From (Person	change Boon &n	ASSIGNMENT (Office)		e/Time: _ 06/2/19@ 4.29
Estimated Co	gi:	13500 too	-	201111010
To impest Ve		FBN 26574	Insured:	SFE 1864
	m/s A · S	-Phoon	Tel:	65150770
of	36 for Guan	Road East #101:	35	KEEB Asphoon-com
Policy No:		Claim No:		190203471002
Sum Insured;		Excess:	3 1314	10-1-1-02
Make of Velo Client's Record			D.0	A1191CC A
CA / REV /	REP. / REV 24 HRS	con Confected: Mr ku	0	O.D. Endossement:
	Anti- II .	1011		
Date/Time	Acuon/instruction			
)ate/Time	Occ Not in affice		1./-	chele therest mil
	Occ Not in office		can help	chele. they ask roll
)ate/Time	Occ Not In office brek fornomen.	tody and no one		
Date/Time 21/7/10-	brek famorian. Mr. Kue Revert m	tody and no one of	t bike not	In among on 3/7/19

#### Nivitha (LKK Auto)

From:

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

Sent:

Friday, 26 July 2019 4:29 PM

To:

Tan Chin Hoe & Co

Cc:

Sheena: kee kee: Richard Tan; assignments

Subject:

RE: your ref: rt/291/2019/sn / our ref: snm19d203471c02

#### 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 Talping 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: Tan Chin Hoe & Co [mailto:info@tanchinhoe.com.sg]

Sent: Friday, 26 July, 2019 11:47 AM

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

Cc: Sheena <sheena@tanchinhoe.com.sg>; kee kee <kee@asphoon.com>; Richard Tan

<richard@tanchinhoe.com.sg>

Subject: Re: your ref: rt/291/2019/sn / our ref: snm19d203471c02

Dear Mr Chong

Our clients select Mr Marcus Chua. However, they will decide whether to accept his appointment as the SIE later on.

As of now, please take it that he is your surveyor.

Richard Tan

Tan Chin Hoe & Co

From: Chong Boon Sen

Sent: Friday, July 26, 2019 8:57 AM To: INFO@TANCHINHOE.COM.S Subject: your ref: rt/291/2019/sn / our ref: snm19d203471c02

#### WITHOUT PREJUDICE

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.

AD	RIAN LING
Kel	vin Ang
SEE	CHEW SENG
MO	HD FADHILAH BIN OSMAN
XIV	IG QUO QIANG
10.00	NNETH KONG
SIM	ION HO
CH	JA WEIJIE
MA	RCUS CHUA
HE	VRY NG

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.cnts/ping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG

Disclaimer: This a-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 deliate the e-mail and any copies of it thereafter.

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

01

- 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.

- 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	23/07/2019 11:37
Date Of Accident	22/07/2019 07:05
Exact Location Of Accident	FILTER LANE TOWARDS JALAN BOON LAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN2657U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RIDHUWAN BIN MAJID
NRIC No	\$80035171
Email Address	ELLA_LISA_WAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88144436
Alternative Phone No	OFFICE-81424420
Vehicle Particulars	
Manufacturer	YAMAHA
Model	CDX300A
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	MOTORCYCLE
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	MSD/VMS/18-388236-CA
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD RIDHUWAN BIN MAJID
NRIC No	\$80035171
Date Of Birth	02/02/1980
Occupation	INDOOR
Date Of Driving Pass	15/08/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88144436

OFFICE-81424420

ELLA\_LISA\_WAN@HOTMAIL.COM

Address

BLK 183A BOON LAY AVE #16-708

Postcode

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

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)

2

involved in the accident

Was any body injured in the Accident?

YES

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)

2 NAME:

: MALIZA BINTE NOORZAN

Passenger 1

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

10 UBI AVENUE 3

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

YES

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFE188U

Vehicle Make/Model/Colour

HONDA CIVIC

**Details Of Properties** 

LEFT FRONT PORTION

Vehicle Category

PRIVATE CAR

Name of Driver

HENG CHOO TECK

NRIC/Passport Number

S0655303F

Contact Number

97566868

Address

Page 2 of 25

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

MUHAMMAD RIDHUWAN BIN MAJID Name

Approximate Age

REFER REPORT Injuries Sustain

FBN2657U Injured person in which vehicle?

NO Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

BLK 183A BOON LAY AVE #16-708 Address

NO

641183 Postcode

#### **DETAILS OF INJURED PERSON 2**

MALIZA BINTE NOORZAN Name

Approximate Age

REFER REPORT Injuries Sustain

Injured person in which vehicle? FBN2657U

NO Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

BLK 183A BOON LAY AVE #16-708

NO

641183 Postcode

#### Sketch Plan

SKETCH PLAN		4-	Julan Boon		
		4	lay		
<b>(b)</b>	CO X	1		Jurang Wood	
B SFE	26574	1	1	4	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	11		THE PERSON NAMED IN	
	Refer 1	Police	Regivet		
	7/20190722	1702	4		-
	7-27-07-20		0		
					+
					+
			-		
DECLARATION			111	n h	n
VWo-declare the foregoing parti	culars are true in every respect.			Road Property	
Policytotder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	)	Reporting Centre Po Name: NRIC/FIN No.:	ercolers's Signature	

#### Sketch Plan #2

#### 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 will of misrepresentation or withholding at 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 faise 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 of oresaid.
- 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 personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (sollectively 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 tirms, 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 sestlement of the claims and any necessary investigations relating to the claims:
  - (iii) 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' tawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (t) 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 lowyers/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.

Policytimeer's Signature Date & Time:

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

NRIC/FIN No.:

Attenue:

Reporting Centre Pers

offs Signature

Page 5 of 25

#### Common Statement





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 t of 3 Report No. T/20190722/7026

#### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 119 22:14	fade:	Vide Report No.:	Station Diary No.
Informa	nt's Partice	ulars	STATE OF THE PARTY	- 17 - 12 - 74 P - 11
MUHAM MAJID		UWAN BIN	Address: APT BLK 183A BOON LAY A 641183	VENUE #16-708 SINGAPORE
ID Type NRIC NO	/ ID No.: 0 / S80035	171	Contact No.: Home/Office: Mobile: 88144436	
National SINGAP	ity: ORE CITIZ	EN	Email: nurtaila_wan@yahoo.com.sg	8
Sex: Male	Age: 39	Date of Birth: 02/02/1980	Type of informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupat Material			Driving Licence Information: Class: 2B,2A	Date of Expiry:

Type of Accident:	Injury Government Proper	brink Drive; No	Date/Time of Accident: 22/07/2019 07:10	Type of Location Filter Lane
325 (11 71 (10 0 5 5 6 6 5	ST AVENUE 2	Road Surface:	TE	2 and Speed Limit
Programme and the second		A veneral management		Road Speed Limit:
Clear		Dry		0 Km/h
Weather: Clear Traffic Flow: One Way		A veneral management		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBN2657U	Motorcycle	YAMAHA	CZD300A / XMAX300	Grey	Slightly Damaged	1
SFE188U	Car	HONDA	Honda Civic	Grey	No Damage	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN2657U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72119180	28/08/2018	27/08/2019

#### Common Statement



Report No. T/20190722/7026

Z of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No				
No. of Pedestrian		Use of Pe	destrian	Cross	ing: NA
Pillion		1	ATOM -		
Name	MALIZA BINTE NOORZAN		ID No.		S8333327H
Related Vehicle	FBN2657U (Motorcycle)		Conta	ct No.	81424420
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class Driving Licence Explry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	22/07/2019	Date Disc	charge	NIL	
	ted Medical Leave 05	Degree o	of Injury	Slight	
Rider				-	CALLED THE STREET
Name	MUHAMMAD RIDHUWAN BIN	MAJID	ID No.		\$80035171
Related Vehicle	FBN2657U (Motorcycle)		Conta	ct No.	88144436
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class Drivin Licens Expiry	9	Class: 2B,2A Date of Expiry: NIL
Date Treatment	22/07/2019	Date Dis		NIL	
No. of Days gran	ted Medical Leave 05	Degree o	of injury	Sligh	t

#### Brief Details.

Accident happened when we were on the filter lane. The car SFE188U on the right did not check their blind spot on their left when they were about to go on to the major road, Vehicle no SFE188U hit us on our right side. Both me and my pillion right leg were injured due to the hit. Please do give me a call for futher enquires. Kindly refer to attachment.

