

REF: CS3/MSG19001261/GSD31
 ASSIGNMENT (Office)
 From (Person) Meemmen Flovel POO MSIG Date/Time 12/09/2019
 Estimated Cost Bill to
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY / CS
 To Inspect Vehicle No. SLE 4323Z Insured GBC 1159E
 at Workshop n/a EM solution Tel 64560226
 of 160 Sing Ming Drive # 03-18 /19
 Policy No. 28944390MKC Claim No.
 Sum Insured Excess
 Make of Veh. DOA 18/01/2019
 (Client's Record)
 CA / REV / REP. / REV 24 HRS hp? RUC Endorsement
 Date/Time 10:23am 01/11/19 Person Contacted Bernard Vehicle IN/OUT

Date/Time	Action/Instruction (x) Estimate
	<u>SLE 4323Z - x</u>
	<u>GBC 1159E - x</u>

Do Not Finalise

\$13800, 12 Days.
 (\$ 6,000/- Red - 30%)


 15/10/2019

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Wednesday, 18 September 2019 4:07 PM
To: Admin-D (LKKAuto)
Cc: Accounts (LKKAuto)
Subject: RE: Report Send Back Alerts - SLE4323Z (TP)

Dear Nivitha,

FYNA Please...

Pending for Survey Report- CS3/MSG19001261/GCD3S2

12 Sep 2019 20:11 Ins Send Back Adj Rpt paper reinspection	[I] Fievel Foo Wen Yao
12 Sep 2019 20:11 Adj Next Rpt Changed Next Rpt:Final Rpt.Due Date:2019/09/16	[I] Merimen Administrator
12 Sep 2019 20:11 Adj Mandate Set Maintained.	[I] Merimen Administrator

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: account@lkkauto.com | fax: 6844-8805

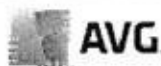
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Do-Not-Reply <do-not-reply@merimen.com>
Sent: Thursday, 12 September 2019 8:20 PM
To: account@lkkauto.com
Subject: Report Send Back Alerts - SLE4323Z (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,
The Merimen Team



This email has been checked for viruses by AVG antivirus software.
www.avg.com

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	18/01/2019 15:32
Date Of Accident	18/01/2019 09:20
Exact Location Of Accident	ALONG LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE4323Z
Insured/Policyholder	
Name Of Registered Owner	RUSEDAH BINTE TAWAHID
NRIC No	S1664476E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98891346
Alternative Phone No	OTHERS-98891346

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1648511802
Cover Note Number	

Driver

Name of Driver	SHERIL NADIA BINTE ISNANDAR
NRIC No	S9005651D
Date Of Birth	14/02/1990
Occupation	INDOOR
Date Of Driving Pass	02/06/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92767216
Fax Number	
Contact Number	

Address	BLK 513 JURONG WEST STREET 52 #11-36
Postcode	640513
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH EM SOLUTION PTE LTD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC1159E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ASHOKKUMAR RUTHIRAPATHY
NRIC/Passport Number	F8393202M
Contact Number	81612359
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle Registration Number	SMD1271C
Vehicle Make/Model/Colour	
Details Of Properties	C/O GOJUK
Vehicle Category	PRIVATE HIRE
Name of Driver	SIM BO HAN KEN
NRIC/Passport Number	S8520309F
Contact Number	87885558
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SHERIL NADIA BINTE ISNANDAR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE4323Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 513 JURONG WEST STREET 52 #11-36
Postcode	640513

Sketch Plan Pg. 1

SKETCH PLAN

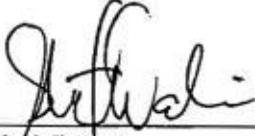
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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:

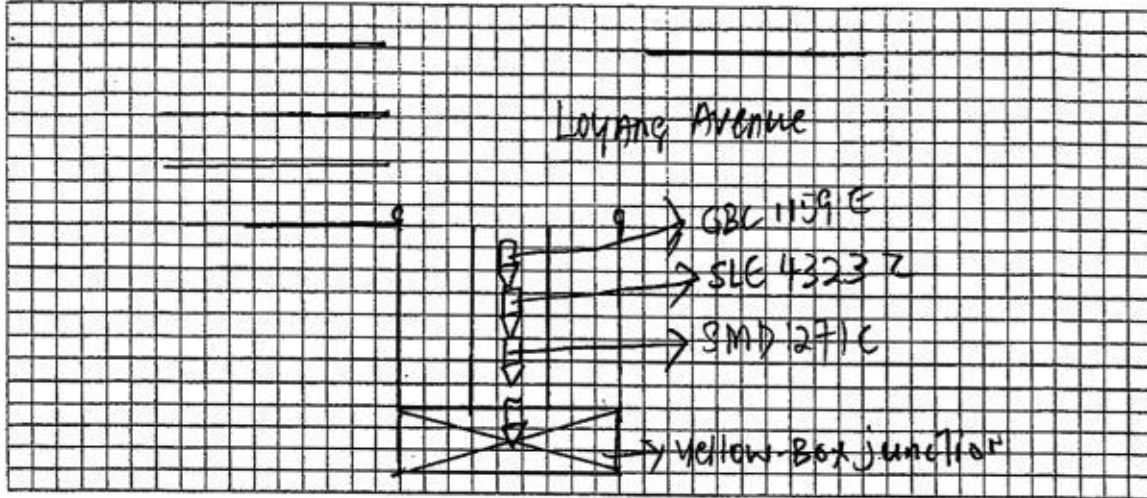


Driver's Signature
(If driver is not the policyholder)
Date & Time: 17 JAN 2019



Reporting Centre Personnel's Signature
Name: Roh Kwee Choo
NRIC/FIN No: S6840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 18/1/19 at about 9.20 AM I was driving my vehicle - SLE 4323 Z along Loyang Ave. As I was driving - vehicle - SMD 1271 C stopped so I stopped my vehicle behind. Out of a sudden - a vehicle - GBC 1159 E could not stop on time and collided onto the rear portion of my vehicle and causing my vehicle moved forward and collided onto SMD 1271 C. I am reporting this incident for T/party claim against GBC 1159 E for my damages.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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. Poh Kwee Choo
S6840583A

CERTIFICATE OF INSURANCE Pg. 1



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 20020834E

MOCLF
R SN
AN0357A
Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMPCSN1648511802	Engine No :L15840030488 Chano:RU1-1110488
1 Index Mark and Registration Number of Vehicle	SLE4323Z	AUTOSAFE
2 Name of Policy Holder	MISS RUSEDAN BINTE TAWAHID	
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21 July 2018	Named Drivers Ex Sect. I S\$500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4 Date of Expiry of Insurance	20 July 2019	
5 Persons or Classes of Persons entitled to drive*		
(a) The Policyholder.		
(b) Any other person who is driving on the Policyholder's order or with his permission.		
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
6 Limitations as to use:		
Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.		
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.		

HIRE PURCHASE CO. : HUP LONG AUTOMOBILE PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:INSUREPAC ASSOCIATES PTE LTD
Authorised Officer

Authorised Signatory

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

本田技研工業株式会社

型式 DBA-RU1

車台番号 RU1-1110488

T7AF7C0-R543P -A -J



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	476E
Vehicle Details	
Vehicle No.:	SLE4323Z
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Oct 2019
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	L15B4030488
Chassis No.:	RU11110488
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$20,784.00
Original Registration Date:	21 Jul 2016
First Registration Date:	21 Jul 2016
Transfer Count:	0
Actual ARF Paid:	\$11,098.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jul 2026
PARF Rebate Amount:	\$8,323.00
Intended COE Rebate Details	
COE Expiry Date:	20 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,000.00
COE Rebate Amount:	\$35,846.00
Total Rebate Amount:	\$44,169.00

The information contained herein is correct as at 15 Oct 2019

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

ACCIDENT STATEMENT

Date Of Report	18/01/2019 14:55
Date Of Accident	18/01/2019 09:50
Exact Location Of Accident	LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1159E
Insured/Policyholder	
Name Of Registered Owner	GYLET ELEVATOR CO PTE LTD
Co Reg No	199404975W
Email Address	MAINT@GYLET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62882822

Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO 1.6L MT AB 2WD 6DR TC
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28944390MKC
Cover Note Number	

Driver

Name of Driver	ASHOKKUMAR RUTHIRAPATHY
Passport No/FIN	F8393202M
Date Of Birth	30/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81612359
Fax Number	
Contact Number	

Address	37 LOYANG DRIVE
Postcode	508950
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED REPORT.

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	SLE4323Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHERIL NADIA BINTE ISNANDAR
NRIC/Passport Number	S9005651D
Contact Number	92767216
Address	
Postcode	
Insurance Company Name	