

10/07/2019

ASS. REC. BY:

REF: CS3/MSG19015096/T1803-1

Special Instruction

Survey: TAMSIK

ASSIGNMENT (Office)

From (Person): Monica Chung

of MSLG

Date/Time: 03/10/2019

Estimated Cost:

Bill for:

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

To Inspect Vehicle No:

YN6635J

Insured:

YN9838M

at Workshop no/s

Thiam Hong Motor

Tel:

98558158

of

1 Bukit Batok Crescent #03-17/18

Policy No:

28634825MKC

Claim No:

603891

Sum Insured:

Excess:

Make of Veh:

D.O.A.

25/08/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11:30am 27/09/19

Person Contacted:

Johnny

Vehicle IN

OUT

Date/Time	Action/Instruction
	1. YN6635J X
	YN 1858M-CS/MSG16006517/M/gh30
	YN 6635J-X
	Demand: 2/8/2019
	After repair: 2/9/2019

454250 5 days.

( \$ 550/- Red - 10% )

Signature

18/10/2019

454250

5 days

Do Not Finalise

RECEIVED 21 OCT 2019

ASS. REC. BY:

REF: MS14

PES

## ASSIGNMENT

From:

Date:

28/8/19

Estimated Cost:

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

To inspect Vehicle No:

YN9858M

at Workshop m/s

Thiam Heng Motor

of

1BK Batok Crescent #03-17/18

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

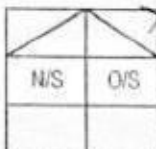
Make of Veh:

1pm - 5pm

Johnny @ 9855 8158

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

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 <sup>up</sup>

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

YN6635J

Yr Regn:

2014, Oct.

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

Truck / Trailer or

Make:

Mitsubishi Canter FES24

cc

2498

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

139283

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

FES21E A00611

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:

195/R15.

R:

- (17)

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

TOYO / YOKO or

Front

6

mm

Rear

4/6

mm

R/Bal.

6

mm

L/Bal.

4/6

mm

D.O.A.

D.O.I.

Survey held at

Thiam Heng Motor

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

Frt / O/S

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

Date / Time

Action / Instruction

Range - 4,000 - 5,000

Repair days - 5 days

11/9/2019

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

2

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + PS: \$

Plates

License

P-124

Report Format:

PES.

Lump Sum / LBJ: (\$

## Nivitha (LKK Auto)

**From:** Accounts (LKKAuto) <account@lkkauto.com>  
**Sent:** Thursday, 3 October 2019 12:01 PM  
**To:** Admin-D (LKKAuto)  
**Cc:** Accounts (LKKAuto)  
**Subject:** Report Send Back Alerts - YN6635J (TP)

Dear Nivitha,

FYNA Please...

### Pending for Survey Report- CS3/MSG19015096/T1CD3S2

27 03 Oct 2019 10:05	<b>Ins Send Back Adj Rpt</b>	Paper adjustment	[1] Monica Chung Pe
28 03 Oct 2019 10:05	<b>Adj Next Rpt Changed</b>	Next Rpt:Final Rpt.Due Date:2019/10/07	[1] Merimen Adminis
29 03 Oct 2019 10:05	<b>Adj Mandate Set</b>	Maintained.	[1] Merimen Adminis

Thank You

Best Regards,



SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: [account@lkkauto.com](mailto: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, 3 October 2019 10:20 AM  
**To:** [account@lkkauto.com](mailto:account@lkkauto.com)  
**Subject:** Report Send Back Alerts - YN6635J (TP)

Dear Sir / Madam,

Please login to Merimen Online at [www.merimen.com.sg](http://www.merimen.com.sg) for more information.

Thanks,  
The Merimen Team



**AVG**

This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://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	26/08/2019 15:25
Date Of Accident	25/08/2019 16:00
Exact Location Of Accident	PIONEER SECTOR 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6635J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THIAM HENG AUTO (S) PTE LTD
Co Reg No	199905778R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82633336
Alternative Phone No	OFFICE-82633336

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D (A)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075233550-03
Cover Note Number	

### Driver

Name of Driver	LEE HAM BOON
NRIC No	S0215569I
Date Of Birth	23/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1974
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82633336
Fax Number	
Contact Number	OFFICE-82633336

Address	154 WOODLANDS STREET 13 #08-501
Postcode	S7301545
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	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

I WAS TRAVELLING ALONG PIONEER SECTOR 2 ON A 1 LANE 2 WAY ROAD, I HAD MY LEFT SIGNAL LIGHT ON TO TURN LEFT INDICATING MY INTENTION TO TURN INTO PIONEER SECTOR WALK. THERE WAS A TRUCK WHICH OVERTAKE MY VEHICLE FROM THE RIGHT TO TURN LEFT (GOING AGAINST THE FLOW OF TRAFFIC), AS A RESULT, THE LEFT SIDE PORTION OF THE SAID VEHICLE HIT ONTO A FRONT RIGHT PORTION OF MY VEHICLE.

#### Attachment(s)

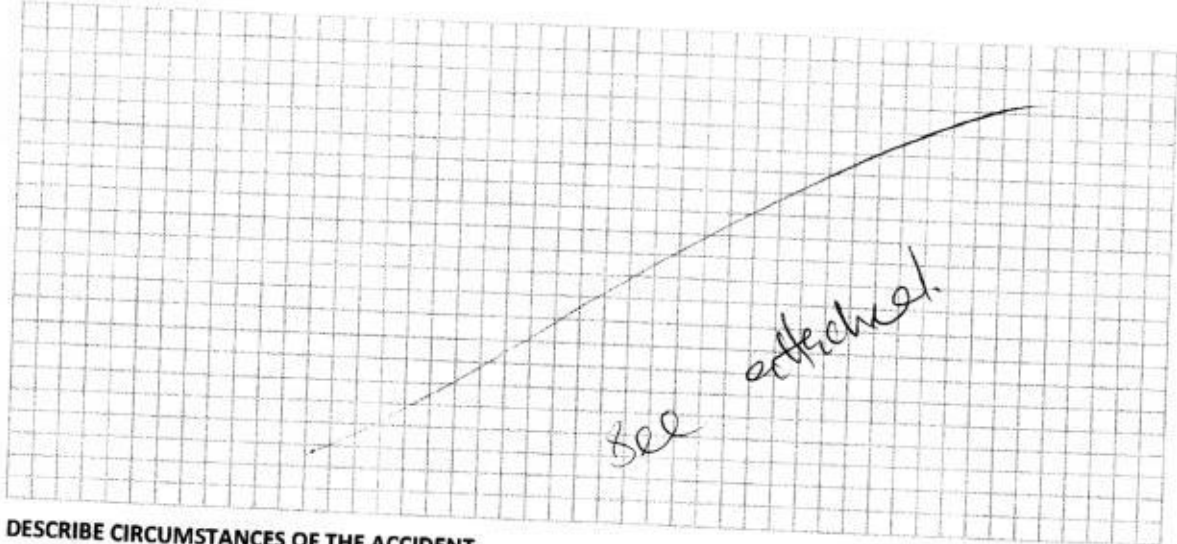
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9858M
Vehicle Make/Model/Colour	TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHETTUPALLI CHINNARAO
NRIC/Passport Number	G7262104U
Contact Number	92430420
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Empty lined area for describing the circumstances of the accident, with a diagonal line drawn across it. The handwritten text 'LNU' is written across the lines.

LNU

DECLARATION

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



Policyholder's Signature  
Date & Time:

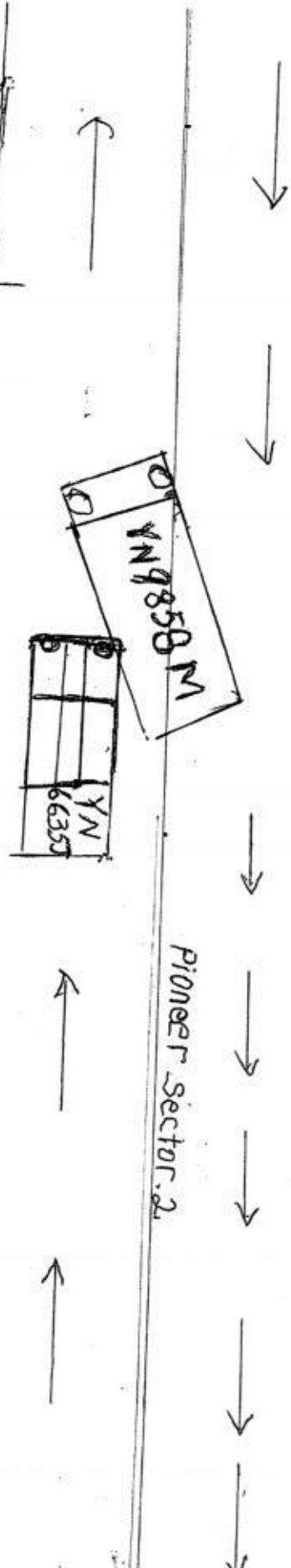
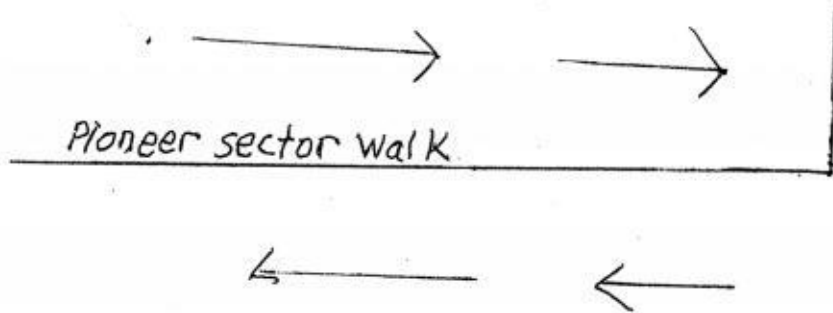
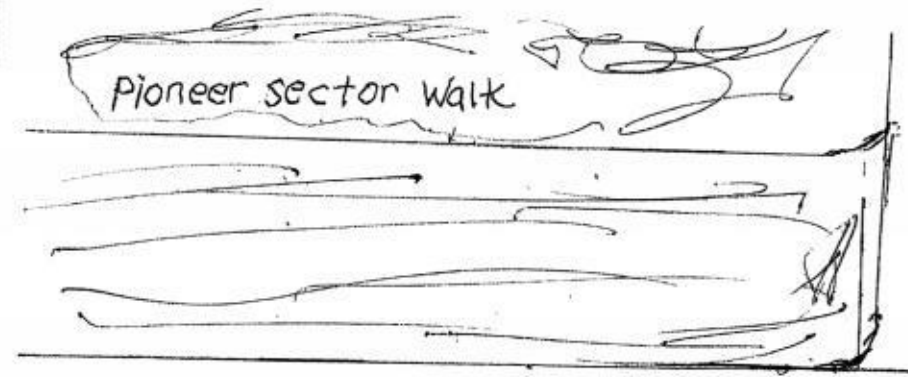
  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

26 AUG 2019

IDAC BUKIT BATOK (PAC)  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6560 0722  
Email: vacbb@singnet.com.sg

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



LEE HAM BOON  
S.0215569 I (YN 6635 J)  
TEL. 82633336

CHETUPALLI CHINMA RAO  
G 72621040 (YN 9858 M)  
TEL 92430420  
16.00 PM  
25/8/2019  
16. PM



## Accident 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:

26 AUG 2019

IDAC BUKIT BATOK (VAC)  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6560 0722  
Email: vacbb@singnet.com.sg

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Your NCD will be affected due to late reporting**  
**Actual e-Filing Submission Date & Time: 27/08/2019 15:22**

## 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	27/08/2019 14:55
Date Of Accident	25/08/2019 16:00
Exact Location Of Accident	JUNCTION OF PIONEER SECTOR & PIONEER WALK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9858M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ATWIN OFFSHORE AND MARINE PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96571852

### Vehicle Particulars

Manufacturer	ISUZU
Model	FV
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28634825MKC
Cover Note Number	

### Driver

Name of Driver	CHETTUPALLI CHINNA RAO
Passport No/FIN	G7262104U
Date Of Birth	30/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2010
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92430420
Fax Number	
Contact Number	

Address	2, GUL LANE
Postcode	629403
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	SIDE SWIPE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG DIVISION HQ
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 18007910000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### 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	YN6635J
Vehicle Make/Model/Colour	
Details Of Properties	REFER ATTACHED
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE HAM BOON
NRIC/Passport Number	S0215569I
Contact Number	82633336
Address	
Postcode	
Insurance Company Name	

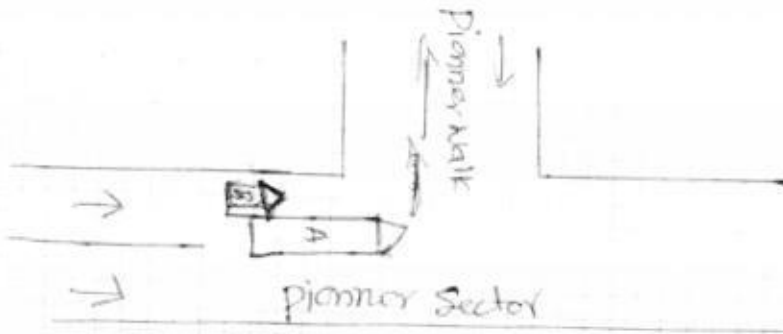
No. Of Passenger (Including Driver)

# Sketch Plan

SKETCH PLAN

A: YN9858M

B: YN 6635 J



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Driving Vehicle 'A' Going to pioneer walk left turning suddenly vehicle 'B' Hit on left side my vehicle side both a ~~the~~ Exchanged/retricular, No Injury, Do Reporting only

## DECLARATION

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

Policyholder's Signature

Date & Time: 26/04/2019.

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

#### IMPORTANT NOTICE

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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: 26/07/2019

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

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

Annex D



**NOTICE OF COMPLIANCE**

This is to confirm that Chettupalli Chinna Rao, G7262104U, C/O Edwin Marine Engineering Pte Ltd, HP: 92430420 has reported to the police a non-injury traffic accident which occurred at the T-Junction of Pioneer Sector X Pioneer Walk on 25/08/2019 at 1600hrs involving the following vehicle: YN9858M and YN6635J.

- 2 He has therefore complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Date: 26/08/2019

Name of Issuing Officer: SSSgt Low Yong Chin

S/D Ref: 208

Police Post/Unit: **Jurong Police Div/Nanyang NPC**

NANYANG NPC  
? JURONG WEST AVE 5  
SINGAPORE 649482  
TEL : 1800-7929999



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

