del Colon		Excess:				
andling							417868 Kaki Buki HAN SHU HUI AG		9 53221
djuster:		Consultants Pte						31163 - 032	3 33271
river/Custo ian Insured):			: G6259972W,	Tel: +6597		une 11/	15/5010]		
SSOCIATE	D MAIL REC	EIVED					1	View All	Compose Case Ma
here are no	mail for this c	ase.						TICH PILL	Carripuse Case Ma
LL ASSOC	IATED TASK	rs∃				View A	II Search Tasks	Create Ne	w Task Complet
Due Date	Priority	Type Task 6	roup Subje	et: Hand	ler Assign	ed By	Completed Or		ted On Done

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	6502N
Vehicle Details	
Vehicle No.:	SLH6383X
Vehicle to be Exported:	No
ntended Deregistration Date:	05 Dec 2018
Vehicle Make:	HONDA
Vehicle Model:	ODYSSEY 2.4 EXV-S CVT SR
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	K24W72013137
Chassis No.:	JHMRC1890GC207197
Maximum Power Output:	129.0 kW (172 bhp)
Open Market Value:	\$32,594.00
Original Registration Date:	14 Nov 2016
First Registration Date:	14 Nov 2016
Fransfer Count:	0
Actual ARF Paid:	\$37,632.00
ntended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Nov 2026
ARF Rebate Amount:	\$28,224.00
ntended COE Rebate Detalls	and the second of the second o
COE Expiry Date:	13 Nov 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,410.00
COE Rebate Amount:	\$44,783.00

The information contained herein is correct as at 05 Dec 2018

OK

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 28/11/2018 13:03

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
	ACCIDENT STATEMENT
Date Of Report	28/11/2018 12:16
Date Of Accident	26/11/2018 08:10
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH6383X
Insured/Policyholder	
Name Of Registered Owner	FLASH TEKK ENGINEERING PTE. LTD.
Co Reg No	201506502N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63843080
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY EXV-S
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

Vehicle Category Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 18-MV010497-R01

Cover Note Number

Driver

Name of Driver TEO CHIEW PENG

NRIC No. S8167481G Date Of Birth 12/10/1981 Occupation INDOOR Date Of Driving Pass 20/03/2010

Driving Experience 8 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81880489

Fax Number

Contact Number

EMail Address CP.TEO@FLASHTEKK.COM Address BLK. 11 HOLLAND LINK #01-20 SINGAPORE

275764 Postcode

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

OTHER - DIRECTOR

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 2 Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

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

REFER TO ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SJY9693R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

97209125 Contact Number

Address

Postcode

SOMPO INSURANCE SINGAPORE PTE. LTD. Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

y in a

DETAILS OF INJURED PERSON 1

Name TEO CHIEW PENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK PAIN

SLH6383X

YES

NO

BLK. 11 HOLLAND LINK #01-20 SINGAPORE

275764

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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:

- 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)
 - (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:

Driver's Signatury (If driver is not the policyholder)

Date & Time:

4/1./18 12-46-Reporting Centre Personnel's Signature

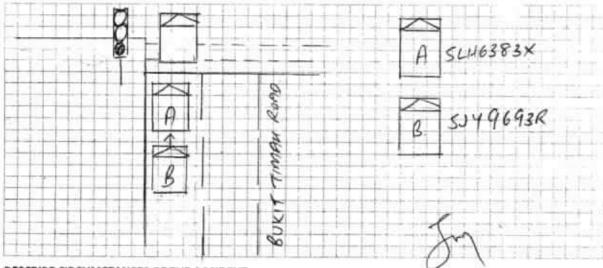
Name:

NRIC/FIN No.:

-2.

Individual Statement Pg. 1





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26.11.2018 @ 0810 hrs, I was driving my car SLH6383X with one female passenger along Bukit Timah Road on the extreme left lane. Approaching to traffic light junction, traffic light was green in my favour and thus I proceed to drive straight. While travelling, one car SJY9693R rear ended my car.

After the accident, we alighted from our vehicles to check on damages. We exchanged phone numbers. After the accident, I felt neck pain and I will consult doctor if the pain persisted.

In

DECLARATION

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

Policynoider's Signature

-

Oriver's Signature

24/11/18

Reporting Centre Personnel's Signature

Name: NRIC/FIN Not

Time:

Date & Time:

(If driver is not the policyholder)
Date & Time:

