

22/03/2002

ASS. REC. BY:

REF: es/cti/19018412/ Ay d3

Special Instruction:

Surveyor: Adhar

ASSIGNMENT (Office)

From (Person): Chong Euan Sen

of

CTI

Date/Time: 18/10/19 09:41am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMF 4844U

Insured:

GBK 908A

at Workshop m/s

Precise Auto

Tel:

of

1 Kelai Bukit Ave 6 # 02-33/34

Policy No:

Claim No:

SNM19D204844

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 10am 18/10/19

Person Contacted:

Aine

Vehicle IN/OUT

| Date/Time | Action/Instruction Estimate (✓) |
|-----------|---------------------------------|
| | SMF 4844U-X |
| | GBK 908A-X |
| | |
| | |
| | |
| | |
| | |

ASS. REC. BY:

Adrian

REF:

CTI

ASSIGNMENT

From:

Date: 30/10

Estimated Cost:

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

To Inspect Vehicle No: SMF 4844U

at Workshop m/s Precise Auto.

of No. 1 Kalei Bulciff Ave 6 #02-34

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

30/10/2018 10.30am Owner Waiting

(Policy Condition)

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

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMF4844U. Yr Regn: 2018 / Nov

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

Truck / Trailer or

Make:

Honda Vezel.

C.C 1496

Colour:

Grey.

A/C: Insured / Std / NI / NA

Sp. Reading

24160

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RU11309528

Gen. Cond: ~~Good~~ / Fair / Poor / BurntSteering: ~~In order~~ / Jammed / Leaked / Burnt orBrake: ~~In order~~ / Jammed / Leaked / Burnt orModi: Nil / ~~S/Rim~~ / STD A/Rim or

Tyre Size:

F: 215/60R16

R: 215/60R16.

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

TOYO / YOKO or

Front

Rear

R/Bal.

db mm

R/Bal.

db mm

L/Bal.

db mm

L/Bal.

db mm

D.O.A.

D.O.I.

30/10/18.

Survey held at

Precise.

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

TP Ching.

45 \$2900f (Red \$3645-79,55%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

6/5/20 Typist

Report Format:

Lump Sum (L.S.): \$2900f

Days Of Repair: 4

Resurvey No. of Trip: 3

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Nivitha (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Friday, 18 October 2019 9:41 AM
To: Support@preciseauto.sg
Cc: assignments
Subject: RE: OUR REF: SNM19D204844-GBK908A-CBS- Pre-repair Inspection for SMF 4844U.
Your Insured Vehicle no : GBK 908A

WITHOUT PREJUDICE

Dear Sir

We will be assigning M/s LKK AUTO CONSULTANTS to survey your client's vehicle.

Aside to LKK AUTO CONSULTANTS,

Please proceed to survey the third party vehicle on WP basis.

Thank you.

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平狮城 Taiping SG 3 Anson
Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Chong Boon Sen

Sent: Tuesday, October 15, 2019 2:35 PM

To: Support@preciseauto.sg

Subject: RE: OUR REF: SNM19D204844-GBK908A-CBS- Pre-repair Inspection for SMF 4844U. Your Insured Vehicle no : GBK 908A

Without prejudice

Dear Sir,

LKK

STA

LBS

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG 3 Anson
Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Claims Dept of CTI

Sent: Tuesday, October 15, 2019 2:31 PM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>;
Support@preciseauto.sg

Subject: OUR REF: SNM19D204844-GBK908A-CBS- Pre-repair Inspection for SMF 4844U. Your Insured Vehicle no :
GBK 908A

Dear Boon Sen,

Please conduct PRS for SMF4844U.

Note : officer in charge – Boon Sen 63896171.

Regards,

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909
T: (65) 63896116 | F: (65) 62247175

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG

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From: Precise Auto Service [<mailto:Support@preciseauto.sg>]

Sent: Tuesday, 15 October, 2019 10:11 AM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Subject: Pre-repair Inspection for SMF 4844U. Your Insured Vehicle no : GBK 908A

Dear Sir,

We refer to the above matter. Herewith attached 2 days PRI notice for your attention.

Kindly arrange a date and time to do PRI for our client vehicle (SMF 4844U) in our workshop ASAP.

Thank You.

Best Regards

Arine

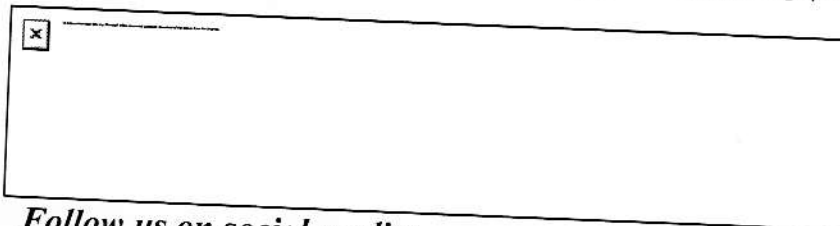
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T : 6745 7367 | F : 6841 3390

E : support@preciseauto.sg

W : www.preciseauto.sg

A : No.1 Kaki Bukit Ave 6, #02-33/34/36 AutoBay @ Kaki Bukit, Singapore 417883



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MSME19136494 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 15/10/2019 09:12
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 15/10/2019 09:36

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 15/10/2019 09:12
Date Of Accident 04/10/2019 13:05
Exact Location Of Accident ALONG 5 GAMBAS CRESCENT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF4844U
Insured/Policyholder
Name Of Registered Owner WANG LEI
NRIC No S9075670B
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-86121068
Alternative Phone No OFFICE-86121068

Vehicle Particulars

Manufacturer HONDA
Model VEZEL
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 AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number GA417005
Cover Note Number

Driver

Name of Driver WANG LEI
NRIC No S9075670B
Date Of Birth 04/01/1990
Occupation INDOOR
Date Of Driving Pass 04/11/2016
Driving Experience 2 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-86121068
Fax Number
Contact Number OFFICE-86121068
EMail Address NOEMAIL

Address BLK 114 HOUGANG AVE 1 #04-1294
 Postcode 530114
 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

ON 04/10/2019 AT ABOUT 1305HRS, MY CAR (SMF4844U) PARKED ALONG ROAD SIDE ON 5 GAMBAS CRESCENT (IN FRONT OF MY SHOPHOUSE). I WAS INFORMED BY MY NEIGHBOUR THAT MY CAR WAS BEING HIT BY A VEHICLE WHEN PARKED IN FRONT OF MY CAR. THEREFORE, I WENT TO CHECK MY CAR'S CAMERA RECORDER AND FIND OUT THAT VEHICLE B (GBK908A) REVERSING WITHOUT CHECKING HIS/ HER BEHIND TRAFFIC STATUS AND BANG ONTO FRONT PORTION OF MY CAR. VEHICLE B (GBK908A) DROVE AWAY DIRECTLY WITHOUT STOP AFTER THE ACCIDENT. I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B'S INSURANCE FOR MY ACCIDENT DAMAGES.

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 GBK908A
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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:

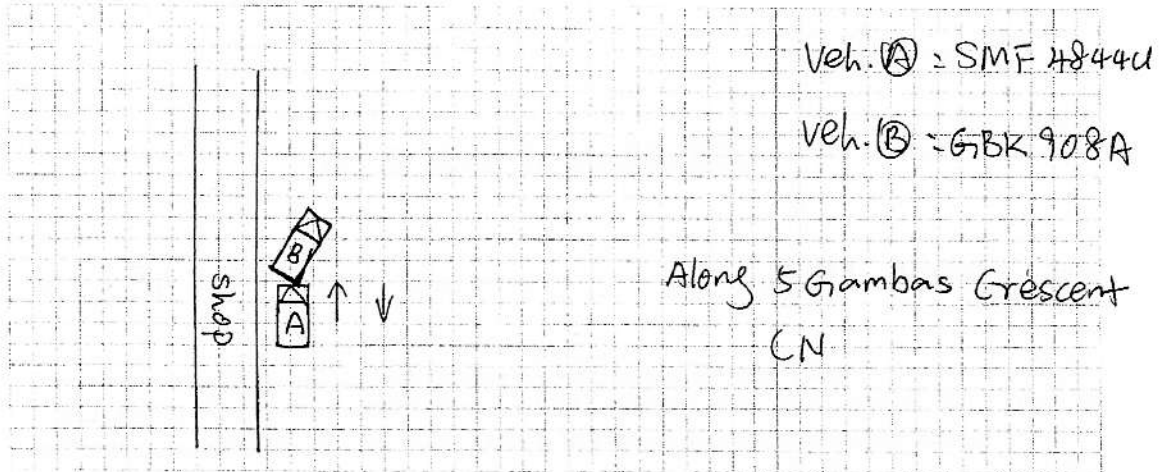
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

14 Oct 2019
16:52

PROCURB

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04-10-2019 @ about 13:00hrs, my car (SMF 4844U) parked along road side on 5 Gambas Crescent (Infront of my shop/office). I was informed by my neighbour that my car being hit by a vehicle when parked infront of my car. Therefore, I went to check my car's camera recorder and find out that vehicle B (GBK 908A) reversing without checking his/her behind traffic status and bang onto front portion of my car. Vehicle B (GBK 908A) drove away directly without stop after the accident. I hereto lodge this report to claim against Vehicle B's Insurance for my accident damages.

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: 14 Oct 2019
16:52

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

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, Wang Lei, the owner of vehicle no. SMF 4844U.

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Precise Auto Service.

Signed and Acknowledge by:

[Signature]
Nric no. and signature of policyholder

Company Stamp

14/10/19
Date

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|--------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 670B |
| Vehicle Details | |
| Vehicle No.: | SMF4844U |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 10 Jan 2020 |
| Vehicle Make: | HONDA |
| Vehicle Model: | VEZEL 1.5X CVT |
| Primary Colour: | Silver |
| Manufacturing Year: | 2018 |
| Engine No.: | L15B5559539 |
| Chassis No.: | RU11309528 |
| Maximum Power Output: | 96.0 kW (128 bhp) |
| Open Market Value: | \$22,209.00 |
| Original Registration Date: | 13 Nov 2018 |
| First Registration Date: | 13 Nov 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$13,093.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 12 Nov 2028 |
| PARF Rebate Amount: | \$9,819.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 12 Nov 2028 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$28,199.00 |
| COE Rebate Amount: | \$24,924.00 |
| Total Rebate Amount: | \$34,743.00 |

The information contained herein is correct as at 10 Jan 2020

OK