From (Person)	GIND Chang Againe Cheong		MENT (Office)  CTI	Date/Tim	90/12/1863.	1271
Estimated Cos			Bill to:	;		_ ,
To Inspect Ve	TTP RES / OD RES	A			212. 45.600	
	n/s		542	_ Insured:	SJX 1358S	-
	BIKC, Kak		6 #01-69		09 0258	-
Policy No:	DMPCIN 3052	061806		SNM18D	55855502	-
Sum Insured:			Excess:	1100		-
Make of Veh: (Client's Record)				D.O.A.	18/12/2018	
CA / REV /	REP. / REV 24 HR	s lipi		норе	ndorsement:	
Date/Time: 3	3.13pm@pol12/18	Person Contacte	a: cailing	Vehicle_IN	OUT	
Date/Time	Action/Instruction (	×) Estima	te		<u> </u>	-
	8/665542-			-2w2 2	VA: 28/8/2012	
	7X13347					
	21x13542-					

ASSIGNMENT  Veh No. \$\( \) \$\(	Sirreyor Val. REF: CTi		17495	2.0
Type: M C I McCycle i Bus I Van I Lorry I Taxi I Prime Mover I Truck I Trailer or  Make: Laudia Air Wallu c. LY 6 Colour Black AC Insured I Std I NI NA Sp. Reading Insured: Colour Black AC Insured I Std I NI NA Sp. Reading Eng/No CINo: Gal I Fair I Poor I Burnt Sum Insured: Colour Brack Colour Brack Colour Black AC Insured I Std I NI NA Sp. Reading Eng/No CINo: Gal I Fair I Poor I Burnt Sum Insured: Colour Brack Colou			_	1028)
Type: MGC 1 M.C. yelo   Bus   Van   Lorry   Taxi   Prime Mover    Truck   Trailer or Make:  Workshop mis   Al phia   CAY    Make:  Workshop mis   Al phia   CAY    Make:  Workshop mis   Al phia   CAY    Workshop mis   Al phia   CAY    Make:  Workshop mis   Al phia   CAY    Sp. Reading   T.Radio: Insured   Std   Ni   NA    Sp. Reading   T.Radio: Insured   Std   Ni   Ni   Ni    Sp. Reading   T.Radio: Insured   Std   Ni   Ni   Ni    Sp. Reading   T.Radio: Insured   Std   Ni   Ni   Ni   Ni   Ni    Sp. Reading   T.Radio: Insured   Std   Ni   Ni   Ni   Ni   Ni   Ni   Ni   N	rom: Date:	Veh No: \$166554	Z Yr Regn: [O]u	1200
Make: Heards ATTWARE co. 1996  Inspect Vehicle No: No insured / Std / NI / NA Sp. Reading	stimated Cost:	Type: M. Car / M. Cycle / Bus / Van /	Lorry / Taxi / Prime Mover /	
Solar Market Value:  Date / Tire / Insured / Std / MI / Action / Insured / Std / MI / Nation / Insured / Insured / Std / MI / Nation / Insured / I	TP) WS / TP RES / OD RES / EVA / INV / MV			/
Solid Market Value:  DAC Accident Rport;  Consistent? Yes or No  CA / REV / REP. / 24 HRS  Date / Time Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Call Field Report  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Call Field Report  Date / Time  Action / Instruction  Call Field Report  Call Field Report  Date / Time  Action / Instruction  Call Field Report  Call Field Fi	o Inspect Vehicle No:	Make: Handa A	firmane as 14	P96
Sp. Reading Sp. Reading Eng/No: CiNo: Cino	Workshop m/s Alpha Car	Colour Black	A/C: Insured / Std /	NI / NA
CINO: GGG Fair / Poor / Burnt  Steering: Ino GG / Fair / Poor / Burnt  Steering: Ino GG / Jammed / Leaked / Burnt or  Modi: Nil / Sirkin / STD Albim or  Tyre Size: F: 195 / 60 R //5  R: //  Bar / Dun / Exnova / GY / FS / LIZA / Mic / OHTSU / PIR / SUMI /  Toryo / Yoko or  Front Rear  CAC Accident Rport: Consistent? : Yes or No  Sist / PR Seen: Consistent? : Yes or No  Sist Repairs: S days Res: Yes or No  Sist Repairs: S days Res: Yes or No  CAL / REV / REP. / 24 HRS  Date: Person Contacted:  Person Contacted: In / OUT  Date / Time Action / Instruction  Action / Instruction  Action / Instruction  Cac / Rev / Repas to? Final Report  Days Of Repair: 5  Resurvey No. of Trip: Survey Fee: Transportation.  Add Fee: Site Insp (\$ S+RS_SI    Interview (\$ FRS_SI    Interview (\$ FRS		Sp.Reading -	T/Radio: Insured / Std /	NI/NA
Sen	sured:			
Steering: Ino@ar   Jammed   Leaked   Burnt or Brake: Ino@ar   Jammed   Leaked   Burnt or Modi: Nil   / SIRIm   STQ_Birm or Tyre Size: F: 195 6 0 R / S R: 1/1  Remark: The veh had commenced its repair at the time of inspection.  Sal or Market Value: DAC Acident Rport: Consistent? : Yes or No SIA   PR Seen: Consistent? : Yes or No SIA   PR Seen: Consistent? : Yes or No SIA   REV   REP.   24 HRS Vehicle: IN / OUT Date/Time   Acidon / Instruction	olicy No.	C/No: 61/12/0	,514.	
Brake: InoCarl Jammed / Leaked / Burnt or	laims No.	Gen. Cond: Good / Fair / Poor / Bus	rnt	
Collect Accident Report   Consistent?   Yes or No	um Insured: Excess:	Steering: Inoider / Jammed / Leake	ed / Burnt or	
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Sal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  SIA / PR Seen:  Consistent?: Yes or No  DAC A / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date / Time  Action / Instruction  Action / Instruction  The Uic / Chassis frame / Body Structure affected due to collision.  The Uic / Chassis frame / Body Structure affected due to collision.  The Uic / Chassis frame / Body Structure affected due to collision.  The Uic / Chassis frame / Body Structure affected due to collision.  The Uic / Chassis frame / Body Structure affected due to collision.  The Uic / Chassis frame / Body Structure affected due to collision.  The Uic /	(Client's Record)	Brake: Inocder / Jammed / Leake	ed/Burnt or	
Policy Condition   Remark: The veh had commenced its repair at the time of inspection.   N/S O/S   BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or M& WEW		Modi: Nil / S/Rim / STDA)Bim	or	
Policy Condition   Remark: The veh had commenced its repair at the time of inspection.   N/S O/S   BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or M& WEW		Tyre Size: F: 195	160 R15	
Remark: The veh had commenced its repair at the time of inspection.    NS	(Policy Condition)	Ř:	11	
DAC Accident Rport: Consistent? : Yes or No DAC Accident Rport: Side / Present Consistent? : Yes or No DAC A / Rep. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Date / Time Action / Instruction Date / Time / Size / Siz		O/S BS / DUN / EXNOVA / GY / FS / LIZ	A / MIC / OHTSU / PIR / SUM	AL /:
Sal or Market Value: DAC Accident Rport: DAC Accident Rport: DAC Accident Rport: Consistent?: Yes or No Consistent?: Yes or No DAL / PR Seen: Consistent?: Yes or No DAL / PR Seen: Consistent?: Yes or No DAL / PR Seen: DAL / Bal. DA	repair at the time of inspection.	TOYO/YOKO or	CEN	
Date/Time, File Pass to?  Date/Time, File Return to?  Add Fee:  Sida / PR Seen:  Consistent? : Yes or No  L/Bal.  Smm L/Bal.	Bal. or Market Value:			
SIA / PR Seen: Consistent? : Yes or No  St. Repairs: S days Res.: Yes or No St. Webicie: IN / OUT  Date / Time Action / Instruction  Date / Time Action / Instruction  Date / Time File Pass to?  Date / Time File Return to?  Add Fee: Size Inspect  Size or No  L/Bal. S mm L/Bal. 5 mm  D.O.A. D.O.I. 27 - (2 - 18)  Survey held at WS L/2: 20  Des. of Damages : Frt / Rear / OIS / NIS / U/C / Rooftop or O/S / U/ON  The U/C Chassis frame / Body Structure affected due to collision.  Date/Time, File Pass to? Size Inspect Size Insp	DAC Accident Rport: Consistent? : Yes or No	R/Bal. \$ mm	R/Bal.	mm
Est. Repairs:		L/Bal. 5 mm	L/Bal. 5	mm
Survey held at Survey	Est. Repairs: S days Res.: Yes or No	D.O.A.	D.O.I. 27-12	-18
Date: Person Contacted: Vehicle: IN / OUT  Date / Time	0 V 1 V - V	Survey held at	15	12:20
Date   Person Contacted: Vehicle: IN / OUT	CALL DEVILOED LIZABLE	Des. of Damages : Frt / Rear /, O	IS / N/S / U/C / Rooftop	or
Date/Time Action / Instruction  28/12/2018  Date/Time, File Pass to? : Preli. Report Days Of Repair: 5  1) : Final Report Resurvey No. of Trip: Survey Fee: 150  Date/Time, File Return to? Add Fee: : Site Insp (\$		N/OUT OS	Mon	
Date/Time, File Pass to?    Preli. Report   Days Of Repair: 5	Date: Person Contacted:	The U/C + Chassis frame / B	ody Structure affected due	to collision.
Date/Time, File Pass to?    Preli. Report   Days Of Repair: 5	Date / Time Action / Instruction		4	
Date/Time, File Pass to?    Preli. Report   Days Of Repair:   5	9 3000 - 54000 m	M. Ar		
Date/Time, File Pass to?  1)				
Date/Time, File Pass to?  1)	1 ()	38/12/2018	3	
Date/Time, File Pass to?  : Preli. Report  : Final Report  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:    150		20/192019		
Date/Time, File Pass to?  : Preli. Report  : Final Report  Days Of Repair:  : Final Report  Resurvey No. of Trip:  Transportation:    Survey Fee:   150	And the same law or pro-			
1)	5-			
1) : Final Report Resurvey No. of Trip: Survey Fee: 150  Transportation: Survey Fee: 150  Transport				
1) : Final Report Resurvey No. of Trip: Survey Fee: 150  Transportation: Survey Fee: 150  Transport	Date/Time, File Pass to?	Days Of Repair: 5		
Date/Time, File Return to?	Final Report		Survey Fee:	150
2) Add Fee: : Site Insp (\$ )S+RSSI : Interview (\$ ) Photos : Tech. Invs (\$ ) Others		resulted the of the		70
Report Format: PRS. : Interview (\$ ) Photos	Δ.	dd Fee: : Site Insp (\$		
1/2			) Photos	
	Report Format : PRQ .	: Tech. Invs (\$	) Others	
		- Lancation of the Control of the Co	)	
TOTAL 150			TOTAL	150

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

CLAIM SUBF	OLDER TRA	CKI	NG								
Case	Notified	Est	Submitted	Adj Assigned	Adj Rpt	Ad	fj Subm	nitted	Ins Auth'ed	Status	
Main	20 Dec 2018			20 Dec 2018 15:12 Assign						New As	signment Case
M	lain		Ref	erence		Claim Det	ails		Documer	nts	Show All
CLAIM SUE	FOLDER DE	TAI	LS		Secretary division Management	AT INCOME.		Create	ed by insurer]		AND DESCRIPTION OF THE PARTY OF
Insured:	THAM WE	ΙLΙ	ANG ROBIN (	TAN WEILIAN	G ROBIN),	ID: S793		•			
Main Claimant:		KIT	ID: S75014	143)							
Vehicle Reg. No.:	SJG6554	1Z				Date of	Loss:	18/12/2	018 21:00 - :59		
Claim Type:	TP / SNM18D05855C02 Policy/Cover Note No.: DMPCSN3052061806 (Comprehensive)				)						
Vehicle Reg. No. (Insured):	. SJX1358S Policy No. MT/00041148										
						Excess:		\$\$0.00			
Repairer:	Alpha Car	Ser	vices Pte Ltd	(HQ) Blk C, Ka	ki Bukit Ave	6 #01-59,	Kaki B	ukit Aut	obay, 417883 Kak	Bukit - Tel:	65098258
Handling Insurer:	China Tai	oing	Insurance (	Singapore) Pte	. Ltd. (HQ)	- Tel: 6389	9 6111	[Han	dled by <b>Elaine Ch</b>	eong]	
Claimant's Insurer:	Direct Asi	a In	surance (Sin	gapore) Pte Lt	<b>d (HQ)</b> - Te	el: 6532288	8				
Adjuster:	LKK Auto	Con	sultants Pte I	Ltd (HQ) - Tel:	6256-3561	[Final	Rpt d	ue 02/	01/20191		
Driver/Custo dian (Insured):		LIAN	IG ROBIN (TAN	WEILIANG RO	BIN) (39 / M	Male), NRI	IC: S79	36579C	•		
Adj Asg. Remarks:	NO EST, CA	SE \	V/O SJE.								
ASSOCIATE	D MAIL REG	CEIV	/ED							View All	Compose Case Mail 1
There are no	mail for this	case									
ALL ASSOC	IATED TAS	⟨S⊟						View Al	Search Tasks	Create Nev	w Task   Complete
Due Date No results.	Priority	Ту	pe Task G	roup Subj	ect Hand	dler As	ssigne	d By	Completed Or		ted On Done?

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars Owner ID Type:	Singapore NRIC
Owner ID:	1443J
Vehicle Details	
Vehicle No.:	SJG6554Z
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Dec 2018
Vehicle Make:	HONDA
Vehicle Model:	AIRWAVE 1.5 SKY A
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	L15A5162435
Chassis No.:	GJ11210514
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$16,388.00
Original Registration Date:	10 Jul 2008
First Registration Date:	10 Jul 2008
Transfer Count:	1
Actual ARF Paid:	\$13,940.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details COE Expiry Date:	00 141 2020
COE Category:	09 Jul 2028
COE Period(Years):	A - Car (1600cc & below)
	10
PQP Paid: COE Rebate Amount:	\$37,165.00
	\$35,417.00
Total Rebate Amount:	\$35,417.00

The information contained herein is correct as at 28 Dec 2018

ОК

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

<ol><li>By the lodgement of this report to the insurers, you aforesaid.</li></ol>	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
<b>是是1000年,1976年的</b>	ACCIDENT STATEMENT
Date Of Report	19/12/2018 13:26
Date Of Accident	18/12/2018 21:00
Exact Location Of Accident	3 LILAC DRIVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG6554Z
Insured/Policyholder	
Name Of Registered Owner	FOK WAI KIT
NRIC No	S7501443J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97665736
Alternative Phone No	OTHERS-97665736

**Vehicle Particulars** 

Manufacturer HONDA Model AIRWAVE

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?

If No, Please state action to be taken Vehicle Category

THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number MT/00041148

Cover Note Number

Driver

Name of Driver FOK WAI KIT NRIC No S7501443J Date Of Birth 08/01/1975 Occupation **INDOOR** Date Of Driving Pass 24/08/1994

**Driving Experience** 24 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97665736

Fax Number

Contact Number OTHERS-97665736

**EMail Address** NOEMAIL Address

BLK 348D YISHUN AVE 11 #04-601

Postcode

764348

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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)

NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

0

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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

SJX1358S

Vehicle Make/Model/Colour

TOYOTA CAMRY

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

THAM WEI LIANG ROBIN

NRIC/Passport Number

S7936579C

Contact Number

Address

Postcode

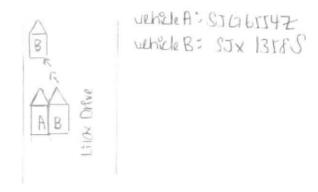
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
My car was	parked along 3 Lile	c Drive when my
driends heard	a bang. They can	we out and skin
a silver SJ.	x 13585 trying +	o drive off. They
		nd took down
		Ne 1997 2007
his partice	e/5 -	
T: 1		. 3
The new od	my wehille hight	the side bumpe
ont terle	nas damaged	
	0	
I'm without ?		his contend is
493.80 7688 -	Sne is willing to !	al witness and vill
file a neport	, , ,	
1.10		
ECLARATION		
We declare the foregoing particul	ars are true in every respect	Λ.
897	4212	
x 413 0 1 05	x 15 0 cts	7
olicyholde Ca Signature ate & Tirpe	Driver's Signature	Reporting Centre Personnel's Signature
ne or the	(If driver is not the policyholder) Date & Time:	Name: NRIC/FINING
1010	A	
10(1)	118	

### Sketch Plan #2

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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)

Lunderstand, 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
  - 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 hornry for the purpose of fraud detection investigation and management in present and all future claims.
- (n) the information so collected under (d) above may be shared / disclosed
  - (i) to all insurers and/or any other third part is 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

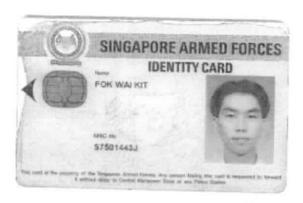
If driver is not the policyholder

Date & Time

Reporting Centre Personnell's Signature Name

NRIC/FIN No

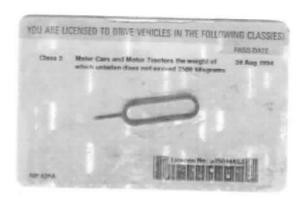
## Owner IC





### Owner Lic









Page 7 of 14

Page 9 of









Page 11 of 14

Page 13 of 14



## **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580.
Tel [65] 6224 0010 Fax (65), 6224 0030
Operating Hours Monday to Enday, 09 00 – 17:00
UEN: 5465500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEND	UM	
(A)	PARTICULARSOFPE	RSONMAKINGTHEAMENDMENT	S:	
	Original Report No	MAA218163220	Vehicle Registration N	10:57665542
	Namela shows in NEICI	FOK Was Kit.		· 57501447J
		hicle Owner! (*) Please delete as a		
	Address			Singapore(
	Contact (Tel)		Mobile No.	
	Email Address			(
	Date of Accident	18/12/18	Time of Accident	2107 hrs.
	Place of Accident	3 Lilac Drive		
	Insurance Company	Direct Asia		
(B)	ADDITIONALINFOR	MATION / AMENDMENTS:		
	nake the following a		uld be	
	FOR	HAIKIT		
	1			
	1		1	
	Policyholder / Driver Date	's Signature	Reporting Centre P Name NRIC/FIN No.	Personnel's Signature

Date:

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

Case N	otified	Est Submitted	Adj Assigned	Adj Rpt	Adj	Submitted	Ins Auth'ed	Status	
Main 2	0 Dec 2018		20 Dec 2018 15:12 Edit Adj Rpt	S\$0.00 Edit Estima	- 1	0.00 Tiew Rpt		Pending for Report Cancel Ca	
м	ain	R	eference	Clain	n Details		Documents		Show All
CLAIM SUB	FOLDER DE	TAILS				[Created	by insurer]		
Insured:	THAM WE	I LIANG ROBIN	(TAN WEILIANG	ROBIN), ID: 9	579365790	2			
Main Claimant:	FOK WAI	FOK WAI KIT, ID: S7501443J							
Vehicle Reg. No.:	SJG655	4Z			te of Loss:		8 21:00 - :59 hs and <b>8</b> Days Fro	m LTA Reg Dat	e (Man Yr)]
Claim Type:	TP / SN	418D05855C0	2		licy/Cover te No.:	DMPCSN30	52061806 (Compr	rehensive)	
Vehicle Reg. No. (Insured):	SJX1358S			10000	licy No. aimant):	MT/000411	148		
					cess:	S\$0.00			
Repairer:	Alpha Car	Services Pte Lt	td (HQ) Blk C, Kaki	Bukit Ave 6 #0	1-59, Kaki	Bukit Autoba	y, 417883 Kaki Bu	kit - Tel: 6509	8258
Handling Insurer:	China Tai	ping Insurance	(Singapore) Pte. I	Ltd. (HQ) - Tel:	6389 611	1 [Handled	d by Elaine Cheor	ng]	
Claimant's Insurer:	Direct As	ia Insurance (Si	ingapore) Pte Ltd	( <b>HQ</b> ) - Tel: 653	322888				
Adjuster:	LKK Auto	Consultants Pto	e Ltd (HQ) - Tel: 62	256-3561 [Ha	andled by	XING GUO Q	IANG] [Final	Rpt due 02,	/01/2019]
Driver/Custo dian (Insured):	THAM WEI	LIANG ROBIN (T	AN WEILIANG ROBI	N) (39 / Male),	NRIC: S	7936579C			
Adj Asg. Remarks:	NO EST, C	ASE W/O SJE.							
ASSOCIATE	D MAIL RE	CEIVED					Viev	w All Comp	ose Case Ma
There are no	mail for this	case.							
	IATED TAS	sks⊟				View All S	Search Tasks C	reate New Task	Complet
ALL ASSOC					-	ned By	Completed On	Created	

# Claim Documents

\*SJG6554Z (SNM18D05855C02)

[SJX1358S]

TP

FOK WAI KIT

Dec 18 2018 9:00PM

[THAM WEI LIANG ROBIN (TAN WEILIANG ROBIN)]

Alpha Car Services Pte Ltd

Up	load Documents Up	oload Photos Compose New Letter	view	View in Brows	ei 🔻
Ass	essment Reports		1 per p	age 🔻	<b>✓</b>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)		Thumbnail	Print
1	19/12/18 13:34	Accident Statement	0	Load HTM	
2	19/12/18 13:43	Addendum Sheet	0	Load JPG	<b>✓</b>
3	19/12/18 13:43	Accident Statement Addm. #1	0	Load HTM	
Pho	tos/Images		3 per p	age 🔻	<b>✓</b>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)		Thumbnail	Print
1	19/12/18 13:32	Accident Photo [Linked Accident Report Documents]	Ð	Load JPG	✓
2	19/12/18 13:32	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
3	19/12/18 13:32	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
4	19/12/18 13:32	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
5	19/12/18 13:32	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
6	19/12/18 13:32	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
7	19/12/18 13:32	Accident Photo [Linked Accident Report Documents]	Ð	Load JPG	✓
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	31/12/18 12:30	General View	0	Load PDF	
Doc	cumentation		1 per p	age 🔻	<b>✓</b>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)		Thumbnail	Print
1	19/12/18 13:32	Sketch Plan [Linked Accident Report Documents]	0	Load JPG	✓
2	19/12/18 13:32	Sketch Plan #2 [Linked Accident Report Documents]	0	Load JPG	✓
3	19/12/18 13:33	Owner IC [Linked Accident Report Documents]	0	Load JPG	✓
4	19/12/18 13:33	Owner Lic [Linked Accident Report Documents]	0	Load JPG	✓
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	20/12/18 15:12	PRS	0	Load PDF	
2	20/12/18 15:12	OI GIA	0	Load PDF	

# **Linked Accident Report Documents**

	ssessment Reports		1 per page		<b>✓</b>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)		Thumbnail	Print
1	19/12/18 13:34	Accident Statement	0	Load HTM	
2	19/12/18 13:43	Addendum Sheet	0	Load JPG	<b>✓</b>
3	19/12/18 13:43	Accident Statement Addm. #1	0	Load HTM	

Ass	essment Reports		1 per (	page 🗸	<b>Y</b>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)		Thumbnail	Print
No	Finalized On	Progressive Car Care Pte Ltd (HQ)		Thumbnail	Print
1	19/12/18 13:32	Accident Photo	0	Load JPG	~
2	19/12/18 13:32	Accident Photo	0	Load JPG	<b>✓</b>
3	19/12/18 13:32	Accident Photo	0	Load JPG	✓
4	19/12/18 13:32	Accident Photo	0	Load JPG	<b>✓</b>
5	19/12/18 13:32	Accident Photo	0	Load JPG	<b>✓</b>
6	19/12/18 13:32	Accident Photo	0	Load JPG	<b>✓</b>
7	19/12/18 13:32	Accident Photo	0	Load JPG	✓
Doc	umentation		1 per	page 🔻	<b>V</b>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)		Thumbnail	Print
1	19/12/18 13:32	Sketch Plan	0	Load JPG	~
2	19/12/18 13:32	Sketch Plan #2	0	Load JPG	<b>✓</b>
3	19/12/18 13:33	Owner IC	0	Load JPG	<b>✓</b>
4	19/12/18 13:33	Owner Lic	0	Load JPG	<b>V</b>

# **Documents Checklist**

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

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

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

Singapore 408933

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

# VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/CTI18022846/GCD3E2

Date:

02/01/2019

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMPCSN3052061806

Claimant Vehicle

SJG6554Z

Insured Vehicle No:

SJX1358S

Date of Loss:

18/12/2018

Nature of Claim:

Claim No:

SNM18D05855C02

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

No:

SJG6554Z

Make & Model:

HONDA AIRWAVE, 1.5 (A) 10/07/2008 (Man. Year: 2008) Engine No: Chassis No:

Odometer:

L15A5162435 GJ11210514

0 km

Reg. Date: Colour:

Black

1496 cc

**Engine Capacity:** 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):

Footbrake (Serviceable):

Yes

Handbrake (Serviceable): **CONDITION OF TYRES** 

Yes Engine Modification:

Pre-accident Condition: No

Front Tyre Size: Front Left Side:

195/60 R15

Rear Tyre Size:

195/60 R15

Nexen 5 mm Nexen 5 mm Rear Left Side: Rear Right Side: Nexen 5 mm

Front Right Side:

The above values represent the remaining tyre treads depth

Nexen 5 mm

Diff % Adjuster's Difference COST OF CLAIMS Repairer's Parts 0.00 0.00 0.00 0.00 0.00 Miscellaneous Items 0.00 0.00 0.00 0.00 Labour Paintwork Labour 0.00 0.00 0.00 0.00 0.00 0.00 Towing Nett Amount (S\$) 0.00 0.00 0.00

**INSPECTION** 

Date of Assignment:

20/12/2018

Date Inspected:

27/12/2018 Inspected At:

Alpha Car Services Pte Ltd (HQ)

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

Autobay

Singapore 417883

Estimated Period of Repair:

5.0 days

Adjuster: XING GUO QIANG

Manager:

**CELINE FONG** 

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000.00 -\$4,000.00

Adjuster Report Page 4 of 5

# REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 02 Jan 2019)

Parts: M1-MPV HONDA AIRWAVE 1.5 (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SJG6554Z)

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.

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 >