

ASSIGNMENT

REF: CS3/MSG 19004852/B163-1

Vehicle Inspection

TO: Mr Lim ASSIGNMENT (Office)

From (Person): Monica Chung Pui zhen of MSI G

Date/Time: 06/05/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMA T057G

Insured: SGL 6128E

at Workshop no: Xin Yun Auto Private Limited

Tel: 82265945 / 91368884

at 1 Eaki Bukit Avenue 6, #01-59 Autobay

Policy No: 28321881 RMY

Claim No:

Claim Incident:

Usages:

Make of Veh (if Road's Record):

D.O.A. 13-3-2019

CA / REV / REP / REV 24 HRS

"rup"

H.O.D. Endorsement

Date/Time: 18-3-19 10.03am Person Conducted: Ah Hun

Vehicle: (M) 0111

Date/Time: Acknowledgement (X) (date)

SMA T057G

SGL 6128E

Submit \$3200 (Red: 2600! 40%)

5 days

Do Not Finalise

915 File pass to typist.

RECEIVED 10 MAY 2019

REF: MSG

ASSIGNMENT

From:

Date: 18/3/19

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: SMA 7057 G

at Workshop ins: Xin Yun Auto

8 Cabs Bunkit Bore 4 #15-23

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: SMA 7057 G

Yr Regn: 18/6/2018

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

Truck / Trailer or

Make: HONDA VEZEL

CC: 1496

Colour: WHITE

A/C Insured / Std / NI / NA

Sp. Reading: 014517

T/Radio: Insured / Std / NI / NA

Eng/No: L15B5552117

C/No: 2U11302110

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size F: 215/60/16

R: 215/60/16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 13/3/19

D.O.I. 18/3/19

Survey held at:

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

Done/Time: File Pass 10/

☐ : Prell. Report

Days Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: -

Survey Fee:

Date/Time: File Return 10/

Transportation

2)

Add Fee: ☐ Site Insp (\$)

) S + RS. G

☐ Interview (\$)

) Parking

☐ Tech Invs (\$)

) Others

☐ Weekend (\$)

Report Format: PRE

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

TOTAL

130

Signature: [Signature]
2/24/2019

25/3/19

120
10
130

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Monday, 6 May 2019 6:11 PM
To: Admin-D (LKKAuto)
Cc: Accounts (LKKAuto); assignments
Subject: Report Send Back Alerts - SMA7057G (TP)

Dear Nivitha,

FYNA Please....

Pending for Survey Report-CS3/MSG19004852/BCD3E2

06 May 2019 11:36	Ins Send Back Adj Rpt	Paper adjustment	[1] Monica Chung Pei Zhen
06 May 2019 11:36	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2019/05/08	[1] Merimen Administrator
06 May 2019 11:36	Adj Mandate Set	Maintained.	[1] Merimen Administrator

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: account@lkkauto.com | fax: 6844-8805

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Do-Not-Reply [mailto:do-not-reply@merimen.com]

Sent: Monday, 6 May 2019 11:40 AM

To: account@lkkauto.com

Subject: Report Send Back Alerts - SMA7057G (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,

The Merimen Team



This email has been checked for viruses by AVG antivirus software.
www.avg.com



SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051

Tel : 6636 4628 Fax : 6636 4638 E-mail : sincereappraisal@gmail.com

INVOICE

Neo Chi Kiah
C/O Xin Yun Auto Pte Ltd
Blk 8 Kaki Bukit Avenue 4
#05-23 Premier
Singapore 415875

Invoice No: 250319-205
Our ref: 205/TP/2019
Date: 25/3/2019

Claim Type: Third Party
Vehicle Reg No: SMA7057G
Vehicle Make/Model: Honda Vezel 1.5X CVT

Date of Loss: 13/3/2019
Claimant: Neo Chi Kiah

Description	Amount (S\$)
I. Professional Fee (including Transport, 44 Photographs and Miscellaneous charges)	804
Total	804

Singapore Dollar: Eight hundred and four dollars only.

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services Pte Ltd



Sincere Appraisal Services Pte Ltd



SINCERE

APPRAISAL SERVICES PTE LTD

VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 205/TP/2019

Date: 25/3/2019

REFERENCE

Date of loss: 13/3/2019
Claimant: Neo Chi Kiah

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SMA7057G	Make &	Honda
Reg date:	18/6/2018	Model	Vezel 1.5X CVT
Colour:	White	Engine No:	L15B5552117
Type:	Motor Car	Chassis No:	RU11302110
Type of Claims:	Third Party	Odometer No:	14517km
		Engine Cap:	1496cc

CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

General Condition: Good	Steering: Good	Engine Modification: Nil
Paint work: Good	Handbrake: Good	Pre-accident Damage: Nil
	Footbrake: Good	

CONDITION OF TYRES

Front Left Size:	Dunlop 215/60R16 70%	Front Right Size:	Dunlop 215/60R16 70%
Rear Left Size:	Dunlop 215/60R16 70%	Rear Right Size:	Dunlop 215/60R16 70%

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

	Repairer S\$	Adjuster S\$
Parts	S 8,104.40	S 5,442.80
Labour	S 2,330.00	S 1,860.00
Calculated Cost (S\$) :	S 10,434.40	S 7,302.80

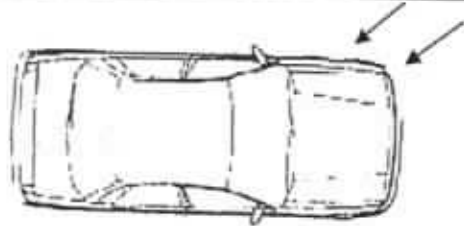
Recommended Lump Sum Repair Cost (S\$) : S 5,800.00

Date of Assignment: 19/3/2019
Date Inspected: 19/3/2019
Est. repair Period: 06 days

Inspected At: Xin Yun Auto Pte Ltd
Blk 8 Kaki Bukit Avenue 4
#05-23 Premier
Singapore 415875

POINT OF IMPACT

Damaged at the left hand front portion



BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle at the carpark of Hougang Avenue 1, Block 103.

GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the left hand front portion.

SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$10,434.40. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$5,800.00.

We have not authorised the repair. Under normal circumstances, estimated 06 working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Dave Chang
Automotive Appraiser
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.

ANNEX A

REPAIR DETAILS

Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Front bumper assy	cracked/dented	\$ 1,290.00	\$ 1,290.00 <i>NA</i>
2	1	Front bumper left bracket	bent/necessary	\$ 43.00	\$ 43.00 <i>NA</i>
3	1	Front bumper left side retainer	bent/necessary	\$ 44.00	\$ 44.00 <i>NA</i>
4	1	Front bumper reinforcement	dented	\$ 352.00	\$ 352.00 <i>NA</i>
5	1	Front bumper lower grille	warped	\$ 126.00	\$ 126.00 <i>NA</i>
6	1	Front grille assy	warped/bent	\$ 397.00	\$ 397.00 <i>BA</i>
7	1	Front grille emblem	necessary	\$ 105.00	\$ 105.00 <i>NA</i>
8	1	Front bonnet assy	repair	\$ 1,681.00	\$ -
9	1	Front support panel assy	repair	\$ 964.00	\$ -
10	1	Front support panel top garnish	bent/warped	\$ 205.00	\$ 205.00 <i>BA</i>
11	1	Front left headlamp assy	bent/cut	\$ 1,678.00	\$ 1,678.00 <i>BA</i>
12	1	Front left fog lamp	bent/dislodged	\$ 280.00	\$ 280.00 <i>NA</i>
13	1	Front left fog lamp garnish	bent	\$ 121.00	\$ 121.00 <i>DI</i>
14	1	Front left fender assy	repair	\$ 682.00	\$ -
Less 20%				\$ 7,968.00	\$ 4,641.00
				\$ 1,593.60	\$ 928.20
				\$ 6,374.40	\$ 3,712.80

Special Nett Items

1	10	Front bumper clips	necessary	\$ 50.00	\$ 50.00 <i>✓</i>
2	6	Front bumper lower grille clips	necessary	\$ 30.00	\$ 30.00 <i>✓</i>
3	1	Front bumper lower spoiler	warped	\$ 1,400.00	\$ 1,400.00 <i>NA</i>
4	10	Front bumper lower spoiler clips	necessary	\$ 50.00	\$ 50.00 <i>NA</i>
5	1	Front bumper lower spoiler sealant	necessary	\$ 60.00	\$ 60.00 <i>NA</i>
6	6	Front grille clips	necessary	\$ 30.00	\$ 30.00 <i>✓</i>
7	6	Front support panel top garnish clips	necessary	\$ 30.00	\$ 30.00 <i>✓</i>
8	1	Front no plate with garnish	necessary	\$ 80.00	\$ 80.00 <i>NA</i>
				\$ 1,730.00	\$ 1,730.00
Total parts				\$ 8,104.40	\$ 5,442.80

2656.08

ANNEX B

REPAIR DETAILS

Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten front left affected area and replace front left damaged parts.	\$ 1,000.00	\$ 800.00
2	To putty and spray painting front left portion.	\$ 1,000.00	\$ 800.00
3	To check wiring and focus front headlamp.	\$ 50.00	\$ 30.00
4	To repair, straighten and align front left fender assy.	\$ 180.00	\$ 150.00
5	To apply anti rust proofing to front left affected area.	\$ 100.00	\$ 80.00
Total labour :		\$ 2,330.00	\$ 1,860.00

ANNEX C

REPAIR DETAILS

Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 8,104.40	\$ 5,442.80
Total labour :	\$ 2,330.00	\$ 1,860.00
Total repair cost :	\$ 10,434.40	\$ 7,302.80

Adjusted Repair Cost (Lump Sum Repair)

\$ 5,800.00

Parts 2856.00
 SN 120.00
 Labour 1360.00
 H 136.00
 @ 20% 827.20
 3308.30

H/S 3,300/2

5 days

TGLim
 9/5/19

BONNIE KWOK LLC*Advocates & Solicitors*

101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358

Tel : (65) 6536 6026
Fax : (65) 6536 2279
(Not for service of court documents)
GST Reg No. 2012015472

Your Ref: SGL 6128 E
Our Ref: BK.19017.19.st
(Please quote our reference when replying)

5 April 2019

M/s MSIG Insurance (Singapore) Pte. Ltd.
16 Raffles Quay
#24-01 Hong Leong Building
Singapore 048581

By Hand

Dear Sirs

ACCIDENT INVOLVING SMA 7057 G & SGL 6128 E ON 13 MARCH 2019

We act for Mr. Neo Chi Kiali, the owner of vehicle no. SMA 7057 G in the above matter.

We are instructed that on the 13 March 2019, your insured driving vehicle no. SGL 6128 E had negligently collided into our client's said vehicle.

We are instructed that as a result of the said collision, our client has suffered loss and damage as follows: -

i.	Cost of Repairs	-S	5,800.00
ii.	Loss of Use (8 days x \$120.00)	-S	960.00
iii.	Survey Report fees	-S	804.00 /
iv.	LTA search fees	-S	8.00 7.44
v.	GIA search fees	-S	29.00 /
vi.	Transport, Postage, Xerox and other incidental	-S	53.50
vii.	Costs	-S	1,070.00
	Total	\$	<u>8,724.50</u>

We enclose herewith a copy of the LTA search result, GIA report of our client and your insured, survey report and invoice, repair bill, the certificate of insurance and 44 original photographs for your attention.

Kindly note that under the NIMA protocol, all requests for resurvey are required to be made during the protocol period in eight (8) weeks from receipt of this letter.

Kindly revert whether liability is admitted.

Yours faithfully

BONNIE KWOK

Enc. (by hand)

c.c. Client; and
Loong Jee Chin

REG/CS/PAY/FA

09 APR 2019

Ops,
- per checklist
- upload a ⑦
- ML I

MC
19/4/19

Enquire Vehicle & Owner Information (Vehicle No. SGL6128E As At 13 Mar 2019 / 19:05:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: XINYUN - SMA7057G

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S0377012E
Owner Name: ONG BUCK CHENG
Registered Address Type: HDB / HUDC
Registered Block/House No.: 103
Registered Street Name: HOUGANG AVENUE 1
Registered Unit No.: # 06 - 1135
Registered Building Name: -
Registered Postal Code: 530103

Current Vehicle Details

Vehicle No.: SGL6128E
Make Description/Model: TOYOTA / CAMRY 2.0 AUTO ABS AIRBAG
Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD



**GENERAL
INSURANCE
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-043636

Date of Request: 20/03/2019

Your Ref No: XIN YUN (SMA7057G)

BONNIE KWOK LLC
101A UPPER CROSS STREET #08-12, PEOPLE'S PARK CENTRE
SINGAPORE 058358

Dear Sir/Madam,

Your Vehicle No: SMA7057G

Date of Accident: 13/03/2019

Place of Accident: BLK 103 HOUGANG AVE 1

Involving Vehicle No: SGL6128E

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☐ Cash ☒ Cheque MB 008305



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-047527

Date of Request: 27/03/2019

Your Ref No: XIN YUN (SMA7057G)

BONNIE KWOK LLC
101A UPPER CROSS STREET #08-12, PEOPLE'S PARK CENTRE
SINGAPORE 058358

Dear Sir/Madam,

Date of Accident: 13/03/2019

Vehicle No: SMA7057G

Place of Accident: BLK 103 HOUGANG AVE 1 CARPARK

Involving Vehicle No: SGL6128E

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SGL6128E	BLK 103 HOUGANG AVE 1 CARPARK	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☐ Cash ☒ Cheque MB 008320

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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 15/03/2019 16:44
Date Of Accident 13/03/2019 19:15
Exact Location Of Accident BLK 103 HOUGANG AVE 1 CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGL6126E
Insured/Policyholder
Name Of Registered Owner ONG BUCK CHENG
Vehicle Particulars
Manufacturer TOYOTA
Model CAMRY-2.0 (A)
Vehicle Category PRIVATE CAR
Insurance Company
Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number A 25821681 QMX
Cover Note Number
Driver
Name of Driver LOONG JEE CHIN
NRIC No S1210776E
Address BLK 103 HOUGANG AVE 1 #06-1135
SINGAPORE

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
Number of Passengers (Including Driver) 1

Circumstances of Accident

REFER ATTACHED

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

SMA7057G

Vehicle Make/Model/Colour

Name of Driver

MR NEO

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

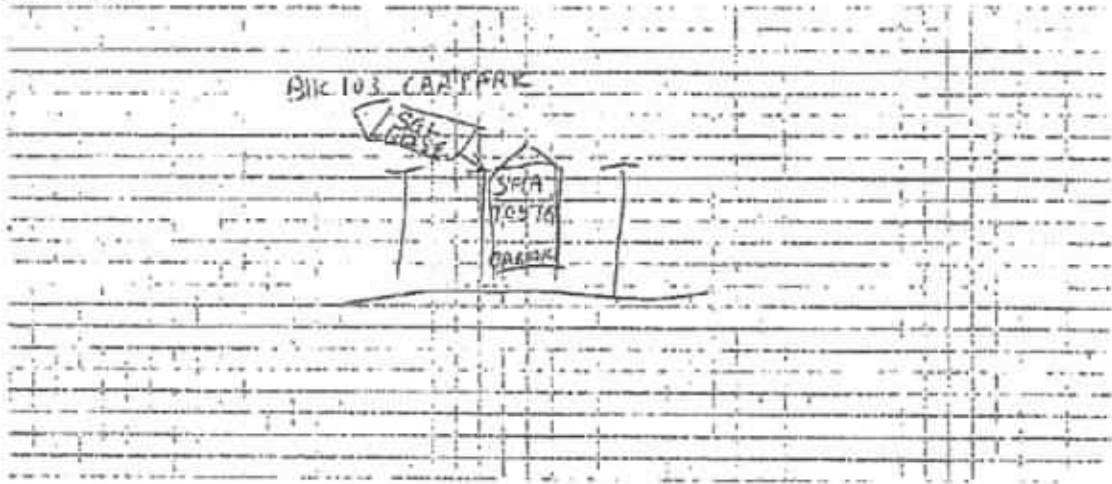
15/12/2019

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

15/12/2019
1/30 p.m.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I knock ~~an~~ while reversing

Vehicle B was park in the lot on my right hand side

Accidentally my right rear knock on vehicle SMA 7057G.

My Vehicle had a minor scratch,
(SGL 6128E)

DECLARATION

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

Policyholder's Signature

Date & Time: 11/2/2019 15/12/2019

Driver's Signature

(If driver is not the policyholder)
Date & Time: 11/2/2019 15/12/2019

Reporting Centre Personnel's Signature

Name:
NRSC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



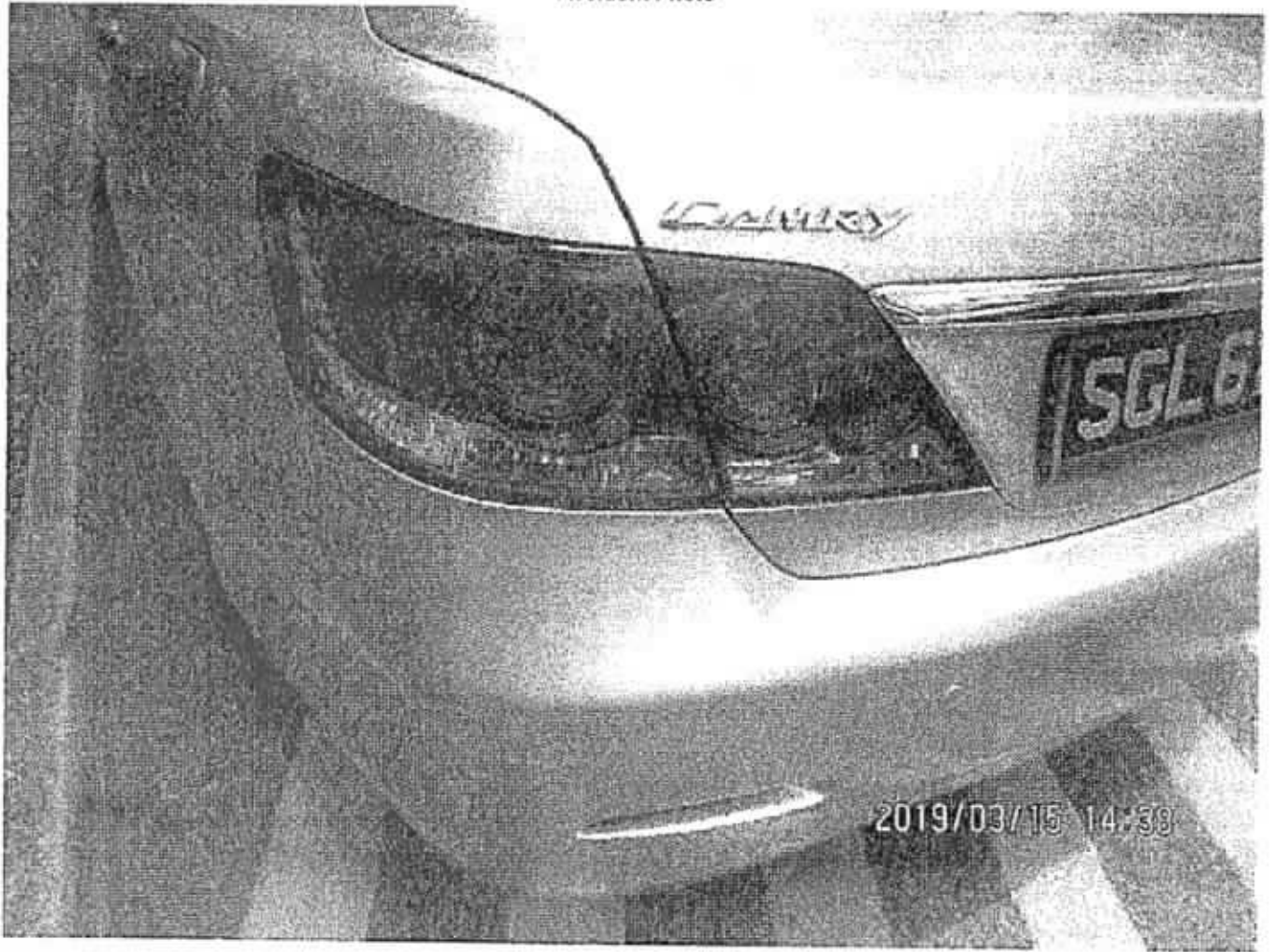
Accident Photo



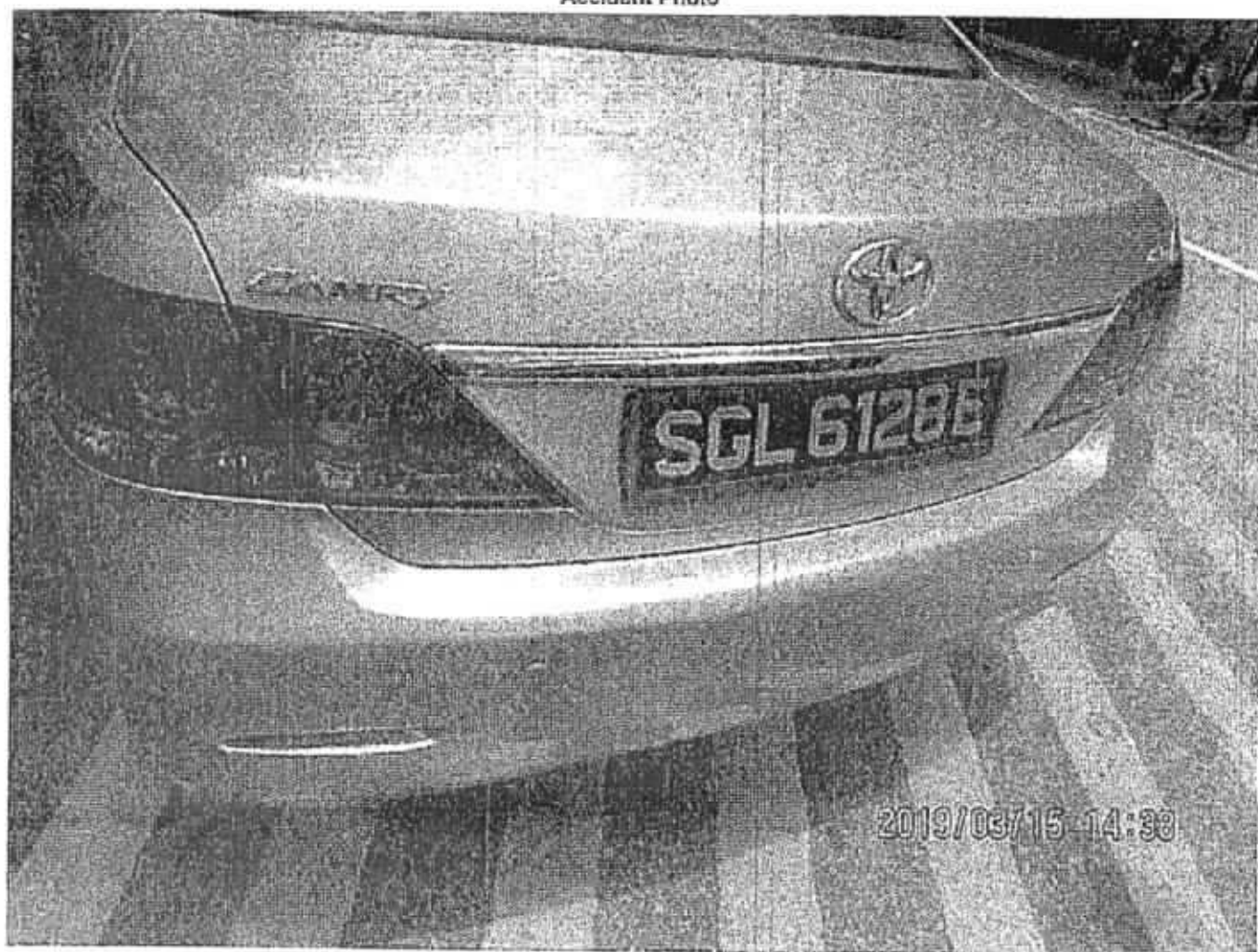
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Date of Accident: 12/03/2009 Accident Time: 19:05 (24-HR-Format)
Accident Place: BUKIT HONGGANG AVE 1 CAR PARK.
Vehicle Reg. No. (Car Plate No.): SMA 709LE
Vehicle Make/Model: Honda
Insurance Company: Sampo Policy No: DISMIPV01011096
Owner or Company Name / IC No.: NEO CHI KIAN SI480509E
Owner or Company Contact No.: _____ Owner's Hp: _____ Company Tel: _____
DRIVER'S Name / IC No.: NEO CHI KIAN SI480509E
DRIVER'S Date Of Birth: 29 May 1954 DRIVER'S License Pass Date: 25 Sep 2008
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address: BUKIT HONGGANG AVENUE 1, #02-1151 (530103)
DRIVER'S Contact No / Alt No.: (1) _____ (2) _____
DRIVER'S Occupation: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address: N/A
Weather & Road Surface: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Driver): 0

Was there any video Captured by car camera: YES NO Witness
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SGL 6128E
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

SKETCH PLAN

IMPORTANT NOTICE

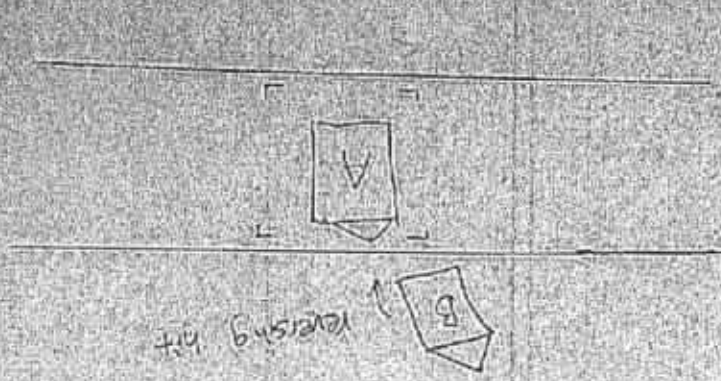
