

ASS. REC. BY:

REF: CS /CT119017032/T10f3

Special Instruction:

Surveyor: T Luftkh

ASSIGNMENT (Office)

From (Person): Chong Boon Sen

of CT1

Date/Time: 27.9.19 10:30a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SMK 5756K

Insured: PC 7656G

at Workshop m/s Thian Choon Auto

Tel: 97593077

of Blk 176 Sin Ming Drive #05-02

Policy No: PMB15N18402018000

Claim No: SNM190204536 L02

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A.

CA / REV / REP. / REV 24 HRS

"up"

30.9.2019

H.O.D. Endorsement:

Date/Time: 27.9.19 10:39a.m

Person Contacted: James

Vehicle IN (OUT)

Date/Time	Action/Instruction (X) Estimate
	PC 7656G - X
	SMK 5756 - X

No photo upload 2/10

CT1

PRS

ASSIGNMENT

SMK 5756H

From: _____ Date: 1. 10. 2019

Veh No: PC 7656G Yr Regri: 2019 April

Estimated Cost: _____

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

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

Truck / Trailer or HYUNDAI AD KWANTE 1.6 GLI 1995

To Inspect Vehicle No: PC 7656G

Make: Toyota Hilux commercial C.C. 1591

at Workshop this Thian Choon Auto

Colour: S/ve A/C: Insured / Std / NI / NA

of BK 176 Sin ming Drive #105-02

Sp. Reading: 7997 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No: _____

C/No: KM HD 84 / CMK U855481

Claims No: _____

Gen. Cond: 6 / Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: mommy

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

(Policy Condition)

Tyre Size: F: 205/55 R16

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

N/S	O/S
	X

R: 47

Bal. or Market Value: _____

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

IDAC Accident Report: _____ Consistent? : Yes or No

TOYO / YOKO or Mich

GIA / PR Seen: _____ Consistent? : Yes or No

Front Rear

Est. Repairs: 2 days Res.: Yes or No

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

Lump Sum: _____ % 3 Val: Yes or No

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

CA / REV / REP. / 24 HRS mp

D.O.A. _____ D.O.I. 01/10/19 @ 1125

Date: _____ Person Contacted: _____

Survey held at Thian Choon Auto

Vehicle: IN / OUT

Des. of Damages: Frt / Rear O/S / N/S / UIC / Rooftop of

The UIC / Chassis frame / Body Structure affected (due to collision).

Date / Time	Action / Instruction
3/10/19	4/5 @ 1050, 2 delay confirm with workshop thru phone (red to 780, 43%)

Dist/Time: File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Ins (\$)
 : Misc serv (\$)

Survey Fee:	
Transportation	
S + RS	
Probe	
Other	
TOTAL	220

Form: MER-TP
 Lump Sum / 1050

Nivitha (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Friday, 27 September 2019 10:30 AM
To: tonygn tonygn; James Tay
Cc: assignments
Subject: RE: OUR REF: SNM19D204536-PC7656G-CBS & YOUR REF: 19- G 488 -TC SMK 5756 K -TO CONDUCT PRS

WITHOUT PREJUDICE

Dear Sir

We will be assigning M/s LKK AUTO CONSULTANTS to survey your client's vehicle.

Aside to LKK AUTO CONSULTANTS,

Please proceed to survey the third party vehicle on WP basis. Please merimen.

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

From: tonygn tonygn [mailto:tonygn18@hotmail.com]

Sent: Friday, September 27, 2019 9:35 AM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; James Tay <jamestay540@gmail.com>

Subject: Re: OUR REF: SNM19D204536-PC7656G-CBS & YOUR REF: 19- G 488 -TC SMK 5756 K -TO CONDUCT PRS

THIAN CHOON AUTO

We agree with your surveyors as follows:

1. **No.** ---- LKK

Thank You

Yours

Sincerely,

THIAN CHOON AUTO

Sent from [Outlook](#)

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

Sent: Friday, September 27, 2019 8:45 AM

To: tonygn18@hotmail.com <tonygn18@hotmail.com>

Subject: RE: OUR REF: SNM19D204536-PC7656G-CBS & YOUR REF: 19- G 488 -TC SMK 5756 K -TO CONDUCT PRS

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

From: Claims Dept of CTI

Sent: Thursday, September 26, 2019 5:49 PM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; tonygn18@hotmail.com

Subject: OUR REF: SNM19D204536-PC7656G-CBS & YOUR REF: 19- G 488 -TC SMK 5756 K -TO CONDUCT PRS

Dear Boon Sen,

Please conduct PRS –SMK5756K –soonest possible.

File with officer-in-charge –Chong Boon Sen- DID 6389 6171.(Our Insured had not filed SAS Report)

Regards

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909 Tel: 6389 6116

Fax (65) 6224 7175 / 6224 7478

Email : claimsdept@sg.cntaiping.com

Website:www.sg.cntaiping.com

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From: tonygn tonygn [<mailto:tonygn18@hotmail.com>]

Sent: Thursday, 26 September, 2019 4:56 PM

To: James Tay; Claims Dept of CTI

Subject: pri G 488 -TC SMK 5756 K

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THIAN CHOON AUTO

176 Sin Ming Drive #05-02 Sin Ming AutoCare

Singapore 575721

Tel: 6458 8913

Co. Reg. No. 53091973K

Agreed Settlement vehicle no SMK5756H

Model HYUNDAI AVANTE

- 1 REAR Bumper # 520 de ✓
- 2 REAR Bumper Low Body kit # 450 de ✓
Remove 20% 970
776
- 3 REAR reverse sensors # 120 30 ✓
- 4 Knocking Adjust on affected area # 200 ✓
- 5 spray painting on affected area # 350 300 ✓
- 6 REAR R Bumper Lam # 160 x
- 7 REAR Number plant # 30 de ✓ 1336
20% 450/1050 *

6 rent car

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:

Tanphie 97495749/6741843

WP
01/10/19 @ 11:25am

02 days - 03 days

Resurvey after repair

sur @ 11:25am
Nyokai 20% put about

MVA119126390 / VAC - SUIA BIRIH
ENTRY DATE & TIME: 24/09/2019 13:10
SUBMITTED BY: LYNDIA NG AH MIANG

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 arriving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 24/09/2019 13:10
Date Of Accident 23/09/2019 12:30
Exact Location Of Accident SHENTON WAY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK5756H
Insured/Policyholder
Name Of Registered Owner JAYARAJ S/O SOMASUNDRAM
NRIC No S8947321G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91265976
Alternative Phone No OFFICE-91265976
Vehicle Particulars
Manufacturer HYUNDAI
Model AVANTE
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 6108360153(PREMIUM)
Cover Note Number
Driver
Name of Driver JAYARAJ S/O SOMASUNDRAM
NRIC No S8947321G
Date Of Birth 30/12/1989
Occupation INDOOR
Date Of Driving Pass 29/06/2015
Driving Experience 4 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91265976
Fax Number
Contact Number OFFICE-91265976
EMail Address NOEMAIL

6LK 111 BT PURNELL RD MS-108

Insured's Company NO
with the Insured OWNER
of Insured's Own

Insured's Contribution Driver's Own Vehicle

General Information of the Accident COLLISION - HEAD TO REAR
Type Of Accident CLEAR
Weather Conditions DRY

Road Surface

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? YES

Was any other material or property damaged? YES

Have you been approached by unknown person(s) soliciting offering accident claims assistance? NO

Number of Passengers (including Driver) 1

Details of Police Action 1

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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER

Attachments

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

Vehicle Registration Number PCT666G

Vehicle Make/Model/Colour

Details Of Proprietor

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

MR/MS/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

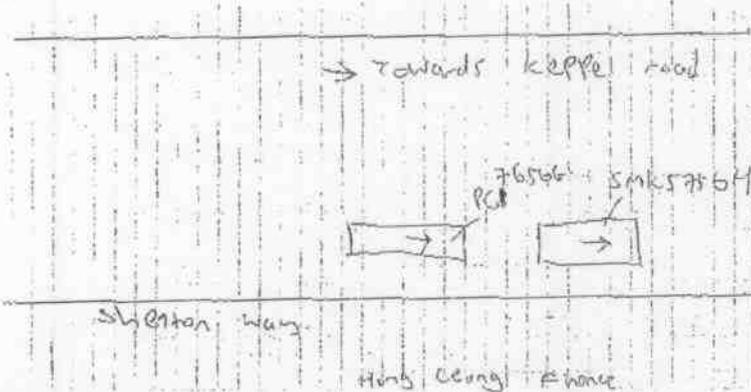
Amount Of Damage

No. Of Passengers (including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 1

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at a traffic light stationary. A van with license plate PC 76566 hit my car from behind. This happened along Shenton Way near Hong Kong House.

The van drifted forwards a couple of times before finally colliding with my car.

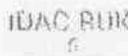
It was around 12.30pm. Driver of the van did not get down from vehicle and claimed he didn't know he hit my car.

DECLARATION

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


Policyholder's Signature
Date & Time: 24/09/2019


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

UDAC BUKIT RAYOK (VAC)

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

The insurer has given adjuster a maximum mandate of S\$0.00 to authorize directly on their behalf, but the adjuster has disabled direct offer mode.

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: CS/CTI19017032/T1QF3
Date: 08/10/2019

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMB1SN18402018000
Claimant Vehicle No SMK5756H **Insured Vehicle No :** PC7656G
Date of Loss: 23/09/2019 Nature of Claim: TP Claim No: SNM19D204536C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SMK5756H**
Make & Model: HYUNDAI AVANTE, 1.6 (A) Engine No: G4FGKU117797
Reg Date: 16/04/2019 (Man. Year: 2019) Chassis No: KMHD841CMKU885481
Colour: Silver Odometer: 7977 km
Engine Capacity: 1591 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: Yes Steering (Serviceable): Yes Footbrake (Serviceable): Yes
Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition: Yes

CONDITION OF TYRES

Front Tyre Size: 205/55 R16 Rear Tyre Size: 205/55 R16
Front Left Side: Kumho 6 mm Rear Left Side: Kumho 6 mm
Front Right Side: Kumho 6 mm Rear Right Side: Kumho 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,000.00	806.00	194.00	19.40
Miscellaneous Items	0.00	0.00	0.00	
Labour	830.00	530.00	300.00	36.14
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,830.00	1,336.00	494.00	26.99
Approved Total (Overridden) (S\$)		1,050.00		
Nett Amount (S\$)	1,830.00	1,050.00	780.00	42.62

INSPECTION

Date of Assignment: 08/10/2019
Date Inspected: 01/10/2019 Inspected At: Thian Choon Auto
Singapore 575721
Estimated Period of Repair: 2.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: SHIAU CHAN

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.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 08 Oct 2019)
Parts: 143	HYUNDAI AVANTE 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SMK5756H)	
Validity:	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
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount	
1	1		*REAR BUMPER	Deformed	520.00 F	*520.00 FL	
2	1		*REAR BUMPER LOW BODY KIT	Deformed	450.00 F	*450.00 FL	
3	1		*REAR NUMBER PLATE	Dented	30.00 FS	*30.00 FS	
					Sub Total (S\$)	1,000.00	1,000.00
					- List Item Discount on L Items 0.00/20.00% (S\$)	0.00	194.00
					Total Parts (S\$)	1,000.00	806.00

F=Franchise part. S=SpcNett. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items
There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	REMOVE REAR REVERSE SENSOR.	New	120.00	30.00
2	KNOCKING ADJUST ON AFFECTED AREA.	New	200.00	200.00
3	SPRAY PAINTING ON AFFECTED AREA.	New	350.00	300.00
4	REAR R BUMPER LAM.	New	160.00	0.00
Gross Labour Cost (S\$)			830.00	530.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >