SULT PORT	GQ	ASSIGNMENT	T (Office)		
From (Person	dung Dunsen	of CT	12	Dete/Time:	19/3/190
Estimated Co		13	ill to:	,t+	
	STTP RESTOD RESTEVA				21 1114
To Inspect V at Workshop		Reliable (	529B 11	Tel: 816	GLIIY
of	8 Icaki Blet	Ave 4 H O	5-50	810	0-14-17
Policy No:			Claim Not 31	MMI9D20	1207
Sum Insured			Excess		
Make of Veh (Client's Recor			1,001/1,000	D.O.A.	15/03/19
CA / REV	/ REP. / REV 24 HRS			20/3/19	hiseant
Date/Time:	4.08pmg19/3/1910	son Contacted:	Jugan	Vehicl (1)	
Date/Time	Action/Instruction ( ×	Estimate	0		
	319 9529B-1		JEZI /h.		Bon, 15/3/19
	011117 x	*-			
	Dismartle: 21/3/2				
	After repair: 29/3/2	010			

	ASSIGNMENT
From: Date: 20/3	9 Veh No: SLER 9529 B Yr Regn: 27 Jul 2017
Estimated Cost	Type: M.Cac / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD THE WS ! TP RES ! OD RES ! EVA ! INV ! MV	Truck / Trailer or
To Inspect Vehicle No: SIQ 9529B	Make: Handa Shuffle at 1496
at Workshop m/s Reliable Carz	Make: Handa Shuttle at 1496 Colour Red A/C Insured / Std / NI / NA
of & kaki Bk+ Ave 4 # 05-5	0/0 :-
Insured:	Eng/No:
Policy No.	C/No: 6P71114315.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inoder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Indrder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: AND / S/Rim / STD A/Rim or
Mayor 21 April.	Tyre Size: F: 185/60 R15
(Date Conflict)	R: (B) (O) (1)
(Policy Condition)  Remark: The veh had commenced its  N/S	
repair at the time of inspection.	TOYO / YOKO or
	A   V
Bal. or Market Value:	Front Rear  R/Bal
IDAC Accident Rport: Consistent? : Yes or No	1 Inches
GIA / PR Seen: Consistent? : Yes or No	0
Est. Repairs: S days Res.: Yes or No	14/9
Lum Sum: 2 • % 3 Val.: Yes or No	Survey neid at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Reary/ O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	e: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
\$ 4000 - \$ 5000	
Date/Time. File Pass to? - Prelii. Report	Days Of Repair: 5
1) : Final Report Date/Time, File Ratum to?	Resurvey No. of Trip: Survey Fee: [90
	Add Fee:   Site Insp (\$ ) _ 8 + RS _ SI
7)	Interview (\$ ) Photos
Report Format : PRG	Tech Invs (\$ ) Others
Lump Sum / I.B.I: (\$	:Weekend (\$
Comp com i man (v	TOTAL
	1.000

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Arti Sun	mited	this Authlied	Status	
Main	(Not Notified)	(Not Notified) 09:13 Report					Pending for Report Cancel Case	Survey	
	Main	Re	ference	T	Claim Details		Documen	ts	Show All
CLAIM SI	JBFOLDER DE	TAILS				[Create	ed by insurer]		
Insured:									
Main Claimant:	RELIABLE	RIDES PTE LTD	, Co. Reg. No.	20161152	7N				
Vehicle Re No.:	SLQ9529	9B			Date of Loss:	15/03/2	1019 10:00 - :59		
Claim Type	: TP		0		Policy/Cover Note No.:				
Vehicle Re No. (Insured):	GL11Y	GL11Y			Policy No. (Claimant):	5092730558-01			
geriani, any					Excess:	S\$0.00			
Repairer:	Reliable C	arz Pte Ltd (HQ	B Kaki Bukit Av	/e 4, #05-50	), 415875 Kaki B	ukit - Tel:			
Handling Insurer:	China Tair	oing Insurance (	(Singapore) Pto	e. Ltd. (HQ	) - Tel: 6389 611	1 [Han	ndled by Chong Bo	on Sen]	
Claimant's Insurer:	NTUC Inc	ome Insurance (	1.5						
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Handled by ]	KING GU	O QIANG] [Fir	nal Rpt due 1	7/06/2019
ASSOCIA	TED MAIL RE	CEIVED					- [	View All Com	pose Case Ma
There are	no mail for this	case.							
ALL ASS	OCIATED TAS	KS⊟				View A	All Search Tasks	Create New Ta	sk Comple
Due Da	te Priority	Type Task	Group Sub	ject Han	dter Assign	ed By	Completed Or	Created	On Done

# Nivitha (LKK Auto)

From: Chong Boon Sen <booksen.chong@sg.cntaiping.com>

Sent: Tuesday, 19 March 2019 3:36 PM

To: Hui Ting

Cc: Corene; assignments

Subject: RE: OUR REF: SNM19D201207 - & Yr client's vehicle no. SLQ9529B (RC); Your

insured's vehicle no. GL11Y - PRI

Attachments: Reliable Carz - Pre-Repair Notice (CHINA)(SLQ9529B).pdf

# WITHOUT PREJUDICE SAVE AS TO COSTS

Dear Sir,

We refer to your email.

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,

#### Chong Boon Sen

Claims Executive

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

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Co. Reg. No. 200208384E

DID: 63896171 Fax: 62247175

Email: boonsen.chong@sg.cntaiping.com

Website: www.sg.cntaiping.com

#### Disclaimer

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From: Hui Ting [mailto:huiting@crossbordersllc.com]

Sent: Tuesday, 19 March, 2019 3:25 PM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Cc: Corene <corene@crossbordersllc.com>

Subject: RE: OUR REF: SNM19D201207 - & Yr client's vehicle no. SLQ9529B (RC); Your insured's vehicle no. GL11Y -

PRI

## WITHOUT PREJUDICE

#### Dear Boon Sen

- We refer to your email dated 19 March 2019.
- Our client objects appointing your surveyors as a single joint expert.
- 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)	Mr Dave	Sincere Appraisal Services
b)	Dennis Yap	PAL'S Appraiser Pte Ltd
c)	Dave Chang	Sincere Appraisal Services
d)	Yap Teck Chye	MC-Coy Appraiser Pte Ltd
e)	Dixon Yeo	Treasure Appraiser 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 Consultar	nts LLP

 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

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

From: Chong Boon Sen < boonsen.chong@sg.cntaiping.com >

Sent: Tuesday, 19 March 2019 3:24 PM

To: Corene <corene@crossbordersllc.com>; Hui Ting <huiting@crossbordersllc.com>

Subject: RE: OUR REF: SNM19D201207 - & Yr client's vehicle no. SLQ9529B (RC); Your insured's vehicle no. GL11Y -

PRI

Without Prejudice

Dear Sir,

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,

Chong Boon Sen

Claims Executive Claims

# China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Co. Reg. No. 200208384E

DID: 63896171 Fax: 62247175

Email boonsen.chong@sq.cntaiping.com

Website www.sq.cntaiping.com

#### Disclaimer:

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From: Hul Ting [mailto:huiting@crossbordersllc.com]

Sent: Monday, 18 March 2019 12:05 PM

To: Claims Dept of CTI < claimsdept@sg.cntaiping.com>

Cc: Corene <corene@crossbordersllc.com>

Subject: Our client's vehicle no. SLQ9529B (RC); Your insured's vehicle no. GL11Y - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

# WITHOUT PREJUDICE

#### Dear Sirs

- Please find attached our PRI notice dated 18 March 2019 for your kind attention.
- Please reply email to corene@crossbordersllc.com & huiting@crossbordersllc.com

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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his email has been scanned by the Symantec Email Security.cloud service. or more information please visit <a href="http://www.symanteccloud.com">http://www.symanteccloud.com</a>			
his email has been scanned by the Symantec Email Security.cloud service. for more information please visit <a href="http://www.symanteccloud.com">http://www.symanteccloud.com</a>			

# CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref:

AJ.tk.RC (SLQ9529B)

Your Ref:

GL11Y\_

18 March 2019

China Taiping Insurance (Singapore) Pte. Ltd. 3 Anson Road #16-00 Springleaf Tower Singapore 079909

Attn: Motor Claims Department

BY FAX: 6224 7478 & EMAIL

URGENT

MAIN OFFICE 133 NEW BRIDGE ROAD #23-03/04/05 CHINATOWN POINT SINGAPORE 059413 TEL: 6438 1323 FAX: 6438 2313

BRANCH OFFICE 1 JALAN BERSEH #03-12 NEW WORLD CENTRE SINGAPORE 209037

PLEASE SEND ALL CORRESPONDENCES TO THE MAIN OFFICE

WE DO NOT ACCEPT SERVICE BY FAX

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION CLAIMANT: LIM PECK SIONG

TRAFFIC ACCIDENT ON 15 MARCH 2019 AT 10:00 HRS ALONG AYE TOWARDS CTE (MCE) AFTER LOWER DELTA INVOLVING VEHICLES NO. SLQ9529B & GL11Y & SFV2488B

We are instructed by Lim Peck Siong to notify you of a road accident on 15 March 2019 at about 10:00 hrs along AYE towards CTE (MCE) after Lower Delta involving our client's vehicle registration number SLQ9529B and vehicle registration number GL11Y driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Venue:

Reliable Carz Pte Ltd -

Address:

8 Kaki Bukit Avenue 4

#05-50

Singapore 4157875

Contact:

Jason Lee (8166 9797)

Please liaise with the above workshop directly.

Yours faithfully

CrossBorders LLC

Email: corene@crossbordersllc.com /

huiting@crossbordersllc.com

encs

PLEASE LET US KNOW THE DATE OF THE PRE-REPAIR INSPECTION

CONFIDENTIALITY CAUTION

THIS DOCUMENT IS FOR THE ADDRESSEES ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	Company
Centre Details	1527N
ehicle No.:	SLQ9529B
/ehicle to be Exported:	No
ntended Deregistration Date:	21 Mar 2019
ehicle Make:	HONDA
ehicle Model:	SHUTTLE HYBRID 1.5X AUTO
rimary Colour:	Red
Manufacturing Year:	2017
ngine No.:	LEB6317442
hassis No.:	GP71114315
Maximum Power Output:	101.0 kW (135 bhp)
pen Market Value:	\$26,421.00
Original Registration Date:	27 Jul 2017
irst Registration Date:	27 Jul 2017
ransfer Count:	0
ctual ARF Paid:	\$5,000.00
itended PARF Rebate Details	
ARF Eligibility:	Yes
ARF Eligibility Expiry Date:	26 Jul 2027
ARF Rebate Amount:	\$3,750.00
OE Expiry Date:	26 Jul 2027
OE Category:	Section Control (Control (Cont
OE Period(Years):	E - Open - all except motorcycle  10
P Paid:	
OE Rebate Amount:	\$50,526.00 \$41,825.00
OL Repate Amount.	\$41,025.00

The information contained herein is correct as at 21 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 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.
- 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.		
Charles and the second second	ACCIDENT STATEMENT	AND SHAPE
Date Of Report	15/03/2019 11:45	
Date Of Accident	15/03/2019 10:00	
Exact Location Of Accident	AYE TWDS CTE(MCE) AFTER LOWER DELTA	
Country/State of Loss	SINGAPORE	
A DOLLAR OF THE REAL PROPERTY AND AREA	DETAILS OF OWN VEHICLE	Town Street
Vehicle Registration Number	SLQ9529B	
Insured/Policyholder		
Name Of Registered Owner	RELIABLE RIDES PTE LTD	
Co Reg No	201611527N	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-81669797	
Vehicle Particulars		
Manufacturer	HONDA	
Model	SHUTTLE	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No. Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE HIRE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5092730558-01	
Cover Note Number	•	
Driver		
Name of Driver	LIM PECK SIONG (LIN BOXIANG)	
NRIC No	S7416052B	
Date Of Birth	22/05/1974	
Oseventian	CUTTOGO	

Occupation OUTDOOR Date Of Driving Pass 08/03/2013

Driving Experience 6 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84887480

Fax Number Contact Number

EMail Address NOEMAIL Address

BLK 485D CHOA CHU KANG AVE 5 #08-134

Postcode

684485

OTHER - HIRER

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident? 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:

: SIVVIN

GENDER:

FEMALE

#### Details of Police Action

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

CHOA CHU KANG NPC

Police Station Address

ROAD: 20 CHOA CHU KANG ST 52 #01-02 POSTCODE: 689286

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

I WAS TRAVELLING ALONG AYE TWDS CTE(MCE) AFTER LOWER DELTA ON THE SECOND LANE, SUDDENLY A LORRY FROM THE THIRD LANE ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY VEH LEFT SIDE MIRROR. AFTER THE IMPACT, I STOP MY VEH, THE SAY LORRY NEVER STOP AND LEAVE THE SCENE, MOMENT LATER I FELT ANOTHER IMPACT FROM THE REAR, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B(BEARING NO SFV2488B) HIT ONTO MY VEH REAR PORTION. VEH B BEEN HIT BY ANOTHER VEH C (BEARING NO GL11Y) FROM THE REAR

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFV2488B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GL11Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name LIM PECK SIONG (LIN BOXIANG)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLQ9529B
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 2**

Name SIVVIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLQ9529B

Were seat belts worn? YES

#### Accident Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report gerrectly 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 muteral 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.
- 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 oppies of this report will for a fee be made available upon application by interested parties.
- 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)

l 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
  - 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) somplying with applicable law in administering, processing, handling and/or dealing with my claims. [inflectively 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, chiclose and/or process my Personal Information for one or more of the above furposes; and
- (ii) 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 tawyers/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:
  - to all mourers 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 Droeby Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

# Accident Sketch Plan

KETCH PLAN	
1 1 1	
	A = 51.4 95298
Table 1	8: SFV 3+928
10/0	W1 15 51 11V
	D= Unitestan
1	
	c
1 . 1	AVE *++1: CTE CINCE)
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT
4	6
//sasc	Rater to Statement
	)
	1
	culars are true in every fespect.
We decident the going party	culars are true in every fespect.
	culars are true in every respect.  Driver's Signature  Reporting Centre Personnel's Signature

# POLICE REPORT

Choa Chu K	N P.C and Street	et 52 #01-02		-	per No. TOURSENSON
KGAPORE 6	89286				
PORT OF A TR	MATIC AC	COUDENT			Station Diary No.:
sta/Time Res 9/03/2019 17	O7		Vise Report No.:		151
formant's P	articula				
ame of Infor	marrit		ASS'958 APT BLK 4850 CHQA SINGAPORE 584455	CHU KANG AVEN	LIE 5 HOB-134
Type / ID N	io.		Contact No. Home/Office	Mobile 6	4587480
RIC NO / 57 anonality INDAPORE			Email		
ex: A	ige:	Date of Birth 22/05/1974	Type of Informant: Driver		
Name 4	и	22/00/19/5	Language:	Institution	n / School Name
Dinese	_		Driving Licence Inform	nation	-
SRAB DRIVER		Class 3	Date of		
anerol Info		of the Assault	LOW	Date/Time of	Type of Local
Type of	ling	pary s and Russ	Drive Drive No	Consilient of Accident 15/03/2019 10:00	Straight Road
Type of	100	15Y	Deser	Appliant:	Straight Road
Type of Accident Location Along Road AYER RAJA	1 H EXPR	s and Run	Drive: No	Accisers: 15/03/2019 10:00	Straight Road
Type of Accident	1 H EXPR	s and Run	Drive: No.	Accisers: 15/03/2019 10:00	Straight Road
Type of Accident Location Along Road AYER RAJA Along AYER Weather Clear	1 H EXPR	s and Run	Drive: No.	Accisers: 15/03/2019 10:00	Road Speed Limit Traffic Volume:
Type of Accident	1 H EXPR	s and Run	Drive: No.	Accisers: 15/03/2019 10:00	Road Speed Limit
Type of Accident scattori Along Road AYER RAJA Along AYEI Weather Clear Traffic Flow One Way	H EXPR	ory s and Run CESSWAY CTE/MCE) atta	Drese No. Street Dette on the secon Road Burleon Dry Traffic Controlled	Accisers: 15/03/2019 10:00	Road Speed Limit Traffic Volume:
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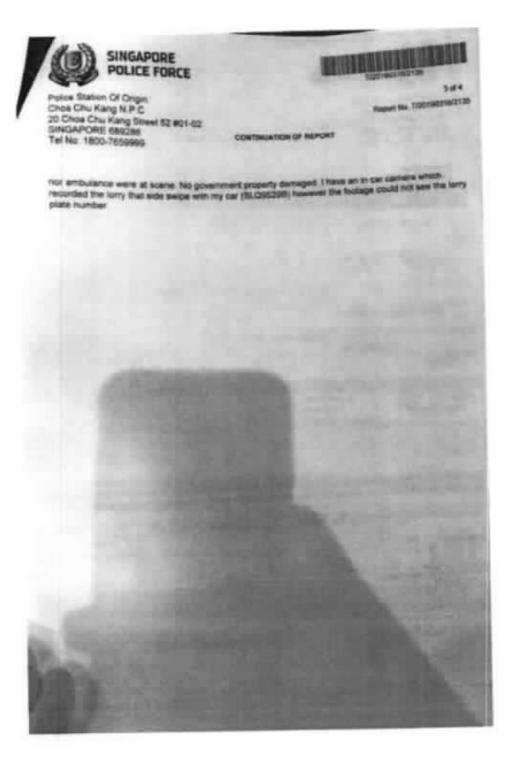
Choic Chu Kang N P.C 20 Chica Chu Kang Street 52 801-02 SINGAPORE 659256 Tel No. 1800-7659999



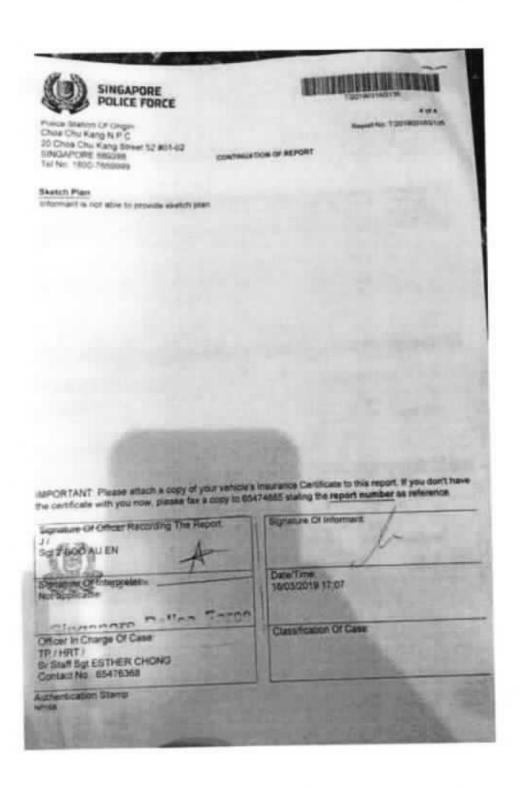
Details of Person Any Pedestrian In No. of Pedestrian	wolved No	Un	e of Pede	strian Cross	ng NA	
Detroit				D No.	S1278	Tach
Name	Lee Poh Chuan		-	Contact No.	0.4788	279
Related Vehicle	GLTTY (Var)				Cluss	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Date	of Expiry: NIL.
		50	new District	arge NIL		_
Date Treatment	NIL TAIR		market of	Injury   Nil.		
	ed Medical Leave NI		-			
Driver	100000000000000000000000000000000000000		_	ID No.	8014	3067Z
Name	Chee Kok Weng		- 2	15000	120	
			_	Contact No	810	03545
Related Vehicle	SFV24888 (CW)			Dept.	Alexa.	-
THE PERSON NO.			_	Class of	Cia	es NIL
Hospital/Clinic	NIL.			Driving Licence & Expiry Dat	Det	e of Expiry: NR.
			Poste Dia	charge NI	100	
Date Treatment	NIL		Departure 1	d legacy Ni		
in of Days gran	ted Medical Leave N	No.	No.	and the first	200	E DE LA CO
				ID No.	163	4160528
Driver .	LIM PECK SIONG			(84)	155	Commence of the last
Name				1	100	1887480
	SLQ95298 (Car)	REAL PROPERTY.		Contact	140	Constitution.
Retated Vahicle				-	-	-
	NG TENG FONG GEN	DAI HO	SPITAL	Class of	10	Spec 3
tospital/Clinic	NG TENG FONG GEN	and by	97.00	Driving		tale of Expry: NIL
The same of	100			Licence		
	100000			Expiry C	Date	
	Property lands and	-	Thurs o	ischarge		
Date Treatment	15/03/2019		The same	of Injury	Slope	
	ted Medical Leave	37				

Brief Details.
On 15/03/2019 at about 0955/ns to 1010/ns, I was driving my car (SL095298) along AYE towards.
On 15/03/2019 at about 0955/ns to 1010/ns, I was driving my car (SL095298) along AYE towards.
OTE:(MCE) after lower Deta on the second lains, sending my passenger to his destination. Suddenly, a carry came from my car (SL095298) left side in high speed and his vehicle right side swipe with my carry came from my carry (SL095298) left side in high speed and his drop off. The long did not stop his vehicle and (SL095298) see to the nit and run, the carry (SFV24888) behind me could drove off. As I stopped my carry (SL095298) see to the nit and run, the carry (SL095298) rearries toop his carry (SFV24888) in time hance his carry (SFV24888) from his orito my carry (SL095298) in time hance his carry (SFV24888) rearries came out of their vehicles a there is a mosther van (GL111Y) hit crito the carry (SFV24888) rearries came out of their vehicles a section particulars. At parties ensure that there is no immediate medical attention needed. No policy of the particulars.

#### POLICE REPORT



# POLICE REPORT































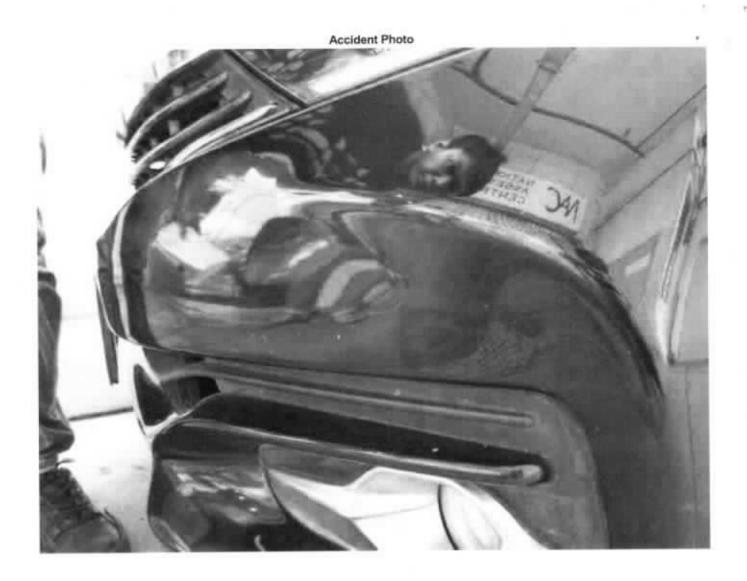






Accident Photo









Merimen e-Claims Page 1 of 1

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

LAIM SUBF	OLDER TRAC	KING								
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Ac	tj Submitted	Ins Auth'ed	Status	Status	
	10 Jun 2019 09:20		06 Jun 2019 09:13 Edit Adj Rpt	5\$0.00 Edit Estimate		SO.00 View Rpt		Pending Report Cancel C	for Survey	
H	tain	Refe	erence	Claim D	etails		Documents		Show All	
CLAIM SUB	FOLDER DE	TAILS				[Created by	insurer]			
Insured:	+, Co. Reg	. No.: -								
Main Claimant:	RELIABLE	RELIABLE RIDES PTE LTD, Co. Reg. No.: 201611527N								
Vehicle Reg. No.:	SLQ9529B				of Loss:	15/03/2019 [19 Months a	10:00 - :59 and <b>16</b> Days From	LTA Reg Date	(Man Yr)]	
Claim Type:	TP	TP								
Vehicle Reg. No. (Insured):	GL11Y				No. sant):	5092730558-01				
				Exces	\$1	S\$0.00				
Repairer:	Reliable Co	arz Pte Ltd (HQ)	Kaki Bukit Ave 4,	#05-50, 415875	Kaki Bu	ukit - Tel:				
Handling Insurer:	China Taip	ing Insurance (Si	ngapore) Pte. Ltd	i. (HQ) - Tel: 6	89 611	1 [Handled I	by Chong Boon S	ien]		
Claimant's Insurer:	NTUC Inco	ime Insurance Co	operative Ltd (H	Q) - Tel:						
Adjuster:	LKK Auto	Consultants Pte L	td (HQ) - Tel: 625	5-3561 [Hand	led by X	CING GUO QIA	NG] [Final F	Rpt due 17/	06/2019]	
ASSOCIATI	ED MAIL REC	CEIVED					View	All Compo	se Case Mail	
There are no	mail for this o	case.								
ALL ASSOC Due Date	Priority	KS⊟ Type Task G	roup Subject	Handler	_		arch Tasks Cre	ate New Task Created O	Complete n Done?	

Merimen e-Claims Page 1 of 4

# Claim Documents

\*SLQ9529B [GL11Y] TP RELIABLE RIDES PTE LTD Mar 15 2019 10:00AM [-] Reliable Carz Pte Ltd

Assessment Reports			1 per page 🔻		
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnall	Print
1	18/03/19 11:47	Accident Statement	0	Load HTM	
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11	15/03/19 13:29	Accident Photo [Linked Accident Report Documents]	0	Load JPG	Ø
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13	15/03/19 13:29	Accident Photo [Linked Accident Report Documents]	0	Load JPG	Ø
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59	06/06/19 14:13	Photographs of Damaged Parts	0	Load JPG	2
60	06/06/19 14:14	Photo After Spray	0	Load JPG	12
51	06/06/19 14:14	Photo After Spray	0	Load 3PG	V
62	06/06/19 14:14	Photo After Spray	0	Load JPG	R

Merimen e-Claims Page 3 of 4

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69	06/06/19 14:14	Photo After Spray	0	Load JPG	3
70	06/06/19 14:14	Photo After Spray	0	Load JPG	V
71	06/06/19 14:14	Photo After Spray	0	Load JPG	[2]
72	06/06/19 14:14	Photo After Spray	0	Load 3PG	V
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3	18/03/19 11:44	POLICE REPORT [Linked Accident Report Documents]	0	Load JPG	Ø
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# **Linked Accident Report Documents**

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Page 4 of 4

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6	18/03/19 11:44	POLICE REPORT	0	Load JPG	V

# **Documents Checklist**

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# 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/CTI19004967/GCD3E2

Date:

10/06/2019

REFERENCE

Date of Loss:

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

Policy No:

TP

Claimant Vehicle

SLQ9529B

15/03/2019

Insured Vehicle No:

Nature of Claim:

GL11Y

Claim No:

N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SLQ9529B

Make & Model:

HONDA SHUTTLE, 1.5 (A) 27/07/2017 (Man. Year: 2017)

Engine No: Chassis No: Odometer:

LEB6317442 GP71114315

96925 km

Reg. Date: Colour:

Engine Capacity: 1496 cc N/A

Market Value/New Car Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable): Engine Modification:

Yes Footbrake (Serviceable): Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

185/60 R15

Rear Tyre Size:

185/60 R15

Front Left Side:

Yokohama 6 mm

Rear Left Side:

Yokohama 6 mm

Front Right Side: Yokohama 6 mm Rear Right Side: Yokohama 6 mm

No

The above values represent the remaining tyre treads depth

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

INSPECTION

Date of Assignment:

06/06/2019

Date Inspected:

20/03/2019 Inspected At: Reliable Carz Pte Ltd (HQ)

8 Kaki Bukit Ave 4, #05-50

Singapore 415875

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 \$4,000.00 -\$5,000.00

Adjuster Report Page 3 of 4

# REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 10 Jun 2019)

Parts: N/A HONDA SHUTTLE 1.5 (A) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for SLQ9529B)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

# Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Adjuster Report Page 4 of 4

# 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 >