

27/03/2002

ASS. REC. BY:

REF: CS3/msg 19013194/TISF3

Special Instruction:

Surveyor: Taulith

ASSIGNMENT (Office)

From (Person): Muhd Ashik Bmadi of MSIG

Date/Time: 14/10/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SJC 8403J

Insured: YP 9349E

at Workshop m/s CH motor vehicle

Tel: 68418841

of BIK 3019 A ubi road 1 #01-30

Policy No: 29098103MKC

Claim No: 600930

Sum Insured:

Excess:

Make of Veh:

D.O.A. 23.7.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 22.7.19 3:20p.m

Person Contacted: Joe

Vehicle: IN/OUT

| Date/Time | Action/Instruction (X) Estimate |
|-----------|-----------------------------------|
| | SJC 8403J - X |
| | YP 9349E - X |
| | Diamondville: 29/7/2019 |
| | After repair: 13/8/2019 |

Do Not Finalise

(\$ 1,040/- Red - 16%)

4/5 \$5350, 6 days

RECEIVED 3 NOV 2019

23/10/2019

INS. REC. BY

Tayfer

REF:

W3169

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop no/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

NO 619

\$6000 - \$7000

8 days

Veh No:

SJC.84035

yr Regn:

Feb / 08

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

Truck / Trailer or

Make:

Mitsubishi

C.C.

1998

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

41899

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

CZ4A0000976

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:

205/35R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

26/3/17 4pm

Survey held at

CH Motor

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

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

Dated/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

8

Resurvey No. of Trip:

3

Survey Fee:

Transportation:

B + PS: \$

Folio:

Other:

TOTAL

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Other (\$)

Signature of Insured:

PRC

Stamp: Sign / Date / 12

Nivitha (LKK Auto)

From: Shelia (LKKAuto) <IT@lkkauto.com>
Sent: Wednesday, 16 October 2019 9:30 AM
To: Admin-D (LKKAuto)
Cc: Accounts (LKKAuto)
Subject: RE: Report Send Back Alerts - SJC8403J (TP)

Dear Nivitha,

FYNA Please...

Pending for Survey Report-CS3/MSG19013194/T1CF3S2

| | | | |
|----------------------|------------------------------|--|---------------------------|
| 22 14 Oct 2019 13:33 | Ins Send Back Adj Rpt | to conduct paper survey | [I] Muhd Ashik B Madi |
| 23 14 Oct 2019 13:33 | Adj Next Rpt Changed | Next Rpt:Final Rpt.Due Date:2019/10/16 | [I] Merimen Administrator |
| 24 14 Oct 2019 13:33 | Adj Mandate Set | Maintained. | [I] Merimen Administrator |

Thank You

Best Regards,

Shelia | IT

LKK Auto Consultants

DID: 6841 1891 | email: IT@lkkauto.com | fax: 6844-8805

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

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Wednesday, 16 October 2019 9:23 AM
To: Shelia (LKKAuto) <IT@lkkauto.com>
Subject: FW: Report Send Back Alerts - SJC8403J (TP)

FYNA pls

From: Do-Not-Reply <do-not-reply@merimen.com>
Sent: Monday, 14 October 2019 1:40 PM
To: account@lkkauto.com
Subject: Report Send Back Alerts - SJC8403J (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,
The Merimen Team

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 | 24/07/2019 11:18 |
| Date Of Accident | 23/07/2019 13:00 |
| Exact Location Of Accident | 10 TUAS ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SJC8403J |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN CHEE KIONG |
| NRIC No | S7638133Z |
| Email Address | JOE.DATABACKUP@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90210344 |
| Alternative Phone No | OTHERS-90210344 |

Vehicle Particulars

| | |
|--------------|------------|
| Manufacturer | MITSUBISHI |
| Model | LANCER |

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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2100454611 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | TAN CHEE KIONG |
| NRIC No | S7638133Z |
| Date Of Birth | 21/11/1976 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/10/1998 |
| Driving Experience | 20 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90210344 |
| Fax Number | |
| Contact Number | OTHERS-90210344 |
| Email Address | JOE.DATABACKUP@GMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 110A PUNGGOL FIELD #03-560 |
| Postcode | 821110 |
| 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 | RAINING |
| Road Surface | WET |

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

VEHICLE B REVERSE AND HIT VEHICLE REAR REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

Attachment(s)

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

Details of Witness 1

| | |
|---------------|-------------------|
| Name | RASU THIYAGARAJAN |
| Phone Number | |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | YP9349E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | HAN JIFU |
| NRIC/Passport Number | G8484636N |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN

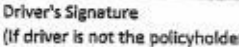
IMPORTANT NOTICE


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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:




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

Vehicle
A - SSC840BJ
B - YP9349E

moving stationary

Legend

Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Attached.

DECLARATION

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

We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

Circumstances of accident

ON THE SAID DAY AND TIME, I HAD ARRIVED AND PARKED
MY CAR AT THE PLACE WHERE THE ACCIDENT TOOK PLACE.
AS I WAS DOING SOME WORK, MY CAR WAS PARKED
STATIONARY FOR ABOUT 15-20 MINUTES.

JUST THEN, I FELT AN IMPACT AND REALISED
(YP9349E)
THAT A JERRY A HAD REVERSED INTO MY VEHICLE.
(THE ACTUAL EVENT OF COLLISION WAS RECORDED IN MY
CAR CAM).

WHEN WE WENT TO CHECK ON THE DAMAGE, THE
OTHER PARTY AGREED TO PROCEED WITH INSURANCE
CLAIM.



Accident Photo



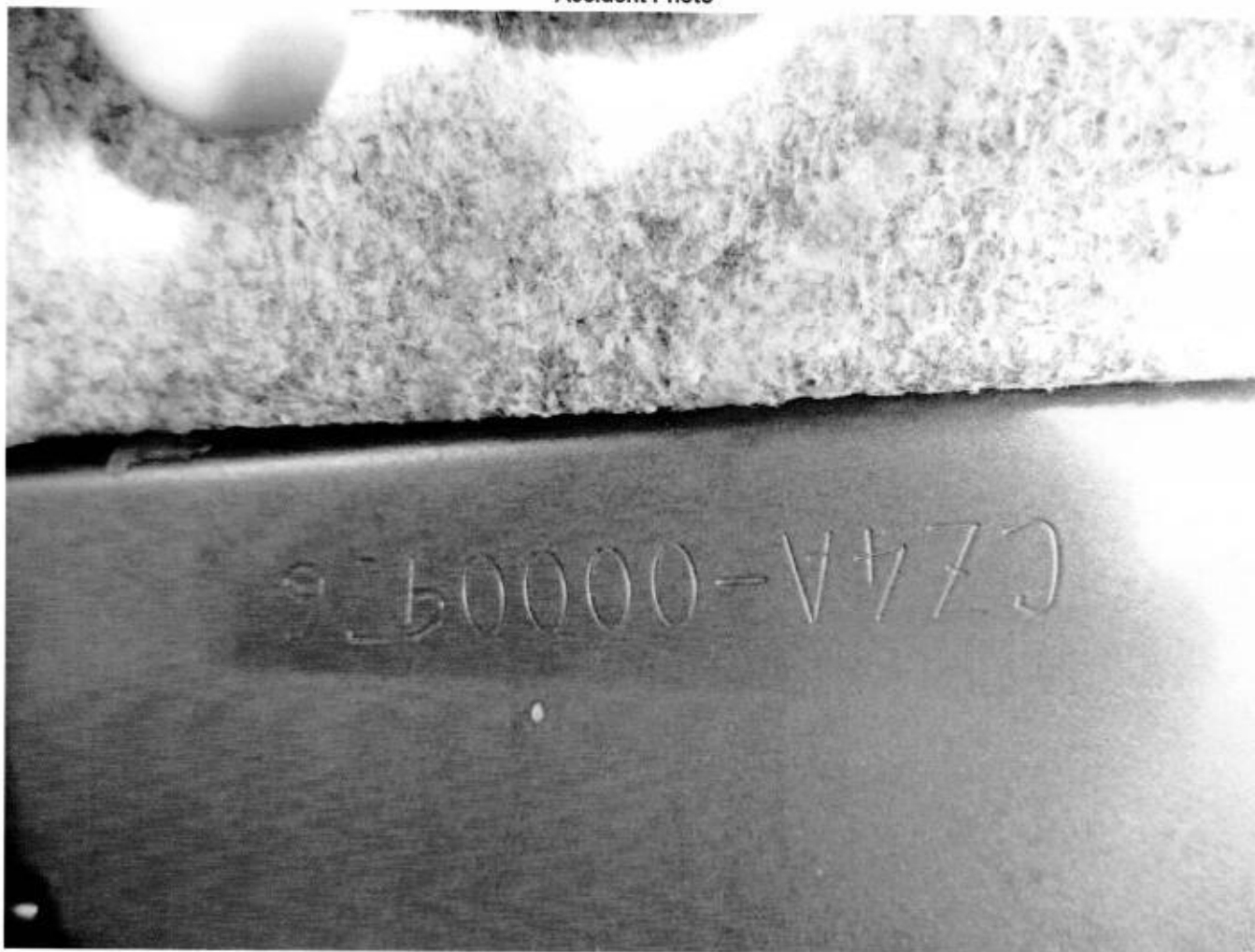
Accident Photo



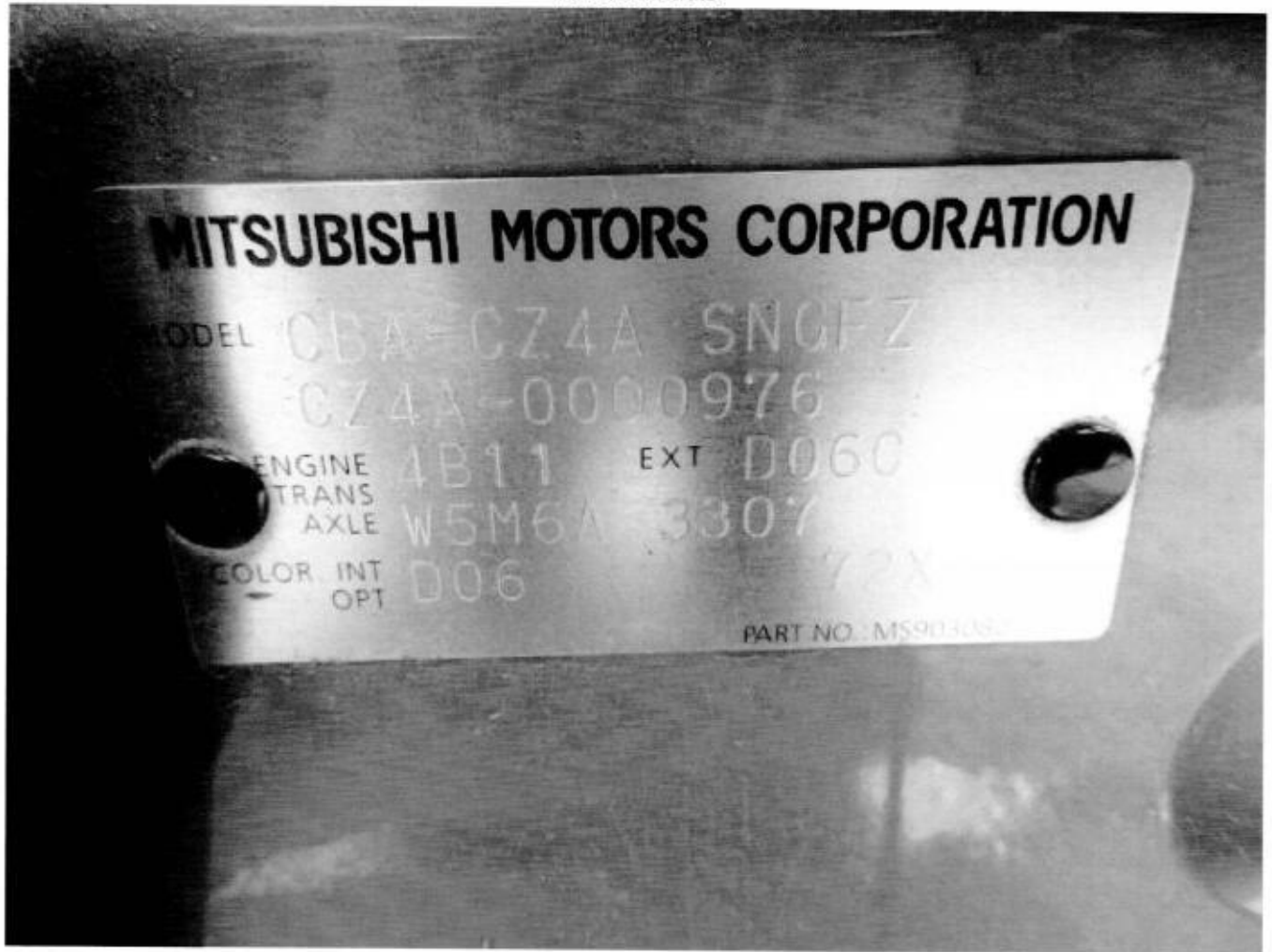
Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

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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 | 24/07/2019 16:00 |
| Date Of Accident | 23/07/2019 13:00 |
| Exact Location Of Accident | 10 TUAS RD (LOADING / UNLOADING) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | YP9349E |
| Insured/Policyholder | |
| Name Of Registered Owner | ZERO SPOT LAUNDRY SERVICE PTE LTD |
| Co Reg No | 199707580W |
| Email Address | YEWINAUNG77@GMAIL.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65788069 |

Vehicle Particulars

| | |
|--------------|-------------------|
| Manufacturer | MITSUBISHI |
| Model | NPR85UH5A 3.0 AMT |

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 REPORTING ONLY

Vehicle Category GOODS VEHICLE

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | B29098105MKC |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | HAN JIFU |
| NRIC No | G8484636N |
| Date Of Birth | 27/11/1984 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/06/2009 |
| Driving Experience | 10 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86205643 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

Address 39A SENOKO WAY

Postcode

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions RAINING

Road Surface WET

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJC8403J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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**.
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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:

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

Sketch Plan #2

SKETCH PLAN



LOCATION:

10 TUNS RD (LOADING/UNLOADING)

A-YP9349E

B-91C8403J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was doing a slow reversing into the loading/unloading at my workplace location there was not suppose to have any parked vehicles, only strictly for loading/unloading of goods. While reversing in, I did not realize there was a vehicle parked there due to the poor lighting environment. This resulted in my vehicle reversing into the rear of vehicle B. I came to understanding that driver of vehicle B had parked his vehicle there due to heavy rain and in order not to get drench when alighting.

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:

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