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OD (TP) W	STTP RES / OD RES / EV	A/INV/MV/	CS	75		
To Inspect V	chicle No:	GBH 7	492B	Insured:		GY 1280L
at Workshop		Guan A	Ho Service	Tel:	9388	
of	Blk7 SinMing	Ind : Est :	Sec. C # 0	-82/80	1	
Policy No.	DMWSN300	11819000	Claim No:	SNMI	9020	287202
Sum Insured:			Excess:			
Make of Vely (Client's Recon				D.0).A	17/6/1g
CA / REV	REP. / REV 21 HRS				DE TA	
Date/Time 1	2.4 toma 20/11.	erron Contacted:	foreky		i.O.D. rindii cle_IN <i>I</i> (0
Date/Time	Action/Instruction	nowly (
	GY1280 L : /					
	GBH 7492B /	a.				
			with	Jacky		
14/9/19	8-550h 643	o lonkin	und (1	Red & 15	50.25	50/7
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ACCI	CANA	TENT
2303031	CALAIN	TEST AT

From: Date: 2 - 1 - 1019	Veh No: GBH 7892B Yr Rogn: 09, 18
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Xan / Lorry / Taxi / Prime Mover /
OD TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No: QBH F4976	Make: Toy High as 2882
at Workshop mis Guan Auto Service	Colour Silve A/G: Insured / Std / NI / NA
or Blk I sin ming road #01-82	Make: Toy / Liaq as 2982 Colour Silve NC: Insured / Std / NI / NA Sp.Reading 28303 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JTPHTO2P100244493
Claims No.	Gen. Cond: 26od / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inordet / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inocaer / Jammed / Leaked / Burnt or
Make of Vote: After 10-300-17 Owner washing	Modi: All JS/Rim / STD A/Rim or
	Tyre Size: F: 185 R15X8
(Policy Condition)	R: —
Remark: The veh had commenced its N/S O/S	S I DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal, or Market Value:	and the second s
IDAC Accident Rport: Consistent? : Yes or No	2 2
GIA / PR Seen: Consistent? : Yes or No	171 2
Est Repairs: UZdays Res.: Yes or No	D.O.A. 17/6/19 D.O.I. 2/7/19
Lum Sum: 1-B. M 3 Val. Yes or No	
0.41	Survey held at
CA / REV / REP. / 24 HRS Tacky	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: 9398 4216	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	and the common.
Ennotray	
	*
	_
Backer of the Ba	
aule heres	Days Of Repair: 2
1) 24/5 Mass : Final Report Date/Time, File Return 107	Resurvey No. of Trip: Survey Fee:
7) Add Fee	Transportation:
Add Fee	
Report Format: MERTP	: Interview (\$) Photos
Report Format: MER 1P Lump Sum / I.B.I: (\$ 450	Tech, Invs (\$) Offices
950	: Weekend (\$)
*	TOTAL

Nivitha (LKK Auto)

From:

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

Sent:

Friday, 21 June 2019 4:45 PM

To:

Hui Lina

Cc:

assignments

Subject:

RE: ACCIDENT INVOLVING MOTOR VEHICLES NO: GBH 7492B AND GY 1280L ON

17.06.2019

WITHOUT PREJUDICE SAVE AS TO COSTS

Dear Hui Ling,

We refer to your email below.

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.

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: Hui Ling [mailto:riaz@justice.com.sg]

Sent: Friday, 21 June, 2019 4:44 PM

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

Subject: RE: ACCIDENT INVOLVING MOTOR VEHICLES NO: GBH 7492B AND GY 1280L ON 17.06.2019

WITHOUT PREJUDICE

Dear sirs.

We refer to your below email.

On behalf of our client, we disagree your list of surveyor.