SHARMC SterschPlanForm_V3

Merimen e-Claims Page 1 of 1

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

AIM SUBF	OLDER TRA	CKING							
	votified	Est Submitted	Adj Assigned 30 Nov 2018	Adj Rpt SS0.00	Adj S	ubmitted 00	Ins Auth'ed	Pending for Survey	
Main	6 Nov 2018		10:44 Edit Adj Rpt	Edit Estimates		w Rpt		Cancel Ca	se
	tain	R	eference	Claim De	tails		Documents		Show All
CLAIM SUE	FOLDER DE	TAILS				[Created I	by insurer]		
insured	ETHOZ GI	ROUP LTD, Co.	Reg. No.: 19810453	1H					
Main Claimant:	UNKNOW	N5182							
Vehicle Regi No.:	SLH638	3X		Date of	Loss		08:00 - :59 and 12 Days From	LTA Reg Dat	e (Man Yr)]
Claim Type:	TP / CM	TD1805182		Policy/I Note N		D18MTREN	T000040 (Third Part	y Only)	
Vehicle Reg. No. (Insured):	S3Y9693I	ε		Policy ! (Claim)					
Marian Marian				Excess					
Repairer:	SKM Moto	or Works Pte Ltd	(HQ) 10 Kaki Bukit	Road 2, #03-31 Fi	rst East	Centre, 417	7868 Kaki Bukit - Te	i;	
Handling Insurer:							N SHU HUI AGNES		
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [Handle	d by XI	NG GUO Q	IANG) [Final R	pt due 11	/12/2018]
Driver/Custo dian (Insured):		SHIYUKI (), NR	IC: G6259972W,	Tel: +6597209125					
ASSOCIAT	ED MAIL RE	CEIVED					View /	All Comp	ose Case Mail
There are no	mail for this	case.							
ALL ASSO	CIATED TAS	KS =			- VI	lew All S	earch Tasks Cred	ote New Task	Complete
Due Date	Priority	Type Task	Group Subjec	t Handler	Assigne	ed By	Completed On	Created	On Done
	11010701239		antares postero		THE PARTY OF THE P		The second Transaction of the second of the		

Claim Documents

Pho	otos/Images		3 per	page 🔽	V
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	(3- per)	Thumbnail	_
1	07/12/18 10:51	General View	0	Load JPG	₩.
2	07/12/18 10:51	General View	0	Load 3PG	V
	07/12/18 10:51	General View		- 1111111111	
3			0	Load JPG	N
4	07/12/18 10:51	General View	0	Load JPG	N
5	07/12/18 10:51	General View	0	Load JPG	60
6	07/12/18 10:51	General View	0	Load 3PG	2
7	07/12/18 10:51	General View	0	Load JPG	V
8	07/12/18 10:51	General View	0	Load JPG	50
9	07/12/18 10:51	General View	0	Load JPG	V
10	07/12/18 10:51	General View	0	Load JPG	Ø
11	07/12/18 10:51	General View	0	Load JPG	1
12	07/12/18 10:51	General View	8	Load JPG	✓
13	07/12/18 10:51	General View	0	Load JPG	2
14	07/12/18 10:51	General View	0	Load JPG	V
15	07/12/18 10:51	General View	0	Load JPG	120
16	07/12/18 10:51	General View	0	Load JPG	V
17	07/12/18 10:51	General View	0	Load 3PG	₩.
18	07/12/18 10:51	General View	0	Load JPG	Z
19	07/12/18 10:51	General View	0	Load JPG	$\overline{\mathbf{A}}$
Doc	cumentation		1 per ;	age 🗸	1
No	Finalized On	Sompo Insurance Singapore Pte. Ltd. (HQ)		Thumbnail	Print
1	29/11/18 12:10	PRI REQ FAX FROM R.S.SOLOMAN LLC DT 29/11/18 - SLH6383X	0	Load PDF	
2	30/11/18 10:42	Pre-Repair Survey	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.	

Merimen e-Claims Page 2 of 2

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/SMO18021618/GCD3E2

Date:

17/12/2018

REFERENCE

Handling Insurer: Ltd

Sompo Insurance Singapore Pte.

Policy No:

D18MTRENT000040

Claimant Vehicle

SLH6383X

Insured Vehicle No:

SJY9693R

Date of Loss:

26/11/2018

Nature of Claim:

TP

Claim No:

0 km

CMTD1805182

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SLH6383X

Make & Model:

HONDA ODYSSEY, 2.4 EXV-S CVT SR (A)

Engine No:

K24W72013137

Reg. Date:

14/11/2016 (Man. Year: 2016)

Chassis No: Odometer:

JHMRC1890GC207197

Colour Engine Capacity:

2356 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:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

215/55 R17

Rear Tyre Size:

215/55 R17

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	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment.

30/11/2018

Date Inspected:

04/12/2018 Inspected At:

SKM Motor Works Pte Ltd (HQ)

10 Kaki Bukit Road 2, #03-31 First East

Centre

Singapore 417868

Estimated Period of Repair:

5.0 days

Adjuster: XING GUO QIANG

Manager: CELINE FONG

Adjuster Report Page 2 of 5

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.

Adjuster Report Page 3 of 5

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 \$5,000.00 -\$6,000.00

Adjuster Report Page 4 of 5

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 17 Dec 2018)

Parts: M1-SUV HONDA ODYSSEY 2.4 EXV-S CVT SR (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SLH6383X)

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 >