

22/03/2002

ASS. REC. BY:

REF: CS3/CT119015355/TICf307

Special Instruction:

Surveyor: Tau Siah

ASSIGNMENT (Office)

From (Person):

Elain Chong

of

CT1

Date/Time:

30.8.19 13.30p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLS 696A

Insured:

GBJ 4731X

at Workshop m/s

MM Performance

Tel:

92210404

of

4B Toh Guan Road East #01-115

Policy No:

DMCVSN1919461900

Claim No:

SNM19D20399302

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23.8.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

30.8.19 1.30p.m

Person Contacted:

ErwinVehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	<u>42 Toh Guan Road East #01-78</u>
	<u>SLS 696A - X</u>
	<u>GBJ 4731X - X</u>
	<u>Dismantle: 3/9/2019</u>

REF:

CTI

## ASSIGNMENT

From: \_\_\_\_\_ Date: **30.8.2019**

Estimated Cost: \_\_\_\_\_

( ) TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: **SLS**

at Workshop n/s: **m**

of: **r**

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA (REV) / REP. / 24 HRS **PRS**

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Vehicle No: **SLS 696A** Yr Regn: **Jul / 11**

Type: **M. Car** / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Mercedes Benz** **E200** **Gabrielt.** **1796**

Colour: **Black** **NC** Insured / Std / NI / NA

Sp. Reading: **135408** T/Ratio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **WDD207448.2 F121004**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **265/30 R17**

R: **265/30 R17**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. **6** mm R/Bal. **6** mm

L/Bal. **6** mm L/Bal. **6** mm

D.O.A. \_\_\_\_\_ D.O.I. **30/8/19 4pm**

Survey held at **MTM 42 Toh Guan Rd.**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

**Frt + N/S**

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

**NO G17. \$6000 - \$7000, 6 days.**

Date/Time. File Pass to?

☐ : Preli. ReportDays Of Repair: **6**

1)

☐ : Final ReportResurvey No. of Trip: **1**

Date/Time. File Return to?

Survey Fee:

2)

Transportation:

Add Fee: ☐ Site Insp (\$)

) \$ + RS \$

☐ Interview (\$)

) Photos

☐ Tech. Invs (\$)

) Others

☐ Weekend (\$)

TOTAL

Report Format: **PRS**

Lump Sum / I.B.I: (\$)

**190****190**

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Aug 2019		30 Aug 2019 13:30 Assign				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:									
Main Claimant:		TEO CHOON LIANG							
Vehicle Reg. No.:		SLS696A	Date of Loss:	23/08/2019 17:00 - :59					
Claim Type:		TP / SNM19D203993C02	Policy/Cover Note No.:	DMCVSN1919461900					
Vehicle Reg. No. (Insured):		GBJ4731X	Policy No. (Claimant):						
		Excess:	S\$350.00						
Repairer:		Mtm Performance Auto Pte Ltd ( ) 48 TOH GUAN ROAD EAST #01-115 ENTERPRISE HUB, 608586 Jurong East - Tel:							
Handling Insurer:		China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]							
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 10/09/2019]							
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;">View All   Compose Case Mail</span>									
There are no mail for this case.									
<input type="checkbox"/> <b>ALL ASSOCIATED TASKS</b> <span style="float: right;">View All   Search Tasks   Create New Task   Complete</span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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## Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SLS696A		
Vehicle Type :	P10 - Passenger Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	MERCEDES BENZ		
Vehicle Model :	E 200CGI CABRIOLET		
Chassis No. :	WDD2074482F121004		
Propellant :	Petrol		
Engine No. :	27186030233478		
Engine Capacity :	1796 cc		
Maximum Power Output :	135.0 kW ( 181 bhp )		
Maximum Laden Weight :	2155 kg		
Unladen Weight :	1685 kg		
Year Of Manufacture :	2011		
Original Registration Date :	01 Jul 2011		
Lifespan Expiry Date :	-		
COE Category :	B - Car (1601cc & above)		
Quota Premium :	\$67,700.00		
COE Expiry Date :	30 Jun 2021		
Road Tax Expiry Date :	31 Dec 2019		
PARF Eligibility Expiry Date :	30 Jun 2021		
Inspection Due Date :	31 Dec 2019		
Intended Transfer Date :	03 Sep 2019		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay-up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

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## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	696H
<b>Vehicle Details</b>	
Vehicle No.:	SLS696A
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Sep 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E 200CGI CABRIOLET
Primary Colour:	Black
Manufacturing Year:	2011
Engine No.:	27186030233478
Chassis No.:	WDD2074482F121004
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$55,496.00
Original Registration Date:	01 Jul 2011
First Registration Date:	01 Jul 2011
Transfer Count:	1
Actual ARF Paid:	\$55,496.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jun 2021
PARF Rebate Amount:	\$30,522.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 Jun 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$67,700.00
COE Rebate Amount:	\$12,355.00
<b>Total Rebate Amount:</b>	<b>\$42,877.00</b>

The information contained herein is correct as at 03 Sep 2019

OK

## 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	24/08/2019 14:17
Date Of Accident	23/08/2019 17:30
Exact Location Of Accident	PASIR RIS ST 21 BLK 229
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS696A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO CHOON LIANG
NRIC No	S7910696H
Email Address	JULIAN91821822@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91821822
Alternative Phone No	OTHERS-91821822

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E-CLASS
Exact Purpose for which vehicle was being used at 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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA430332
Cover Note Number	

### Driver

Name of Driver	TEO CHOON LIANG
NRIC No	S7910696H
Date Of Birth	02/04/1979
Occupation	INDOOR
Date Of Driving Pass	16/04/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-91821822
Fax Number	
Contact Number	OTHERS-91821822
EEmail Address	JULIAN91821822@GMAIL.COM

Address	BLK 60 MARINE DRIVE #03-50
Postcode	440060
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) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : MDM CHUA GENDER: : FEMALE
Passenger 2	NAME: : TRAVIS GENDER: : MALE
Passenger 3	NAME: : DAVIS 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

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4731D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HOI KUM POR
NRIC/Passport Number	S1809386C
Contact Number	91146966

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

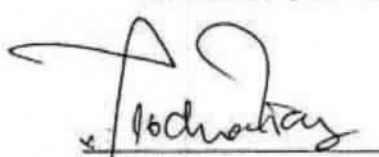
### SKETCH PLAN

#### 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 the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

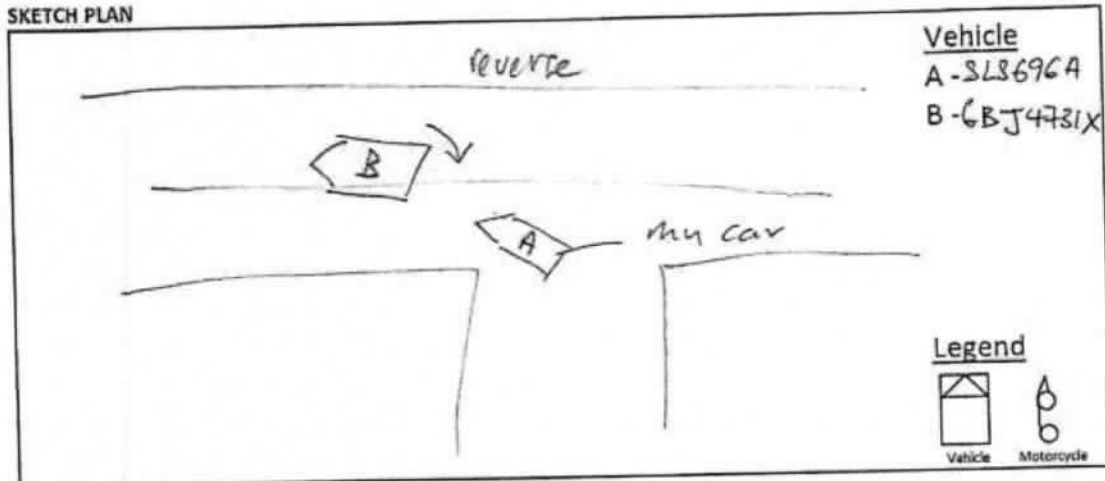
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both cars stop.

my car A is stationary. Car B reverse onto my car A.

Passenger on board my car: Mohan Chua, Travis, Davis.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time		2 Exact location of accident		To be signed by BOTH drivers	
23/8/19 1730		Pacir Nir St 21 Rik 229		3 Injuries even if slight	
4 Material damage		5 Witness' names, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available	
To vehicles other than vehicles A and B		To objects other than vehicles		No <input type="checkbox"/> Yes <input type="checkbox"/>	
No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SL5 96A**

6 Insured / policyholder (see insurance card)

Name (capital letters) **Teo Choon Lian**

Address \_\_\_\_\_

NRIC / Passport no. **S7910696H**

Tel no. (from Stern till Spm) **91821822**

HP \_\_\_\_\_

7 Vehicle

Make, type **Maz. E-class**

8 Insurance company **AA** ☒ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. **GAH30332**

9 Driver ☒ State as Owner

Name (capital letters) \_\_\_\_\_

NRIC / Passport no. \_\_\_\_\_

Class of licence \_\_\_\_\_

HP \_\_\_\_\_

Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

\_\_\_\_\_

12 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

### 12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Kerbside
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Rear-end
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Hit

← State TOTAL number of boxes marked with a cross →

### 13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

**REFER TO ATTACHED**

14 Signatures of drivers

\_\_\_\_\_

\_\_\_\_\_

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy

Registration No. (VEHICLE B) **SL5 4731**

6 Insured / policyholder (see insurance card)

Name (capital letters) \_\_\_\_\_

Address \_\_\_\_\_

NRIC / Passport no. \_\_\_\_\_

Tel no. (from Stern till Spm) \_\_\_\_\_

HP \_\_\_\_\_

7 Vehicle

Make, type \_\_\_\_\_

8 Insurance company ☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B?

No ☐ Yes ☐

Policy No. (if available) \_\_\_\_\_

9 Driver (See driving licence) (if different from insured B above)

Name (capital letters) **Hol Kum Poh**

NRIC / Passport no. **S1809386**

Class of licence \_\_\_\_\_

HP **91146966**

Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

\_\_\_\_\_

12 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For insured's individual statement (Part II) see overleaf →

# Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)			
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all)		Email:		
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state relationship of Driver with owner		state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire				
	5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.				
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	6 Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)				
	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	
	24/79	Indoor	16/4/04	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Driver or person in charge of vehicle at the time of accident (including insured)	Date	Offence	Penalty		
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)	
Police action	12 Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please state which Police station		
	13 Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, against whom?		
Accident details	14 Weather conditions		Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>
	15 Road surface		Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input type="checkbox"/>
	16 Speed of vehicles		A <input type="checkbox"/> km/hr	B <input type="checkbox"/> km/hr	
	17 What warnings were given by driver or other party?				
	18 Were street lights illuminated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	19 What lights were displayed on your vehicle/the other vehicle(s)?				
	20 If your vehicle is commercial, state weight of load carried at time of accident				
21 State how accident happened, width of roads, speed limits, etc (Refer to attached)					
22 State number of Passengers (including driver) <input checked="" type="checkbox"/> 4					
Declaration	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature <u>John Way</u>				Date
	Driver's signature (if driver is not the policyholder)				Date

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

#### CLAIM SUBFOLDER TRACKING





































Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	30 Aug 2019		30 Aug 2019 13:30 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS		[Created by insurer]	
Insured:	-, Co. Reg. No.: -		
Main Claimant:	TEO CHOON LIANG		
Vehicle Reg. No.:	SLS696A	Date of Loss:	23/08/2019 17:00 - :59 [97 Months and 22 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / SNM19D203993C02	Policy/Cover Note No.:	DMCVSN1919461900
Vehicle Reg. No. (Insured):	GBJ4731X	Policy No. (Claimant):	
		Excess:	S\$350.00
Repairer:	Mtm Performance Auto Pte Ltd ( ) 48 TOH GUAN ROAD EAST #01-115 ENTERPRISE HUB, 608586 Jurong East - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 10/09/2019]		
ASSOCIATED MAIL RECEIVED		<a href="#">View All</a> <a href="#">Compose Case Mail</a>	
There are no mail for this case.			
ALL ASSOCIATED TASKS		<a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>	
Due Date	Priority	Type	Task Group
			Subject
			Handler
			Assigned By
			Completed On
			Created On
			Done?
No results.			

## Claim Documents

\*SLS696A (SNM19D203993C02)  
[GBJ4731X]  
TP  
TEO CHOON LIANG  
Aug 23 2019 5:00PM  
[-]  
Mtm Performance Auto Pte Ltd

<a href="#">Upload Documents</a>   <a href="#">Upload Photos</a>   <a href="#">Compose New Letter</a>		<b>View</b> <a href="#">View in Browser</a>		
<b>Photos/Images</b>		3 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
2	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
3	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
4	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
5	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
6	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
7	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
8	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
9	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
10	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
11	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
12	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
13	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
14	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
15	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
16	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
17	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
18	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
19	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
20	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
21	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
22	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
23	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
24	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
25	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
26	03/09/19 11:09	General View	 Load JPG	<input checked="" type="checkbox"/>
27	30/09/19 14:48	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
28	30/09/19 14:48	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
29	30/09/19 14:48	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
30	30/09/19 14:48	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
31	30/09/19 14:48	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
32	30/09/19 14:48	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
33	30/09/19 14:48	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
34	30/09/19 14:48	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>		1 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>		
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	30/08/19 13:30	PRS - SLS696A	 Load PDF	
2	30/08/19 13:32	TP SAS REPORT	 Load PDF	

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	<a href="#">Reset</a>   <a href="#">Save</a>   <a href="#">Print</a>
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There are no document checklists configured.

**Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**

**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/CTI19015355/T1CF3E2

Date: 07/10/2019

### REFERENCE

Handling Insurer: China Taiping Insurance  
(Singapore) Pte. Ltd.

Policy No: DMCVSN1919461900

Claimant  
Vehicle No : SLS696AInsured Vehicle  
No : GBJ4731X

Date of Loss: 23/08/2019

Nature of Claim: TP

Claim  
No: SNM19D203993C02

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SLS696A**Make & Model: MERCEDES-BENZ E200, 1.8 CGI CABRIOLET  
(A)

Engine No: 27186030233478

Reg. Date: 01/07/2011 (Man. Year: 2011)

Chassis No: WDD2074482F121004

Colour: Black

Odometer: 135408 km

Engine Capacity: 1796 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):	Yes	Engine Modification:	No	Pre-accident Condition:

### CONDITION OF TYRES

Front Tyre Size: 265/30 R19

Rear Tyre Size: 265/30 R19

Front Left Side: Yokohama 6 mm

Rear Left Side: Yokohama 6 mm

Front Right Side: Yokohama 6 mm

Rear Right Side: Yokohama 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

### INSPECTION

Date of Assignment: 30/08/2019

Date Inspected: 30/08/2019 Inspected At:

42 TOH GUAN ROAD EAST #01-78  
Repairer : Mtm Performance Auto Pte  
Ltd

Estimated Period of Repair: 6.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

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 \$6,000.00 -\$7,000.00

## REPAIR DETAILS

<b>Reference</b>		
<b>Part Source:</b>	(Last Synchronised: 07 Oct 2019)	
<b>Parts:</b>	N/A	MERCEDES-BENZ E200 1.8 CGI CABRIOLET (A) (Model not available in database)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SLS696A)	
<b>Validity:</b>	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	
<b>Further Info:</b>	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.
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< END OF ESTIMATES >