#### Common Statement





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190722/7026

CONTINUATION OF REPORT

Sketch Plan				
Informant is not	able to	provide	sketch	pla

NP166

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpretar: Not applicable	Date/Time: 22/07/2019 22:14
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	J



### 潘發展私人有限公司

# A. S. PHOON PTE LTD

Head Off

: 399, Changi Road S'pore 419846. Tel: (65) 6747 0770 Fax: (65) 6841 1263

Blk 3007 #01-432/436 Ubi Road 1, S'pore 408701. Tel: (65) 6744 0770 Fax: (65) 6742 0250 : Blk 36 Toh Guan Road East #01-35 S'pore 608580 Tel: (65) 6515 0770 Fax: (65) 6515 0779

Toh Guan Website

: www.asphoon.com Email: Enquiry@asphoon.com Co Reg No: 197701213H

FBN2657U YAMAHA XMAX 300 SILVER REPAIR ESTIMATE (27/07/2019)

TTERR	DECCDIO	TION
I I I I I I I I I I I I I I I I I I I	DESCRIP	HON

PROTECTOR MUFFLER

2 COVER SIDE 2

FRONT FOOTBOARD RH

MOLE SIDE COVER 2 4

5 REAR FOOTREST ASSY RH

FRONT FENDER

WORKMANSHIP

TRANSPORTION TP-IDAC-WORKSHOP @\$60 8

9 BODY CHASSIS REPAIR

10 TRANSPORTION 2 WAY TO REPAIR CHASSIS (\$560) AMOUNT SGD

\$72.00000

\$75.004

\$85.00 \*\*\*

\$45.00 ---

\$60.00 pm

\$60.00 X

\$250.00/50

\$120.00 80

\$250.00 ×

\$120.00 ×

TOTAL

\$1,137.00

31/7/140420ph

### LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged 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
- · Sopplementary item(s) must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:



## 潘發展私人有限公司。

Head Off Ubi

399, Changi Road S'pore 419846. Tel: (65) 6747 0770 Fax: (65) 6841 1263

: Blk 3007 #01-432/436 Ubi Road 1, S'pore 406701. Tel: (65) 6744 0770 Fax: (65) 6742 0250

Toh Guan : Blk 36 Toh Guan Roed East #01-35 S'pore 606580 Tel: (65) 6515 0770 Fax: (65) 6515 0779 Website : www.asphoon.com Email: Enquiry € asphoon.com Co Reg No: 197701213H

### FBN2657U YAMAHA XMAX 300 SILVER REPAIR ESTIMATE ( 27/07/2019 )

ITEM	DESCRIPTION	AMOUNT SGD	
+	PROTECTOR MUFFLER		\$72.00cut-
2	COVER SIDE 2		\$75.00at
	FRONT FOOTBOARD RH		\$85.00 4-6
240	MOLE SIDE COVER 2	537	\$45.00
	REAR FOOTREST ASSYRH	15%-303,30	\$60.00 \$
6	FRONT FENDER	(0/0 ) 3.3.	\$60.00 X M
7	WORKMANSHIP		\$250.00/50
8	TRANSPORTION TP IDAC-WORKSHOP @\$60		\$120.00 80
.9	BODY CHASSIS REPAIR		\$250.00 Knu
10	TRANSPORTION 2 WAY TO REPAIR CHASSIS @560	230 -	\$120.00 MAN-

TOTAL \$1,137.00

WP 31/7/190420ph \* Remy was parts Confirm with Mu kee then phon sur @ Illiantoion

Stew 10/1/20