

ASS. REC. BY:

REF:

CS122190172691 fb

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Gabriel Wu of ISI Date/Time: 1.10.19 11:23 AM

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBB 7325H Insured: SHD 7253Aat Workshop m/s Ah Chang Motor Service Centre Tel: 6483 5434of BLK 10 Ang Mo Kio Ind 2A #03-16

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

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

Make of Veh: \_\_\_\_\_ D.O.A. 16/09/2019  
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 1.10.19 3.09 p.m Person Contacted: Ah Chang Vehicle IN ☒ OUT

Date/Time	Action/Instruction ( ✓ ) Estimate. Owner say wait need claim not get repair
	SHD 7253A: X
	GBB 7325H: CS31A2G14021090/R2E3W2 DOA = 08/11/2014
	Draw.
24/7/2020	withdraw claim Talk to Ah Chang. <i>Celine</i> 24/7/2020.
24/7 10.30am	Email to Gabriel, owner withdraw claim.

## View Sent Message

This mail is associated with :

**\*GBB7325H**  
**[SHD7253A]**

TP  
TSM C & S CONSULTANT PTE LTD  
Sep 16 2019 10:00AM

Ah Chang Motor Service Centre

[Resend](#)[View Recipients](#)[Print Message](#)[Delete Message](#)[Forward](#)

**From** LKK Auto Consultants Pte Ltd (LKK\_HQ), sent on 24/07/2020 10:37 AM.  
**To** motorclaim@iii.com.sg  
**CC** ASSIGNMENTS@LKKAUTO.COM  
**Subject** WITHDRAW CLAIM GBB7325H

Dear Gabriel,

Thank you for the assignment.

As spoken with the repairer, workshop withdraw claim.

Rgds,  
Su Thing

### DOCUMENTS SUMMARY

There are no documents.

## Summer Lee (LKK Auto)

---

**From:** Summer Lee (LKK Auto) <admin-d@lkkauto.com>  
**Sent:** Friday, 24 July, 2020 10:34 AM  
**To:** 'Motor Claim - III'; 'Assignments'; 'sur@lkkauto.com'  
**Cc:** 'Sundari Nagarajan - III'  
**Subject:** RE: Notice of Accident - Traffic accident involving GBB 7325 H and SHD 7253 A (your insured) on 16.09.2019 at/along the CTE towards the SLE ; Our ref: LCH.my/AMK10-90719.19

Dear Gabriel,

Thank you for the assignment.

As spoken with the repairer, workshop withdraw claim.

Best Regards,

**Summer Lee** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Motor Claim - III <motorclaim@iii.com.sg>  
**Sent:** Tuesday, 1 October, 2019 11:23 AM  
**To:** Melody Yap <mail@cheonghoh.sg>; 'sur@lkkauto.com' <sur@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Cc:** Sundari Nagarajan - III <sundari@iii.com.sg>  
**Subject:** RE: Notice of Accident - Traffic accident involving GBB 7325 H and SHD 7253 A (your insured) on 16.09.2019 at/along the CTE towards the SLE ; Our ref: LCH.my/AMK10-90719.19

Dear Sir / Mdm,

Please conduct a survey on TP vehicle GBB7325H and let us have your report urgently.

This claim will be handled by Ms Sundari.

\*Kindly upload this survey request email to merimen.

Thank You.

Best Regards,  
**Gabriel Wee**



64 Cecil Street; #05 - IOB Building  
Singapore 049711  
Tel: 6347 6100, Ext - 248

**From:** Melody Yap [mailto:mail@cheonghoh.sg]

**Sent:** 01 October, 2019 10:42 AM

**To:** Motor Claim - III <motorclaim@iii.com.sg>

**Subject:** Re: Notice of Accident - Traffic accident involving GBB 7325 H and SH 7253 A (your insured) on 16.09.2019 at/along the CTE towards the SLE ; Our ref: LCH.my/AMK10-90719.19

Dear Sir/ Madam,

We refer to the above matter and to your email of even date.

Our client hereby nominate surveyor from LKK Auto Consultants Pte Ltd of your said letter to conduct the pre-repair survey of the damages to our client's vehicle arising out of the above mentioned accident.

Please be informed that our client's vehicle GBB 7325 H is currently laying at our client's workshop, Ah Chang Motor Service Centre , Blk 10 Ang Mo Kio Industrial Park 2A Ang Mo Kio Auto Point #03-16 Singapore 568047. Kindly proceed to do the needful and you may contact the person in charge Diana at 64835434 before your surveyor attend at the said workshop.

Thank you.

Thanks & regards,

Melody

**CHEONGHOH LAW CORPORATION**

**Blk 53 Chin Swee Road #03-05 Singapore 160053**

**T: 6337 8700 | F: 6337 3700 | E: [mail@cheonghoh.sg](mailto:mail@cheonghoh.sg)**

On 1 Oct 2019, at 9:07 AM, Motor Claim - III <motorclaim@iii.com.sg> wrote:

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

*Best Regards,*

**Gabriel Wee**

<image001.jpg>

64 Cecil Street; #05 - IOB Building

Singapore 049711

Tel: 6347 6100, Ext – 248

**From:** Melody Yap [mailto:mail@cheonghoh.sg]

**Sent:** 30 September, 2019 4:22 PM

**To:** Motor Claim - III <motorclaim@iii.com.sg>

**Subject:** Notice of Accident - Traffic accident involving GBB 7325 H and SH 7253 A (your insured) on 13 July 2019 at/along the CTE towards the SLE ; Our ref: LCH.my/AMK10-90719.19

Dear Sir/ Madam,

Please see attached Notice of Accident for your attention and reply.

Thanks & regards,

Melody

**CHEONGHOH LAW CORPORATION**

Blk 53 Chin Swee Road #03-05 Singapore 160053

T: 6337 8700 | F: 6337 3700 | E: [mail@cheonghoh.sg](mailto:mail@cheonghoh.sg)

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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## Nivitha (LKK Auto)

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**Sent:** Tuesday, 1 October 2019 11:23 AM  
**To:** Melody Yap; 'sur@lkkauto.com'; Admin-D (LKKAuto)  
**Cc:** Sundari Nagarajan - III  
**Subject:** RE: Notice of Accident - Traffic accident involving GBB 7325 H and SHD 7253 A (your insured) on 16.09.2019 at/along the CTE towards the SLE ; Our ref: LCH.my/AMK10-90719.19  
**Attachments:** 90719 (NOA).pdf

Dear Sir / Mdm,

Please conduct a survey on TP vehicle GBB7325H and let us have your report urgently.

This claim will be handled by Ms Sundari.

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Thank You.

Best Regards,  
**Gabriel Wee**



64 Cecil Street; #05 - IOB Building  
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We refer to the above matter and to your email of even date.

*Veh Out*

Our client hereby nominate surveyor from LKK Auto Consultants Pte Ltd of your said letter to conduct the pre-repair survey of the damages to our client's vehicle arising out of the above mentioned accident.

Please be informed that our client's vehicle GBB 7325 H is currently laying at our client's workshop, Ah Chang Motor Service Centre , Blk 10 Ang Mo Kio Industrial Park 2A Ang Mo Kio Auto Point #03-16 Singapore 568047. Kindly proceed to do the needful and you may contact the person in charge Diana at 64835434 before your surveyor attend at the said workshop.

Thank you.

Thanks & regards,

Melody

**CHEONGHOH LAW CORPORATION**

**Blk 53 Chin Swee Road #03-05 Singapore 160053**

**T: 6337 8700 | F: 6337 3700 | E: [mail@cheonghoh.sg](mailto:mail@cheonghoh.sg)**

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**Gabriel Wee**

<image001.jpg>

64 Cecil Street; #05 - IOB Building

Singapore 049711

Tel: 6347 6100, Ext – 248

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**Sent:** 30 September, 2019 4:22 PM

**To:** Motor Claim - III <[motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg)>

**Subject:** Notice of Accident - Traffic accident involving GBB 7325 H and SH 7253 A (your insured) on 13 July 2019 at/along the CTE towards the SLE ; Our ref: LCH.my/AMK10-90719.19

Dear Sir/ Madam,

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Thanks & regards,

Melody

**CHEONGHOH LAW CORPORATION**

**Blk 53 Chin Swee Road #03-05 Singapore 160053**

**T: 6337 8700 | F: 6337 3700 | E: [mail@cheonghoh.sg](mailto:mail@cheonghoh.sg)**

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service



providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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India International Insurance Pte Ltd.

Registration No. 198703792-K

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India International Insurance Pte Ltd.

Registration No. 198703792-K

# **Cheonghoh Law Corporation**

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053  
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply please quote our Reference Number

Our Ref: LCH.my/AMK10-90719.19

30.09.19

BY FAX NO. 62244174 AND BY HAND  
India International Insurance Pte Ltd  
64 Cecil Street #05-00  
IOB Building  
Singapore 049711

BY CERTIFICATE OF POSTING  
Comfort Transportation Pte Ltd  
383 Sin Ming Drive  
Gas Building  
Singapore 575717

BY CERTIFICATE OF POSTING

Dear Sirs

We are instructed by Tsm C&S Consultants Pte Ltd to notify you of a road traffic accident on 16.09.19 at about 10:15 am at Serangoon Road heading the PIE Flyover Tunnel involving our client's vehicle registration number GBB 7325 H and vehicle registration number SHD 7253 A driven by your insured driver/you/your driver at the material time. A copy of the Singapore accident statement filed is available.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

For the avoidance of doubt, our client will be claiming for compensation for loss of use/rental of a replacement vehicle in the instances enumerated in the State Courts Practice Direction Amendment No. 1 of 2016 paragraphs 7.1 and 7.2 of the Appendix C of the Pre-action Protocol for Non-Injury Motor Accident Cases which compensation is additional to any other claim for loss of use/rental of a replacement vehicle which our client may make against your insured and/or your insured's driver and or you/your driver.

Yours faithfully

**Cheonghoh Law Corporation**

encs:

This is a computer-generated document and requires no signature

cc: client (via e-mail/fax only) - GBB 7325 H

### 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	28/09/2019 09:54
Date Of Accident	16/09/2019 10:15
Exact Location Of Accident	SERANGOON RD HEADING PIE FLYOVER TUNNEL
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7325H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TSM C&S CONSULTANTS PTE LTD
Co Reg No	201914152Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91770708
<b>Vehicle Particulars</b>	
Manufacturer	RENAULT
Model	KANGOO II EXPRESS 1.5L DCI 70 BHP MT 6DR
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109553027-000007
Cover Note Number	
<b>Driver</b>	
Name of Driver	QUEK SOON HO
NRIC No	S0636993F
Date Of Birth	29/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	03/03/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91770708
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 571C WOODLANDS AVENUE 1 #11-938  
 Postcode 733571  
 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 COLLISION - CHANGE/CROSS LANE  
 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) 3  
 Passenger 1 NAME: : UNKNOWN  
 GENDER: : MALE  
 Passenger 2 NAME: : UNKNOWN  
 GENDER: : FEMALE

#### 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 SKETCH PLAN. WILL REPAIR AND CLAIM AT ACM.

#### 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 SHD7253A  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode

# Sketch Plan #2

## SKETCH PLAN

Seemangem Rd heading PIE Flyover tunnel.

Vehicle A GRS 7325HE  
Vehicle B SUP 7253A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16 Sep 2019, time around 10:15 am
I driving vehicle A GRS 7325H at 1st lane
and the traffic is slow, I keep in
my lane, vehicle B SUP 7253A, surprise
lane and hit the my vehicle LH front
side, the taxi driver say he want
to airport, I just take the accident
scene photo and vehicle photo. he no
give personal detail, I do report to
the third party claim
will repair and claim at ACM

## 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:

28/9/19

Reporting Centre Personnel's Signature  
Name:  
NRCPIN No.:

## 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 Roadworthy 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 (a) 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.: