77 m	Chuo Churcy		ENT (Office)		101-1 0 0060
From (Person	a) Baine Cheory				Time: 1817/100 3.060
Estimated Co			Bill to:		
	STTP RES / OD RES / E				CIRANNAX
	m/s				SHB9084X 97538067
of	51 ubi 1	tronul- d	10r		9735004
Policy No:	DMPCQN301410196	menue! -	Claim Mor	SNIMTI	10203297002
Sum Insured			Excess:	CIVILIA	120030 1100
Make of Veh		11	LACOBS.	D.O.	A 13/7/2019
(Client's Recor	(4)				,
				11	D Endorrement
CA / REV	1 REP. 1 REV 24 HRS 4 16pm/3 18/3/19	Person Contacted:	viday	H.	O.D. Endorsement:
CA / REV	PREP. / REV 24 HRS		viday	HVehic	O.D. Endorsement:
CA / REV	Action/Instruction	timale (x)		······Vehic	TUOUT
CA / REV	Action/Instruction SLE 26015	HAMNCIA	012447/24	70A = 13]	(IN)OUT
CA / REV	Action/Instruction SLE 26015	HAMACIAN NA/CTIA	012447/24	70A = 13]	(IN)OUT
(Client's Recent CA / REV Date/Time: Date/Time	Action/Instruction SLE 26015	NA/NC190 NA/NC190 NA/CT119	012447/24	70A = 13]	(IN)OUT

Giresone 6	12.				
0		ASSIGNMENT			
From:	Date:	Veh No.	517,26017	Yr Regn 19.	Tul:
Estimated Cost:		Type: MCar / N	A.Cycle / Bus / Van / L	orry / Taxi / Prime Mov	er/
OD / TP WS / TP RES /	OD RES / EVA / INV / MV	Truck / T	Frailer or		
To Inspect Vehicle No:		Make:	Honda V	eze LSX00	145
at Workshop m/s	em notor	Colour	Black	A/C: Insured / S	www.committee
of	2.1. 10.101	Sp.Reading	59774	T/Radio: Insured /	Std / NI / I
Insured:		Eng/No:	/		
Policy No.		C/No:	RUILI	1076.	
Claims No.		Gen. Cond. G6	od / Fair / Poor / Burr	nt	
Sum Insured:	Excess:	Steering: Inord	er / Jammed / Leaked	d/Burnt or	
(Client's Record)			er / Jammed / Leaked		
Make of Veh:			SIRim / STD A/Rim		
		Tyre Size: 4		50R18	
(Policy Condition)			R: 0-31	1/	
Remark: The veh had co	ommenced its N/S		3.877	A / MIC / OHTSU / PIR /	SUMI/
repair at the ti	ime of inspection.	TOYO / YOKO			
Bal. or Market Value:	(	Front		Rear -	
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal.	/ mm	R/Bal (	
GIA / PR Seen:	Consistent? : Yes or No	L/Bal.	6 . mm	L/Bal.	
Est. Repairs:	D days Res.: Yes or No	D.O.A.	6	D.O.I. 18-0	
Lum Sum:	% 3 Val.: Yes or No	Survey held at	WS		
SEC. 6 SHEWN VILLES	The state of the s		0	S / N/S / U/C / Roofto	on or
CA / REV / REP.	/ 24 HRS Vehicle: IN				30
Date:F	Person Contacted:		Chassis frame / Bo	dy Structure affected d	ue to collis
Date / Time Action	Noc + Sauc				
	: Preli. Report	Days Of Repa	air: 44		
Date/Time, File Pass to?	10.0	Resurvey No.	_1_	Survey Fee:	150
Date/Time, File Pass to?	: Final Report		-		. / V
	: Final Report	-		Transportation.	
1)	<b>—</b> .		nsp (\$	Transportation. )S +RSSI	
1) Date/Time, File Return to?	<b>—</b> .	d Fee: Site In	nsp (\$ ew (\$		
1) Date/Time, File Return to?	<b>—</b> .	d Fee: Site In		)S +RSSI	