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Insurer.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate 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 Police reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
 - (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"); the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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.

X [Signature]
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A: SMA 7057G

B: SGL 6128E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary at Blk 106 Hengang Ave 1 car park.
 14/03/2019 at about 10:00 am I went down to car park.
 I saw my vehicle SMA 7057G was damaged. There was a
 witness note for this accident, vehicle B: SGL 6128E
 was reversing into car park lot & hit my vehicle at 19:05-19:06
 15/03/2019 (Witness number: 87179897)

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

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



Xin Yun Auto Private Limited

辛运汽车服务有限公司

Tel: 6634 0858 Email: xinyunauto1@gmail.com

Blk 8 Kaki Bukit Avenue 4 #05-23 Premier Singapore 415875

INVOICE

Name: Neo Chi Kiah	Date of Invoice: 25/3/2019
Xin Yun Auto Pte Ltd Blk 8 Kaki Bukit Avenue 4 #05-23 Premier Singapore 415875	

Claim Type: Third Party	Date of Accident: 13/3/2019
Vehicle Reg No: SMA7057G	Claimant: Neo Chi Kiah
Vehicle Make/Model: Honda Vezel 1.5X CVT	

Description	Amount (S\$)
Lump Sum Repair as per recommendation	5,800.00
Total	5,800.00

Singapore Dollar: Five thousand and eight hundred dollars only.

YOUR CAR

13/06/19

HAS BEEN PRESENTED

BY SGL 6128E SILVER (LOW PRIZE)

WHILE THIS CAR REVERSED

BETWEEN TIME 1945-1984

WITNESS : WATKINS BT 1984

MSI19034902 / STA INSPECTION PTE LTD - Sin Ming

ENTRY DATE & TIME: 15/03/2019 16:44

SUBMITTED BY: Wong Lip Yong

Your NCD will be affected due to late reporting

Actual e-Filing Submission Date & Time: 15/03/2019 16:56

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	15/03/2019 16:44
Date Of Accident	13/03/2019 19:15
Exact Location Of Accident	BLK 103 HOUGANG AVE 1 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGL6128E
Insured/Policyholder	
Name Of Registered Owner	ONG BUCK CHENG
NRIC No	S0377012E
Email Address	WENDYLOONG@GOLDSHINES.COM.SG
Mobile Phone No	(LOCAL) +65-96645956
Alternative Phone No	OTHERS-96645956
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	A 28821881 QMX
Cover Note Number	

Address	BLK 103 HOUGANG AVE 1 #06-1135 SINGAPORE
Postcode	530103
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	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?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	SMA7057G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR NEO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

15/3/2019

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

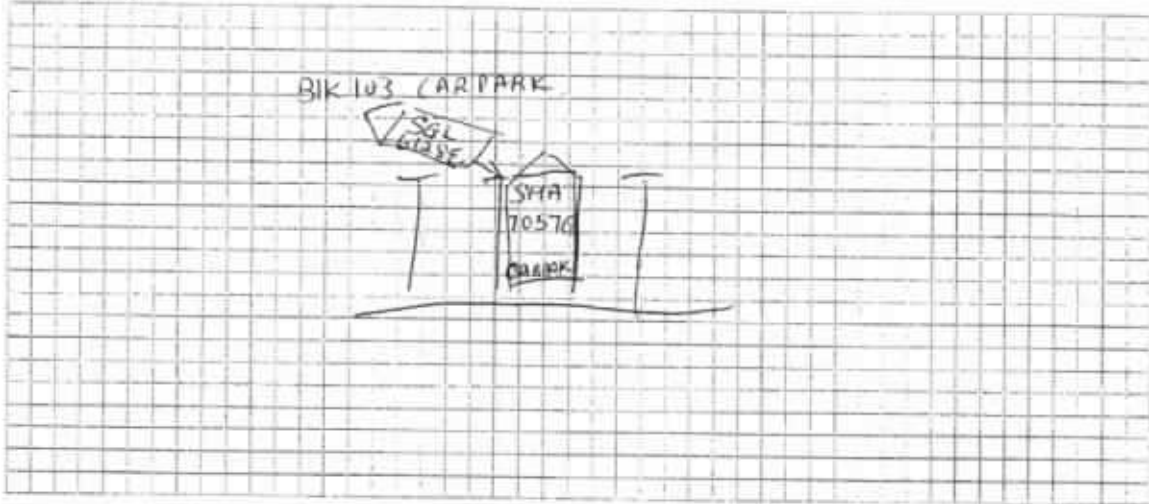
Date & Time: 15/03/2019

1/30 p.m.

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I knock ~~on~~ while reversing.

Vehicle B was park in the lot on my right hand side

Accidentally my right rear knock on vehicle SHA 70576.

My Vehicle had a minor scratch.
(SGL 6128E)

DECLARATION

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

Policyholder's Signature

Date & Time: 11/20/19
15/3/2019

Signature: [Signature]

Driver's Signature

(if driver is not the policyholder)
Date & Time: 11/20/19
15/3/2019

Signature: [Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Signature: [Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/03/2019 16:30
Date Of Accident	13/03/2019 19:05
Exact Location Of Accident	BLK 103 HOUGANG AVE 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA7057G
Insured/Policyholder	
Name Of Registered Owner	NEO CHI KIAH
NRIC No	S1480509E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96680817
Alternative Phone No	OFFICE-96680817

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01011096
Cover Note Number	

Driver

Name of Driver	NEO CHI KIAH
NRIC No	S1480509E
Date Of Birth	29/05/1954
Occupation	INDOOR
Date Of Driving Pass	04/01/1978
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96680817
Fax Number	
Contact Number	OFFICE-96680817
EMail Address	NOEMAIL

Address	BLK 103 HOUGANG AVE 1 #02-1131
Postcode	530103
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	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)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

MY CAR WAS STATIONARY AT BLK 103 HOUGANG AVE 1 CARPARK ON 14/03/2019. AT ABOUT 10AM, I WENT DOWN TO CARPARK. I SAW MY VEHICLE (SMA7057G) WAS DAMAGED. THERE WAS A WITNESS NOTE FOR THIS ACCIDENT. VEHICLE B (SGL6128E) WAS REVERSING INTO CARPARK LOT AND HIT MY VEHICLE AT 19.05HRS - 19.08HRS ON 13/03/2019.

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 Witness 1

Name	
Phone Number	87179897
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL6128E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)

SKETCH PLAN

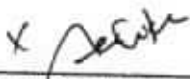
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- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided 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")
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- (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.
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- (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.

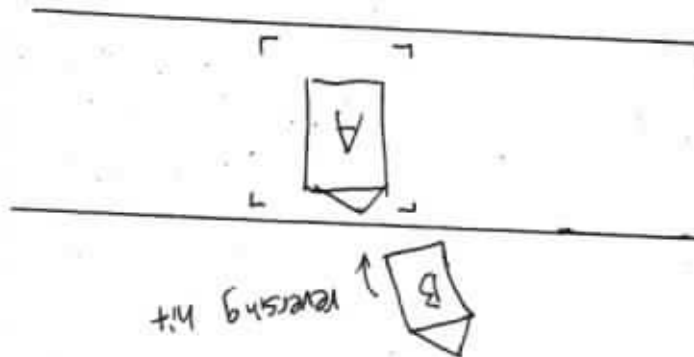

Policyholder's Signature
Date & Time:


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

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

KEN FUN AUTO

SKETCH PLAN



A: SMA 7057G

B: SGL 6128E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary at Blk 106 Henggang Ave 1 car park.
 14/03/2019 at about 10:00 am I went down to car park.
 I saw my vehicle SMA 7057G was damaged. There was a
 witness note for this accident. vehicle B: SGL 6128E
 was reversing into car park lot & hit my vehicle at 19:05-19:08,
 13/03/2019 (Witness number: 87179897)

DECLARATION

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

x [Signature]
 Policyholder's Signature
 Date & Time:

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

14/3/19 2.32PM [Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1480509E



Name

NEO CHI KIAH

梁志堅

Race

CHINESE

Date of Birth

29-05-1964

Country/Place of birth

MALAYSIA

Sex

M



S418810



IDENT. No. S1480509E



Date of issue

05-07-2016

Address

APT BLK 103 HOUGANG AVENUE 1
#02-1131
SINGAPORE 530103





SOMPO

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623
Tel: 6481 6655 | Fax: 6221 3322 | Website: www.sompo.com.sg
Co. Reg. No: 196905490E | GST Reg. No.: M200903196

Certificate of Insurance

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

Cert No./Policy No. : D18MTPV01011096
Insured : NEO CHI KIAH
Motor Car (Registration No.) : SMA7057G
Cover : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 18 JUNE 2018 14:56
Policy Expiry Date : 17 JUNE 2019 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$500 - Section I
 (Waived up to S\$1,000 if accident repair is done at ExcelDrive Workshops for the first claim per policy year)
Voluntary Excess* : Buy Up : \$500 - Section I
Windscreen Excess* : S\$100.00 - Waived if Repair at ExcelDrive Workshop
Loss of Use : Per Policy Schedule
 * Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the insured,
 - a. any member of the insured's family, or a paid driver who has been driving the Motor Car during the life of the insured and permission to drive had not been withdrawn prior to the death of the insured; and
 - b. any other person who has been given permission to drive the Motor Car prior to the death and such permission had not been withdrawn by the insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Car. And provided further that the Motor Car is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP 17

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 18 JUNE 2018 10:28

IMPORTANT NOTICE

- a. Keep the Certificate in your Motor Car;
- b. Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- c. On the sale of the Motor Car or if for any reason the insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- d. This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

Intermediary Code & Name : 11R05204 & RUEY AUTO CI Code: 22A 3TDHBM4J4R11MVAJ

YOUR CAR 13/03/19
HAS BEEN PRESSED
BY SGL 6128E SILVER (LADY DRIVER)
WHILE THIS CAR REVERSED
BETWEEN TIME 1905-1908 HRS
WITNESS: WHATSAPP 87179897

圖樣式 1540-01

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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






































CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	03 Apr 2019 16:13		18 Mar 2019 09:13	S\$3,200.00	S\$3,200.00 View Rpt		Pending for Survey Report

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	Ong Buck Cheng , ID: S0377012E								
Main Claimant:	NEO CHI KIAH , ID: S1480509E								
Vehicle Reg. No.:	SMA7057G	Date of Loss:	13/03/2019 19:00 - :59 [8 Months and 23 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 587901	Policy/Cover Note No.:	28821881 (TP, Fire & Theft) Coverage: 22/09/2018 - 21/09/2019						
Vehicle Reg. No. (Insured):	5GL6128E	Policy No. (Claimant):							
		Excess:							
Repairer:	Xin Yun Auto Private Limited (HQ) 1 Kaki Bukit Avenue 6, #01-59 Autobay @ Kaki Bukit, 417883 Kaki Bukit - Tel: 8226 5945 / 9136 8884								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Lim Teow Guan] ... [Final Rpt due 08/05/2019]								
Adj Asg. Remarks:	on WP. LJAB 100% SJE DISAGREE APPOINT LKK. Arrange @ Block 8 Kaki Bukit Avenue 4 #05-23 Premier @ Kaki Bukit Singapore 415875 and contact 9839 1555 (Yi Xin).								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> MSIG_SG (06/05/2019): Report Send Back Alerts - SMA7057G (TP) 									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SMA7057G (587901)**
[SGL6128E]
TP
NEO CHI KIAH
Mar 13 2019 7:00PM
[Ong Buck Cheng]
Xin Yun Auto Private Limited

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	02/04/19 15:45	General View	 Load JPG	<input checked="" type="checkbox"/>
2	02/04/19 15:45	General View	 Load JPG	<input checked="" type="checkbox"/>
3	02/04/19 15:45	General View	 Load JPG	<input checked="" type="checkbox"/>
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Photos/Images			3 per page	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
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47	02/04/19 15:45	General View	 Load JPG	<input checked="" type="checkbox"/>
48	02/04/19 15:45	General View	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	14/03/19 16:17	WORKSHOP DETAILS	 Load PDF	
2	15/03/19 17:23	SJE DISAGREE APPOINT LKK	 Load PDF	
3	15/03/19 17:23	OI Accident Report	 Load PDF	
4	15/03/19 17:31	TP SMA7057G E-REPORT	 Load PDF	
5	04/05/19 09:49	LOD & Supporting Document	 Load PDF	
6	04/05/19 09:49	TP Survey Rpt	 Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	10/05/19 10:38	Colour Photo	 Load PDF	
2	10/05/19 10:38	PRS Invoice	 Load PDF	

Documents Checklist

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

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

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG19004852/BTD3E2-1

Date: 10/05/2019

REFERENCE

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

Policy No: 28821881

Claimant Vehicle No: SMA7057G

Insured Vehicle No: SGL6128E

Date of Loss: 13/03/2019

Nature of Claim: TP

Claim No: 587901

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SMA7057G

Make & Model: HONDA VEZEL, 1.5 1.5X CVT (A)

Engine No: L15B5552117

Reg. Date: 18/06/2018 (Man. Year: 2018)

Chassis No: RU11302110

Colour: White

Odometer: 14517 km

Engine Capacity: 1496 cc

Market Value/New Car Price: N/A

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

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 215/60 R16

Rear Tyre Size:

215/60 R16

Front Left Side: Dunlop 6 mm

Rear Left Side:

Dunlop 6 mm

Front Right Side: Dunlop 6 mm

Rear Right Side:

Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	8,104.40	2,776.08	5,328.32	65.75
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,330.00	1,270.00	1,060.00	45.49
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	10,434.40	4,046.08	6,388.32	61.22
Approved Total (Overridden) (S\$)		3,200.00		
Nett Amount (S\$)	10,434.40	3,200.00	7,234.40	69.33

INSPECTION

Date of Assignment: 18/03/2019

Date Inspected: 18/03/2019 Inspected At:

Xin Yun Auto Private Limited (HQ)

1 Kaki Bukit Avenue 6, #01-59 Autobay @

Kaki Bukit

Singapore 417883

Estimated Period of Repair: 5.0 days

Adjuster: Lim Teow Guan

Manager: DENISE TAY KWEE CHENG

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		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 10 May 2019)
Parts:	M1-SUV	HONDA VEZEL 1.5 1.5X CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SMA7057G)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER ASSY	Dented	1,290.00 FL	*927.50 FL
2	1		*FRONT BUMPER LEFT BRACKET	Necessary	43.00 FL	*43.00 FL
3	1		*FRONT BUMPER LEFT SIDE RETAINER	Necessary	44.00 FL	*44.00 FL
4	1		*FRONT BUMPER REINFORCEMENT	Dented	352.00 FL	*321.00 FL
5	1		*FRONT BUMPER LOWER GRILLE	Not Necessary	126.00 FL	*- FL
6	1		*FRONT GRILLE ASSY	Broken	397.00 FL	*397.00 FL
7	1		*FRONT GRILLE EMBLEM	Necessary	105.00 FL	*38.80 FL
8	1		*FRONT BONNET ASSY	Repair	1,681.00 FL	*- FL
9	1		*FRONT SUPPORT PANEL ASSY	Repair	964.00 FL	*- FL
10	1		*FRONT SUPPORT PANEL TOP GARNISH	Broken	205.00 FL	*166.30 FL
11	1		*FRONT LEFT HEADLAMP ASSY	Broken	1,678.00 FL	*1,284.50 FL
12	1		*FRONT LEFT FOG LAMP	Not Necessary	280.00 FL	*- FL
13	1		*FRONT LEFT FOG LAMP GARNISH	Dislodged	121.00 FL	*98.00 FL
14	1		*FRONT LEFT FENDER ASSY	Repair	682.00 FL	*- FL
15	10		*FRONT BUMPER CLIPS	Necessary	50.00 FS	*30.00 FS
16	6		*FRONT BUMPER LOWER GRILLE CLIPS	Necessary	30.00 FS	*30.00 FS
17	1		*FRONT BUMPER LOWER SPOILER	Not Necessary	1,400.00 FS	*- FS
18	10		*FRONT BUMPER LOWER SPOILER CLIPS	Not Necessary	50.00 FS	*- FS
19	1		*FRONT BUMPER LOWER SPOILER SEALANT	Not Necessary	60.00 FS	*- FS
20	6		*FRONT GRILLE CLIPS	Necessary	30.00 FS	*30.00 FS
21	6		*FRONT SUPPORT PANEL TOP GARNISH CLIPS	Necessary	30.00 FS	*30.00 FS
22	1		*FRONT NO PLATE WITH GARNISH	Not Necessary	80.00 FS	*- FS

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

Sub Total (\$\$)	9,698.00	3,440.10
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,593.60	664.02
Total Parts (\$\$)	8,104.40	2,776.08

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN FRONT LEFT AFFECTED AREA AND REPLACE FRONT LEFT DAMAGED PARTS	New	1,000.00	500.00
2	TO PUTTY AND SPRAY PAINTING FRONT LEFT PORTION	New	1,000.00	600.00
3	TO CHECK WIRING AND FOCUS FRONT HEADLAMP	New	50.00	30.00
4	TO REPAIR, STRAIGHTEN AND ALIGN FRONT LEFT FENDER ASSY	New	180.00	100.00
5	TO APPLY ANTI RUST PROOFING TO FRONT LEFT AFFECTED AREA	New	100.00	40.00
Gross Labour Cost (S\$)			2,330.00	1,270.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >