

ASS. REC. BY:

REF: CS3/CT18017546/GSD3-1

Special Instruction:

Surveyor: Gilodiana

ASSIGNMENT (Office)

From (Person): Tan Kah Leong of CTI Date/Time: 16/10/2019

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

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

To Inspect Vehicle No: GBG 8385B Insured: GBD 8129R

at Workshop m/s Motor Inje Tel: 8838 3318

of 13 kaki Bukit Rd 1 # 01-20

Policy No: DMCVSN3034041800 Claim No: SNM18D04623C02

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

Make of Veh: \_\_\_\_\_ D.O.A. 24/09/2018

(Client's Record) CA / REV / REP. / REV 24 HRS <sup>up</sup> 27/9/18

Date/Time: 3:08pm @ 26/9/18 Person Contacted: Wilson Vehicle  IN  OUT

Date/Time	Action/Instruction (x) Estimate
	GBG 8385B - NA / AIG / 18017464 / R3 DOA: 24/9/18
	GBD 8129R - NA / AIG / 18017464 / R3 DOA: 24/9/18
	Dismantle: 28/9/2018
	\$ 4600, 6 Days.

( \$ 3,240/- Red - 41% ) [Signature] 12/11/2019

RECEIVED 12 NOV 2019

PKS  
Xed

REF: CTI

34744

ASSIGNMENT

From: Date: 27/09/18

Veh No: GBG 8385 B Yr Regn: 07 Nov 2017

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

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

To inspect Vehicle No: GBG 8385 B

Make: Nissan cabstar CC 2953

at Workshop m/s: Motor Intel  
of 13kaki BK Rd 4 #01-20

Colour: Silver A/C: Insured / Std / NI / NA  
Sp. Reading: 11653 T/Radio: Insured / Std / NI / NA

Insured: Policy No:

Eng/No: C/No: JNISC2F24Z.0860326

Claims No:

Gen. Cond:  Good / Fair / Poor / Burnt

Sum Insured: Excess: (Client's Record)

Steering:  In order / Jammed / Leaked / Burnt or

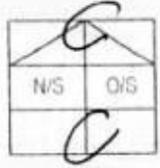
Make of Veh:

Brake:  In order / Jammed / Leaked / Burnt or

(Policy Condition)

Modi:  S/Rim / STD A/Rim or

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



Tyre Size: F: 175/80R15  
R: 155R13

BS /  DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Bal. or Market Value: IDAC Accident Rpt: Consistent?: Yes or No

Front Rear R/Bal: 6 mm L/Bal: 6 mm

GIA / PR Seen: Consistent?: Yes or No

D.O.A. D.O.I: 27-09-18

Est. Repairs: 4 days Res.: Yes or No  
Lum Sum: 20 % 3 Val.: Yes or No

Survey held at: w/s 27-09-18 3:20pm

CA / REV / REP. / 24 HRS

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

Date: Person Contacted: Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	\$3000 - \$4000

Date/Time, File Pass to?  : Prel. Report  
 : Final Report

Days Of Repair: Resurvey No. of Trip: 1

Survey Fee: 220
Transportation: \$ - RS - \$
Photos
Other
TOTAL

Date/Time, File Return to? 2)

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

Report Format: PRS  
Lump Sum / I.B.I: (\$)

## Nivitha (LKK Auto)

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**From:** Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>  
**Sent:** Wednesday, 16 October 2019 4:24 PM  
**To:** assignments  
**Cc:** SUR  
**Subject:** Paper Survey for GBG8385B - Our ref: SNM18D04623C02 [Part 1 of 2]  
**Attachments:** Survey Report.pdf; Photographs 2.pdf

Dear Sirs,

We refer to the above matter.

Please assists to do a paper survey.

Thank you.

Regards

**Tan Kah Leong**  
Assistant Executive  
Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: (65) 6389 6193 | F: (65) 6222 1033

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/)

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## 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 ability.
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	25/09/2018 16:50
Date Of Accident	24/09/2018 14:05
Exact Location Of Accident	KING GEORGE AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8385B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	P5 PTE LTD
Co Reg No	201802096E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92736887
Alternative Phone No	OFFICE-67719500

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700074932
Cover Note Number	

### Driver

Name of Driver	MOO YOOT LOY
Passport No/FIN	F0208842T
Date Of Birth	23/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98325082
Fax Number	
Contact Number	

Address	BLK 134 BEDOK RESERVOIR RD #04-1227
Postcode	470134
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	0

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	GBD8129R
Vehicle Make/Model/Colour	NISSAN URVAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ALOYSIUS TANG BOHUI
NRIC/Passport Number	S9424756Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Make/Model/Colour	TOYOTA ALTIS
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)	

## Accident 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:

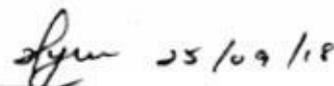
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



Policyholder's Signature  
Date & Time



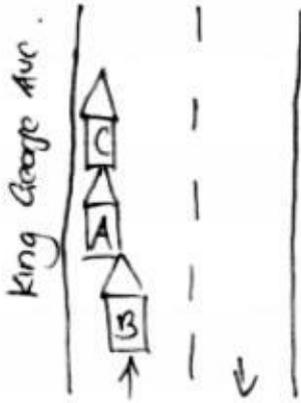
Driver's Signature  
(if driver is not the policyholder)  
Date & Time



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

Individual Statement

SKETCH PLAN



A - GB68385B  
B - GB08129R  
C - SJ99160J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/09/2018 14:05 HRS, My vehicle A was stationary  
park on the rd side of King George Ave. I was at  
the hardware shop buying equipment. Out of sudden I heard a  
loud bang. Vehicle B had collided onto the rear of my vehicle A.  
Due to the strong impact my vehicle A jerked and hit onto the  
front of vehicle C.

DECLARATION

I/We hereby declare that the above particulars are true in every respect.



Policyholder's Signature  
Date & Time

x [Signature]

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

[Signature] 25/09/18

Repair & 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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## SINGAPORE ACCIDENT STATEMENT

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1. Please report correctly the details of the accident to speed up the claims process.
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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 ability.
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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	25/09/2018 14:23
Date Of Accident	24/09/2018 14:50
Exact Location Of Accident	BLOCK 806 KING GEORGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8129R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CADENZAUDIO LLP
Co Reg No	T08LL0312F
Email Address	CADENZAUDIO@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92730474

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
------------------	--------------------

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3034041800
Cover Note Number	

### Driver

Name of Driver	ALOYSIUS TANG BO HUI
NRIC No	S9424756Z
Date Of Birth	14/07/1994
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94518460
Fax Number	
Contact Number	

Address	BLOCK 213 LORONG 8 TOA PAYOH #08-63
Postcode	310213
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : DRIVER'S COLLEAGUE
	GENDER: : MALE

#### 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

WHEN I WAS DRIVING ALONG KING GEORGE ROAD, ACCIDENTALLY HIT THE REAR PORTION OF A PARKED VEHICLE(GBG8385B) AT THE LOADING/ UNLOADING BAY BESIDE BLOCK 806.

#### 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	GBG8385B
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOO YOOT LOY
NRIC/Passport Number	F0208842T
Contact Number	91361482
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	