

ASS. REC. BY:

REF:

CS/CTI/9069081/Ayd3

Special Instruction:

Surveyor: Adnan

ASSIGNMENT (Office)

From (Person): Chong Boon Sen

of CTI

Date/Time: 23/5/19 @ 1:16pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMD 7812C

Insured: CB 6132S

at Workshop m/s Ace Autolution

Tel: 68441184

of 13 Leeki Bulkit Rd 4 #03-29

Policy No: DMB1SN30900118011

Claim No: SNM19D20230DC02

Sum Insured: Excess:

Make of Veh: D.O.A. 22/05/2019  
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 2:15pm @ 23/5/19 Person Contacted: Shuwen

Vehicle: IN/OUT

Date/Time	Action/Instruction	Estimate
	SMD 7812C - CS/MSG/18019489/Ayd3n2	Est. 14/5/2018
	LS \$14600, 11 days (Red \$23663.06, 62%)	



## Nivitha (LKK Auto)

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**From:** Chong Boon Sen <boonsen.chong@sg.cntaiping.com>  
**Sent:** Thursday, 23 May 2019 1:16 PM  
**To:** Ace Autolution  
**Cc:** assignments  
**Subject:** RE: SMD 7812 C / OUR REF: SNM19D202300

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](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](http://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, 23 May, 2019 12:00 PM  
**To:** Chong Boon Sen <boonsen.chong@sg.cntaiping.com>  
**Subject:** Re: SMD 7812 C / OUR REF: SNM19D202300

Hi ,

We choice Adrian Ling .  
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 23, 2019 at 11:55 AM Chong Boon Sen <[boonsen.chong@sg.cntaiping.com](mailto:boonsen.chong@sg.cntaiping.com)> wrote:

Sorry reference is as above

**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

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

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**From:** Chong Boon Sen

**Sent:** Thursday, 23 May, 2019 11:55 AM

**To:** [admin@aceaauto.com.sg](mailto:admin@aceaauto.com.sg)

**Subject:** RE: SMD 7812 C / OUR REF: SNM19D20202300

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
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

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

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**From:** Claims Dept of CTI

**Sent:** Thursday, 23 May, 2019 11:32 AM

**To:** Chong Boon Sen <[boonsen.chong@sg.cntaiping.com](mailto:boonsen.chong@sg.cntaiping.com)>; [admin@aceauto.com.sg](mailto:admin@aceauto.com.sg)

**Cc:** Angie Foo <[angie.foo@sg.cntaiping.com](mailto:angie.foo@sg.cntaiping.com)>; Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>; Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>; Elaine Cheong <[elaine.cheong@sg.cntaiping.com](mailto:elaine.cheong@sg.cntaiping.com)>

**Subject:** FW: SMD 7812 C

Dear Boon Sen,

Please conduct PRS on behalf of Elaine – TP: SMD7812C (SNM19D202300) soonest possible.

File with Boon Sen - 63896171

**From:** Ace Autolution [mailto:admin@aceauto.com.sg]  
**Sent:** Thursday, 23 May 2019 11:22 AM  
**To:** Claims Dept of CTI <claimsdept@sg.cntaiping.com>  
**Subject:** SMD 7812 C

Dear Sir/Mdm,

Please take note of the attached file for your reference.

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

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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	22/05/2019 15:18
Date Of Accident	22/05/2019 12:30
Exact Location Of Accident	ALONG TANJONG KATONG ROAD TWRDS CITY PLAZA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7812C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RASIDAH BINTE MOHAMAD SHAH
NRIC No	S1592573F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97777457
Alternative Phone No	OTHERS-97777457

### Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V09559
Cover Note Number	

### Driver

Name of Driver	MOHAMMED HASBULLAH BIN MOHAMED TAHIR
NRIC No	S6904352F
Date Of Birth	04/02/1969
Occupation	INDOOR
Date Of Driving Pass	24/07/1991
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97777457
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 450A TAMPINES STREET 42 #02-352
Postcode	521450
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	CHAIN COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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 TO BELOW STATEMENT/SKETCH PLAN:

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB6132S
Vehicle Make/Model/Colour	TOYOTA HIACE DX 3.0 AUTO
Details Of Properties	
Vehicle Category	BUS
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	SMG6835S
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SKETCH PLAN

IMPORTANT NOTICE

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

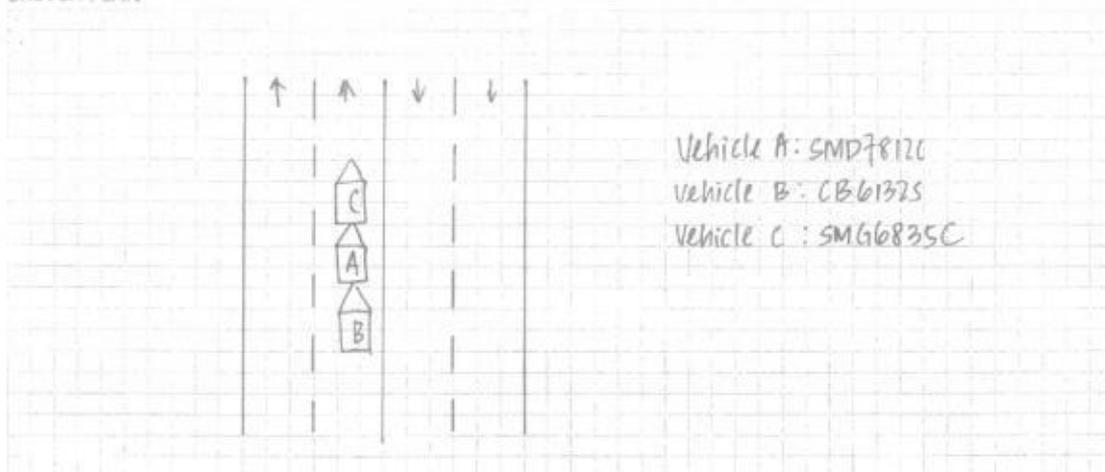
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

22 MAY 2019  
IDAC KAKI BUKIT (VAC)  
23 KAKI BUKIT AVE 4  
Reporting Centre  
Name: Singapore 418837  
Tel: 67416697  
NRIC/FIN No.: Fax: 67492305  
Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22 May 2019 at around 12:30pm, I was travelling along Tanjong Katong Rd toward City Plaza. In front of my vehicle slow down and stop. I also slow down and stop as well. Suddenly, vehicle B (CB61325) collided into my vehicle rear portion. Due to the impact from vehicle B (CB61325), my vehicle was pushed forward and collided into vehicle C (SM66835C) rear portion.

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:

22 MAY 2019  
IDAC KAKI BUKIT(VAC)  
23 KAKI BUKIT AVE 4  
Singapore 413933  
Reporting Centre Personnel's Signature  
Name: Tel: 67416697  
Fax: 67492305  
NRIC/FIN No. Email: vacbh@singnet.com.sg