# ...CLAIM SUBFOLDER...(New Assignment)

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	17 Jul 2019		18 Jul 2019 16:43 Assign				New Assigna Cancel Case	CO. 1 4 7 1 1 1
	Main	I F	eference	CI	aim Details	Docume	ents	Show All
	UBFOLDER DE	TAILS			And the second s	[Cre	ated by insur	rer]
Insured:								
Main Clain			YAHMEER BIN RO	To a second	S9242050G	[DESERTED 100001 100001		222
Vehicle Re			SLE2601J		Date of Loss:		13/07/2019 16:00 - :59	
Claim Typ			TP / SNM19D203297C02 SLB9084X				MPCSN3014101900	
venicie ke	g. No. (Insured)	SLBS	084X		The state of the s		03565069	
Repairer:		KRI	Excess: \$\$1,500.00  K & M Motor Pte Ltd (HQ) 53 Ubi Ave 1 #01-19 Paya Ubi Industrial Park, 408934 Ubi -				66045065	
Handling 1	nsurer:		The state of the same of the s	The state of the s	e) Pte. Ltd. (HQ) - To	A PERSONAL PROPERTY OF THE PRO		
Claimant's					ive Ltd (HQ) - Tel:	0505 0111 [	manage by Lie	inc checking;
Adjuster:	CONTRAINMENT DO			The state of the s	- Tel: 6256-3561 [	Final Rpt due	29/07/2019]	
ASSOCIA	TED MAIL REC	CEIVED				View All	Compos	se Case Mail
There are	no mail for this	case.						
E ALL ASS	OCIATED TASK	<b>'</b> S					- h - h	Laurin
		_	The STATE OF THE S	and the contract			ate New Task	Complete
Due Da	te Priority	Type Task	Group Subjec	t Handler	Assigned By	Completed On	Created	On Done

# Nivitha (LKK Auto)

From:

Elaine Cheong <elaine.cheong@sg.cntaiping.com>

Sent:

Thursday, 18 July 2019 3:06 PM

To:

wanting@lawrencelee.com.sg; assignments@lkkauto.com

Subject:

RE: OUR REF: SNM19D203297/CHEONGML - SLB9084X - PRS FOR SLE2601J FW:

Fax Message NO.1376

Attachments:

OUR REF: SNM19D203297/CHEONGML - SLB9084X - PRS FOR SLE2601J FW:

F....1376 (28.5 KB)

# WITHOUT PREJUDICE SAVE AS TO COSTS

Dear Wanting,

We refer to your email of 17.07.19 and our telephone conversation a moment ago.

We noted that you are not agreeable to our proposed surveyors as SJE and we will be assigning our panel surveyor, M/s LKK Auto Consultants to conduct the Pre-repair survey.

Please contact our surveyor to conduct the post repair inspection before returning the repaired vehicle to the claimant.

Aside to LKK,

Please refer to the email below and liaise with third party workshop accordingly.

Thank you.

Regards,

Elaine Cheong
Executive (Motor Claims)
Claims Departrment

China Taiping Insurance (Singapore) Pte. Ltd.

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

DID: 6389 6530

Fax: 6224 7478 / 6224 7175

Email: elaine.cheong@sg.cntaiping.com

Website: www.sg.cntaiping.com

----Original Message----

From: wanting@lawrencelee.com.sg [mailto:wanting@lawrencelee.com.sg]

Sent: Wednesday, 17 July, 2019 3:37 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Elaine Cheong <elaine.cheong@sg.cntaiping.com>; Alfred

Toh <alfred.toh@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>

Subject: RE: OUR REF: SNM19D203297/CHEONGML - SLB9084X - PRS FOR SLE2601J FW: Fax Message NO.1376

Dear Elaine,

We refer to the above matter.

We note that to-date we have not received any response from you.

As such, our client's workshop will instruct their own surveyor and commence repair of our client's damaged vehicle.

Please instruct your own surveyor to conduct the pre-repair survey at K & M Motor Pte Ltd at 51 Ubi Avenue 1 #03-18 Paya Ubi Industrial Park Singapore 408933 (contact person: Vicki, mobile phone: 9753 8067) within the next two (2) working days excluding Saturday, Sunday and Public Holiday.

Regards,

Tay Wan Ting (wanting@lawrencelee.com.sg) Paralegal For and On Behalf of Lee Wee Peng Lawrence Lawrence Lee & Co (UEN: 53159236K)

133 New Bridge Road #13-05 Chinatown Point Singapore 059413 tel. 6533 3680 fax. 6533 3689 email. info@lawrencelee.com.sg

This email is confidential and may be subject to legal privilege. If you are not the intended recipient, please delete this email and its contents/attachments immediately.

----Original Message----

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

Sent: Tuesday, 16 July 2019 11:33 AM

To: wanting@lawrencelee.com.sg; info@lawrencelee.com.sg; Elaine Cheong <elaine.cheong@sg.cntaiping.com>;

Alfred Toh <alfred.toh@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>

Subject: OUR REF: SNM19D203297/CHEONGML - SLB9084X - PRS FOR SLE2601J FW: Fax Message NO.1376

Dear Elaine,

Please conduct PRS for SLE2601J.

Dear All,

Please be advise that the Officer in charge is Elaine, 63896530.

Thank you

Lim Shu Min Executive Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 63896156 | F: (65) 62247175

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

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----Original Message-----From: FA-X5575C-19A Sent: Monday, 15 July, 2019 3:12 PM

To: FA-X5575C-16A-CL <FA-X5575C-16A-CL@sg.cntaiping.com>

Subject: FW: Fax Message NO.1376

Maureen Ong HR & Administration Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6111 | F: (65) 6222 1033

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

----Original Message-----

From: FA-RC6004F-16A-FN@sg.cntaiping.com [mailto:FA-RC6004F-16A-FN@sg.cntaiping.com]

Sent: Monday, 15 July, 2019 3:06 PM

To: FA-X5575C-19A

Subject: Fax Message NO.1376

This E-mail was sent from "RC6004F-16A-FN" (MP C6004ex).

Queries to: FA-RC6004F-16A-FN@sg.cntaiping.com

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

# Nivitha (LKK Auto)

From:

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

Sent:

Tuesday, 16 July 2019 11:33 AM

To:

wanting@lawrencelee.com.sg; info@lawrencelee.com.sg; Elaine Cheong; Alfred Toh;

Chee So Chow

Subject:

OUR REF; SNM19D203297/CHEONGML - SLB9084X - PRS FOR SLE2601J FW; Fax

Message NO.1376

Attachments:

20190715150619765.pdf

Dear Elaine,

Please conduct PRS for SLE2601J.

Dear All,

Please be advise that the Officer in charge is Elaine, 63896530.

Thank you

Lim Shu Min Executive Claims Department

China Taiping Insurance (Singapore) Pte. Ltd. 3 Anson Road #15-00 Springleaf Tower Singapore 079909 DID: (65) 63896156 | F: (65) 62247175

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

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----Original Message-----From: FA-X5575C-19A

Sent: Monday, 15 July, 2019 3:12 PM

To: FA-X5575C-16A-CL <FA-X5575C-16A-CL@sg.cntaiping.com>

Subject: FW: Fax Message NO.1376

Maureen Ong **HR & Administration Department** 

China Taiping Insurance (Singapore) Pte. Ltd. 3 Anson Road #16-00 Springleaf Tower Singapore 079909 DID: (65) 6389 6111 | F: (65) 6222 1033

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

----Original Message-----

From: FA-RC6004F-16A-FN@sg.cntaiping.com [mailto:FA-RC6004F-16A-FN@sg.cntaiping.com]

Sent: Monday, 15 July, 2019 3:06 PM

To: FA-X5575C-19A

Subject: Fax Message NO.1376

This E-mail was sent from "RC6004F-16A-FN" (MP C6004ex).

Queries to: FA-RC6004F-16A-FN@sg.cntaiping.com

# LAWRENCE LEE & CO

Advocates & Solicitors 李伟平律师楼

UEN: 53159236K

Your ref:

please advise

Our ref:

LWP/KMM/4286/19/wt

15 July 2019

China Taiping Insurance (Singapore) Pte Ltd

133 New Bridge Road #13-05 Chinatown Point Singapore 059413 tel: 6533 3680 fax: 6533 3689 email: info@lawrencelee.com.sg

FAX: 6222 1033

Dear Sirs

NOTICE OF ACCIDENT PURSUANT TO THE NIMA PROTOCOL ACCIDENT ALONG PIE TWDS TUAS ON 13.07.19 INVOLVING SLE2601J & SLB9084X

We are instructed by Mr Md Syahmeer Bin Rosman to notify you of the abovementioned road traffic accident involving our client's vehicle registration number SLE2601J and vehicle registration number SLB9084X owned and driven by your insured at the material time.

As a result of the accident, our clients' vehicle has been damaged. Before our clients proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

We do hereby notify you that our client's damaged vehicle may be inspected at the workshop at K & M Motor Pte Ltd at 51 Ubi Avenue 1 #03-18 Paya Ubi Industrial Park Singapore 408933 (contact person: Vicki, mobile phone: 9753 8067).

Kindly revert within two (2) working days by fax or by email to wanting@lawrencelee.com.sg.

Yours faithfully

LEE WEE PENG LAWRENCE

Cc client

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Singapore NRIC
Owner ID:	050G
Vehicle Details	
Vehicle No.:	SLE2601J
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Jul 2019
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	L15B4031080
Chassis No.:	RU11111076
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,772.00
Original Registration Date:	14 Jul 2016
First Registration Date:	14 Jul 2016
Transfer Count:	2
Actual ARF Paid:	\$9,772.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jul 2026
PARF Rebate Amount:	\$7,329.00
Intended COE Rebate Details	No. of the Control of
COE Expiry Date:	13 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,009.00
COE Rebate Amount:	\$32,124.00
Total Rebate Amount:	\$39,453.00

The information contained herein is correct as at 19 Jul 2019

ОК

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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

	ACCIDENT STATEMENT	-4-11
Date Of Report	15/07/2019 12:30	
Date Of Accident	13/07/2019 16:00	
Exact Location Of Accident	PIE (TUAS) BEFORE CLEMENTI RD EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE2601J	
Insured/Policyholder		
Name Of Registered Owner	MD SYAHMEER BIN ROSMAN	
NRIC No	S9242050G	
Email Address	NOEMAIL	

Mobile Phone No

(LOCAL) +65-94897579 Alternative Phone No. OFFICE-94897579

Vehicle Particulars

Manufacturer HONDA

Model VEZEL 1.5X CVT

Exact Purpose for which vehicle was being used at PRIVATE USE 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 NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5103565069

Cover Note Number

Driver

Name of Driver MUHAMMAD SYAHMEER BIN ROSMAN

NRIC No S9242050G Date Of Birth 12/11/1992 Occupation OUTDOOR Date Of Driving Pass 30/06/2011

**Driving Experience** 8 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94897579

Fax Number

Contact Number OFFICE-94897579

EMail Address NOEMAIL Address

BLK 19 BEDOK SOUTH ROAD

#08-21

Postcode

460019

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

y NO OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

3 -

GENDER:

: FEMALE

**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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

#### 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

SLB9084X

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ANG HAN WEE (HONG HANWEI)

NRIC/Passport Number

S8415697C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

3

\$3

GENDER: :

Passenger 2

NAME:

GENDER:

#### Accident Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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")
- 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.

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

## Accident Sketch Plan

KEICH PLAN	( )	1 1 1	
	PIEC TLOS)	KA NB	4. SLE 760 J B SLB 9084x
SCRIBE CIRCUMSTANCI		ar	
Refer to ofat	empy.		
LARATION			
e declare the foregoing par	ticulars are true in eve	ery respect.	$\gamma_{\lambda}$
cyholder's Signature e & Time:	Driver's Signa (If driver is no Date & Time:	ot the policyholder)	Reporting Centre Personner Signature Name: NRIC/FIN No.:

Merimen e-Claims Page 1 of 1

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Δ	dj Submitted	Ins Auth'ed	Status	
Main	17 Jul 2019	LSC Submitted	18 Jul 2019 16:43 Edit Adj Rpt	S\$0.00 Edit Estin	s	\$0.00 View Rpt	Ins Auth Co	Pending for Report Cancel Case	
	Main	∏ R	eference	CI	aim Detai	ls	Documer	nts	Show All
CLAIM SU	BFOLDER DI	ETAILS				[Created	by insurer]		
Insured:	-, Co. Re	g. No.: -							
Main Claimant:	MD SYAH	MEER BIN ROSM	IAN, ID: S924205	0G					
Vehicle Reg No.:	SLE260	SLE2601J			Date of Lo		9 16:00 - :59 s and <b>29</b> Days f	From LTA Reg Date	(Man Yr)]
Claim Type	TP / SNI	M19D203297C0	)2		Policy/Cov Note No.:	DMPCSN30	DMPCSN3014101900		
Vehicle Reg No. (Insured):		SLB9084X			Policy No. (Claimant)	510356506	5103565069		
					Excess:	S\$1,500.0	0		
Repairer:	K & M Mc	otor Pte Ltd (HQ)	53 Ubi Ave 1 #01-	19 Paya Ubi	Industrial i	Park, 408934 U	bi - Tel: 669459	65	
Handling Insurer:	China Ta	iping Insurance	(Singapore) Pte. L	td. (HQ) -	Tel: 6389 6	111 [Handle	d by Elaine Ch	eong]	
Claimant's Insurer:	NTUC Inc	ome Insurance	Co-operative Ltd (	HQ) - Tel:					
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561	[Handled b	y XING GUO	QIANG] [Fin	al Rpt due 29/	07/2019]
ASSOCIAT	ED MAIL RE	CEIVED					1	View All Compo	se Case Mail
There are n	o mail for this	case.							
ALL ASSO	CIATED TAS	sks⊟				View All	Search Tasks	Create New Task	Complete
Due Dat	e Priority	Type Task	Group Subjec	t Handl	er Ass	signed By	Completed O		

## **Claim Documents**

Ass	essment Reports		1 per	page 🔻	~
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnail	Print
1	15/07/19 12:36	Accident Statement	0	Load HTM	
Pho	tos/Images		3 per	page 🔻	V
No	Finalized On	National Assessment Centre Services (Ubi)		Thumbnail	Print
1	15/07/19 12:34	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
2	15/07/19 12:34	Accident Photo	0	Load JPG	V
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3	19/07/19 09:30	General View		d JPG	6
_		General View		d JPG	6
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5	19/07/19 09:30	General View		d JPG	1
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7	19/07/19 09:30	Chassis Number	200	d JPG	6
8	19/07/19 09:30	Odometer Reading		d JPG	6
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# **Linked Accident Report Documents**

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## **Documents Checklist**

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
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Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.	

### 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/CTI19012717/GCF3E2

Date:

29/07/2019

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMPCSN3014101900

Claimant Vehicle

SLE2601J No:

Insured Vehicle No:

SLB9084X

Date of Loss:

13/07/2019

Nature of Claim: TP

Claim No:

SNM19D203297C02

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Rea No:

**SLE2601J** 

Make & Model:

HONDA VEZEL, 1.5 1.5X CVT (A) 14/07/2016 (Man. Year: 2015)

Engine No: Chassis No:

Odometer:

L15B4031080 RU11111076

59774 km

Reg. Date: Colour:

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):

Engine Modification:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

225/50 R18

Rear Tyre Size:

225/50 R18

Front Left Side:

Bridgestone 6 mm

Rear Left Side:

Bridgestone 6 mm

Front Right Side:

Bridgestone 6 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	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

18/07/2019

Date Inspected:

18/07/2019 Inspected At:

51 UBI AVE 1 #03-18

Repairer: K & M Motor Pte Ltd (HQ)

Estimated Period of Repair:

4.0 days

Adjuster: XING GUO QIANG

Manager: CELINE FONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.

B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.

THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000.00 -\$5,000.00

# REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 29 Jul 2019)

Parts:

M1-SUV

HONDA VEZEL 1.5 1.5X CVT (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's

(Price-denominated Standard List)

1 11111 000

Print Code: (Unsubmitted, no print-code for SLE2601J)

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

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >