

22/03/2002

ASS. REC. BY:

REF: CS/CTLI9001800/Kgd3er

Special Instruction:

Surveyor: Kenneth.

ASSIGNMENT (Office)

From (Person): Irene Tay

of

CTL

Date/Time:

28012019 11.33am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLZ 6352R

Insured:

Ym 9199L

at Workshop m/s

Esteem Performance

Tel:

6566 2112

of

385 Sin Ming Drive

Policy No:

DMCVSN 30503018000

Claim No:

SNM190200453 C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

21012019

CA / REV / REP. / REV 24 HRS 'wpi'

Date/Time:

28012019 1.08pm

Person Contacted:

Eunice

H.O.D. Endorsement:

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SLZ 6352R - X

Ym 9199L - X

8826 confirmed (Red \$1600, 66%)

ASS. REC. BY:

REF: C721

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SL7 6352R Yr Regn: 05, 18

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

Truck / Trailer or

Make:

Honda Civic 1.496

Colour:

M. Blue A/C: Insured / Std / NI / NA

Sp. Reading

55714 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GB7 1061427

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 185/65R15

R:

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

Front

R/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

21/1/19

Rear

R/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

28/1/19

Survey held at

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

N/S Frt

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

RECEIVED 13 MAR 2019

Date/Time, File Pass to?

☐

Prell. Report

☐

Final Report

1) 13/3/19  
Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

220

220

Report Format:

MER TP

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

876

## Catherine Chong (LKK Auto)

---

**From:** Irene Tay <irene.tay@sg.cntaiping.com>  
**Sent:** Monday, 28 January, 2019 11:33 AM  
**To:** serence ctc  
**Cc:** assignments; Admin A  
**Subject:** CTP REF NO. SNM19D200456C02 EP REF NO. YM9199L - ACCIDENT INVOLVING SLZ6352R AND YM9199L ON 21 JANUARY 2019

### WITHOUT PREJUDICE

Dear Sir/Mdm,

We refer to the above matter and your email below.

You have SELECTED, Kenneth from our list of surveyors.

We will appoint LKK to conduct PRS.

Aside to LKK;

Please assist to liaise with Esteem .

Thank you.

Thank you.

**Irene Tay**

Executive  
Claims Department (Motor Division)

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Direct (65) 6389 6192

Fax (65) 62247478/62247175

Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)

[www.sg.cntaiping.com](http://www.sg.cntaiping.com)



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**From:** serence ctc [mailto:serence@esteemperf.com.sg]

**Sent:** Monday, 28 January, 2019 10:03 AM

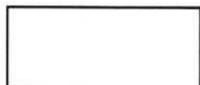
**To:** Irene Tay <irene.tay@sg.cntaiping.com>

**Subject:** Ré: CTP REF NO. SNM19D200456C02 EP REF NO. YM9199L - ACCIDENT INVOLVING SLZ6352R AND YM9199L ON 21 JANUARY 2019

Dear Irene,

We are prefer Kenneth Kong to survey the car.

Thanks



Freundliche Grüße / Best Regards

**Serence Chee**

Claims Assistant | Operation Division

Esteem Performance Pte Ltd

P: 6566 2112

E: [serence@esteemperf.com.sg](mailto:serence@esteemperf.com.sg)

5033 Ang Mo Kio Industrial Park 2 #01-259

(Head Office)

385 Sin Ming Drive Vicom Inspection Centre

(Showroom)

[www.esteemperformance.com](http://www.esteemperformance.com)



On Mon, Jan 28, 2019 at 8:36 AM Irene Tay <[irene.tay@sg.cntaiping.com](mailto:irene.tay@sg.cntaiping.com)> wrote:

**Without Prejudice**

Dear Sirs

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

|                            |
|----------------------------|
| ADRIAN LING                |
| Kelvin Ang                 |
| SEE CHEW SENG              |
| MOHD FADHILAH BIN<br>OSMAN |
| XING QUO QIANG             |
| KENNETH KONG               |
| SIMON HO                   |
| CHUA WEIJIE                |
| MARCUS CHUA                |
| HENRY NG                   |

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Thank you.

**Irene Tay**

Executive

Claims Department (Motor Division)

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Direct (65) 6389 6192

Fax (65) 62247478/62247175

Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)

[www.sg.cntaiping.com](http://www.sg.cntaiping.com)



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## ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.  
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

### Repair Estimates

SLZ 6352 R

*Not withstanding  
Repair Beyond*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before spray painting
- To display damaged parts for resurvey
- Parts prices are subject to change
- Third party survey on "Without Prejudice" basis
- No illegal modifications allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

|                         |                             |           |                 |
|-------------------------|-----------------------------|-----------|-----------------|
| Parts                   | (a) Cost / List Price Items | \$        | 1,045.00        |
|                         | Plus/Less 20%               | \$        | 209.00          |
|                         | <b>Total of Cost / List</b> | <b>\$</b> | <b>836.00</b>   |
|                         | (b) Nett Price Items        |           |                 |
|                         | Less                        |           |                 |
|                         | <b>Total of Nett Item</b>   |           |                 |
|                         | (c) Special Nett Items      | \$        | 50.00           |
| <b>Total Parts Cost</b> |                             | <b>\$</b> | <b>886.00</b>   |
| <b>Labour</b>           |                             | <b>\$</b> | <b>1,540.00</b> |
| <b>Total</b>            |                             | <b>\$</b> | <b>2,426.00</b> |

The above total will be subjected to 7% G.S.T.

Name of Surveyor : Kenneth  
Company : LKK  
Survey conducted on : 28/1/19 at \_\_\_\_\_

### Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : 02 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : Pe Date: 28/1/19



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Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

### Spare Parts

Vehicle No. : **SLZ 6352 R**  
Make & Model : **HONDA FREED**  
Chassis No : **GB71061427**

Submit By : **Carmen Lim**  
Year Manufacture : **2018**  
Engine No. :

### Cost / List

| i/No. | Part Description                           | Qty | Unit Price | Price | Disposition by Surveyor |
|-------|--|-----|------------|-------|-------------------------|
| 1     | LH quarter glass with moulding <i>Sm</i>   | 1   | \$390.00   |       | <i>X</i>                |
| 2     | LH front fender <i>Bj</i>                  | 1   | \$440.00   |       | <i>✓</i>                |
| 3     | LH front fender undershield <i>Sm</i>      | 1   | \$120.00   |       | <i>X</i>                |
| 4     | LH front fender undershield clip <i>na</i> | 10  | \$40.00    |       | <i>X</i>                |
| 5     | LHF fender wording "HYBRID" <i>na</i>      | 1   | \$55.00    |       | <i>✓</i>                |
| 6     | LH quarter glass sealant <i>na</i>         | 1   | \$50.00    | S.N   | <i>X</i>                |
| 7     |  |     |            |       |                         |
| 8     |  |     |            |       |                         |
| 9     |  |     |            |       |                         |
| 10    |  |     |            |       |                         |
| 11    |  |     |            |       |                         |
| 12    |  |     |            |       |                         |
| 13    |  |     |            |       |                         |
| 14    |  |     |            |       |                         |
| 15    |  |     |            |       |                         |
| 16    |  |     |            |       |                         |
| 17    |  |     |            |       |                         |
| 18    |  |     |            |       |                         |
| 19    |  |     |            |       |                         |
| 20    |  |     |            |       |                         |
| 21    |  |     |            |       |                         |
| 22    |  |     |            |       |                         |
| 23    |  |     |            |       |                         |

*Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.*





## 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   | 22/01/2019 17:41                       |
| Date Of Accident   | 21/01/2019 13:25                       |
| Exact Location Of Accident   | PAN ISLAND EXPRESWAY                   |
| Country/State of Loss  | SINGAPORE                              |
| DETAILS OF OWN VEHICLE   |  |
| Vehicle Registration Number  | SLZ6352R                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | INDEX CREDIT PTE LTD                   |
| Co Reg No  | 199905600E                             |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-87837397                   |
| Alternative Phone No   | OFFICE-87837397                        |
| Vehicle Particulars  |  |
| Manufacturer   | HONDA                                  |
| Model  | FREED                                  |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE                           |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                                     |
| If No, Please state action to be taken                                       | THIRD PARTY                            |
| Vehicle Category   | PRIVATE HIRE                           |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | YES                                    |
| Policy Number  | 5085210201-02                          |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | NEO SAY YONG                           |
| NRIC No  | S7715222I                              |
| Date Of Birth  | 09/06/1977                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 11/09/1997                             |
| Driving Experience   | 21 YEARS AND 4 MONTHS                  |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-87837397                   |
| Fax Number   |  |
| Contact Number   |  |
| EMail Address  | NOEMAIL                                |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 350 ANCHORVALE ROAD #11-109 |
| Postcode  | 540350                          |
| Was driver an employee of the Insured's Company     | NO                              |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                   |
| Vehicle Registration Number of Driver's Own Vehicle | -                               |
|   | -                               |
|   | -                               |
| Insurance Company of Driver's Own Vehicle           | -                               |
|   | -                               |
|   | -                               |

#### General Information of the Accident

|                    |            |
|--------------------|------------|
| Type Of Accident   | SIDE SWIPE |
| Weather Conditions | CLEAR      |
| Road Surface       | DRY        |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | BISHAN NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905                                  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

#### Attachment(s)

|   |                    |
|---|--------------------|
| Are accident photos available for attachment? | YES                |
| Was there any video captured by Car Camera?   | YES                |
| Remarks/ Reasons:                             | CANNOT BE UPLOADED |
| Was there any audio recorded?                 | NO                 |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | YM9199L                   |
| Vehicle Make/Model/Colour   | MITSUBISHI                |
| Details Of Properties       |                           |
| Vehicle Category            | COMMERCIAL VEHICLE        |
| Name of Driver              | VELLAISWAMY RAVI CHANDRAN |
| NRIC/Passport Number        | G8272848T                 |
| Contact Number              | 92211698                  |
| Address                     |                           |
| Postcode                    |                           |
| Insurance Company Name      |                           |

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|   |   |
|---|---|
| Name  | NEO SAY YONG                              |
| Approximate Age                                     | 41  |
| Injuries Sustain                                    | SLIGHT INJURY WITH 5 DAYS MC              |
| Injured person in which vehicle?                    | SLZ6352R                                  |
| Were seat belts worn?                               |   |
| Was this injured conveyed to hospital by ambulance? | NO  |
| Address   | BLK 350 ANCHORVALE ROAD #11-109<br>540350 |
| Postcode  |   |

SKETCH PLAN


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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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:

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

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

22 JAN 2015  
GIANMC SketchPlanForm\_V3

NG WING KIN JAMES  
S7927881E

# Sketch Plan #2 Pg. 1

## SKETCH PLAN

Part 15 and Expressway

AT 51263528  
83 YMA9199L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report.

## DECLARATION

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

Policyholder's Signature

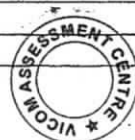
Date & Time: 22 JAN 2019

GIARMC SketchPlanForm\_V3



Driver's Signature

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



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NG WING KIN JAMES  
S7927881E



**SINGAPORE  
POLICE FORCE**



T/20190122/2035

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20190122/2035

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                              |
|--|------------|--|------------------------------|
| Date/Time Report Made:<br>22/01/2019 11:13 |            | Vide Report No.:   | Station Diary No.:<br>45     |
| <b>Informant's Particulars</b>             |            |  |                              |
| Name of Informant:<br>NEO SAY YONG         |            | Address:<br>APT BLK 350 ANCHORVALE ROAD #11-109 SINGAPORE 540350 |                              |
| ID Type / ID No.:<br>NRIC NO / S7715222I   |            | Contact No.:<br>Home/Office: Mobile: 87837397                    |                              |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:   |                              |
| Sex:<br>Male                               | Age:<br>41 | Date of Birth:<br>09/06/1977                                     | Type of Informant:<br>Driver |
| Race:<br>Chinese                           |            | Language:<br>English   | Institution / School Name:   |
| Occupation:<br>GRAB Driver                 |            | Driving Licence Information:<br>Class: 3,4,5 Date of Expiry:     |                              |

|  |                  |                      |  |                                     |
|--|------------------|----------------------|--|-------------------------------------|
| <b>General Information on the Accident</b>   |                  |                      |  |                                     |
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No   | Date/Time of Accident:<br>21/01/2019 13:35 | Type of Location:                   |
| Location:<br>PAN ISLAND EXPRESSWAY<br>Towards Tuas, near the split road of PIE & ECP |                  |                      |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry | Road Speed Limit:                          |                                     |
| Traffic Flow:  |                  | Traffic Control:     | Traffic Volume:<br>Moderate                |                                     |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction          |                  |                      |  | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |       |            |                        |       |                  |         |
|------------------------------------|-------|------------|------------------------|-------|------------------|---------|
| Vehicle No.                        | Type  | Make       | Model                  | Color | Condition        | Remarks |
| SLZ6352R                           | Car   | HONDA      | FREED HYBRID 1.5G AUTO | Blue  | Slightly Damaged | 0       |
| YM9199L                            | Lorry | MITSUBISHI | FE83BEOSR DEA          | White |                  | 0       |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20190122/2035

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20190122/2035

## CONTINUATION OF REPORT

|                                   |                          |                  |  |                                     |
|-----------------------------------|--------------------------|------------------|--|-------------------------------------|
| Name                              | NEO SAY YONG             |                  | ID No.                                 | S77152221                           |
| Related Vehicle                   | SLZ6352R (Car)           |                  | Contact No.                            | 87837397                            |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL  |                  | Class of Driving Licence & Expiry Date | Class: 3,4,5<br>Date of Expiry: NIL |
| Date Treatment                    | 22/01/2019               | Date Discharge   | 22/01/2019                             |                                     |
| No. of Days granted Medical Leave | 05                       | Degree of Injury | Slight                                 |                                     |
| Name                              | VELLAISWAMY RAVICHANDRAN |                  | ID No.                                 | G8272848T                           |
| Related Vehicle                   | YM9199L (Lorry)          |                  | Contact No.                            | 92211698                            |
| Hospital/Clinic                   | NIL                      |                  | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                      | Date Discharge   | NIL                                    |                                     |
| No. of Days granted Medical Leave | NIL                      | Degree of Injury | NIL                                    |                                     |

**Brief Details.**

On 21/1/2019 at about 1335hrs, I was driving my vehicle along PIE towards Tuas (just after the split road of PIE & ECP) when YM9199L side swiped the left side of my car. There is a camera installed in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20190122/2035

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20190122/2035

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

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

|  |                                |
|--|--------------------------------|
| Signature Of Officer Recording The Report:<br>E /<br>Sgt 2 LOKMAN BIN ABDUL GHANI                    | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>22/01/2019 11:13 |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SSI 2 SITIMARSITA BINTE BOHARI<br>Contact No.: 65476219 | Classification Of Case:        |
| Authentication Stamp<br>NP168  | SN 061                         |

SIGNATURE

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

| CLAIM SUBFOLDER TRACKING |             |               |  |  |  |             |   |
|--------------------------|-------------|---------------|--|--|--|-------------|---|
| Case                     | Notified    | Est Submitted | Adj Assigned   | Adj Rpt  | Adj Submitted                                | Ins Auth'ed | Status  |
| Main                     | 29 Jan 2019 |               | 29 Jan 2019<br>14:55<br><a href="#">Edit Adj Rpt</a> | <b>S\$826.00</b><br><a href="#">Edit Estimates</a> | <b>S\$826.00</b><br><a href="#">View Rpt</a> |             | <b>Pending for Survey Report</b><br><a href="#">Cancel Case</a> |

| Main                             | Reference   | Claim Details  | Documents   | Show All |         |             |              |            |       |
|----------------------------------|---|--|---|----------|---------|-------------|--------------|------------|-------|
| <b>CLAIM SUBFOLDER DETAILS</b>   |   | <b>[Created by insurer]</b>  |   |          |         |             |              |            |       |
| Insured:                         | -, Co. Reg. No.: -  |  |   |          |         |             |              |            |       |
| Main Claimant:                   | <b>GRAB RENTALS PTE LTD</b>   |  |   |          |         |             |              |            |       |
| Vehicle Reg. No.:                | <b>SLZ6352R</b>   | Date of Loss:  | 21/01/2019 18:00 - :59<br>[8 Months and 10 Days From LTA Reg Date (Man Yr)] |          |         |             |              |            |       |
| Claim Type:                      | <b>TP / SNM19D200453C02</b>   | Policy/Cover Note No.:   | DMCVSN30503018000   |          |         |             |              |            |       |
| Vehicle Reg. No. (Insured):      | <b>YM9199L</b>  | Policy No. (Claimant):   |   |          |         |             |              |            |       |
|                                  |   | Excess:  | S\$0.00   |          |         |             |              |            |       |
| Repairer:                        | <b>Esteem Performance Pte Ltd (HQ)</b> Blk 5033 Ang Mo Kio Ind Park 2, #01-259, 569536 Ang Mo Kio - Tel:                              |  |   |          |         |             |              |            |       |
| Handling Insurer:                | <b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Irene Tay Hui Ping</b> - 638986192]     |  |   |          |         |             |              |            |       |
| Adjuster:                        | <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KENNETH KONG</b> ] ... <b>[Final Rpt due 11/02/2019]</b> |  |   |          |         |             |              |            |       |
| Adj Asg. Remarks:                | PLEASE SURVEY AND REVERT  |  |   |          |         |             |              |            |       |
| <b>ASSOCIATED MAIL RECEIVED</b>  |   | <a href="#">View All</a> <a href="#">Compose Case Mail</a>   |   |          |         |             |              |            |       |
| There are no mail for this case. |   |  |   |          |         |             |              |            |       |
| <b>ALL ASSOCIATED TASKS</b>      |   | <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a> |   |          |         |             |              |            |       |
| Due Date                         | Priority  | Type   | Task Group  | Subject  | Handler | Assigned By | Completed On | Created On | Done? |
| No results.                      |   |  |   |          |         |             |              |            |       |

## Claim Documents

**\*SLZ6352R (SNM19D200453C02)**  
**[YM9199L]**  
**TP**  
**GRAB RENTALS PTE LTD**  
**Jan 21 2019 6:00PM**  
**[-]**  
**Esteem Performance Pte Ltd**

Upload Documents

Upload Photos

Compose New Letter

View

View in Browser

Photos/Images

3 per page

| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbnail | Print                               |
|----|-----------------|-----------------------------------|-----------|-------------------------------------|
| 1  | 13/03/19 11:25  | General View                      | Load JPG  | <input checked="" type="checkbox"/> |
| 2  | 13/03/19 11:25  | General View                      | Load JPG  | <input checked="" type="checkbox"/> |
| 3  | 13/03/19 11:25  | General View                      | Load JPG  | <input checked="" type="checkbox"/> |
| 4  | 13/03/19 11:25  | General View                      | Load JPG  | <input checked="" type="checkbox"/> |
| 5  | 13/03/19 11:25  | General View                      | Load JPG  | <input checked="" type="checkbox"/> |
| 6  | 13/03/19 11:25  | General View                      | Load JPG  | <input checked="" type="checkbox"/> |
| 7  | 13/03/19 11:25  | Odometer Reading                  | Load JPG  | <input checked="" type="checkbox"/> |
| 8  | 13/03/19 11:25  | Chassis Number                    | Load JPG  | <input checked="" type="checkbox"/> |
| 9  | 13/03/19 11:26  | Reinspection Photo                | Load JPG  | <input checked="" type="checkbox"/> |
| 10 | 13/03/19 11:26  | Reinspection Photo                | Load JPG  | <input checked="" type="checkbox"/> |

## Documents Checklist

|   |       |      |       |
|---|-------|------|-------|
| <b>DOCUMENTS CHECKLIST</b>  | Reset | Save | Print |
| There are no document checklists configured.                      |       |      |       |
| <b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>  |       |      |       |
| <div></div>   |       |      |       |
| <b>Show Remarks To:</b> <input type="checkbox"/> 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: CS/CTI19001800/KQD3E2

Date: 14/03/2019

### REFERENCE

Handling Insurer: China Taiping Insurance  
(Singapore) Pte. Ltd.

Policy No: DMCVSN30503018000

Claimant Vehicle  
No: SLZ6352RInsured Vehicle  
No: YM9199L

Date of Loss: 21/01/2019

Nature of Claim: TP

Claim  
No: SNM19D200453C02

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SLZ6352R**

Make &amp; Model: HONDA FREED, 1.5 (A)

Engine No: LEB5593230

Reg. Date: 11/05/2018 (Man. Year: 2018)

Chassis No: GB71061427

Colour: Metallic Blue

Odometer: 55714 km

Engine Capacity: 1496 cc

Market Value/New Car Price: N/A

Sum Insured (\$\$): **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: 185/65 R15

Rear Tyre Size:

185/65 R15

Front Left Side: Dunlop 7 mm

Rear Left Side:

Dunlop 4 mm

Front Right Side: Dunlop 7 mm

Rear Right Side:

Dunlop 4 mm

*The above values represent the remaining tyre treads depth*

| COST OF CLAIMS                 | Repairer's      | Adjuster's    | Difference      | Diff %       |
|--------------------------------|-----------------|---------------|-----------------|--------------|
| Parts                          | 886.00          | 396.00        | 490.00          | 55.30        |
| Miscellaneous Items            | 0.00            | 0.00          | 0.00            |              |
| Labour                         | 1,540.00        | 430.00        | 1,110.00        | 72.08        |
| Paintwork Labour               | 0.00            | 0.00          | 0.00            |              |
| Towing                         | 0.00            | 0.00          | 0.00            |              |
| <b>Gross Total (\$\$)</b>      | <b>2,426.00</b> | <b>826.00</b> | <b>1,600.00</b> | <b>65.95</b> |
| <b>+ GST 7.00/7.00% (\$\$)</b> | <b>169.82</b>   | <b>57.82</b>  | <b>112.00</b>   | <b>65.95</b> |
| <b>Nett Amount (\$\$)</b>      | <b>2,595.82</b> | <b>883.82</b> | <b>1,712.00</b> | <b>65.95</b> |

### INSPECTION

Date of Assignment: 29/01/2019

Date Inspected: 28/01/2019 Inspected At:

385 SIN MING DRIVE

Repairer : Esteem Performance Pte Ltd  
(HQ)

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

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 DETAILS

### Reference

|                      |  |   |
|----------------------|--|---|
| <b>Part Source:</b>  | MRM-SG   | Version: 1.0 (Last Synchronised: 14 Mar 2019)         |
| <b>Parts:</b>        | M1-MPV   | HONDA FREED 1.5 (A) (Catalogue:Merimen Singapore 1.0) |
| <b>Labour:</b>       | Repairer's   | (Price-denominated Standard List)                     |
| <b>Print Code:</b>   | (Unsubmitted, no print-code for SLZ6352R)  |   |
| <b>Validity:</b>     | 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 |   |
| <b>Further Info:</b> | Items/values not in reference catalogue are prefixed with an asterisk *.   |   |

### Recommended Parts

| No. | Qty | Part No. | Particulars                       | Condition     | Repairer's | Amount     |
|-----|-----|----------|-----------------------------------|---------------|------------|------------|
| 1   | 1   |          | *LH QUARTER GLASS WITH MOULDING   | Serviceable   | 390.00 FL  | *- FL      |
| 2   | 1   |          | *LH FRONT FENDER                  | Bent          | 440.00 FL  | *440.00 FL |
| 3   | 1   |          | *LH FRONT FENDER UNDERSHIELD      | Serviceable   | 120.00 FL  | *- FL      |
| 4   | 10  |          | *LH FRONT FENDER UNDERSHIELD CLIP | Not Necessary | 40.00 FL   | *- FL      |
| 5   | 1   |          | *LHF FENDER WORDING HYBRID        | Necessary     | 55.00 FL   | *55.00 FL  |
| 6   | 1   |          | *LH QUARTER GLASS SEALANT         | Not Necessary | 50.00 FS   | *- FS      |

F=Franchise part. S=SpcNett. L=ListItemDisc.

|   |                 |               |
|---|-----------------|---------------|
| <b>Sub Total (S\$)</b>                                    | <b>1,095.00</b> | <b>495.00</b> |
| <b>- List Item Discount on L Items 20.00/20.00% (S\$)</b> | <b>209.00</b>   | <b>99.00</b>  |
| <b>Total Parts (S\$)</b>                                  | <b>886.00</b>   | <b>396.00</b> |

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        |
|-------------------------|---|----------|-----------------|---------------|
| <b>Labour Items</b>     |   |          |                 |               |
| 1                       | TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA. (FRONT BUMPER, LHF FENDER)   | New      | 600.00          | 200.00        |
| 2                       | TO PUTTY, RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA. (FRONT BUMPER, LHF FENDER) | New      | 600.00          | 200.00        |
| 3                       | TO REMOVE & REFIT LHF FENDER QUARTER GLASS  | New      | 120.00          | 0.00          |
| 4                       | TO TUFF COAT  | New      | 100.00          | 30.00         |
| 5                       | TO DO WHEEL ALIGNMENT   | New      | 120.00          | 0.00          |
| Gross Labour Cost (S\$) |   |          | <b>1,540.00</b> | <b>430.00</b> |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >