

22/09/2019

ASS. REC. BY:

REF: CS3/MSG19008393/Gsd3-1

Special Instruction:

SURVIVOR: GQ

ASSIGNMENT (Office)

From (Person): Ng Chen Hui of MSG Date/Time: 11/10/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SM C 8565P

Insured: SDD 2191A

at Workshop m/s King's Auto Air - (conditioning)

Tel: 96956517

of Block 176 Sin Ming Drive #02-10

Policy No: 27567961 SMP

Claim No: 593230

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 8.5.2019

CA / REV / REP. / REV 24 HRS

"up"

H.O.D. Endorsement:

Date/Time: 15.5.19 10:56 AM

Person Contacted: Alex

Vehicle: IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
	SM C 8565P - X
	SDD 2191A - X
	Dismantle: 16/5/2019
	After repair: 23/5/2019

Do Not Finalise

\$4000, 5 Days.

(\$3500/- Red - 47%)

29/10/2019

RECEIVED 9 OCT 2019

PRS

REF: MS19

# ASSIGNMENT

From:   
 Date: 15.5.2019   
 Estimated Cost:   
 OD: TP / WS / TP RES / OD RES / EVA / INV / MV   
 To Inspect Vehicle No: SM1 8565P   
 at Workshop n/s King's Auto Air Conditioning   
 of Black 176 sin ming Drive #02-18   
 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.

Bot. or Market Value:

IDAC Accident Report: Consistent? Yes or No

GIA / PR Sum: Consistent? Yes or No

Est. Repairs: 5 days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT.

Veh No: SM1 8565P   
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /   
 Truck / Trailer or   
 Make: Honda odyssey 2.4 2354   
 Colour: Grey   
 Sp. Reading: 156465   
 Eng/No:   
 C/Nr: JHM RB3850 9C290577   
 Gen. Cond: Good / Fair / Poor / Burnt   
 Steering: In order / Jammed / Leaked / Burnt or   
 Brake: In order / Jammed / Leaked / Burnt or   
 Mod: Nil / STD A/Rim or   
 Tyre Size: F: 225/50 R17   
 R: 11

BS / DUN / EXNOVA / GY / F5 / LIZA / MIC / OHTSU / PIR / SUMI /

TOYOTA YOKO or

Front

R/Bal: 6 mm

L/Bal: 6 mm

D.O.A.

Survey held at

Des. 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

\$5000 - \$6000   
 16/5/2019

Date/Time, File Pass to:

☐ : Prel. Report   
☐ : Final Report

1)

Date/Time, File Return to:

2)

Report Format: PRS -

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

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ Site Insp (\$   
☐ Interview (\$   
☐ Tech. Insp (\$   
☐ Weekend (\$

Survey Fee:

Transportation

1) S - PRS - 14

Phone

Others

TOTAL

120

11

131

## Nivitha (LKK Auto)

---

**From:** Accounts (LKKAuto) <account@lkkauto.com>  
**Sent:** Monday, 14 October 2019 9:22 AM  
**To:** Admin-D (LKKAuto)  
**Cc:** Accounts (LKKAuto)  
**Subject:** RE: Report Send Back Alerts - SMC8565P (TP)

Dear Nivitha,

FYNA Please...

**Pending for Survey Report-CS3/MSG19008593/GCD3E2**

11 Oct 2019 08:23	<b>Ins Send Back Adj Rpt</b>	Please do paper resurvey	[I] NG CHEN HOW
11 Oct 2019 08:23	<b>Adj Next Rpt Changed</b>	Next Rpt:Final Rpt.Due Date:2019/10/15	[I] Merimen Administrator
11 Oct 2019 08:23	<b>Adj Mandate Set</b>	Maintained.	[I] Merimen Administrator

Best Regards,



SuthaShella [Shella] | 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:** Friday, 11 October 2019 8:40 AM  
**To:** account@lkkauto.com  
**Subject:** Report Send Back Alerts - SMC8565P (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



This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)

# AUTO PERFORMANCE APPRAISAL

APA

VEHICLE SURVEY REPORTS																																				
<p>Loh Kok Weng C/O King's Auto Air-Conditioning Service 176 Sin Ming Drive Sin Ming AutoCare #02-10 Singapore 575721</p>																																				
1	<b>Reference</b> Job Reference No : 19/001911 Claim No : - Claim Type : Third Party Accident Date : 08/05/2019 Survey Date : 14/05/2019 Survey Report Date : 30/05/2019																																			
2	<b>Particulars Of Vehicle</b> Vehicle Registration No : SMC8565P Make & Model : Honda Odyssey 2.4L Vehicle Registration Date : 29/01/2010 Chassis No : JHMRB509C200577 Engine No : Blocked Colour : Grey																																			
3	<b>Condition Of Vehicle And Tyres</b> <table border="1"><thead><tr><th><u>Mileage (KM)</u></th><th><u>Brakes</u></th><th><u>Steering</u></th><th><u>Modification</u></th></tr></thead><tbody><tr><td>156465</td><td>Serviceable</td><td>Serviceable</td><td>None</td></tr><tr><td colspan="4"><b>Tyres</b></td></tr><tr><td><u>Front RHS</u></td><td><u>Make</u></td><td><u>Size</u></td><td><u>Balance (MM)</u></td></tr><tr><td>Front RHS</td><td>Toyo</td><td>225/50R17</td><td>5</td></tr><tr><td>Front LHS</td><td>Toyo</td><td>225/50R17</td><td>5</td></tr><tr><td>Rear RHS</td><td>Toyo</td><td>225/50R17</td><td>6</td></tr><tr><td>Rear LHS</td><td>Toyo</td><td>225/50R17</td><td>6</td></tr></tbody></table>				<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>	156465	Serviceable	Serviceable	None	<b>Tyres</b>				<u>Front RHS</u>	<u>Make</u>	<u>Size</u>	<u>Balance (MM)</u>	Front RHS	Toyo	225/50R17	5	Front LHS	Toyo	225/50R17	5	Rear RHS	Toyo	225/50R17	6	Rear LHS	Toyo	225/50R17	6
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Front LHS	Toyo	225/50R17	5																																	
Rear RHS	Toyo	225/50R17	6																																	
Rear LHS	Toyo	225/50R17	6																																	
4	<b>Description Of Damages</b> The vehicle sustained damages at rear portion. (For information of damages please refer to Parts/Labour/Photographs attached)																																			
5	<b>Instruction</b> This survey was conducted entirely on a "WITHOUT PREJUDICE" basis, and we have not authorised any repair.																																			

## Аппенд А

Ref No : 19/001911

<u>S/No</u>	<u>Qty</u>	<u>Parts Description</u>	<u>Comments/condition</u>	<u>Workshop</u> <u>Estimate (\$)</u>	<u>Our</u> <u>Assessment (\$)</u>
-------------	------------	--------------------------	---------------------------	---	--------------------------------------

		<u>Special Nett Items</u>		
23	1 set Reverse sensors (C/W 4 pcs)	Malfunction	500.00	500.00 ✓ 200
24	1 set Reverse camera	Malfunction	450.00	450.00 X 500
25	1 set Rear windscreen sealant	Necessary	50.00	50.00 ✓
26	1 set Rear end panel sealant	Necessary	50.00	50.00 ✓
				300
		Total :	1,050.00	1,050.00
		Total Spare Parts :	7,890.56	7,086.00

# AUTO PERFORMANCE APPRAISAL

## Vehicle Assessment Reports

Annex B

Ref No : 19/001911

### Damage And Repair Cost Adjustment

<u>Items</u>	<u>Job Description</u>	<u>Workshop Estimate (\$)</u>	<u>Adjusted Costs (\$)</u>	
1	To remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	1,200.00	800.00	600
2	To putty and respray painting on affected areas.	1,400.00	1,000.00	700
3	To remove, refix rear windscreen glass.	140.00	120.00	✓
4	To check wirings and lightings.	50.00	30.00	✓
5	To remove, refix reverse sensor & reverse camera.	120.00	80.00	✓
6	To remove, refix tailgate fittings.	80.00	50.00	✓
7	To remove, refix rear upholstery & attachments.	120.00	80.00	✓
8	To remove, refix exhaust silencer/pipes assy.	120.00	80.00	X
9	To supplied and applied anti rust treatments.	100.00	60.00	✓
Total Labour :		3,330.00	2,300.00	1720
Total Spare Parts :		7,890.56	7,086.00	
Total Labour :		3,330.00	2,300.00	
Total Repair Costs :		11,220.56	9,386.00	

5001.76  
20% 4000  
5 days.

### Assessor's Recommendation

Repairer Estimate : 11,220.56  
Our Adjustment : 9,386.00

### Remarks

The repairer has agreed to undertake the repair on a lump sum basis of \$7,500.00, with a repair period of 8 working days.

Surveyed By:

  
Lek Boon Hwee



**ASPIRAL LAW CORPORATION**  
**ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS**

171 Chin Swee Road #02-06 CES Centre Singapore 169877

Telephone: (65) 6306 6060

Fax: (65) 6506 6064

Email: (General): [info@asplaw.com.sg](mailto:info@asplaw.com.sg) (Claims): [aspiralaw@gmail.com](mailto:aspiralaw@gmail.com)

Our Ref: ASP/0319/0030/PI(kt)

19 March 2019

**RAFFLES MEDICAL**  
118 Holland Avenue  
#05-02  
Raffles Holland V  
Singapore 278997  
Medical Report Department

Dear Sir,

**APPLICATION FOR MEDICAL REPORT**

**PATIENT: T SUDESH MAX (ID NO. S9047070A)**

We act for the above patient in his claim for personal injury claim as a result of an accident on 22 November 2018.

Our client sustained injuries due to the above and consulted your doctor for the injuries thereafter.

Kindly let us have copies of our client's medical & X-ray reports and inpatient discharge summary (if any). We would be very appreciative if you could include the final diagnosis of our client's injuries in your medical report.

We undertake to forward payment in respect of any fee incurred herein for the said report.

We also enclose herewith our client's Warrant to Act for your necessary action.

We look forward to hearing from you as soon as possible.

Yours faithfully



Encl

**CONFIDENTIALITY CAUTION**

This message is intended only for the use of the individual or entity to whom it is addressed and contains information that is privileged and confidential. If you, the reader of this message, are not the intended recipient, you should not disseminate, distribute or copy this communication. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address at our expense. Thank you.

**URGENT**

BY POST AND FAX  
(6250 9919)

**REMINDER**

24 MAY 2019

10 SEP 2019



# TAX INVOICE

GST REGN NO.	: M9-0000467-N	PAGE	: 1 of 1
VISIT NO.	: G14619020566	BILL TYPE	: PATIVNOUT
VISIT DATE/TIME	: 04-OCT-2019 03:17PM	BILL DATE	: 04-OCT-2019
INVOICE NO.	: PG14619020566-1	PATIENT NAME	: T SUDESH MAX
PAY BY	: SELF	PATIENT ID NO.	: *****070A
PAYER NAME	: T SUDESH MAX	POLICY NO.	:
ADDRESS	: 505 JELAPANG ROAD #02-454 SINGAPORE 670505		

DESCRIPTION	QTY	S\$	S\$
MEDICAL REPORT/LETTER			
MEDICAL REPORT - ROUTINE TYPED	1.0	150.00	
			150.00
SUB-TOTAL			150.00
TOTAL CHARGES BEFORE GST			150.00
GST @ 7%			10.50
TOTAL CHARGES AFTER GST			160.50
TOTAL BALANCE DUE			160.50
AMOUNT DUE FROM SELF			160.50

I CONFIRM THAT I HAVE RECEIVED THE MEDICAL SERVICES AND UNDERTAKE TO PAY THE CHARGES IN FULL ON OR BEFORE \_\_\_\_\_

NAME: \_\_\_\_\_

• • • • •  
• • • • •  
• • • • •





> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	9329C
<b>Vehicle Details</b>	
Vehicle No.:	SMC8565P
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jun 2019
Vehicle Make:	HONDA
Vehicle Model:	ODYSSEY 2.4L AT SR
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	K24Z21300583
Chassis No.:	JHMRB38509C200577
Maximum Power Output:	132.0 kW (177 bhp)
Open Market Value:	\$33,690.00
Original Registration Date:	29 Jan 2010
First Registration Date:	29 Jan 2010
Transfer Count:	3
Actual ARF Paid:	\$33,690.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jan 2020
PARF Rebate Amount:	\$16,845.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	28 Jan 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$22,400.00
COE Rebate Amount:	\$1,439.00
<b>Total Rebate Amount:</b>	<b>\$18,284.00</b>

The information contained herein is correct as at 06 Jun 2019

OK

## 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	09/05/2019 14:26
Date Of Accident	08/05/2019 20:15
Exact Location Of Accident	JUNCTION OF CAVENAGH ROAD AND BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC8565P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH KOK WENG
NRIC No	S7349329C
Email Address	KOKWENG@UNI-CABLING.COM
Mobile Phone No	(LOCAL) +65-81002133
Alternative Phone No	OTHERS-66341588

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102457559
Cover Note Number	

### Driver

Name of Driver	LOH KOK WENG
NRIC No	S7349329C
Date Of Birth	10/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81002133
Fax Number	
Contact Number	OTHERS-66341588

Address	100 CLEMENCEAU AVENUE NORTH #12-103 CAVENAGH HOUSE
Postcode	229491
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	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

REFER STATEMENT (ATTENDED BY: JAMES NG)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CANNOT BE UPLOADED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDD2191A
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS TAY
NRIC/Passport Number	
Contact Number	96228259
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### SKETCH PLAN

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)

(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.

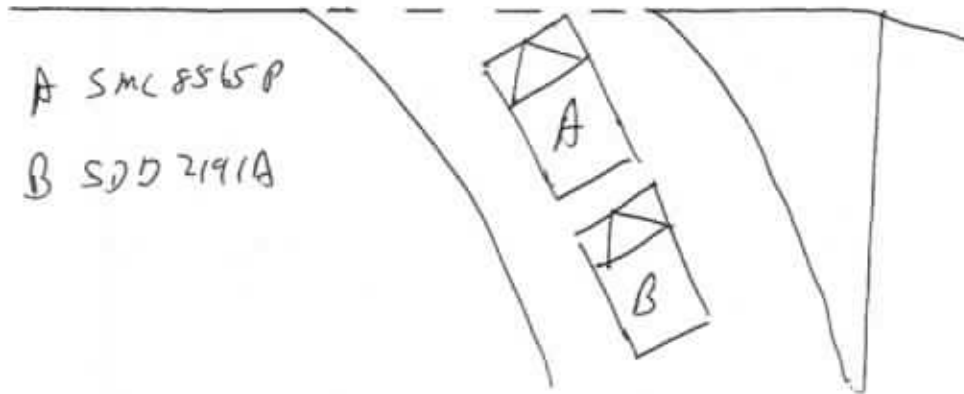
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

NG WING KIN JAMES  
admin.vac@vicom.com.s

Sketch Plan #2 Pg. 1

SKETCH PLAN

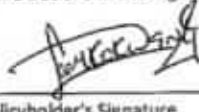


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop my car at the give way line waiting for oncoming vehicle to clear. Out of sudden, I feel and an impact from the rear as the car behind did not stop therefore hit onto my vehicle.

DECLARATION

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

  
Policyholder's Signature

Date & Time:

09 MAY 2019

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

Date & Time:



Reporting Centre Personnel's Signature

Name: **NG WING KIN JAMES**

admin.vac@vicom.com.sg

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## 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	11/05/2019 10:49
Date Of Accident	08/05/2019 20:30
Exact Location Of Accident	CAVENAGH RD / BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD2191A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY LAY PING
NRIC No	S6915495F
Email Address	LAYPINGLPT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96228259
Alternative Phone No	Office-96228259

### Vehicle Particulars

Manufacturer	BMW
Model	320
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

### Insurance Company

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

### Driver

Name of Driver	TAY LAY PING
NRIC No	S6915495F
Date Of Birth	18/05/1969
Occupation	INDOOR
Date Of Driving Pass	23/05/1994

Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96228259
Fax Number	
Contact Number	OFFICE-96228259
Email Address	LAYPINGLPT@GMAIL.COM
Address	22 NEWTON ROAD #09-07
Postcode	307990
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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

REFER TO ATTACH.

#### 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	SMC8565P
Vehicle Make/Model/Colour	HONDA ODYSSEY
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	LOH
NRIC/Passport Number	
Contact Number	81002133
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	1

## 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 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.

x   
Policyholder's Signature  
Date & Time: 11/5/2019  
9am

x   
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/5/2019  
9am

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

Hand-drawn sketch of the accident scene on graph paper. It shows a T-junction where Cavenagh Road meets Bukit Timah Road. A car labeled "the other vehicle (SMC 8565P)" is shown at the junction, and a motorcycle labeled "my vehicle" is shown further along Cavenagh Road.

Date : 8 May 2019  
Time : 8.30 pm.

I was driving along Cavenagh Road and turning left into Bukit Timah road where I collided with a Honda Odyssey in front of me. The speed I was travelling is around 60km/h.

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## ...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 May 2019		15 May 2019 10:03 <a href="#">Edit Adj Rpt</a>	<b>S\$4,000.00</b> <a href="#">Edit Estimates</a>	<b>S\$4,000.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	TAY LAY PING, ID: S6915495F, Tel: +6596228259, Email: LAYPINGLPT@GMAIL.COM								
Main Claimant:	LOH KOK WENG, ID: S7349329C								
Vehicle Reg. No.:	SMC8565P	Date of Loss:	06/05/2019 20:00 - :59 [111 Months and 9 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 593230	Policy/Cover Note No.:	275679615MP (Comprehensive) Coverage: 23/08/2018 - 22/08/2019						
Vehicle Reg. No. (Insured):	SDD2191A	Policy No. (Claimant):							
		Excess:	S\$1,000.00						
Repairer:	King's Auto Air-Conditioning Service (HQ) Block 176 Sin Ming Drive, #02-10, S75721 Sin Ming - Tel: 6457 8629								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jowyn Tay Mei Ling - 6643 1307]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 15/10/2019]								
Driver/Custodian (Insured):	TAY LAY PING (49 / Female) , NRIC: S6915495F, Tel: +6596228259 Email: LAYPINGLPT@GMAIL.COM								
Adj Asg. Remarks:	on WP. (MANUAL ASSIGNED) SURVEY DISAGREE ON SJE - ASSIGN LKK. LIABILITY: 100% CONTACT: 6457 8629								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
<ul style="list-style-type: none"> <li>MSIG_SG (11/10/2019): Report Send Back Alerts - SMC8565P (TP)</li> </ul>									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SMC8565P (593230)

[SDD2191A]









































TP















































LOH KOK WENG

May 8 2019 8:00PM

[TAY LAY PING]

King's Auto Air-Conditioning Service

Upload Documents		Upload Photos	Compose New Letter	View	View in Browser
<b>Assessment Reports</b>				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print	
1	15/05/19 09:23	<b>Accident Statement</b> From:OO - Reg. No: SDD2191A, Claimant: TAY LAY PING	 Load HTM		
<b>Photos/Images</b>				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print	
1	06/06/19 13:50	General View	 Load JPG	<input checked="" type="checkbox"/>	
2	06/06/19 13:50	General View	 Load JPG	<input checked="" type="checkbox"/>	
3	06/06/19 13:50	General View	 Load JPG	<input checked="" type="checkbox"/>	
4	06/06/19 13:50	General View	 Load JPG	<input checked="" type="checkbox"/>	
5	06/06/19 13:50	General View	 Load JPG	<input checked="" type="checkbox"/>	
6	06/06/19 13:50	General View	 Load JPG	<input checked="" type="checkbox"/>	
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32	06/06/19 13:50	General View	 Load JPG	<input checked="" type="checkbox"/>	
33	06/06/19 13:51	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>	
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Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
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95	06/06/19 13:51	Photo After Spray		<input checked="" type="checkbox"/>

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
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104	06/06/19 13:51	Photo After Spray		Load JPG	<input checked="" type="checkbox"/>
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	15/05/19 09:23	TP SAS REPORT <small>From:OD - Reg. No: SDD2191A, Claimant: TAY LAY PING</small>		Load PDF	
2	15/05/19 09:23	PRI-SMC8565P		Load PDF	
3	11/10/19 08:22	TP survey report		Load PDF	
4	11/10/19 09:03	photos		Load PDF	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (Internal Surveyor)		Thumbnail	Print
1	15/05/19 10:01	email - manual assign		Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	30/10/19 14:29	PRS Invoice		Load PDF	
2	30/10/19 14:36	Colour Photo		Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

# LKK Auto Consultants Pte Ltd

(Co.Reg.No:199807198R)

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: CS3/MSG19008593/GSD3E2-1

Date: 30/10/2019

### REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 27567961SMP

#### Claimant

Vehicle No : SMC8565P

Insured Vehicle No : SDD2191A

Date of Loss: 08/05/2019

Nature of Claim: TP

Claim No: 593230

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SMC8565P

Make & Model: HONDA ODYSSEY, 2.3 (A)

Engine No: K24Z21300583

Reg. Date: 29/01/2010 (Man. Year: 2009)

Chassis No: JHMRB38509C200577

Colour: Grey

Odometer: 156465 km

Engine Capacity: 2354 cc

Market Value/New Car

N/A

Price:

Sum Insured (S\$): Market Value/New Car Price

### CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

No

Pre-accident Condition:

### CONDITION OF TYRES

Front Tyre Size: 225/50 R17

Rear Tyre Size:

225/50 R17

Front Left Side: Toyo 6 mm

Rear Left Side:

Toyo 6 mm

Front Right Side: Toyo 6 mm

Rear Right Side:

Toyo 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	7,890.56	3,281.76	4,608.80	58.41
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,330.00	1,720.00	1,610.00	48.35
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>11,220.56</b>	<b>5,001.76</b>	<b>6,218.80</b>	<b>55.42</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>4,000.00</b>		
<b>Nett Amount (S\$)</b>	<b>11,220.56</b>	<b>4,000.00</b>	<b>7,220.56</b>	<b>64.35</b>

### INSPECTION

Date of Assignment: 15/05/2019

Date Inspected: 15/05/2019 Inspected At:

King's Auto Air-Conditioning Service  
(HQ)

Block 176 Sin Ming Drive, #02-10  
Singapore 575721

Estimated Period of Repair: 5.0 days

Adjuster: XING GUO QIANG

Manager: Hiew May Fung

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

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 30 Oct 2019)
<b>Parts:</b>	M1-MPV	HONDA ODYSSEY 2.3 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SMC8565P)	
<b>Validity:</b>	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	
<b>Further Info:</b>	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	876.40 FL	*703.50 FL
2	2		*REAR BUMPER REFLECTOR	Serviceable	76.00 FL	*- FL
3	2		*REAR BUMPER SIDE RETAINER	Broken	59.40 FL	*49.00 FL
4	1		*REAR BUMPER INNER REINFORCEMENT	Dented / Bent	253.40 FL	*97.40 FL
5	1		*SET REAR BUMPER CLIPS	Broken / Necessary	40.00 FL	*29.60 FL
6	1		*TAILLAMP	Serviceable	684.00 FL	*- FL
7	1		*REAR TAILGATE	Buckled	1,302.90 FL	*965.40 FL
8	1		*SET REAR TAILGATE WINDSCREEN MOULDING	Necessary	121.60 FL	*121.60 FL
9	1		*REAR TAILGATE OUTER GARNISH	Deformed / Broken	472.20 FL	*472.20 FL
10	1		*REAR TAILGATE TOP CENTRE H LOGO	Necessary	29.30 FL	*29.30 FL
11	1		*REAR TAILGATE LH ODYSSEY EMBLEM	Necessary	33.20 FL	*33.20 FL
12	2		*REAR TAILGATE SIDE LAMP	Serviceable	640.20 FL	*- FL
13	1		*REAR TAILGATE WEATHERSTRIP	Deformed / Cut	162.00 FL	*116.90 FL
14	1		*REAR TAILGATE INNER TRIM BOARD	Deformed / Broken	287.40 FL	*224.60 FL
15	1		*SET REAR TAILGATE INNER TRIM BOARD CLIPS	Necessary	60.00 FL	*30.00 FL
16	1		*REAR TAILGATE TOP LOCK	Bent	214.80 FL	*189.30 FL
17	1		*REAR TAILGATE LOWER LOCK CATCH	Serviceable	32.10 FL	*- FL
18	1		*REAR END PANEL	Buckled	575.40 FL	*490.20 FL
19	1		*REAR END PANEL TOP GARNISH	Deformed	175.00 FL	*175.00 FL
20	1		*REAR FENDER INNER SIDE TRIM	Serviceable	1,371.20 FL	*- FL
21	1		*SET REAR FENDER INNER SIDE TRIM CLIPS	Serviceable	60.00 FL	*- FL
22	1		*REAR RH LOWER EXHAUST SILENCER / PIPE	Serviceable	1,024.20 FL	*- FL
23	1		*SET REVERSE SENSORS (C/W 4PCS)	Malfunction	500.00 FS	*200.00 FS
24	1		*SET REVERSE CAMERA	Serviceable	450.00 FS	*- FS
25	1		*SET REAR WINDSCREEN SEALANT	Necessary	50.00 FS	*50.00 FS
26	1		*SET REAR END PANEL SEALANT	Necessary	50.00 FS	*50.00 FS

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

<b>Sub Total (\$\$)</b>	<b>9,600.70</b>	<b>4,027.20</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>1,710.14</b>	<b>745.44</b>
<b>Total Parts (\$\$)</b>	<b>7,890.56</b>	<b>3,281.76</b>

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
<u>Labour Items</u>				
1	TO PUTTY AND RESPRAY PAINTING ON AFFECTED AREAS	New	1,400.00	700.00
2	TO REMOVE, REFIX REAR WINDSCREEN GLASS	New	140.00	120.00
3	TO CHECK WIRINGS AND LIGHTINGS	New	50.00	30.00
4	TO REMOVE, REFIX REVERSE SENSOR & REVERSE CAMERA	New	120.00	80.00
5	TO REMOVE, REFIX TAILGATE FITTINGS	New	80.00	50.00
6	TO REMOVE, REFIX REAR UPHOLSTERY & ATTACHMENTS	New	120.00	80.00
7	TO REMOVE, REFIX EXHAUST SILENCER / PIPES ASSY	New	120.00	0.00
8	TO SUPPLIED AND APPLIED ANTI RUST TREATMENTS	New	100.00	60.00
9	TO REMOVE, CUT OUT DAMAGE PORTION, JACK OUT, STRAIGHTEN, PANEL BEATING, WELDING, ALIGN AND RENEW REPLACED PARTS	New	1,200.00	600.00
Gross Labour Cost (S\$)			3,330.00	1,720.00

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;