

TDR:

A. REC. BY:

REF: CS/MOL18021682/Rlgbez

Special Instruction:

SURVIVOR

ASSIGNMENT (Office)From (Person): Melimen Jasmine Lok of MSCH Date/Time: 03122018 9:14am

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: OKT 842B Insured: SLD 2244Lat Workshop m/s Mova Tel: 61923892of dik 1008 Bukit Merah Lane 3 #01-04Policy No: A39065982AMY Claim No: 574771

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25-10-2018
(Client's Record)CA / REV / REP. / REV 24 HRS wpt 05-12-2018 @ 4pm H.O.D. Endorsement: _____Date/Time: 03122018 10:54am Person Contacted: Avril Vehicle: IN LOU

Date/Time	Action/Instruction (✓) Estimate
	<u>OKT 842B - NGA / MOL18019503 / Y</u> <u>Out 25102018</u>
	<u>SLD 2244L - X</u>
	<u>Arrange with Naz when arrange survey.</u>
<u>06/12/18 @ 3:44pm</u>	<u>revised to Jasmine Lok via Melimen</u>
<u>07/1/19</u>	<u>Subunit Parti - report - the vehicle has not send in repair.</u>
<u>07/1/19</u>	<u>had checked with wtp, the vehicle has not send in repair.</u>

Signature

[Signature]

REF: MSIG

50882

ASSIGNMENT

From: Date: 5/12/18

Estimated Cost:

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

To inspect Vehicle No SKT 842B

at Workshop m/s Nova

of BIK 1008, Bkt Merah Lane 3 #01-04

Insured:

Policy No:

Claims No:

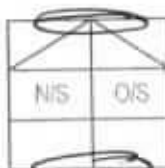
Sum Insured: Excess:

(Client's Record)

Make of Veh: 4pm

(Policy Condition)

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



Bal. or Market Value: 14K

IDAC Accident Rpt: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 3 days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS up

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SKT 842B Yr Regn: 2009 / may

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

Truck / Trailer or

Make: NISSAN SYLPHY 1.5 A CC 1498

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

Sp Reading: 131144 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN/BAAG11 20110075

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: 195/55R15

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: 28/10/18

D.O.I: 05/12/18

Survey held at: nova

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

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

Date / Time Action / Instruction

RECEIVED 02 JAN 2019

Date/Time, File Pass to?

02/1/2019

Date/Time, File Return to?

21

Report Format:

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

☒ Preli. Report

☐ Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

816/50 Ruby 24/12/18

TOTAL

150
10
160

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Oct 2018		03 Dec 2018 09:14 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:		PAUL JOSEPH, ID: S26923851 [Created by insurer]							
Main Claimant:		YEUE HENG BOON COLIN (YANG XING WEN COLIN), ID: S82150881							
Vehicle Reg. No.:		SKT842B	Date of Loss:	25/10/2018 07:00 - :59 [112 Months and 27 Days From LTA Reg Date (Man Yr)]					
Claim Type:		TP / 574771	Policy/Cover Note No.:	A29065558QMY (Comprehensive) Coverage: 27/12/2017 - 26/12/2018					
Vehicle Reg. No. (Insured):		SLD2244L	Policy No. (Claimant):						
		Excess:							
Repairer:		Mova Automotive Pte Ltd (Bukit Merah) Blk 100B, #01-04/06/08/94, Bukit Merah Lane 3, 159722 Bukit Merah - Tel: 62723892/64763333							
Handling Insurer:		MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwel - 6594 2550]							
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 04/12/2018]							
Driver/Custodian (Insured):		TERESA JOSEPH (49 / Female), NRIC: S6980646E, Tel: +6591005612							
Adj Asg. Remarks:		LIABILITY: UNCLEAR. OI DISPUTE IN QUANTUM. CONTACT: NITHA 6272 3892							
ASSOCIATED MAIL RECEIVED									
There are no mail for this case.			View All	Compose Case Mail					
ALL ASSOCIATED TASKS									
View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Note: This document has not been finalised.

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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Jasmine Lok Kheng Kwei

Date: 06 Dec 2018

Preliminary Advice

Insured Vehicle No	: SLD2244L	Accident Date	: 25/10/2018
TP Vehicle No	: SKT842B	Assignment Date	: 03/12/2018
Make	: NISSAN SYLPHY	Est. Duration of Repair	: 3.00
Date of Inspection	: 05/12/2018		
Inspection At	: MOVA AUTOMOTIVE PTE LTD (BUKIT MERAH) BLK 1008, #01-04/06/08/94, BUKIT MERAH LANE 3 SINGAPORE 159722		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages front & rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,904.80
Revised Amount	:S\$	2,071.90
Check Items (Estimated)	:S\$	207.90
Total	:S\$	2,279.80

Lump Sum Repair	:S\$	
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Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5088I
Vehicle Details	
Vehicle No.:	SKT842B
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Dec 2018
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	HR15154747B
Chassis No.:	JN1BAAG11Z0110025
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$19,094.00
Original Registration Date:	28 May 2009
First Registration Date:	28 May 2009
Transfer Count:	2
Actual ARF Paid:	\$19,094.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 May 2019
PARF Rebate Amount:	\$9,547.00
Intended COE Rebate Details	
COE Expiry Date:	27 May 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$8,501.00
COE Rebate Amount:	\$401.00
Total Rebate Amount:	\$9,948.00

The information contained herein is correct as at 06 Dec 2018

OK

18,000
9948

4052

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	26/10/2018 13:33
Date Of Accident	25/10/2018 07:05
Exact Location Of Accident	KPE (ENTRANCE FROM TAMPINES RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT842B
Insured/Policyholder	
Name Of Registered Owner	YEUEH HENG BOON, COLIN (YANG XINGWEN, COLIN)
NRIC No	S8215088I
Email Address	CYEUEH19@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97848182
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT 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	NO
Policy Number	5096311148
Cover Note Number	

Driver

Name of Driver	YEUEH HENG BOON, COLIN (YANG XINGWEN, COLIN)
NRIC No	S8215088I
Date Of Birth	25/05/1982
Occupation	INDOOR
Date Of Driving Pass	22/05/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97848182
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	CYEUEH19@YAHOO.COM.SG

Address	APT BLK 604A PUNGGOL ROAD #15-762
Postcode	821604
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	2
Passenger 1	NAME: : PASSENGER 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

PLEASE REFER TO THE SKETCH PLAN

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	SLD2244L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TERESA JOSEPH
NRIC/Passport Number	S6980646E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKP9716U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEH KIM JUN, KEVIN
NRIC/Passport Number	S8852118H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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: 26/10/18 1336 Hrs

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


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

Sketch Plan Pg. 2

SKETCH PLAN



A - SKT 742E
B - SLD 2244L
C - SKT 9716U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKT 842 B	ACCIDENT DATE & TIME: 25/10/18 0706 hrs
CONTACT NUMBER: 97848182	E-MAIL ADDRESS: cyeesh14@yahoo.com.sg
LOCATION: KPE (Entrance from Tampines Road)	
On 25/10/18 @ 0706 hrs, I'm travelling along KPE the vehicle in front of me did a lane change. I manage to stop my vehicle but the vehicle behind me hit me & my car move forward and hit vehicle 'C'.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

DECLARATION

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

Policyholder's Signature _____
Date & Time: 2/6/08 1336 hrs

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

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

Main Office:
 Move Building
 No. 22, Jalan Kilang,
 Singapore 159419
 Tel: (65) 6476 3333
 Fax: (65) 6271 5891
 www.mova.com.sg

Workshop Dept:
 Block 1008,
 Bukit Merah Lane 3,
 #01-04/06/08/94
 Singapore 159722

Tel: (65) 6272 3892
 Fax: (65) 6270 8314

Co. Reg. 198904033G
 GST Reg. M2-0088864-2

Estimate

21/11/2018

MSIG INSURANCE (S) PTE LTD (SGX CENTRE)
16, RAFFLES QUAY
#24-01 HONG LEONG BUILDING
SINGAPORE 048581.

Attention :- XA013

Page # :- 1

Veh # :- SKT842B

Veh Model :- NISSAN SYLPHY 1.5

Estimate# :- CK418301

Claim # :- TP/CK133249

ACC. Date :- 25/10/18

Terms :- C.O.D Days

Remarks :- MFA 28 MAY 2009 (2009)

No.	Description	Qty	U.Price	Amounts S\$
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NET ITEMS :

1.	FRONT GRILLE <i>CR</i>	1	PC	365.00	365.00
2.	FRONT GRILLE LOGO <i>CR</i>	1	PC	68.00	68.00
3.	FRONT GRILLE CLIPS <i>CR</i>	10	PC	5.00	50.00
4.	FRONT BUMPER <i>CR</i>	1	PC	566.00	566.00
5.	FRONT BUMPER TOW COVER LH <i>CR</i>	1	PC	22.00	22.00
6.	FRONT BUMPER CLIPS <i>CR</i>	10	PC	5.00	50.00
7.	FRONT BUMPER SPONGE <i>CR</i>	1	PC	231.00	231.00
8.	REAR BUMPER CHROME MOULDING <i>CR</i>	1	PC	170.00	170.00
9.	REAR BUMPER CLIPS <i>CR</i>	10	PC	5.00	50.00
10.	FRONT BUMPER REINFORCEMENT - CHECK <i>CR</i>	1	PC		
11.	HEADLAMP RH - CHECK <i>CR</i>	1	PC		
12.	END PANEL - REPAIR <i>CR</i>	1	PC		
13.	REAR BUMPER - REPAIR <i>CR</i>	1	PC		
NET TOTAL S\$					1,572.00
10% DISCOUNT S\$					-157.20
					1,414.80

SPECIAL NET ITEMS :

1.	FRONT NUMBER PLATE <i>CR</i>	1	PC	40.00	40.00
2.	REVERSE SENSOR <i>CR</i>	1	PC	200.00	200.00
SPECIAL NET TOTAL S\$					240.00

LABOUR :

TO INSPECT FRONT LIGHTING MECHANISM

TO REPAIR ON REAR BUMPER & END PANEL TO REMOVE & REPACE DAMAGED ITEMS. REALIGN CONNECTION

TO SPRAY PAINT ON REPAIRED AREAS

LABOUR TOTAL S\$

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

E. & O.E

Acknowledged by Repairer

Signature:

Date:

NON-TAX AMOUNT S

AMOUNT S\$

GST @ 7 %

AMOUNT DUE S\$

2,904.80

203.34

3,108.14

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

Catherine Chong (LKK Auto)

From: Jasmine Lok Kheng Kwei <jasmine_lok@sg.msig-asia.com>
Sent: Friday, 30 November, 2018 10:50 AM
To: assignments
Cc: SUR
Subject: FW: SLD2244L ✓
Attachments: SLD2244L.PDF

Importance: High

Our ref: M574771

Hi Catherine,

We refer to our conversation just now.

Our insured driver reported that there was no collision with third party vehicle.

Please assist to survey insured's vehicle and do height measurement to check if there was any damages on insured vehicle and if so, whether it is consistent with the height of both cars and the circumstances reported by third party.

I attach our insured's accident report for your perusal.

Please let us have the findings soon.

Please assist to contact our insured driver, Ms Teresa at tel: 91005612 to do the height measurement. (she is available)

*She will be going holiday on 03/12/2018 – 12/12/2018

Thank you.

Have a nice day ahead.





Jasmine Lok

Executive, Claims Services (Motor)

Direct line +65 6594 2550 | Direct fax +65 6225 7402 | jasmine_lok@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

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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 willful 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.
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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	26/10/2018 13:33
Date Of Accident	25/10/2018 07:05
Exact Location Of Accident	KPE (ENTRANCE FROM TAMPINES RD)
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT842B
Insured/Policyholder	
Name Of Registered Owner	YEUEH HENG BOON, COLIN (YANG XINGWEN, COLIN)
NRIC No	S8215088I
Email Address	CYEUH19@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97848182
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT 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	NO
Policy Number	5096311148
Cover Note Number	

Driver

Name of Driver	YEUEH HENG BOON, COLIN (YANG XINGWEN, COLIN)
NRIC No	S8215088I
Date Of Birth	25/05/1982
Occupation	INDOOR
Date Of Driving Pass	22/05/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97848182
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	CYEUH19@YAHOO.COM.SG

Address	APT BLK 604A PUNGGOL ROAD #15-762
Postcode	821604
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	2
Passenger 1	NAME: : PASSENGER 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

PLEASE REFER TO THE SKETCH PLAN

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	SLD2244L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TERESA JOSEPH
NRIC/Passport Number	S6980646E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKP9716U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEH KIM JUN, KEVIN
NRIC/Passport Number	S8852118H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE

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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.

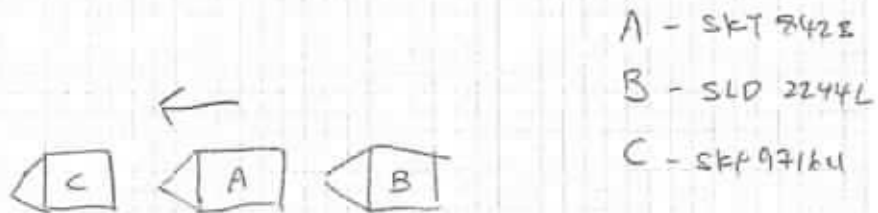

Policyholder's Signature
Date & Time: 26/10/18 1336 hrs

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


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKT 8428	ACCIDENT DATE & TIME: 25/10/18 0706hrs
CONTACT NUMBER: 97848182	E-MAIL ADDRESS: cyeth19@yahoo.com.sg
LOCATION: KPE (Entrance from Tampines Road)	
On 25/10/18 @ 0706hrs, I'm travelling along KPE the vehicle in front of me did a lan brake. I manage to stop my vehicle but the vehicle behind me hit me & my car move forward and hit vehicle 'C'.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim CO/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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

Policyholder's Signature
Date & Time: 26/10/18 1336 Hrs

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

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

Sketch Plan Pg. 3





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5096311148

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKT842B
 Chassis Number : JN18AAG1120110025
2. Name of Policyholder : YEUK HENG BOON, COLIN (YANG XINGWEN, COLIN)
3. Effective Date of Insurance : 29 Nov 2017
4. Expiry Date of Insurance : 28 Nov 2018
5. Persons or Classes of Persons entitled to drive
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.
- This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: \$52,000
EXCESS (SECTION 2)	: \$31,500
WINDSCREEN EXCESS	: \$5100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YEUK HENG BOON, COLIN (YANG XINGWEN, COLIN)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AUTOSHIELD PTE. LTD. (00002573469)
 Date of Issue : 28 Nov 2017 17:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

