,	ASS. REC. BY:	A 1.20.0		-	03677 AC	/	struction:	
		Adrian	00 10 1	and the same of th	ENT (Office			
	From (Person)	chong Boon	SIN	of (~	11	Date	Time: 16.5.19	11.07a.m
	Estimated Cos	t:			Bill to:			
	ob/TP/WS/TP RES/OD RES/EVA/INV/MV/CS To Inspect Vehicle No: 42 11226 at Workshop m/s Ace Autolution of 13 K9ki Bukit Road 4, # 03-87			CS	Insured: YM 9496D Tel: 6844 1184			
				3				
	Policy No:			1	Claim No: SWM 191) 202162 C02			
	Sum Insured:			Excess:				
	Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS Date/Time: 16-5-19 12-04 p.m Person Contacted:			Jenny	Н.0	D.O.A. 14/05/2019 H.O.D. Endorsement: Vehicle IN OUT		
	Date/Fime	Action/Instruction	on (\langle) Estimat	p .		<u> </u>	
		GZ 1122 E						
		Ym 94960) -X					
					,			
	3 / A		-					
9.5 9								

PV: 7kc

Nett: 7gc

Date/Tirre, File Pass to? Date/Time, File Return to? Part Prices Check: Survey Fee: Date:

1) 24/01 Typist 2) IN OUT Basic & Add.

___S+RS,__SI
Photos
Preli. Report:

Final Report:

TOTAL

Nivitha (LKK Auto)

From:

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

Sent:

Thursday, 16 May 2019 11:07 AM

To:

Ace Autolution assignments

Cc: Subject:

RE: our ref: snm19d202162 / ym9496d and your ref: gz1122e prs

WITHOUT PREJUDICE

Dear Sir,

We will be assigning M/s LKK Auto Consultants Pte Ltd to survey your client's vehicle.

Aside to LKK.

Please proceed to survey the third party vehicle on WP basis.

Thank you.

Chong Boon Sen

Claims Executive Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG 3 Anson

Road #16-00 Springleaf Tower Singapore 079909

DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Ace Autolution [mailto:admin@aceauto.com.sg]

Sent: Thursday, 16 May, 2019 10:56 AM

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

Subject: Re: our ref: snm19d202162 / ym9496d and your ref: gz1122e prs

Hi Sir.

We request Adrian Ling.Kindly take noted.

Thank you.

Regards, Jenny / Shu Wen ACE AUTOLUTION PTE LTD 13 KAKI BUKIT ROAD 4, #03-29 BARTLEY BIZ CENTRE SINGAPORE 417807

Tel: 6844 1184 / 9657 2134

On Thu, May 16, 2019 at 9:48 AM Chong Boon Sen < boonsen.chong@sg.cntaiping.com > wrote:

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	
LOW SAR HUEI	
HONG FOOK CHOY	
XING QUO QIANG	V114 30
KENNETH KONG	
SIMON HO	
CHUA WEIJIE	
MARCUS CHUA	

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.

Chong Boon Sen

Claims Executive

Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG

Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any unauthorized disclosure, use or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please notify the sender immediately. Please delete the e-mail and any copies of it thereafter.

This email has been scanned by the Symantec Email Security.cloud service. For more information please visit http://www.symanteccloud.com

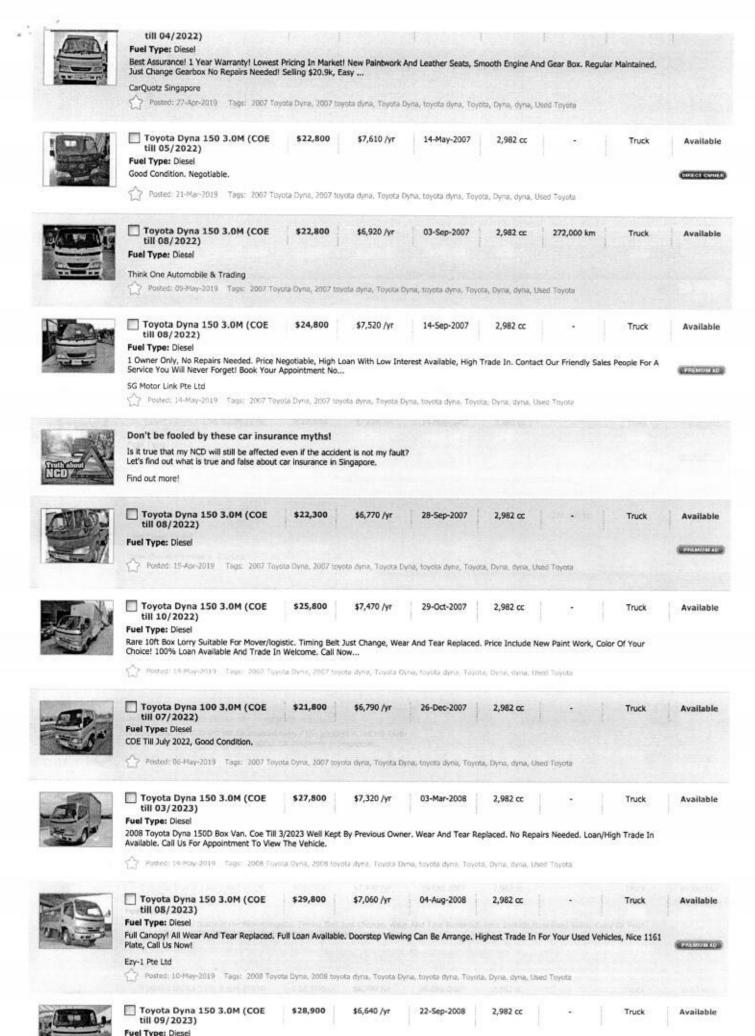
> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Foreign Company	
Owner ID:	3293A	
Vehicle Charles had been been been as a		10
Vehicle No.:	GZ1122E	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	16 May 2019	
Vehicle Make:	TOYOTA	
Vehicle Model:	DYNA 150 D	
Primary Colour:	Silver	
Manufacturing Year:	2005	
Engine No.:	5L5627702	
Chassis No.:	JTFUF34Y903011358	
Maximum Power Output:	:(a) :••	
Open Market Value:	\$23,681.00	
Original Registration Date:	13 Dec 2005	
First Registration Date:	13 Dec 2005	
Transfer Count:	0	
Actual ARF Paid:	\$1,185.00	
Intential PARTHODAY Details	以在10至10年的1日,12年代自然的特别的"Third (Electron)"。 100年代,	1145
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
intended COEResate Details		
COE Expiry Date:	12 Dec 2020	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	5	
PQP Paid:	\$22,416.00	
COE Rebate Amount:	\$7,043.00	
Total Rebate Amount:	\$7,043.00	

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 16 May 2019



Compare 🔘

Selling Cheap, New 6 Months Road Tax Till 21/09/2019, New Paintwork, Nice Cushion, Beautiful And Clean Interior, Well Maintained, Serviced Regularly, Flexible Loan Available At Low-Interest Rate, Trad...

MVA119062439 / VAC - Bukit Batok ENTRY DATE & TIME: 14/05/2019 11:18 SUBMITTED BY: SUSAN SEAH SOH ENG

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

ACCIDENT STATEMENT		
Date Of Report	14/05/2019 11:18	
Date Of Accident	14/05/2019 07:00	
Exact Location Of Accident	JURONG ISLAND	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ1122E	
Insured/Policyholder		
Name Of Registered Owner	KURIHARA KOGYO CO LTD	
Co Reg No	o 3,293A ·	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-83075115	
Alternative Phone No	OFFICE-83075115	

|--|

Manufacturer	TOYOTA
Manufacturer	IUIUIA

Model DYNA 150-3.0 D (M)

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

COMMERCIAL VEHICLE

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 J300081373 MKC

Cover Note Number

Driver

Name of Driver VELUDHEVAR ANBU

 Work Permit No
 G8351537L

 Date Of Birth
 06/06/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/03/2012

Driving Experience 7 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83075115

Fax Number

Contact Number OFFICE-83075115

EMail Address NOEMAIL

Address

168 JALAN BUKIT MERAH

#05-17 CONNECTION ONE TOWER 3

Postcode

S150168

Was driver an employee of the Insured's Company YES

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

NO

3

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

×

Passenger 1

NAME:

: -

GENDER: : MALE

500

Passenger 2

200

GENDER:

R: : MALE

Passenger 3

NAME:

NAME:

-

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

I WAS TRAVELLING ALONG JURONG ISLAND, THE TRAFFIC WAS SLOW MOVING, THE VEHICLE INFRONT OF ME MAKE A BRAKE AND THERE WAS A DISTANCE AWAY BETWEEN MY VEHICLE AND THE VEHICLE INFRONT OF ME WHEN I BRAKE MY VEHICLE. ALL OF A SUDDEN, A TRUCK CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEHICLE, DUE TO THE IMPACT, MY VEHICLE WAS BEING PUSHED FORWARD AND THUS THE FRONT PORTION OF MY VEHICLE HIT ONTO THE REAR PORTION OF THE VEHICLE INFRONT OF ME. MY VEHICLE SUSTAINED DAMAGES ON THE REAR AND FRONT PORTION (INCUDLING WINDSCREEN).

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

YM9496D

Vehicle Make/Model/Colour

LORRY

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 2

Vehicle Registration Number

YN2546J

Vehicle Make/Model/Colour

LORRY

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)

Sketch Plan Pg. 1

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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 .
 - 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:
 - 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.

IDAC BUKIT BATOK (VAC) 511 Bukit Batok Street 23 Singapore 659545 Tel: 6560 3312 Fax: 6569 0722 Email: vacbb@singnet.com.sg

كالدا

Policyholder's Signature Date & Time: WEST ANS 14 MAY 2519

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

NRIC/FIN No.:

