

INS. CASE OWNER:

Jume

CC 6, CTI 190 17564, U 63.4

LKK:
IDAC:

Surveyor:

Majors

DOI:

ASSIGNMENT

18/11/19

Date / Time:

18/11/19

Registered in Merimen:

Pre-assign / CCU / FTE

YP1122U



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 27/3/2019

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

GW 6537A



INSRS:

WSP:

Tel:

Liability:

RMKS:

Lin Brother



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

GW 6537A - X

YP1122U - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

SS

Loss of Rental (LOR):

SS

(

days)

Loss of Use (LOU):

SS

(\$

x

days)

Loss of Income (LOI):

SS

(\$

x

days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

350

Total:

SS

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY SENT
25/8/19

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	28/07/2019 03:15
Date Of Accident	27/07/2019 13:40
Exact Location Of Accident	BLK 324 AMK AVE 3 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW6537A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	ISAACNGCL@GOLDBELLCORP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64942897

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-19093298MFCV
Cover Note Number	NA

Driver

Name of Driver	GOH MOU FOON
NRIC No	S7003756D
Date Of Birth	03/02/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1996
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96207608
Fax Number	
Contact Number	
Email Address	NOEMAIL

Sketch Plan

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 insurance companies.
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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.
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 enquires 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.
 - (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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

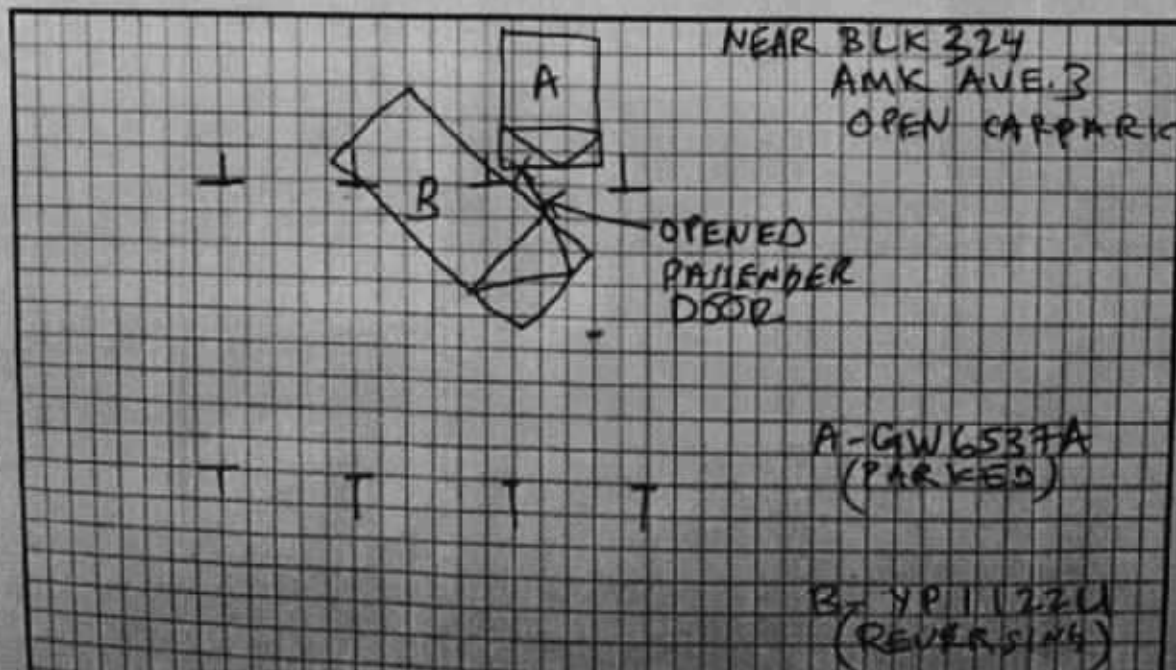
22/7/19 Mohammad Azaly Bin Abdullah

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793J, Tel: 6744-1730 / 731, Fax: 6744-5746, Email: liusbrog@gmail.com

Invoice/Ref No: GW6537A190727

Estimate

Customer		Date: 31-07-19	
Name: China Taiping Insurance (Singapore) Pte Ltd		Vehicle No: GW6537A	
Address: Motor Claims Department		Model/Make: Toyota Hiace	
3 Anson Road #16-00		Diesel	
Springleaf Tower		Singapore 079909	

Item No.	Descriptions Of Parts	Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Front PR Panel	\$ 462.00	X
2	Head Lamp Garnish	\$ 93.00	X
	To check all wiring & electrical component for proper function	\$ 30.00	-
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc	\$ 600.00	-
	To putty & spray painting & including touch up paint on accident affected	\$ 400.00	-
	To apply Rust Proofing, reseal tuff-coating treatment on accident area	\$ 50.00	-

Total Parts & Labour of estimate for damaged vehicle

\$ 1,635.00

Total amount in Lump Sum Basis for repaired vehicle

SDLS:



M/s Liu's Brother Auto Engrg Wks

not Allowed
 20
 300
 200
 20
 320

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
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 196N

Vehicle Details

Vehicle No.: GW6537A
Vehicle to be Exported: No
Intended Deregistration Date: 31 Jul 2019
Vehicle Make: TOYOTA
Vehicle Model: HIACE DIESEL
Primary Colour: White
Manufacturing Year: 2003
Engine No.: 5L5353929
Chassis No.: LH1621009478
Maximum Power Output: -
Open Market Value: \$21,936.00
Original Registration Date: 17 Sep 2003
First Registration Date: 17 Sep 2003
Transfer Count: 1
Actual ARF Paid: \$1,097.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 Jul 2023
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 5
POP Paid: \$16,100.00
COE Rebate Amount: \$12,880.00
Total Rebate Amount: \$12,880.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.
The information contained herein is correct as at 31 Jul 2019

OK



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-123878

Date of Request: 31/07/2019

Your Ref No: Online Purchase

LIU'S BROTHER AUTO WORKSHOP

1 Kaki Bukit Ave 6 #01-01

Auto Bay@Kaki Bukit

Singapore 417883

Dear Sir/Madam,

Enquiry Date: 31/07/2019

Enquiry By: Susan Low Siew Yian

TP Vehicle No: YP1122U

Accident Date: 27/07/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YP1122U	China Taiping Insurance (Singapore) Pte. Ltd.	27/01/2019-26/01/2020	6389 6111

Thank You.

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SALES, SERVICE & INSURANCE

hiace

Price Range

Depreciation

> 10 year(s)

Vehicle Type

Submit

Advanced Search

Home > Used Cars > Direct Owners > Toyota Hiace 3.0M (COE till 02/2022)

Toyota Hiace 3.0M (COE till 02/2022)

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price

\$18,000

Lifespan

13-Oct-2024

Depreciation

\$6,980 /yr

Reg Date

14-Oct-2004
(2yrs 6mths 26days COE left)

Mileage

N.A.

Manufactured

2004

Road Tax

N.A.

Transmission

Manual

Dereg Value

\$12,505 as of today (change)

OMV

\$21,926

COE

\$24,252

ARF

\$1,097

Engine Cap

2,986 cc

No. of Owners

2

Curb Weight

1,500 kg

Type of Vehicle

Van

Category

COE Car, Direct Owner Sale

DIRECT OWNER







100% FREE PAPERWORK SUPPORT FOR BOTH BUYER & SELLER



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Find out the market value of your existing car for free. [Get started](#)



Vehicle Evaluation
Afraid of lemons? Request to have this car evaluated professionally. [Find out more](#)

Posted on: 29-Jun-2019 | Last Updated on: 29-Jul-2019

Upfront Payment

Transfer Fee

Down Payment

1st Instalment

Insurance

Total Upfront Payment

\$25

\$1,800 (change)

\$601

You'll also need a valid car insurance to drive this vehicle. **18% off with code CAR18**
[Get a quote now!](#)

\$2,428
(Without insurance)

Maximum 90% Loan

Based on 4.5% interest rate

Check with seller for exact figure

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View All

Seller Information

Contact Person(s)

Contact No.

Enquiry

Francis Teo

98222931

 Contact Seller

ESSENTIAL TRANSACTION FORMS

Indemnity form

Sales agreement

Receipt

Hand-over form

Ownership Transfer



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sgCarMart Connect handles your transaction paperwork - send us your completed Sales Agreement, and we'll help with **Car Loans, Insurance, Payments & Ownership Transfer**. FREE for all sgCarMart Advertised Vehicles.

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Read our 8 Step Guide for Direct Buyers & Sellers

https://www.sgcarmart.com/used_cars/info.php?ID=814969&DL=1000

02-Aug-19

Shu Pei (LKKAuto)

From: Shu Pei (LKKAuto)
Sent: Tuesday, 27 August 2019 5:03 PM
To: Irene Tay
Subject: RE: OUR REF: SNM19D203544-YP1122U-THP- FW: Direct Settlement - Accident Involving YP1122U (OI : CTI - TBA) and GW6537A (TP : LKK REF - CC6/CTI19013564/Udb3) on 27.07.2019

Dear Irene,

We refer to your below email and to our telephone conversation earlier.

We will proceed to close file and submit WP report to your good office soon.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Shu Pei (LKKAuto)
Sent: Thursday, 15 August 2019 10:02 AM
To: Irene Tay <irene.tay@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>
Subject: RE: OUR REF: SNM19D203544-YP1122U-THP- FW: Direct Settlement - Accident Involving YP1122U (OI : CTI - TBA) and GW6537A (TP : LKK REF -CC6/CTI19013564/Udb3) on 27.07.2019

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

Kindly let us have a copy of your insured's GIA report for our necessary action.

Thank you

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Sent: Tuesday, 6 August 2019 9:14 AM

To: Irene Tay <irene.tay@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; Shu Pei (LKKAuto) <shupe@lkkauto.com>; Jia Le (LKK Auto) <jiale@lkkauto.com>
Subject: OUR REF: SNM19D203544-YP1122U-THP- FW: Direct Settlement - Accident Involving YP1122U (OI : CTI - TBA) and GW6537A (TP : LKK REF -CC6/CTI19013564/Udb3) on 27.07.2019

Dear Irene,

Fya.

Regards,

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
T: (65) 63896116 | F: (65) 62247175

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: Shu Pei (LKKAuto) [mailto:shupe@lkkauto.com]
Sent: Monday, 5 August, 2019 6:21 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: Alfred Toh <alfred.toh@sg.cntaiping.com>; Admin A <admin-a@lkkauto.com>; Jia Le (LKK Auto) <jiale@lkkauto.com>
Subject: Direct Settlement - Accident Involving YP1122U (OI : CTI - TBA) and GW6537A (TP : LKK REF - CC6/CTI19013564/Udb3) on 27.07.2019

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle GW 6537A at M/s Liu's Brother Auto Engineering Workshop on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:
- TP's GIA report

Please be informed that preliminary advice is not ready yet.

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Jia Le and she can be contacted at DID: 6749 5792.

Thank you

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CC6/CTI19013564/Ub3q2

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 28-08-2019



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 1122U	Veh. Inspected	GW 6537A
Policy No.		Coverage (\$)	0.00
Claim No.	SNM19D203544	Excess (\$)	0.00
Assign From		Assign Date	02/08/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA HIACE (M)	c.c	2986
Engine No.	HIDDEN	Year of Reg.	2003
Chassis No.	LH1621009478	Colour	WHITE
Odometer	396987	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	185 R14	DUNLOP	5 mm
L/H Front Tyre	185 R14	DUNLOP	5 mm
R/H Rear Tyre	185 R14	DUNLOP	5 mm
L/H Rear Tyre	185 R14	DUNLOP	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	27/07/2019	Inspection Date	02/08/2019
Survey held at	LIU'S BROTHER AUTO ENGINEERING WORKSHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
-------------------------------------	-----------------------

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GW 6537A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT PANEL	TO REPAIR SEE LABOUR	462.00	-
1	FRONT HEAD LAMP GARNISH	TO REPAIR SEE LABOUR	93.00	-
	LESS 25% DISCOUNT		-	-
			555.00	-
	<u>LABOUR</u>			
	TO CHECK ALL WIRING & ELECTRICAL COMPONENT FOR PROPER FUNCTION.		30.00	20.00
	LABOR FOR PANEL BEATING ,CUT ,WELD ,STRAIGHTEN & REPLACING PARTS ETCS.INCLUSIVE OF THE REPAIR OF FRONT PANEL AND FRONT HEAD LAMP GARNISH.		600.00	300.00
	TO PUTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED .		400.00	200.00
	TO APPLY RUST PROOFING ,RESEAL TUFF-COATING TREATMENT ON ACCIDENT AREA.	NOT NECESSARY	50.00	-
			1,080.00	520.00
GRAND TOTAL			1,635.00	520.00
RECOMMENDED COST OF REPAIRS				520.00

Report Ref No. CC6/CTI19013564/Ub3q2

CHUA KANG SENG

Licensed Appraiser

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