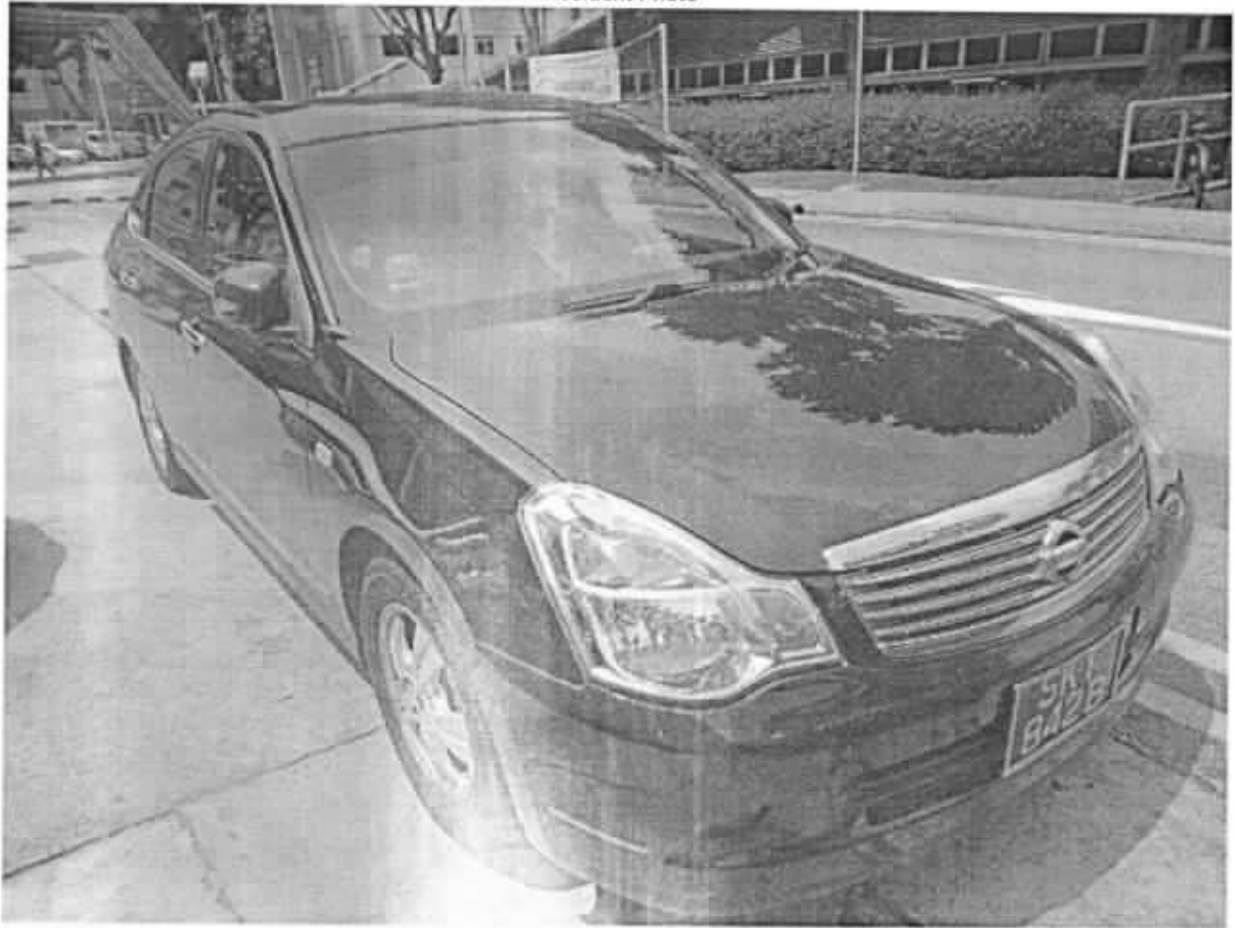
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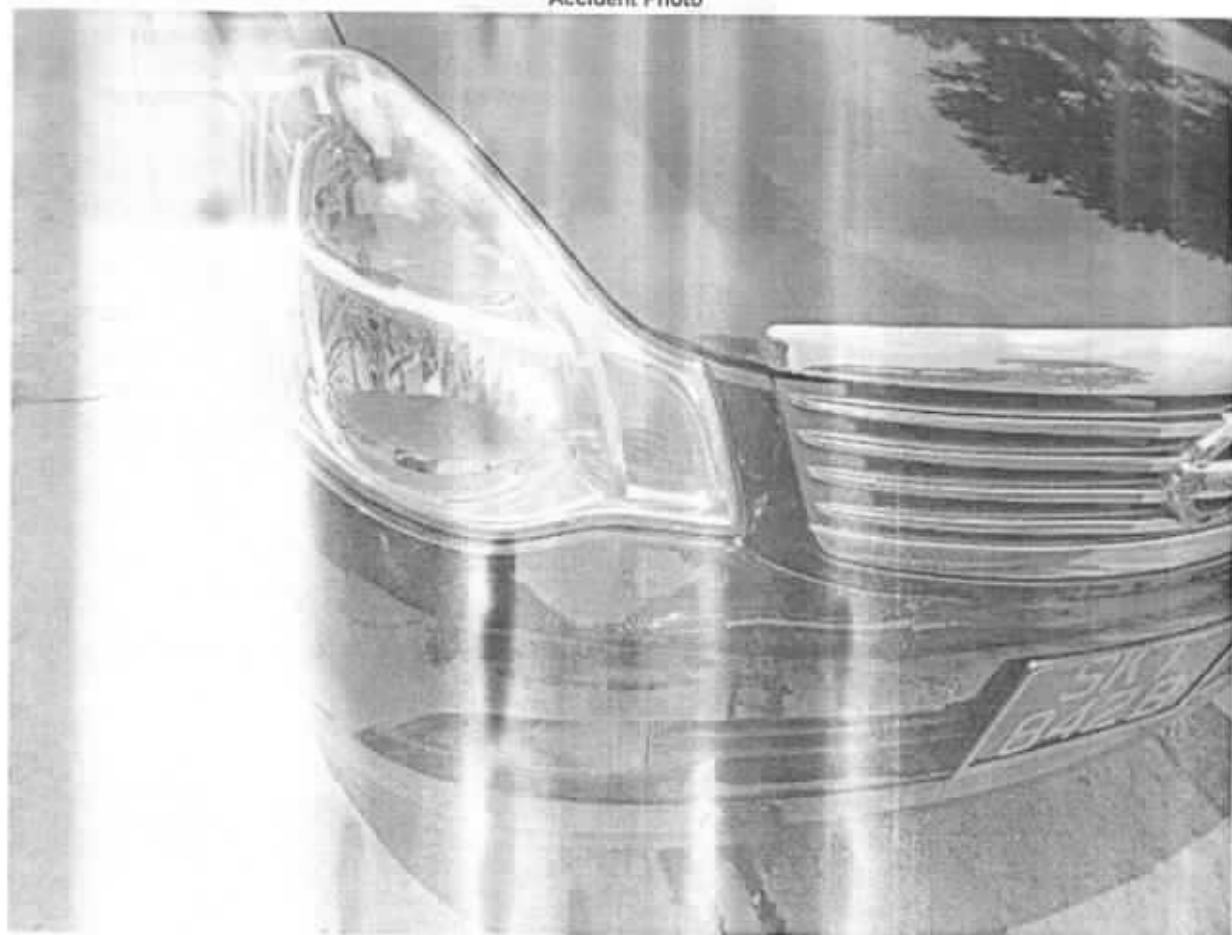
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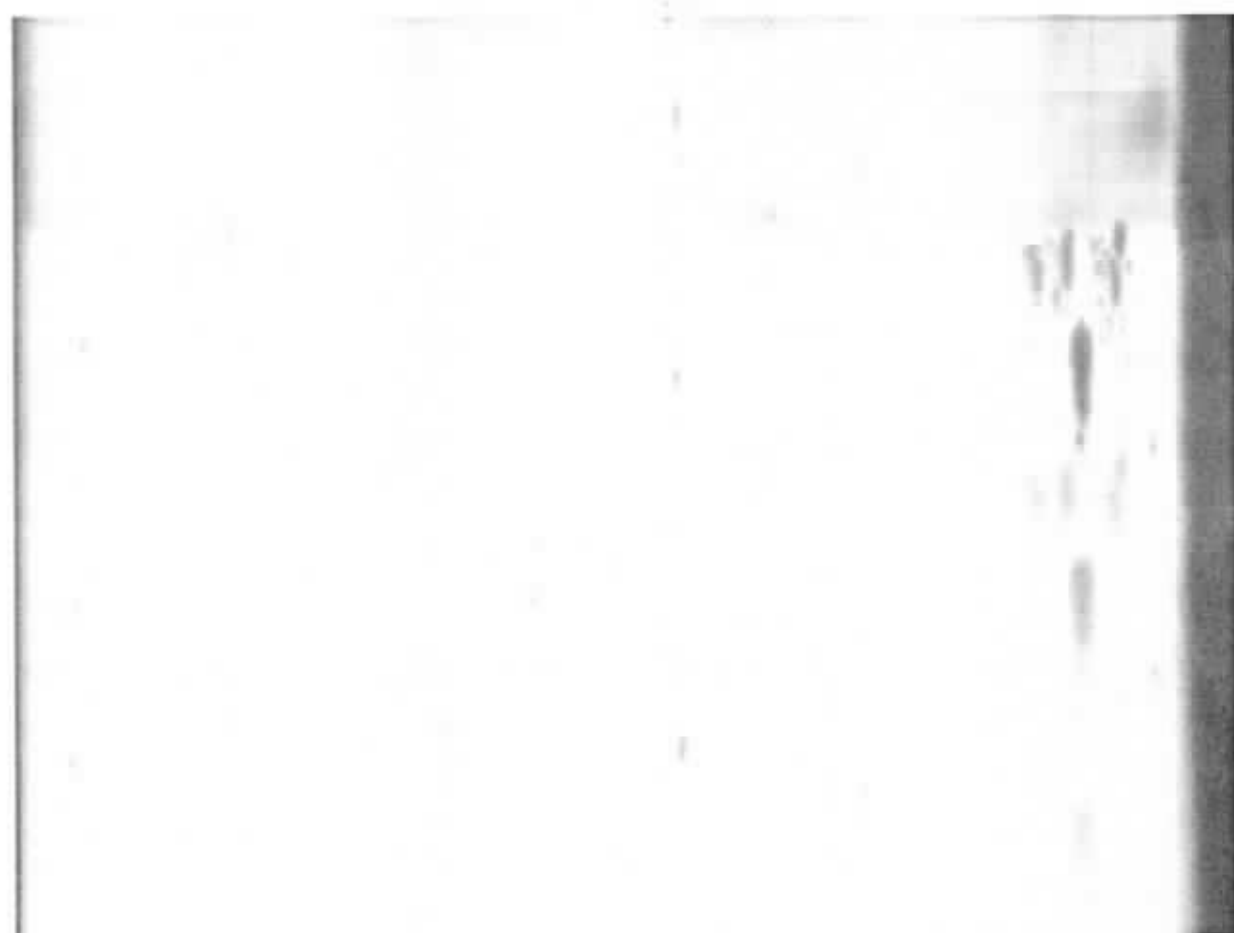
Future Studies



2001-01-01 Photo







CENTRAL FORMS

NEW ZEALAND GOVERNMENT SERVICE CENTRE

FORM

NEW ZEALAND GOVERNMENT SERVICE CENTRE

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NEW ZEALAND GOVERNMENT SERVICE CENTRE

NEW ZEALAND GOVERNMENT SERVICE CENTRE

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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.
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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	26/10/2018 17:15
Date Of Accident	25/10/2018 07:00
Exact Location Of Accident	ENTER KPE TUNNEL FROM DEFU LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2244L
Insured/Policyholder	
Name Of Registered Owner	PAUL JOSEPH
NRIC No	S2692385I
Email Address	TP9966@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91005612
Alternative Phone No	OFFICE-91005612

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E230-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29065558QMY
Cover Note Number	

Driver

Name of Driver	TERESA JOSEPH
NRIC No	S6980646E
Date Of Birth	30/05/1969
Occupation	INDOOR
Date Of Driving Pass	09/01/1998
Driving Experience	20 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91005612
Fax Number	
Contact Number	
EMail Address	TP9966@GMAIL.COM

Address	47 ELIAS TERRACE
Postcode	519796
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	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)	4
Passenger 1	NAME: : MARILLYN (CHILDREN) GENDER: : FEMALE
Passenger 2	NAME: : ANN -COLLEAGUE GENDER: : FEMALE
Passenger 3	NAME: : KIARA (CHILDREN) 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 SKETCH PLAN

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	SKT842B
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	COLIN YEUH
NRIC/Passport Number	
Contact Number	97848182

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 - (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
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 - (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)

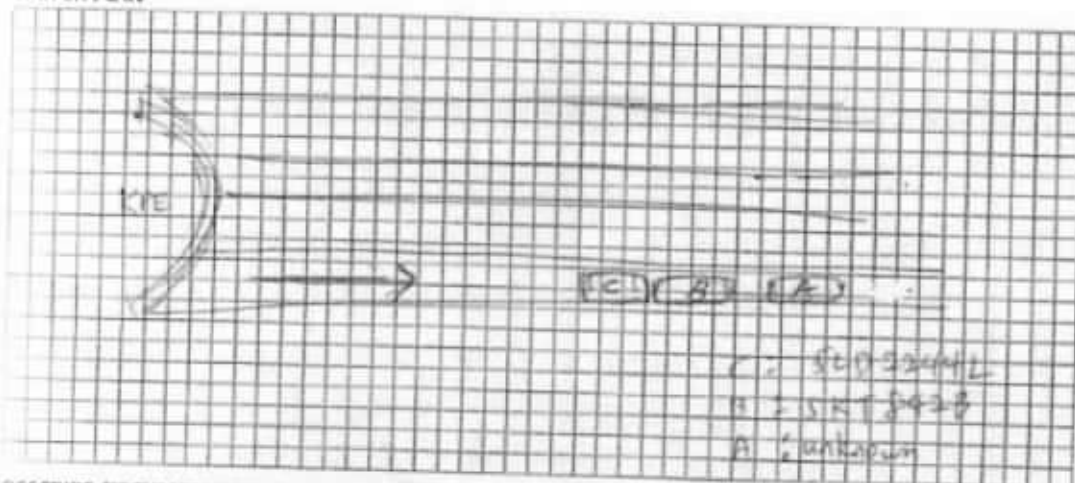
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/TIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(Cont.)

I was driving along, KRE just entered the tunnel a bit ahead at normal pace. I saw the car ahead hit the car in front and I immediately braked and stopped about 1-2 cm behind car SKT3928. I got down and spoke to the driver ahead briefly as he was talking to the driver of the car ahead of him. I took some photos, gave my number to car B driver, he asked for my IC which I gave him but he did not give me his IC and said he would send by phone later. As I was leaving to drop my kids to school, in due diligence, I gave him my details, and left from there as the driver of Car A and Car B which had the impact were discussing. Driver of Car A did not speak to me at all, as he noticed there was no impact between my car and car B though it was close later that afternoon I received messages from a Collin Youh (Please refer to images of messages). He emailed me a private statement form and asked me to sign and deposit money to his account. I again asked for his IC and to meet and talk but he refused. I was uncomfortable and called my agent and agent who asked me to go to the authorised workshop to report and assess my vehicle. I met Grant Cheng

DECLARATION

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

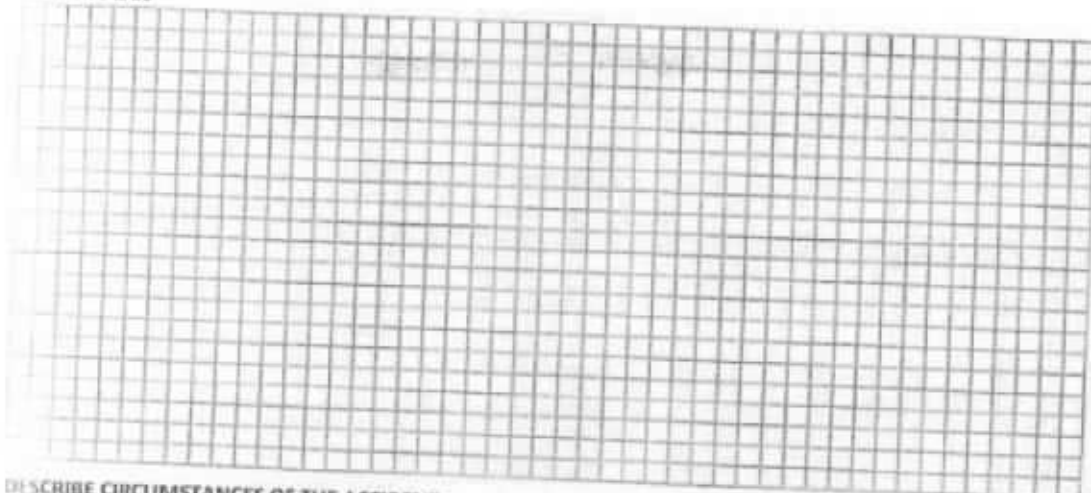
Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/IN No.:

Form SKP Form V1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

with whom I filed this report, shared photos and messages with Driver of Car B. Grant also showed and took detailed photos of the front of my car. and to his review, there is no evidence of any scratches or damage at all.

I felt uneasy to raise further with Colin Yeoh as he has not shared his NRIC details despite of promising to do so and also my asking him.

As he seems to not give away any information have no guarantee that he or the driver of Car B who I do not have details of may unnecessarily have any claims from me. I have in due diligence and with advice from NSIC customer officer reported this incident. As there is no reason, nothing claim at all.

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:

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

< Collin Accident

+6597848182



Thursday, 25 October 2018



Hi Teresa, colin here.
We were involved in an
accident along the KPE
today where your car hit
the rear of my car.

1) will you be filing
insurance report or settle
it without reporting as
private settlement

2) I am getting a quote
from my workshop for the
minor repairs of the rear
bumper which is o



VIEW ALL



9:22 am

No i am not ok with that...I
took photos too and have
passed it to my lawyer.
My company lawyer will
call you. There is not
even a mark or scratch
on my number plate and
your rear bumper image
also shows nothing...to
be out of alignment there
should have been an



Collin Accident

+6597848182



W, 25 Oct 2018 9:22 am

Hi Teresa, colin here. We were involved in an accident along the KPE today where your car hit the rear of my car.

1) will you be filing insurance report or settle it without reporting as private settlement

2) I am getting a quote from my workshop for the minor repairs of the rear bumper which is out of alignment. I will keep you updated of the quote. Are you ok with that?

21% 4:19 pm

Collin Accident

+6597848182

Tu, 25 Oct 2018 9:28 am

No I am not ok with that...I took photos
too and have passed it to my lawyer. My
company lawyer will call you. There is not
even a mark or scratch on my number
plate and your rear bumper image also
shows nothing...to be out of alignment
there should have been an impact which
there wasnt. We will write in to Ita to seek
camera footage if necessary. Do you have
rear camera footage? I did not reverse my
car at all so as is..there is nothing..you
could have had this previously on your
fender. Sorry but as I see it there is nothing
to claim. Are you the owner of the car?

Collin Accident

+6597848182

Ya I'm the owner of the car. Ok if thats the case I tink we should do our insurance reporting.

1:13 pm

Can WhatsApp your ic pls. Tks. Also the photos of impact as you mentioned.

1:40 pm

Have you received quote from your workshop?

1:41 pm

I tried calling you ..couldn't get through...let me have the above information today . Thank you.

2:14 pm

So sry was busy.. haven get the quote but will be going down shortly..

2:34 pm

As we r filing for the insurance claim so your insurance company will get all detail

Enter message

Collin Accident

+6597848182

SKT842B, Colin Yeuh

2:37 pm

Before file insurance
I need to know
quote as it's a very
minor damage if
any and I need to
know if it's worth
the headache...also
we have our regular
workshop so I would
want to have it done
there if anything...

2:40 pm

Hi Teresa, my
workshop quoted
200-300. So I will just
say 200 to be fair. It is
ok to settle for private
settlement?

3:52 pm

So how is it?

4:05 pm

Ok...do send the
receipt from workshop
once fixed.

4:35 pm

Ok so we go for
private settlement.. I
will arrange the repair
& update u

4:52 pm

Enter message

Collin Accident

001-45986-4

11:32 am

Tp9966@gmail.com

Received your mail.
Format is fine but the
form is blank .no details
there....your details are
not there at all..

12:10 pm

Anyway ...where do I
meet you...

12:11 pm

Have to get it printed
out...

12:12 pm

Sent the form , you need
revert with your sign

1:52 pm

Hi Teresa, pls sign the
my form and I will reply
with my signature but
only after the bank
transfer is done. I
have reported to my
insurance but under
reporting only. If you
are not comfortable
with the arrangement
det I will change to 3rd
party claim.

3:29 pm

POSB: 001-45986-4
saving

3:33 pm

Police settlement form 3D [View X](#)

11/11/2019

11/11/2019 11:30 AM (2 hours ago)

11/11/2019 11:30 AM (2 hours ago) ☆

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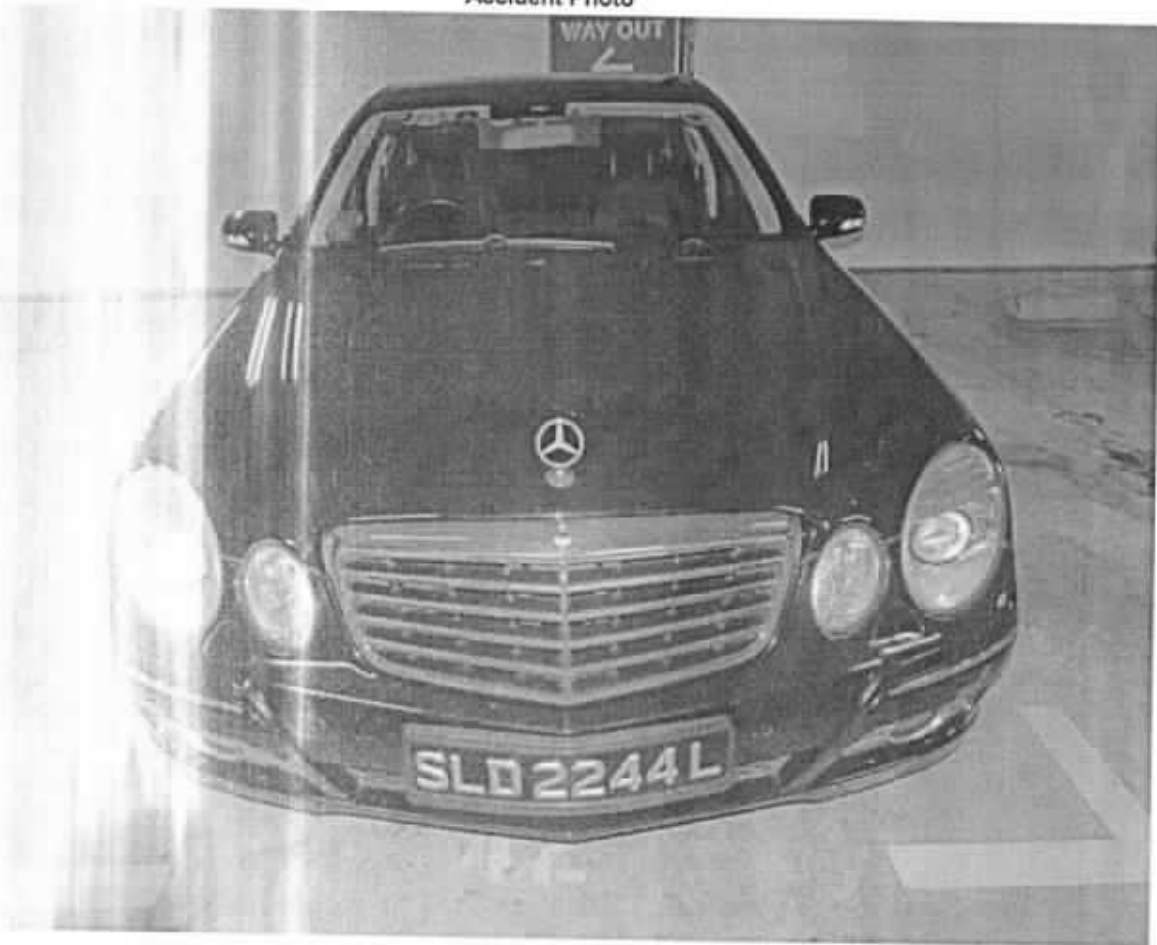
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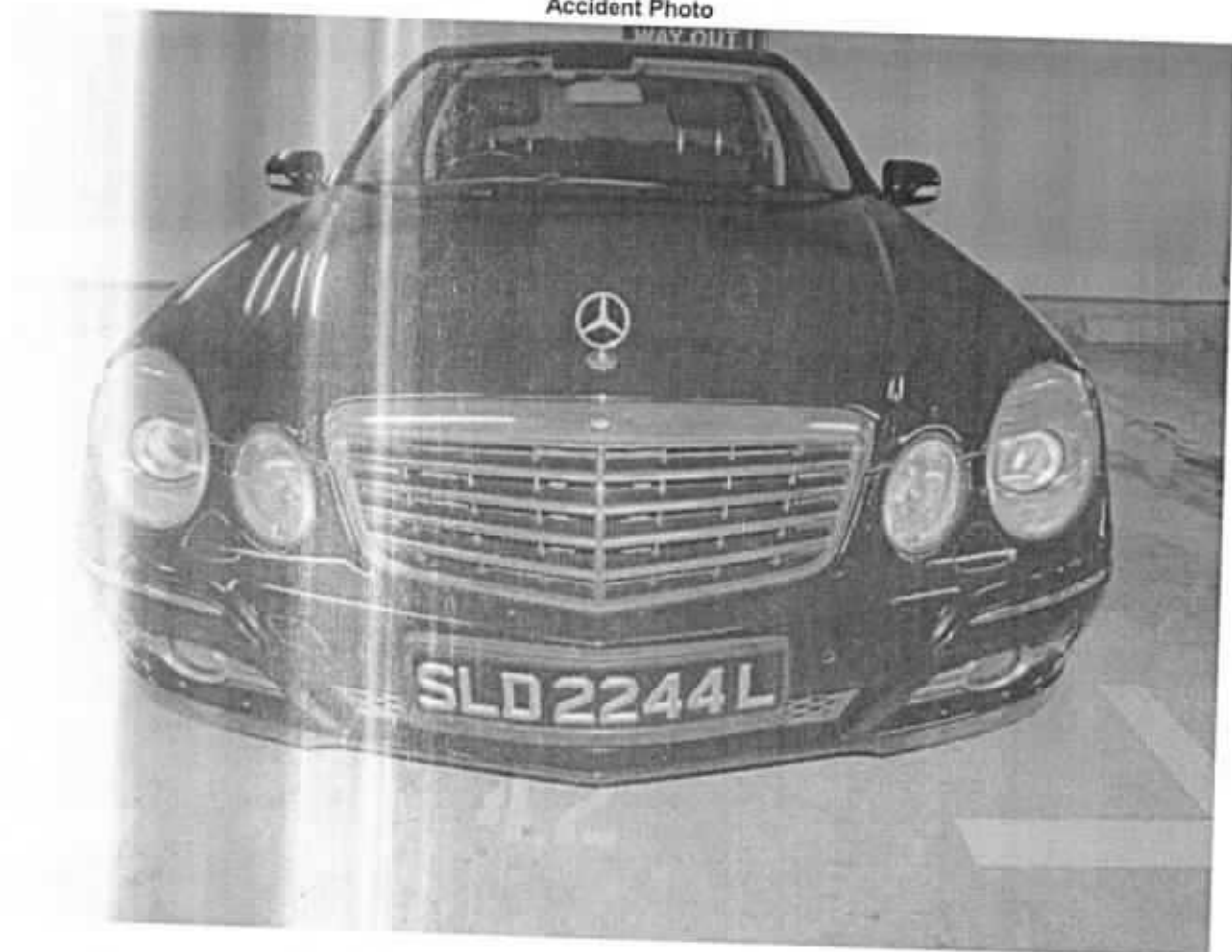
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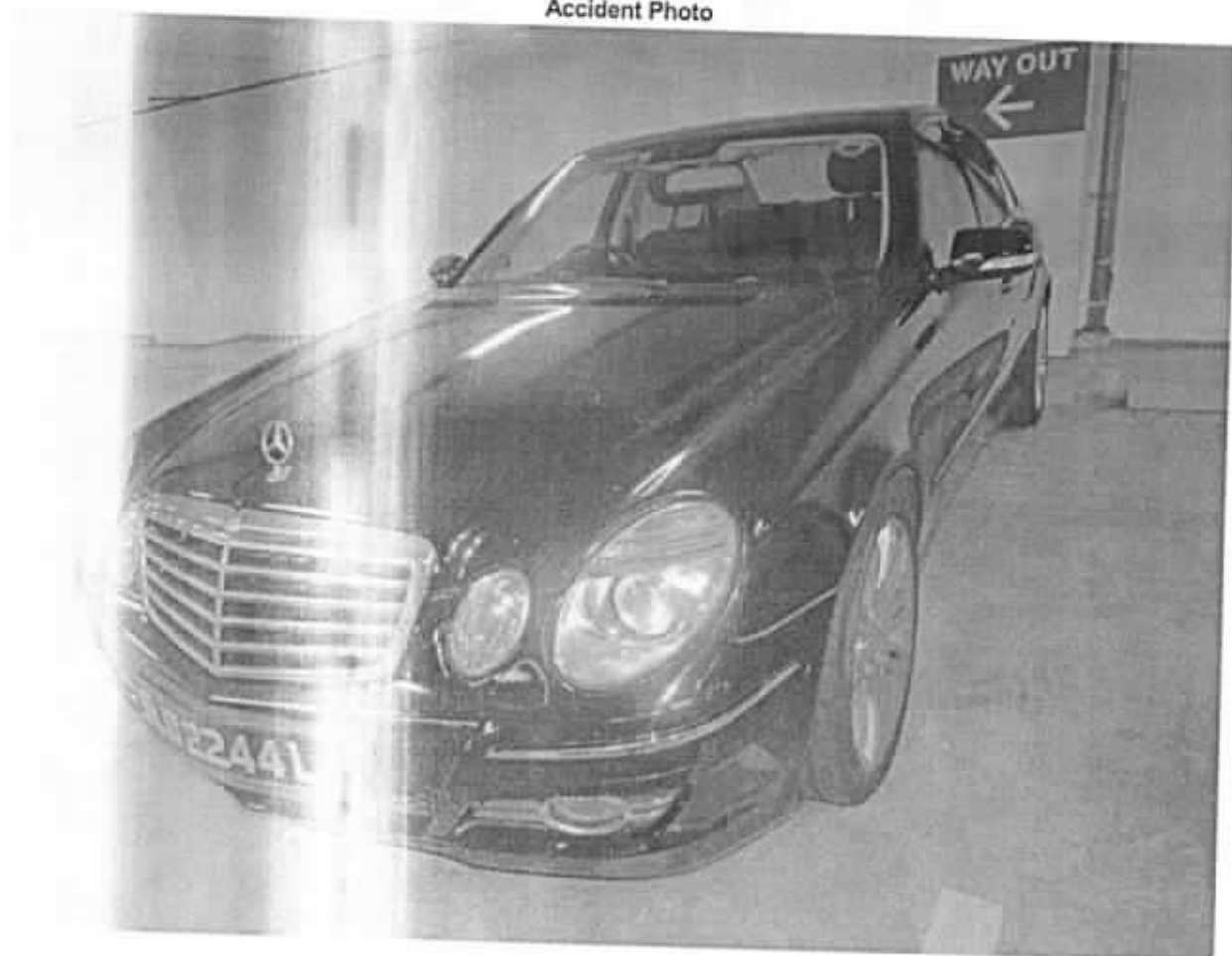
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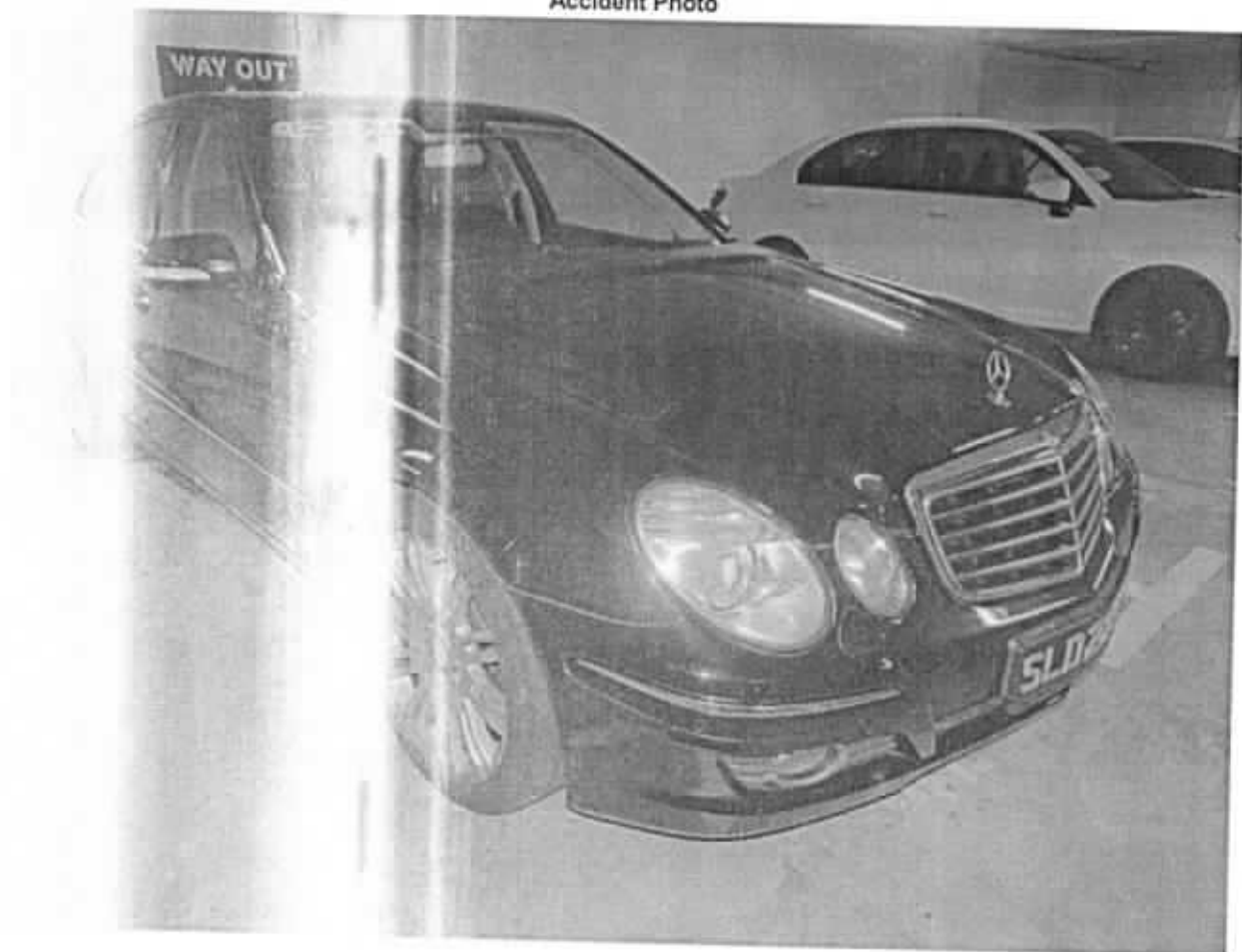
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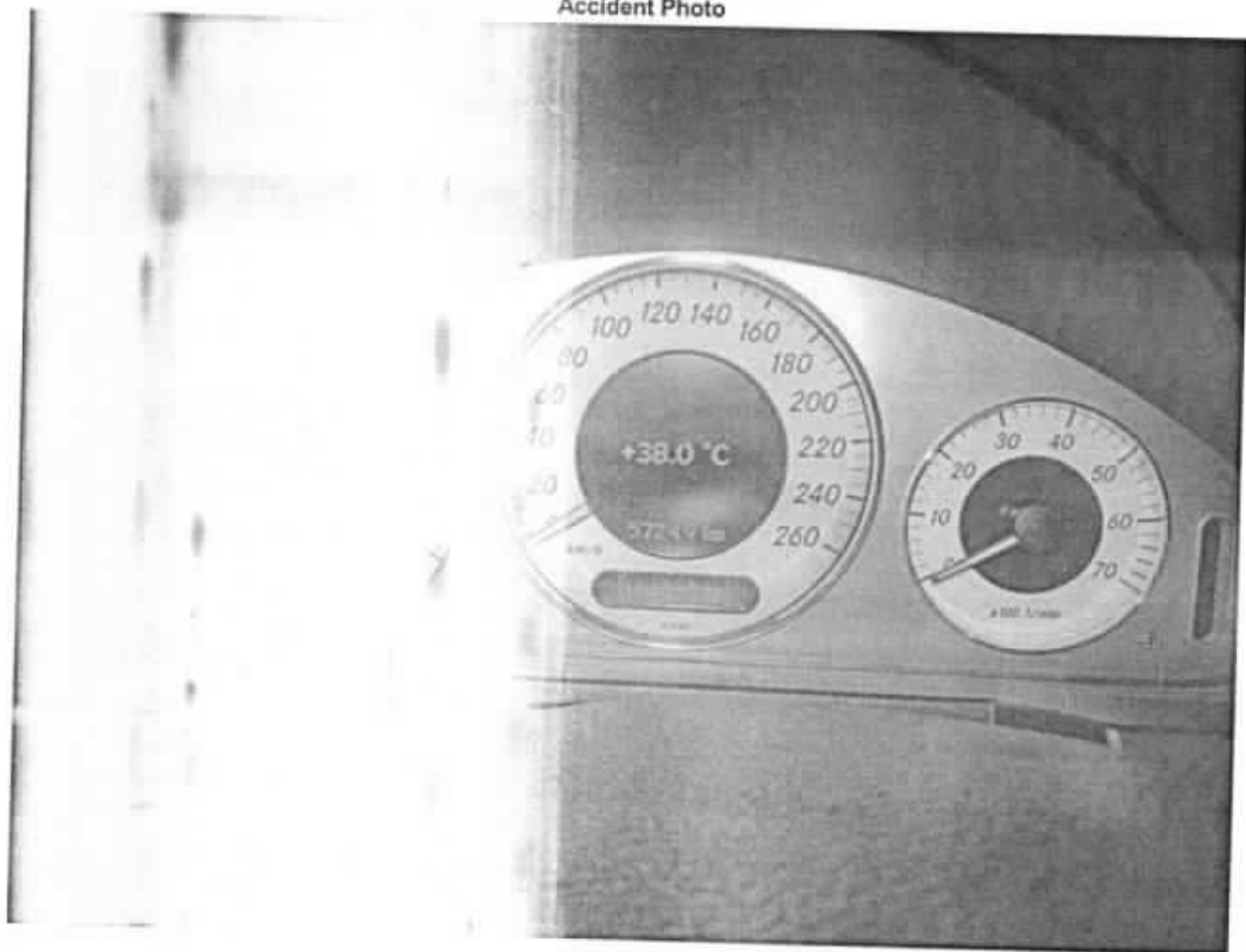
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Accident Photo



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.
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5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the Loss 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 at the centre.

ACCIDENT STATEMENT	
Date Of Report	26/10/2018 11:33
Date Of Accident	25/10/2018 07:05
Exact Location Of Accident	KPE TOWARDS CITY BEFORE AIRPORT ROAD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP9716U
Insured/Policyholder	
Name Of Registered Owner	TEH KIM JUN, KEVIN
NRIC No	S3852118H
Email Address	KEVINTKJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93691339
Alternative Phone No	OTHERS-93691339
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
Ex-Grat Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If yes, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
First Policy	NO
Policy Number	CHOM110153711601
Claim Note Number	
Driver	
Name of Driver	TEH KIM JUN, KEVIN
NRIC No	S3852118H
Date Of Birth	14/12/1988
Occupation	INDOOR
Date Of Driving Test	23/09/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93691339
Emergency Number	OTHERS-93691339
Email Address	KEVINTKJ@GMAIL.COM

Address	BLK 293D COMPASSVALE CRESCENT #14-27
Police Code	044293
Was driver an employee of the Insured's Company	NO
Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any office material or property damaged?	YES
Has anyone been approached by unknown person(s) seeking for 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 a notice of arrested Prosecution given?	NO
If Yes, against whom?	

Witnesses to Accident

I WAS DRIVING ALONG KPE TOWARDS CITY JUST AT THE START OF THE TUNNEL BEFORE AIRPORT ROAD EXIT IN THE SPEED LIMIT OF 80KM/HR. THE CAR IN FRONT OF ME BRAKE SUDDENLY, I STEPPED ON THE BRAKE AND DID NOT CONTACT THE CAR IN FRONT. I THEN FELT IMPACT ON THE REAR OF MY CAR AND MY CAR MOVED FORWARD FOR APPROXIMATELY 1 METER. I WAS HIT IN THE REAR BY A NISSAN SKT842B, THERE WAS A THIRD CAR BEHIND ME MERGE BENZ SLD2244L BEHIND THE CAR THAT HIT MY CAR. THERE WAS NO INJURY SUSTAINED BY ALL PARTIES INVOLVED. VEHICLES WERE STILL OPERATE AFTER THE ACCIDENT.

Attachments

Are documents available for attachment?	YES
Was there any document captured by Car Camera?	NO
Was there any video recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT842B
Vehicle Make/Model	NISSAN
Driver's Or Possessor's Name	
Vehicle Category	PRIVATE CAR
Name Of Driver	TEOH HENG BOON, COLLIN
Vehicle Insurance Policy No.	SD2150881
Contact Number	97848182
Address	
Postcode	
Insurance Cover/Policy Name	
Name Of Co-insured	

Number of Passengers (including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLD2244L

Vehicle Manufacturer/Colour

MERCEDES BENZ (BLACK)

Driver's Licence

Vehicle Category

PRIVATE CAR

Name of Driver

Name of Passenger

Contact Number

Address

Postcode

Insurance Company Name

Name of Domestic

Number of Passengers (including Driver)

Accident 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. Zero-tolerance 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 submission 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)**
 - (a) I, the undersigned, acknowledge, agree and consent that:
 - (i) the insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, store 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 Regulatory 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) assisting 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 internal 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");
 - (ii) insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (iii) Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or including their lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.
 - (b) Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, prevention and management in present and all future claims.
 - (c) Personal Information collected under (d) above may be shared / disclosed:
 - (i) to insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (ii) to law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) in compliance with requirements under any regulations, laws or court orders.

Name:
Address:
Date:

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

Reporting Centre Person's Signature
NRIC/IN No:

Accident Sketch Plan

SKETCH PLAN

KPE TOWARDS CITY / BAYOKE AIRPORT ROAD EXIT

A
B
C

A) SKP 97116U

B) SKT 842B

C) SLD 2244L

DESCRIPTION OF CIRCUMSTANCES OF THE ACCIDENT

(Before or just after road)

→ towards city just at the start of the tunnel.
along the KPE when the speed limit of 80km/h.
first of me brakes suddenly.
on the brake and did not contact the car in front.
hit impact on the rear bumper of my car and
moved forward for approximately 1m.
hit in the rear by a vehicle SKT 842B.
a third car behind the car that hit me from behind.
a black Mercedes SLD 2244L
no lighting destroyed by all parties and
wires were still operative after the
dent.

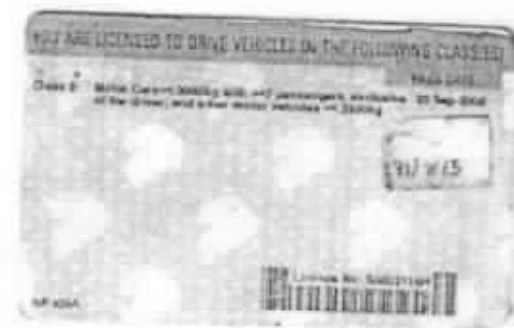
Particulars are true in every respect.

Levin

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

Reporting Centre Person's Signature
Name:
NIC/PIN No.:

ID



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



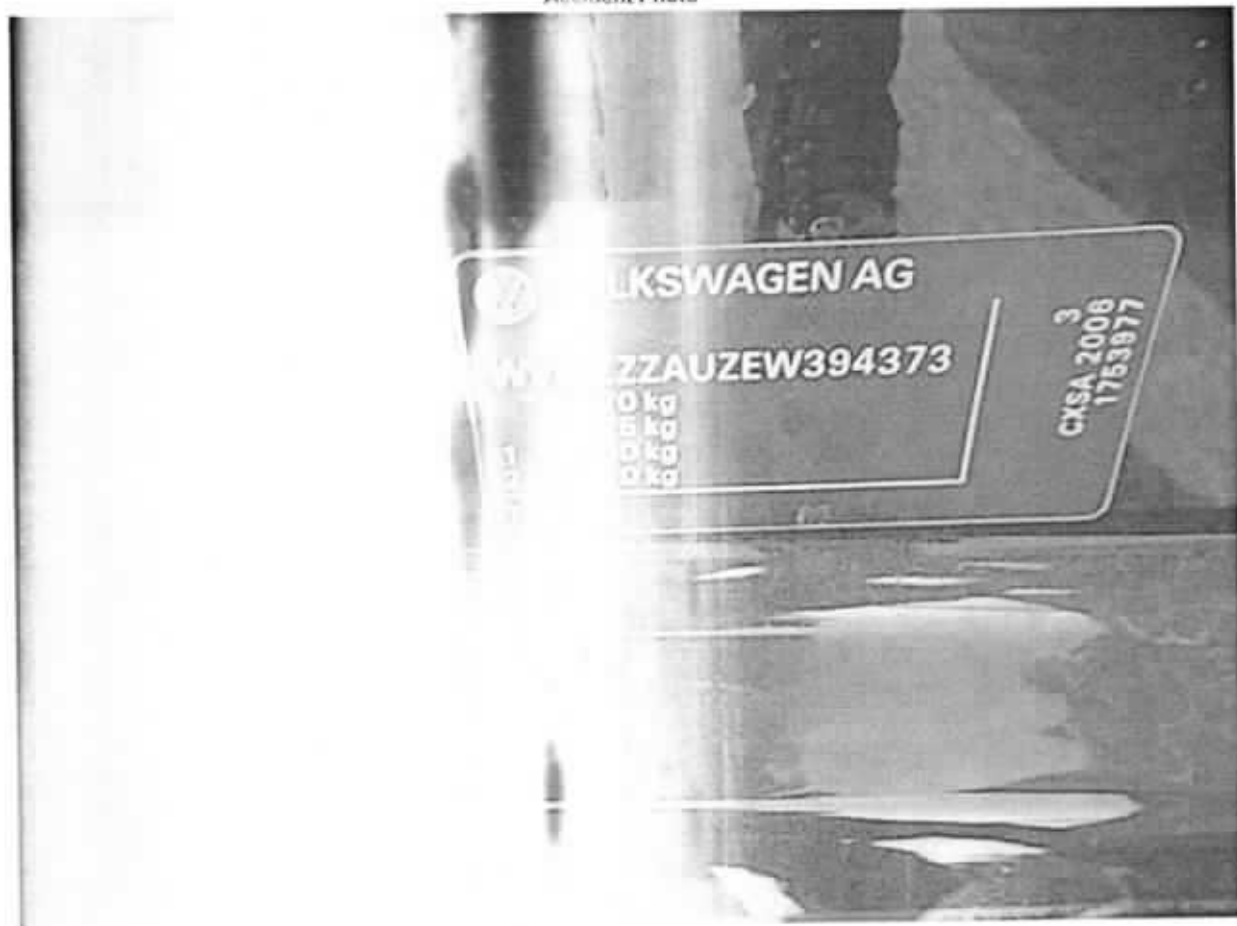
Accident Photo



Accident Photo



Accident Photo



Accident Photo



2014-00000 Photo



Photo



2011-2012 Photo





Photo



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Oct 2018		03 Dec 2018 09:14 Edit Adj Rpt	S\$2,071.90 Edit Estimates	S\$2,071.90 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	PAUL JOSEPH, ID: S26923851								
Main Claimant:	YEUH HENG BOON COLIN (YANG XING WEN COLIN), ID: S82150881								
Vehicle Reg. No.:	SKT842B	Date of Loss:	25/10/2018 07:00 - :59 [112 Months and 27 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 574771	Policy/Cover Note No.:	A29065558QMY (Comprehensive) Coverage: 27/12/2017 - 26/12/2018						
Vehicle Reg. No. (Insured):	SLD2244L	Policy No. (Claimant):							
		Excess:							
Repairer:	Mova Automotive Pte Ltd (Bukit Merah) Bk 1008, #01-04/06/08/94, Bukit Merah Lane 3, 159722 Bukit Merah - Tel: 62723892/64763333								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 02/01/2019]								
Driver/Custodian (Insured):	TERESA JOSEPH (49 / Female), NRIC: S6980646E, Tel: +6591005612								
Adj Asg. Remarks:	LIABILITY: UNCLEAR. OF DISPUTE IN QUANTUM. CONTACT: NITHA 6272 3892								
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									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SKT842B (574771)

[SLD2244L]

































TP

YEUEH HENG BOON COLIN (YANG XING WEN COLIN)

Oct 25 2018 7:00AM

[PAUL JOSEPH]

Mova Automotive Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	22/11/18 15:25	Accident Statement From: SC - Reg. No: SLD2244L, Claimant: PAUL JOSEPH	 Load HTM	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	06/12/18 15:44	Adjuster Immediate Advice	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	02/01/19 14:21	Odometer Reading	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	02/01/19 14:21	Chassis Number	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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10	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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13	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
25	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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27	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
28	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
29	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
30	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
31	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
32	02/01/19 14:21	General View	 Load JPG <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
				<input checked="" type="checkbox"/>
33	02/01/19 14:21	General View	Load JPG	<input checked="" type="checkbox"/>
34	02/01/19 14:21	General View	Load JPG	<input checked="" type="checkbox"/>
35	02/01/19 14:21	General View	Load JPG	<input checked="" type="checkbox"/>
36	02/01/19 14:21	General View	Load JPG	<input checked="" type="checkbox"/>
37	02/01/19 14:21	General View	Load JPG	<input checked="" type="checkbox"/>
38	02/01/19 14:21	General View	Load JPG	<input checked="" type="checkbox"/>
39	02/01/19 14:21	General View	Load JPG	<input checked="" type="checkbox"/>
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41	02/01/19 14:21	General View	Load JPG	<input checked="" type="checkbox"/>
42	02/01/19 14:21	General View	Load JPG	<input checked="" type="checkbox"/>
43	02/01/19 14:21	General View	Load JPG	<input checked="" type="checkbox"/>
44	02/01/19 14:21	General View	Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	22/11/18 15:25	E-FILE REPORT (SKP9716U) From: SC - Reg. No: SLD2244L, Claimant: PAUL JOSEPH	Load PDF	
2	22/11/18 15:25	E-FILE REPORT (SKT842B) From: SC - Reg. No: SLD2244L, Claimant: PAUL JOSEPH	Load PDF	
3	22/11/18 15:30	ESTIMATE	Load PDF	
4	22/11/18 15:30	EMAIL FROM TP TO ARRANGE SURVEY	Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	02/01/19 16:08	Investigation Report	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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/MSG18021682/R1QBE2

Date: 02/01/2019

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: A29065558QMY

Claimant Vehicle No : SKT842B

Insured Vehicle No : SLD2244L

Date of Loss: 25/10/2018

Nature of Claim: TP

Claim No: 574771

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SKT842B

Make & Model: NISSAN SYLPHY, 1.5 4AT ABS D/AB 2WD 4DR (A)

Engine No: HR15154747B

Reg. Date: 28/05/2009 (Man. Year: 2009)

Chassis No: JN1BAAG11Z0110025

Colour: Black

Odometer: 131144 km

Engine Capacity: 1498 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: 195/55 R15

Rear Tyre Size: 195/55 R15

Front Left Side: Sumitomo 6 mm

Rear Left Side: Sumitomo 6 mm

Front Right Side: Sumitomo 6 mm

Rear Right Side: Sumitomo 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,654.80	1,241.90	412.90	24.95
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,250.00	830.00	420.00	33.60
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,904.80	2,071.90	832.90	28.67
+ GST 7.00/7.00% (S\$)	203.34	145.03	58.31	28.68
Nett Amount (S\$)	3,108.14	2,216.93	891.21	28.67

INSPECTION

Date of Assignment: 03/12/2018

Date Inspected: 05/12/2018 Inspected At:

Mova Automotive Pte Ltd (Bukit Merah)
Blk 1008, #01-04/06/08/94, Bukit Merah
Lane 3
Singapore 159722

Estimated Period of Repair: 3.0 days

Adjuster: MOHD RASUL

Manager: SHIAU CHAN

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 COST NOT CONCLUDE)

(EXCLUDE CHECK ITEMS S\$207.90 NETT)

THE VEHICLE HAS NOT SEND IN FOR REPAIRS.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 02 Jan 2019)
Parts:	143	NISSAN SYLPHY 1.5 4AT ABS D/AB 2WD 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKT842B)	
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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT GRILLE	Cracked	365.00 FN	*365.00 FN
2	1		*FRONT GRILLE LOGO	Necessary	68.00 FN	*68.00 FN
3	10		*FRONT GRILLE CLIPS	Necessary	50.00 FN	*50.00 FN
4	1		*FRONT BUMPER	Deformed	566.00 FN	*566.00 FN
5	1		*FRONT BUMPER TOW COVER LH	Cut	22.00 FN	*22.00 FN
6	10		*FRONT BUMPER CLIPS	Necessary	50.00 FN	*50.00 FN
7	1		*FRONT BUMPER SPONGE	* Check	231.00 FN	*- FN
8	1		*FRONT BUMPER CHROME MOULDING	Necessary	170.00 FN	*170.00 FN
9	10		*REAR BUMPER CLIPS	Necessary	50.00 FN	*50.00 FN
10	1		*FRONT BUMPER REINFORCEMENT (NPA)	* Check	0.00 FN	*- FN
11	1		*HEADLAMP RH (NPA)	* Check	0.00 FN	*- FN
12	1		*END PANEL (NPA)	Repair	0.00 FN	*- FN
13	1		*REAR BUMPER (NPA)	Repair	0.00 FN	*- FN
14	1		*FRONT NUMBER PLATE	Bent	40.00 FS	*35.00 FS
15	1		*REVERSE SENSOR	Not Necessary	200.00 FS	*- FS

F=Franchise part. S=SpcNett. N=NettItemDisc.

Sub Total (S\$)	1,812.00	1,376.00
- Nett Item Discount on N Items 10.00/10.00% (S\$)	157.20	134.10
Total Parts (S\$)	1,654.80	1,241.90

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
<u>Labour Items</u>				
1	TO INSPECT FRONT LIGHTING MECHANISM	New	50.00	30.00
2	TO REPAIR ON REAR BUMPER & END PANEL. TO REMOVE & REPLACE DAMAGED ITEMS. REALIGN CONNECTION	New	600.00	400.00
3	TO SPRAY PAINT ON REPAIRED AREAS	New	600.00	400.00
Gross Labour Cost (S\$)			1,250.00	830.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >