

22/05/2003

ASS. REC. F

Surveyor: GQREF: CS / CRI 19016830 / Gyd3

Special Instruction:

ASSIGNMENT (Office)

From (Person): Chong Boon Sun of CTI Date/Time: 23/9/190 5:50pm

Estimated Cost: _____ Bill to: _____

OD / PT / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLE 2824H Insured: XD 6110Xat Workshop m/s Unimudor Tel: 9798 1616of 1 kaki Bukit Ave 6 # 01-94 todayPolicy No: _____ Claim No: SNM19D204432

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. _____
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 2:40pm 24/9/19 Person Contacted: Alvin Vehicle IN / OUT

Date/Time	Action/Instruction	Estimate	✓
	SLE 2824H-X		
	XD 6110X-X		

08/11/13

Surveyor

REF:

CTi

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Uni Motor

of _____

Insured: _____

Policy No. _____

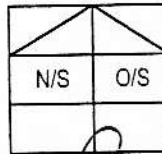
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SE 28244 Yr Regn: _____Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Camry c.c. 2494Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053 AK500 4011409Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/55 R17R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 24-09-19Survey held at w/sDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

24/9 w/s will give estimate later

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:



: Site Insp (\$

) S + RS. SI



: Interview (\$

) Photos



: Tech. Invs (\$

) Others



: Weekend (\$

)

Report Format : _____

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

TOTAL

Nivitha (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Monday, 23 September 2019 5:50 PM
To: PRI@CPAGLAR.COM.SG
Cc: assignments
Subject: RE: OUR REF: SNM19D204432-XD6110X-CBS - From " "(Fax Message NO.2308)

WITHOUT PREJUDICE
SAVE AS TO COSTS

Dear Sir,

We regret to inform that we are not agreeable to your list of proposed surveyors and 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.

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.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

-----Original Message-----

From: Chong Boon Sen
Sent: Friday, September 20, 2019 5:34 PM
To: PRI@CPAGLAR.COM.SG
Subject: RE: OUR REF: SNM19D204432-XD6110X-CBS - From " "(Fax Message NO.2308)

Without prejudice

Dear Sir,
LKK
STA
LBS

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.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG 3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

-----Original Message-----

From: Claims Dept of CTI
Sent: Friday, September 20, 2019 4:54 PM
To: PRI@CPAGLAR.COM.SG; Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>
Subject: OUR REF: SNM19D204432-XD6110X-CBS - From " "(Fax Message NO.2308)

Dear boon Sen,

Please conduct PRS for SLE2824H.

Note : officer in charge - Boon Sen 63896171.

Thank you

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (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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-----Original Message-----

From: FA-X5575C-16A-CL
Sent: Friday, September 20, 2019 3:39 PM
To: Claims Dept of CTI
Subject: FW: From " "(Fax Message NO.2308)

-----Original Message-----

From: RC6004F-15A-CL@sg.cntaiping.com [<mailto:RC6004F-15A-CL@sg.cntaiping.com>]
Sent: Thursday, September 19, 2019 3:16 PM
To: FA-X5575C-16A-CL
Subject: From " "(Fax Message NO.2308)

This E-mail was sent from "RC6004F-15A-CL" (MP C6004ex).

Queries to: RC6004F-15A-CL@sg.cntaiping.com

CPc

C PAGLAR & CO

ADVOCATES & SOLICITORS

UEN NO. 53130985A GST REG NO. M90371275E

50 Chin Swee Road
#05-03 Thong Chai Building
Singapore 169874
Telephone: (65) 6536 5456
Facsimile: (65) 6836 2195
Email: pri@cpaglar.com.sg
SERVICE OF COURT DOCUMENTS BY FACSIMILE
WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: XD 6110X
Our Reference: CP/PRI/SLE2824/19.sc

Date : 24th September 2019

CHINA TAIPING INSURANCE (S) PTE LTD
ATTN: MOTOR CLAIMS DEPT

BY EMAIL ONLY

Dear Sirs,

CORRESPONDENCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

We refer to your email dated 23rd September 2019.

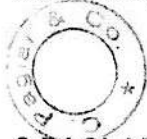
Please note that the said vehicle can be inspected at:

UNIMOTOR COMPANY
1 Kaki Bukit Avenue 6
#01-94 Autobay@KB
Singapore 417883
Contact No.: 9798 1616 (Alvin)

KINDLY REPLY BY EMAIL ONLY: pri@cpaglar.com.sg

Please note that the vehicle will only be available for the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without any further notice or reference to you. All our client's rights are expressly reserved.

Yours faithfully,



C PAGLAR & CO

cc. [Client by Fax 6747 2373 Only] – (SLE 2824H)

FOR SURVEYOR

Please initial here after completion of pre-repair inspection.

Thank you

.....
Appointed Surveyor (Name & Signature)

.....
Date & Time of Inspection Form 3

MSME19124423 / SME Motor File Ltd - Kaii Budit
ENTRY DATE & TIME: 19/09/2019 16:55
SUBMITTED BY: Wan Ying

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 19/09/2019 16:55
Date Of Accident 19/09/2019 10:30
Exact Location Of Accident TELOK BLANGAH DR (HEAVY VEHICLE CARPARK).
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE2824H
Insured Policyholder
Name Of Registered Owner WEI SUZHE
NRIC No S7975896E
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-90920192
Alternative Phone No OFFICE-90920192

Vehicle Particulars
Manufacturer TOYOTA
Model CAMRY
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 GA367156/1
Cover Note Number

Driver
Name of Driver REN FENGLEI
NRIC No S8268470J
Date Of Birth 24/04/1982
Occupation INDOOR
Date Of Driving Pass 25/09/2008
Driving Experience 10 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-85883239
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 520B TAMPINES CENTRAL 8 #15-51
 Postcode 522520
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
 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) 0

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

MY VEHICLE SLE2824H WAS PARKING AT TELOK BLANGAH DR AND I WAS BESIDE MY CAR TALKING TO MY WORKER IN HIS BUS. AFTER ABOUT ONE HOUR THE VEHICLE XD6110X START REVERSE AND HIT ONTO MY VEHICLE SLE2824H REAR PORTION.

Attachments

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

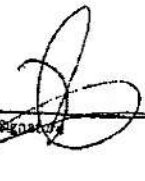
DETAILS OF OTHER VEHICLE PROPERTY 1

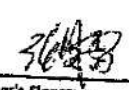
Vehicle Registration Number XD6110X
 Vehicle Make/Model/Colour
 Details Of Properties VEH B
 Vehicle Category PRIVATE CAR
 Name of Driver MUTHU MUTHU KRISHNAN
 NRIC/Passport Number S83831351
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

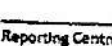
Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 rescind 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) 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.

X 
 Policyholder's Signature
 Date & Time:

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

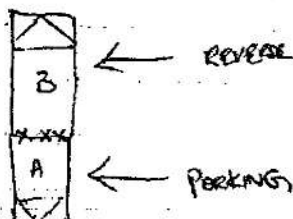

 Reporting Centre Personnel's Signature
 Name:
 NRIC/PPN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

(A) SLR 2824H

(B) XD 6110X



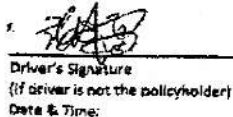
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE SLR 2824H WAS PARKING AT TRUCK BLANGKAM BRAND I WAS BESIDE MY CAR TAKING TO MY WORKER IN HIS BUS. AFTER ABOUT ONE HOUR THE VEHICLE XD 6110X START REVERSE AND HIT ONTO MY VEHICLE SLR 2824H REAR PORTION.

DECLARATION

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

x 
Policyholder's Signature
Date & Time:

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


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

Uni Motor



友尼摩哆公司 UNIMOTOR COMPANY

一號加基武吉六道一樓門牌九十四號 新加坡郵區四一七八八三

AUTOBAY @ KAKI BUKIT

No. 1 KAKI BUKIT AVE 6 #01-94 SINGAPORE 417883

TELEPHONE: 6748 2795 FAX: 6747 2373

Registration No.: 203165/00D

LKK

DATE: 15/08/2020 OUR REF: UAPL1402
REPAIR ESTIMATE TO THE TOYOTA CAMRY NO: SLE2824H

1 REAR BUMPER ASSY	\$ 589.20
2 REAR BUMPER GROMMET	\$ 16.00
1 REAR BUMPER REINFORCEMENT	\$ 455.60
2 REAR BUMPER REFLECTOR	\$ 179.80
2 REAR BUMPER BOLT COVER	\$ 57.60
2 REAR BUMPER SIDE RETAINER	\$ 208.80
2 REAR BUMPER SIDE SUPPORT HOLDER CLIPS	\$ 103.20
2 REAR BUMPER SENSOR	\$ 763.20
1 REAR BUMPER LOWER COVER	\$ 136.20
10 REAR BUMPER CLIPS	\$ 50.00
1 REAR TAIL END PANEL	\$ 602.20
1 REAR TAIL END PANEL INNER LINING	\$ 295.10
1 REAR PANEL CENTER LOCKING SENSOR	\$ 244.50
2 REAR TAIL LAMPS PANEL	\$ 392.20
2 REAR TAIL LAMPS ASSY	\$ 972.40
1 REAR L/H FENDER PANEL	\$ 915.60
1 REAR R/H FENDER PANEL	\$ 915.60
1 REAR L/H FENDER CUTTER PANEL	\$ 112.60
1 REAR R/H FENDER CUTTER PANEL	\$ 112.60
1 REAR L/H FENDER INNER GARNISH	\$ 391.60
1 REAR R/H FENDER INNER GARNISH	\$ 391.60
1 REAR BOOT ASSY	\$ 1,023.40
2 REAR BOOT HINGES	\$ 267.20
1 REAR BOOT LOCK	\$ 378.50
1 REAR BOOT STRIKER	\$ 36.40
1 REAR BOOT WEATHERSTRIP	\$ 204.60
1 REAR BOOT TOYOTA EMBLEM	\$ 52.20
1 REAR BOOT CAMRY EMBLEM	\$ 49.90
1 REAR BOOT 2.5 EMBLEM	\$ 39.60
1 REAR BOOT OUTER GARNISH	\$ 333.60
1 REAR BOOT INNER GARNISH	\$ 382.40
2 REAR BOOT LAMPS	\$ 773.00
2 REAR BOOT NUMBER PLATE LAMPS	\$ 125.80
1 REAR SPARE TYRE COVER	\$ 384.50
1 REAR WINDSCREEN GLASS MOULDING	\$ 60.30
	<hr/>
	\$ 12,017.00
LESS 25%.....	\$ 3,004.25
	<hr/>
	\$ 9,012.75

SPECIAL NETT:-

1 REAR NUMBER PLATE	\$ 50.00
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LABOUR CHARGES:-

TO TOW VEHICLE BACK TO WORKSHOP	\$ 60.00
TO DISM/REFIX REAR WINDSCREEN GLASS	\$ 160.00
TO DISM/REWIRE REAR DAMAGED PORTION	\$ 200.00
TO DISM/RENEW REVERSE SENSOR	\$ 100.00
TO SPARY UNDERCOATING IN REPAIR	\$ 200.00
TO PUTTY AND RESPAIR REAR DAMAGED PORTION	\$ 1,200.00
TO PANEL BEAT DAMAGED PORTION & RENEW PARTS	\$ 1,700.00
TO DISM/REFIX REAR SEAT, TRAY ASSY, PILLER LINING, ROOF LINING	\$ 180.00
	<hr/>
	\$ 12,862.75