	* a
Pleas	e choose one out of the surveyor from the list below:-
1.	Chang Fuh Keong, Dave
2.	Ho Joo Loong, Danny
3.	Dennis Yap Teck Wee
4.	Michael Yap
5.	Lee Kok Weng
6.	Winson Goh
7.	Ong Ah Keng, Kent
8.	Ong Poh Meng
9.	Seah Kwang Boon
10.	Thor Teck Soon, David
10.	Thor reck soon, David
Kindl	y revert within the allotted time pursuant to NIMA protocol
Than	ks & Best Regards,
//	.2.
Hai	ling
RIAZ LLI	V .
	S CHINATOWN POINT
1000	DRE 0594/3
11/20/06/2005	534-0110 534-0220
100.00	N-1 0220
Disclai	mer: This message is privileged and confidential and is intended solely for the named recipient. If you are not the intended recipient,
you an please	e hereby notified that any dissemination or copying of this communication is strictly prohibited. If this e-mail has reached you in error, delete the e-mail immediately and inform us of the error by sending an e-mail to riaz@justice.com.sg. though internet communication
	be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost or infected with viruses, we have ad this message to minimise the possibility of corruption.
From	: Chong Boon Sen <boonsen.chong@sg.cntaiping.com></boonsen.chong@sg.cntaiping.com>
	Friday, June 21, 2019 4:42 PM
	ui Ling <riaz@justice.com.sg></riaz@justice.com.sg>
	et: RE: ACCIDENT INVOLVING MOTOR VEHICLES NO: GBH 7492B AND GY 1280L ON 17.06,2019
Dear	Sir,
Pls h	old repairs.
We in	tend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor
works joint e	shop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single expert.

ADRIAN LING

Kelvin Ang

SEE CHEW SENG	
LOW SAR HUE!	
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

W: www.sq.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: Hui Ling [mailto:riaz@justice.com.sg]

Sent: Friday, 21 June, 2019 4:39 PM

To: Lucas Lee < lucas.lee@sg.cntaiping.com >; Irene Tay < irene.tay@sg.cntaiping.com >; Chee So Chow < sochow.chee@sg.cntaiping.com >; Chong Boon Sen < boonsen.chong@sg.cntaiping.com >; Ong Chin Kiat

<chinkiat.ong@sg.cntaiping.com>; LOD <lod@sg.cntaiping.com>

Subject: RE: ACCIDENT INVOLVING MOTOR VEHICLES NO: GBH 7492B AND GY 1280L ON 17.06.2019

Importance: High

WITHOUT PREJUDICE

Dear sirs,

As there is nobody respond to our request for PRI.

We shall proceed as deem fit.

Thanks & Best Regards,

Huiling

133 NEW BRIDGE RDAD # 09-09 CHINATOWN POINT SINGAPORE 059413

TEL: 6534-0110 FAX: 6534-0220

Disclaimer: This message is privileged and confidential and is intended solely for the named recipient. If you are not the intended recipient, you are hereby notified that any dissemination or copying of this communication is strictly prohibited. If this e-mail has reached you in error, please delete the e-mail immediately and inform us of the error by sending an e-mail to riaz@justice.com.sg, though internet communications cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost or infected with viruses, we have scanned this message to minimise the possibility of corruption.

From: Hui Ling <<u>riaz@justice.com.sg</u>> Sent: Thursday, June 20, 2019 2:52 PM

To: 'Lucas Lee' < lucas.lee@sg.cntaiping.com'>; 'Irene Tay' < irene.tay@sg.cntaiping.com'>; 'Chee So Chow' < sochow.chee@sg.cntaiping.com'>; 'Chong Boon Sen' < boonsen.chong@sg.cntaiping.com'>; 'Ong Chin Kiat' < chinkiat.ong@sg.cntaiping.com'>; 'LOD' < lod@sg.cntaiping.com'>

Subject: ACCIDENT INVOLVING MOTOR VEHICLES NO: GBH 7492B AND GY 1280L ON 17.06.2019

WITHOUT PREJUDICE

Dear sirs.

We refer to the above captioned matter.

Please find the enclosed notice of accident for your immediate action

Thanks & Best Regards,

Trusting

RIAZ LLC 133 NEW BRIDGE ROAD # 09-09 CHINATOWN POINT SINGAPORE 059413

TEL: 6534-0110 FAX: 6534-0220

Disclaimer: This message is privileged and confidential and is intended solely for the named recipient. If you are not the intended recipient, you are hereby notified that any dissemination or copying of this communication is strictly prohibited. If this e-mail has reached you in error, please delete the e-mail immediately and inform us of the error by sending an e-mail to riaz@iustice.com.sg. though internet communications cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost or infected with viruses, we have scanned this message to minimise the possibility of corruption.

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

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



ACRA NUMBER : 200911678H

GST REGISTRATION NUMBER : 200911678H

20/06/2019

Our Ref: GBH 7492B (V) GUAN

Your Ref: GY 1280L

TO:

China Taiping Insurance Co. (Singapore) Pte Ltd

3 Anson Road

#16-00, Springleaf Tower

Singapore 079909

Attn: Motor Claims Department

RIAZ QAYYUM ILLB HORISTRUS

DIRECTOR

ABDUL HALIM BIN ROSALAN (LLB HONS) LITAS

ASSOCIATED

MUHD RIDHWAN ABDUL RAHIM ILLE HONSI LEEDS

ASSOCIATE

BY FAX 6224-7175

NOTICE OF ACCIDENT

Dear Sir

We are instructed by our client to *notify* you of a road traffic accident on <u>17.06.2019</u> at about <u>1130</u> hours along <u>AYE</u> involving our client's vehicle registration number <u>GBH 7492B</u> and vehicle registration number <u>GY 1280L</u> driven by you or your authorized driver at the material time. A copy of 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/ we proceed to repair the damaged vehicle, please let us know within 2 working days 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 /we shall proceed to repair the vehicle without further reference to you.

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

Name of workshop

GUAN AUTO SERVICE

Address

BLK 7 SIN MING INDUSTIRAL ESTATE SECTOR C

#01-82 / #01-80 SINGAPORE 575642

Telephone no.

9388 4210 (JACKY)

Fax no. :

6451 1706

Please let us hear from you by the stipulated time.

Yours faithfully

Riaz

encs

cc Client

FOR SURVEYOR

Please initial here after completion of prerepair inspection. Thank you.

Appointed surveyor (Name & signature)

Date & time of inspection



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 truthful and accurate init possible. Any wiful merepresentation or witholding of material facts may allow insurance compenies 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 faise 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.
- By the lodgement of this report to the insurers, you havely consent to the archiving of this report at the centre and to copies of the report being made available
 aformast.

	ACCIDENT STATEMENT
Date Of Report	18/06/2019 15:55
Date Of Accident	17/06/2019 11:30
Exact Location Of Accident	ALONG AYE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH7492B
Insured/Policyholder	
Name Of Registered Owner	M/S HY AIR-CON & ENGINEERING PTE LTD
Co Reg No	201204892H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98567056
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	GOODS VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleat Policy	NO
Policy Number	DMCVSN3061001800
Cover Note Number	
Driver	
Name of Driver	TEA WEI XIANG

 Name of Driver
 TEA WEI XIANG

 Passport No/FIN
 G2074113P

 Date Of Birth
 12/02/1994

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/11/2015

Driving Experience 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98293870

Fax Number Contact Number

EMail Address NOEMAIL

Address

C/O NO 7 GAMBAS CRESCENT

#05-17

Postcode

757087

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

2.

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES

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

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

JASON

GENDER:

MALE

Passenger 2

NAME:

ALEX

GENDER.

MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GY1280L

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 13

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 she 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)

Lunderstand, 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 presental 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" I, 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 vey 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 (if) 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 Signature¹ Date & Time: Driver's Signature (If driver is not the policyholder)

(5-5Khos

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo NRIC/FIN No. SS840583A

U- 55W1

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.
- Information provided must be as <u>truthful</u> and accurate as possible. Any willy misrepresentation or witholding of material facts may allow insurance companies to repudiate policy hability.
- 4. The issue and acceptance of this Frim 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 Contro established by the General Insurance Association of Singapore (GIA) for archering and that copies of this report will, for a fee, be made available upon application by interested parties.
- By the loogement 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 atomical.

	ACCIDENT STATEMENT	
Date Of Report	18/06/2019 15:55	
Date Of Accident	17/06/2019 11:30	
Exact Location Of Accident	ALONG AYE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH7492B	
Insured/Policyholder		
Name Of Registered Owner	M/S HY AIR-CON & ENGINEERING PTE LTD	
Co Reg No	201204892H	
Email Address	NOEMAIL	
Mobile Phone No		

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA
Model HIACE

Exact Purpose for which vehicle was being used at time of accident

WORK PURPOSE

OFFICE-98567056

Are you claiming under your own insurance policy

for repair to your vehicle?

NIC

If No. Please state action to be taken REPORTING ONLY
Vehicle Category GOODS VEHICLE

Insurance Company

Name of Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMCVSN3061001800

Cover Note Number

Driver

 Name of Driver
 TEA WEI XIANG

 Passport No/FIN
 G2074113P

 Date Of Birth
 12/02/1994

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/11/2015

Driving Experience 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98293870

Fax Number

Contact Number

EMail Address NOEMAIL

Address

C/O NO 7 GAMBAS CRESCENT

#05-17

Postcode

757087

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

3

Passenger 1

NAME:

JASON

GENDER:

MALE

Passenger 2

NAME:

ALEX

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 Presecution given?

NO

If Yes against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

GY1280L

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 13

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 incurers of the Gia Records Management Centre established by the General Insurance Association of Singepoine (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.
- E Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (ail insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monotary 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 invoice disclosure of pertain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (e) 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 for 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 Insyrers/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 (ii) 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.

Policyholder's Signature Date & Time Driver's Signature

(if driver is not the policyholder)

(5-5Kho

Date & Time:

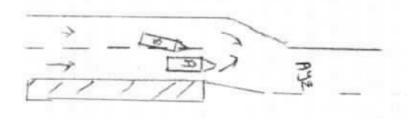
Reporting Centre Personnel's Signature Meme: Pon Kwee Choo

NIIIC/FIN No.

IN No.: SU840583A

15-55 hrs

SKETCH PLAN



A - GB174908 B- GY1280L

Table Service Service Service Service				
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DECLARATION

(We declare the foregoing particulars are true in every respect.

Policy Cher's Synature Date & Time:

Oriver's Signature

-

Reporting Centre Personner's Signature
Name

NITICZEN No.: PL - Kwee Choo S6840583A

CERTIFICATE OF INSURANCE Pg. 1



中国太平保险(新加坡)有限公司 CHINA TAIPING INDURANCE (BINGAPORE) PTE, LTD.

NE300/C N IN AN0597A COMPREHENSIVE

CERTIFICATE OF INSURANCE

Matur Vehicles (Third-Party Rinks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Melaysia) Motor Vehicles (Thirtz-Party Risks) Rules, 1953 (Mataysia)

CERTIFICATE No.

EMCVSHIRE1001800

Engine No : 1KD2#21531 Chassis No: STFHTP:F100244493

1. Index Mail: and Repairmon Number of Visitors

09074923

T. Name of Pales Heater

8. Dotto of Expiry of Insurance

M/H HT AIR-CON & ENGINEERING PTE LTD

3. Effective date of the Commissionedt of Insurance for

the purposes of the Regulations, Ordinance or Sineconant.

TO DEPTEMBER 2019

5. Persons or Classes of Persons entitled to strive "

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

PROVIDED THAT THE PERSON DRIVING IN PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LANS OR REGULATIONS TO DRIVE THE NOTOR VEHICLE OR HAS BEEN SO PREMITTED AND 13 NOT GISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REDULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

C. Limitations as to your ?

- (1) DUE IN CONSECTION WITH THE FOLICYNOLDER'S SUBTRESS.
- (2) USE FOR THE CARRIAGE OF PASSESSERS (OTHER TRAN FOR RISK OR REMAID) IN CONNECTION WITH THE POLICYNOLDER'S BUSINESS.
- (3) THE FOR SOCIAL, DOMESTIC ON PLEASURE PURPOSES.

THE POLICY DOLL NOT COVER.

- (1) DEE FOR MIRE OR REMARD ON MACING, PACE-MARING, RELIABILITY TRIAL OR SPEED TESTING.
- 13: HEE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIME PURCHASE CO. : UNITED OVERSHAR BANK LIMITED AS MY OWNER

*Limitations rendered imperative by Section 8 of the Mistor Vehicles (Third-Party Resis and Compensation) Ast (Chapter 189) and Section 95 of the Road Transport Art. 1997 (Moleycia), are not to be included under these headings.

I/We hereby Continue Thanks programs the Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Companied of the Party Risks and Companied of the Motor Vehicles (Third-Party Ris

172 Sin Ming Drive Singapore 575720 Tet: 5933 9400 Fax: 6456 9678

Countersigned By:

110 Authorised Officer

Authorised Signatury

DRIVER'S NRIC + DRIVING LICENCE Pg. 1









Guan Auto Service

Blk 7 Sin Ming Industrial Estate Sector C #01-80/82 Singapore 575642. TEL: 9388 4210 Fax:64511706 Email: guanautoservice@gmail.com

Estimate: ES1909005

: 11/9/2019 Date

Vehicle Num. : GBH7492B

Make/Model: TOYOTA HIACE

Chassis Num.: JTFHT02P100244493

Attention: Motor Claims Department

5/N Quantity Particular

Unit Price

Amount \$\$

LABOUR:

To knock jackout damaged parts, panel beating, welding, align, remove and refix accident parts.

To spray paint on affected portions.

300.00 2001

300.00 250/

Labour Total S\$:

600.00

LKK Auto Consultants hence notify the Repairer of the following:

- . To resurvey before/after spray painting
- . To display domaged part(s) during resurvey
- . Parts prices are subject to confirmation
- . Third party survey is on a "Without Prejudice" basis.
- No illegal modification(s) is allowed.
- · Supplementary item; s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Not Nothains
Mexing After Pains
& 45 ol.
2 days

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:

CS/CTI19011215/KQD3N2

Date:

27/09/2019

REFERENCE

Handling Insurer: China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMCVSN30011819000

Claimant Vehicle No :

GBH7492B

Insured Vehicle No :

GY1280L

Date of Loss:

17/06/2019

Nature of Claim: TP

Claim No:

SNM19D202872C02

JTFHT02P100244493

1KD2821533

28303 km

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

Colour:

GBH7492B

Make & Model: Reg. Date: TOYOTA HIACE, 3.0 (A)

11/09/2018 (Man. Year. 2018)

Silver 2982 cc

Engine Capacity:

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):

Engine No:

Odometer:

Chassis No:

Yes

Handbrake (Serviceable):

Yes Engine Modification:

No Pre-accident Condition:

. .

CONDITION OF TYRES

Front Tyre Size:

195R15X8

Rear Tyre Size:

195R15X8

Front Left Side:

Bridgestone 3 mm

Rear Left Side:

Bridgestone 6 mm

Front Right Side:

Bridgestone 3 mm

Rear Right Side:

Bridgestone 6 mm

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 Paintwork Labour		600.00	450.00 0.00	150.00	25.00
Towing		0.00	0.00	0.00	
	Nett Amount (S\$)	600.00	450.00	150.00	25.00

INSPECTION

Date of Assignment:

24/09/2019

Date Inspected:

02/07/2019 Inspected At:

Guan Auto Service (Sin Ming)

Block 7 Sin Ming Industrial Estate Sector C, #01-80/ # 01-82

Singapore 575642

Estimated Period of Repair:

2.0 days

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

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.

Adjuster Report Page 2 of 3

REPAIR DETAILS

Reference
Part Source: (Last Synchronised: 27 Sep 2019)

Parts: N/A TOYOTA HIACE 3.0 (A) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for GBH7492B)

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.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labo	our Items			
1	TO KNOCK JACKOUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REMOVE AND REFIX ACCIDENT PARTS	New	300.00	200.00
2	TO SPRAY PAINT ON AFFECTED PORTIONS	New	300.00	250.00
	Gross La	bour Cost (S\$)	600.00	450.00
	Report was unsubmitted	during this print-out.		

< END OF ESTIMATES >