

ASS. REC. BY:

REF:

CS3/CTI19003714/Rld307

Special Instruction:

Surveyor: Raisul

ASSIGNMENT (Office)

From (Person): Elaine Cheong

of

CTI

Date/Time: 27/2/19 @ 11:01am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GX 4716 H

Insured:

at Workshop m/s

Hon Car Repairs

Tel:

62710275

of

Blk 1001 / Blk Merah Lane 3 #01-49

Policy No:

DMCEN15142518033

Claim No:

SNM19D200807C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12:01pm @ 27/2/19

Person Contacted:

Susan

Vehicle IN/OUT

Date/Time

Action/Instruction

(X) Estimate

GX 4716 H - ABA / INC19002797Y

DVA: 14/2/19

Expired: 30 Apr 2019

PRS

From: Date: Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: **GX 4716 H**
at Workshop n/s: **Have car repair**
of: **Bumper MASH**
Insured: **CTI**

Policy No: Claim No: Sum Insured: Excess: (Client's Record) Make of Velt:

(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: IDAC Accident Report: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: **6** days Res.: Yes or No
Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: **GX 4716 H** Yr Regn: **May 04**
Type: **M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or Make: **TOYOTA** C.C. **2986**
Colour: **WHITE** A/C Insured / Std / NI / NA
Sp. Reading: **507957** T/Radio: Insured / Std / NI / NA

Eng No: **LH 1726119891**
C/Nr:

Gen. Cond: Good / Fair / Poor / Burnt
Steering: **Order** / Jammed / Leaked / Burnt or
Brake: **Order** / Jammed / Leaked / Burnt or
Modi: **Nil** / S/Rim / STD A/Rim or

Tyre Size: F: **185 R14C**
R:

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

Front: Rear: R/Bal. **6** mm R/Bal. **6** mm
L/Bal. **6** mm L/Bal. **6** mm
D.O.A. D.O.I. **27/02/19 0441pm**
Survey held at: **Have car repair**

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

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

Date/Time Action / Instruction

Estimated repair range \$3,000 - \$4,000

7/5/2019

Date/Time: File Pass to? ☐ : Preli. Report
☐ : Final Report

Date/Time: File Return by?

Report Format :

Lump Sum / L.B.P. /

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. (\$) ☐ Interview (\$) ☐ Tech. Insp. (\$) ☐ Weekend (\$)

Survey Fee:

Transportation

) \$ CRS. SI

) Photos

) Other

)

TOTAL

150
150

Nivitha (LKK Auto)

From: Elaine Cheong <elaine.cheong@sg.cntaiping.com>
Sent: Wednesday, 27 February 2019 11:01 AM
To: Hui Ting; 'assignments'
Cc: Corene
Subject: RE: PRS - YOUR REF: AJ.tk.HAN (GX4716H) / OUR REF: SNM19D200807C02/8

WITHOUT PREJUDICE
SAVE AS TO COSTS

Dear Hui Ting,

We refer to your email of 27.02.19.

We regret to inform that we are not agreeable to your list of proposed surveyors and will be assigning our panel surveyor, M/s LKK Auto Consultants to conduct the Pre-repair survey.

Please contact our surveyor to conduct the post repair inspection before returning the repaired vehicle to the claimant.

Aside to LKK,

Please refer to the email below and liaise with third party workshop accordingly.

Thank you.

Regards,

Elaine Cheong
Executive (Motor Claims)
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower
Singapore 079909
Co. Reg. No. 200208384E
DID: 6389 6530
Fax: 6224 7478 / 6224 7175
Email: elaine.cheong@sg.cntaiping.com
Website: www.sg.cntaiping.com

From: Hui Ting [mailto:huiting@crossbordersllc.com]
Sent: Wednesday, 27 February, 2019 9:29 AM
To: Elaine Cheong <elaine.cheong@sg.cntaiping.com>
Cc: Corene <corene@crossbordersllc.com>
Subject: RE: PRS - YOUR REF: AJ.tk.HAN (GX4716H) / OUR REF: SNM19D200807C02/8

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Elaine

1. We refer to your email dated 27 February 2019.
2. Our client objects appointing your surveyors as a single joint expert.
3. We propose one of the motor surveyors named in the list below to conduct the joint pre-repair survey as a single joint expert:-
 - a) Dennis Yap PAL'S Appraiser Pte Ltd
 - b) Yap Teck Lee LCW Appraiser Pte Ltd
 - c) Yap Teck Chye MC-Coy Appraiser Pte Ltd
 - d) Dixon Yeo Treasure Appraiser Pte Ltd
 - e) Marc Ananda United Appraisal and Management Pte Ltd
 - f) Andrew How Prominent Appraiser Services
 - g) Alan Cheong K.H. C L Appraiser Pte Ltd
 - h) T.T. Rajan ST Appraisal Services
 - i) Sebastian Lim Constanct Appraiser Services
 - j) Aeon Auto Consultants LLP
4. Please let us know within two (2) working days whether you are agreeable to the appointment of any of the above motor surveyors as a single joint expert.

Thank You.

Regards
Huiting
TEL: 6438 1323 ext 2006

CrossBorders LLC
133 New Bridge Road
#23-03/04/05 Chinatown Point
Singapore 059413
Tel: (65) 6438 1323
Fax: (65) 6438 2313

CONFIDENTIALITY NOTICE

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From: Elaine Cheong <elaine.cheong@sg.cntaiping.com>
Sent: Wednesday, 27 February 2019 9:25 AM
To: Hui Ting <huiting@crossbordersllc.com>
Subject: PRS - YOUR REF: AJ.tk.HAN (GX4716H) / OUR REF: SNM19D200807C02/8

WITHOUT PREJUDICE

Dear Huiting,

We refer to your fax of 22.02.19.

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 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.

Regards,

Elaine Cheong
Executive (Motor Claims)
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower
Singapore 079909
Co. Reg. No. 200208384E
DID: 6389 6530
Fax: 6224 7478 / 6224 7175
Email: elaine.cheong@sg.cntaiping.com
Website: www.sg.cntaiping.com



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For more information please visit <http://www.symanteccloud.com>

Nivitha (LKK Auto)

From: Hui Ting <huiting@crossbordersllc.com>
Sent: Wednesday, 27 February 2019 11:07 AM
To: Elaine Cheong; 'assignments'
Cc: Corene
Subject: RE: PRS - YOUR REF: AJ.tk.HAN (GX4716H) / OUR REF: SNM19D200807C02/8

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Elaine

1. We refer to your email dated 27 February 2019.
2. Please be informed that the said vehicle can be inspected at:

Venue:	Han Car Repairs
Address:	Blk 1001 Bukit Merah Lane 3 #01-49 Alexandra Village Ind'l Est Singapore 159718
Contact:	Susan Chin @ 6271 0275 / 6274 1311
3. Please liaise with the above workshop directly.

Thank You.

Regards
Huiting
TEL: 6438 1323 ext 2006

CrossBorders LLC
133 New Bridge Road
#23-03/04/05 Chinatown Point
Singapore 059413
Tel: (65) 6438 1323
Fax: (65) 6438 2313

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CrossBorders LLC DOES NOT ACCEPT SERVICE OF COURT DOCUMENTS OR NOTICE OF ANY PROCEEDINGS BY FACSIMILE OR EMAIL

From: Elaine Cheong <elaine.cheong@sg.cntaiping.com>
Sent: Wednesday, 27 February 2019 11:01 AM
To: Hui Ting <huiting@crossbordersllc.com>; 'assignments' <assignments@lkkauto.com>
Cc: Corene <corene@crossbordersllc.com>
Subject: RE: PRS - YOUR REF: AJ.tk.HAN (GX4716H) / OUR REF: SNM19D200807C02/8

WITHOUT PREJUDICE
SAVE AS TO COSTS

[> Back to OneMotoring](#)

Enquire Transfer Fee

Enquire Road Tax Payable

Vehicle Details			
Vehicle No. :	GX4716H		
Vehicle Type :	A50 - Goods (Closed) Van/Van Panel (Delivery)		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	HIACE DIESEL		
Chassis No. :	LH1726119891		
Propellant :	Diesel		
Engine No. :	5L5455315		
Engine Capacity :	2986 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	3030 kg		
Unladen Weight :	1500 kg		
Year Of Manufacture :	2004		
Original Registration Date :	28 May 2004		
Lifespan Expiry Date :	27 May 2024		
COE Category :	C - Goods Vehicle & Bus		
PQP Paid :	\$26,082.00		
COE Expiry Date :	30 Apr 2019		
Road Tax Expiry Date :	30 Apr 2019		
Inspection Due Date :	27 May 2019		
Intended Transfer Date :	22 Mar 2019		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00
Message			
This vehicle has a road tax Over Payment of \$46.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.			
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.			

You may print this page for reference.

OK

Print

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	9820R
Vehicle Details	
Vehicle No.:	GX4716H
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DIESEL
Primary Colour:	Green
Manufacturing Year:	2004
Engine No.:	5L5455315
Chassis No.:	LH1726119891
Maximum Power Output:	-
Open Market Value:	\$22,301.00
Original Registration Date:	28 May 2004
First Registration Date:	28 May 2004
Transfer Count:	2
Actual ARF Paid:	\$1,116.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Apr 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$26,082.00
COE Rebate Amount:	\$550.00
Total Rebate Amount:	\$550.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 22 Mar 2019

OK

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	14/02/2019 15:44
Date Of Accident	14/02/2019 08:50
Exact Location Of Accident	UPP CHANGI RD NORTH TWRDS TANAH MERAH BESAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX4716H
Insured/Policyholder	
Name Of Registered Owner	MR PLUMBER SINGAPORE PTE. LTD.
Co Reg No	201719820R
Email Address	LEON@MRPLUMBER.SG
Mobile Phone No	(LOCAL) +65-92227888
Alternative Phone No	Office-92227888

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096646271
Cover Note Number	

Driver

Name of Driver	AHMED MD MAHFUZ
Passport No/FIN	G6607323N
Date Of Birth	01/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92227888

Fax Number	
Contact Number	OTHERS-92227888
E-Mail Address	LEON@MRPLUMBER.SG
Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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 (including own vehicle) involved in the accident	2
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: : COLLEAGUE 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 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	YN2108R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MANI SHANMUGAM
NRIC/Passport Number	O 34167737
Contact Number	94480819
Address	

3/22/2019

E-FILE

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

Vehicle No: _____
 DOA: _____

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
 - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (ii) 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) involved in this accident and the Insurers' 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.

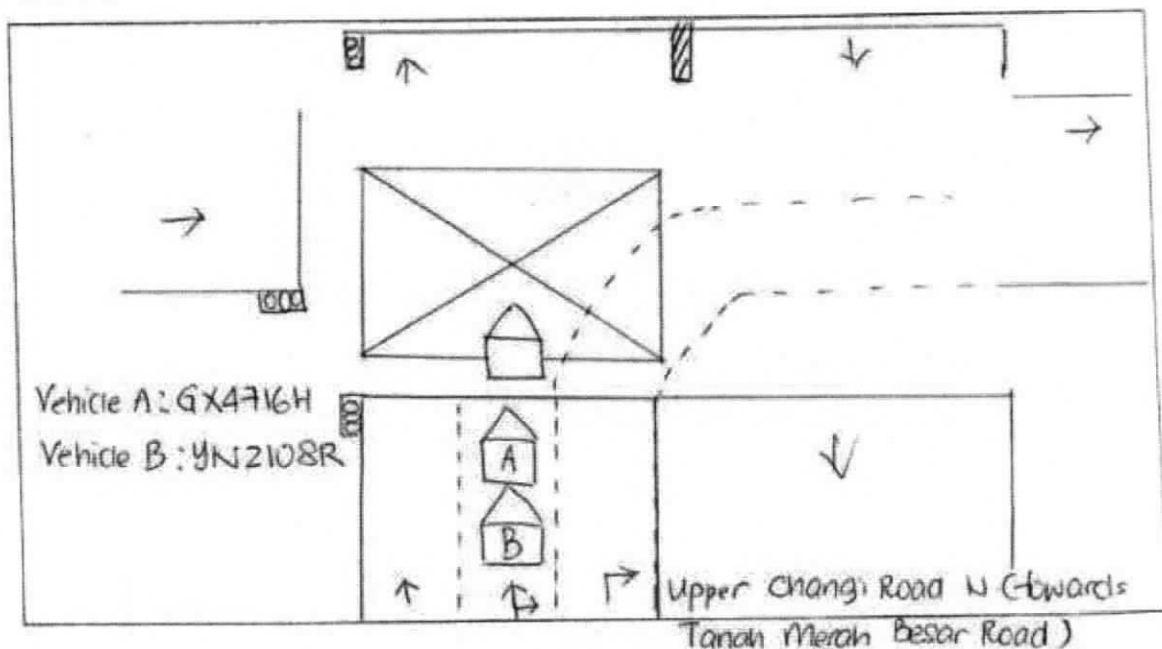
PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Longer
 Policyholder's Signature
 Date & Time

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

[Signature]
 Witnessed by Reporting Center
 Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident


I was travelling along Upper Changi Road N. towards Tanah Merah Besar Road on 14/02/19 at about 8.5 am. Traffic was slow and heavy. The vehicles in front stopped so I followed. Few seconds later, Vehicle B came from behind and hit onto me.


Declaration

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


Policyholder's Signature
Date & Time




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


Witnessed by Reporting Centre
Personnel


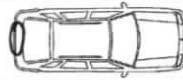


LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT			
CHINA TAIPING INSURANCE (S) PTE LTD 3 ANSON ROAD #16-00 SPRINGLEAF TOWER SINGAPORE 079909		Ref: CS3/CTI19003714/R1cd3e2 Date: 08-05-2019 Code: CTI	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	YN 2108R	Veh. Inspected	GX 4716H
Policy No.	DMCVSN15142518033	Coverage (\$)	0.00
Claim No.	SNM19D200807C02	Excess (\$)	0.00
Assign From	ELAINE CHEONG	Assign Date	27/02/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA HIACE	c.c	2986
Engine No.	HIDDEN	Year of Reg.	2004
Chassis No.	LH1726119891	Colour	WHITE
Odometer	507957 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185 R14C	ROVELO	6 mm
L/H Front Tyre	185 R14C	ROVELO	6 mm
R/H Rear Tyre	185 R14C	ROVELO	6 mm
L/H Rear Tyre	185 R14C	ROVELO	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	14/02/2019	Inspect Date / Time	27/02/2019 (04:41 PM)
Survey held at	HAN CAR REPAIRS BLK 1001 #01-49 BUKIT MERAH LANE 3 ALEXANDRA VILLAGE SINGAPORE 159718		
5a. Remarks			
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000-\$4,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days	

Report Ref No. CS3/CTI19003714/R1cd3e2

Inspected By

MRB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K. LAU

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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