

ASS. REC. BY:

REF:

05/SMO19019045/Acf3

Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Gich Pau Lang

of SMO

Date/Time: 25/10/2019

Meiman

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: GBD 6265T

Insured: SGL 38 68Y

at Workshop m/s Win Auto Enterprise

Tel: 69461422

of BIK 1033 Eunus Ave 5A #01-31

Policy No: D19MTPV01013420

Claim No: CMTD1904976

Sum Insured:

Excess:

Make of Veh:

D.O.A. 20/10/2019

(Client's Record)

"1WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 25/10/2019 @ 05:43pm Person Contacted:

David

Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	GBD 6265T - x
	SGL 3868Y - N/A INC 1800 3260/24 DOP: 15/02/2018
29/10/19 @ 16:33 pm	revert pending estimate to Pau Lang via meiman.

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

1WP

Vehicle: IN/OUT

D.O.A.

D.O.I. 29/10/19.

Survey held at

Win Auto.

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

Rear O/S.

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

Date:

Person Contacted:

Date / Time

Action / Instruction

TP Somp.

Adrian Confirmed 4/5 \$41k @ 6 days with Boss. (\$4,513.91 Red - 53%)

Date/Time, File Pass to?

16/04/20

: Preli. Report

1)

Typist

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Insp (\$

S + RS \$

Photo



...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	21 Oct 2019		25 Oct 2019 17:19 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS		[Created by insurer]	
Insured:	ZAINAB BTE BAHARUM, ID: S7270732Z, Tel: +6581103469, Email: zai_baharum@yahoo.com		
Main Claimant:	MOK CHEW KEAT, ID: S0721909A		
Vehicle Reg. No.:	GBD6265T	Date of Loss:	20/10/2019 13:00 - :59
Claim Type:	TP / CMTD1904976	Policy/Cover Note No.:	D19MTPV01013420 (Comprehensive)
Vehicle Reg. No. (Insured):	SGL3868Y	Policy No. (Claimant):	
		Excess:	
Repairer:	Win Auto Enterprise - Eunoss (HQ) BLK 1033 EUNOS AVENUE 5A, #01-31, 409703 Eunoss - Tel:		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by GNOH PAU LOONG - 63295217]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 06/11/2019]		
Driver/Custodian (Insured):	ZAINAB BTE BAHARUM (46 / Female), NRIC: S7270732Z, Tel: +6581103469 Email: zai_baharum@yahoo.com		

ASSOCIATED MAIL RECEIVED	View All	Compose Case Mail
There are no mail for this case.		

ALL ASSOCIATED TASKS											View All	Search Tasks	Create New Task	Complete
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?					
No results.														

### View Sent Message

This mail is associated with :

**\*GBD6265T (CMTD1904976)**  
**[SGL3868Y]**  
TP  
MOK CHEW KEAT  
Oct 20 2019 1:00PM  
[ZAINAB BTE BAHARUM]  
Win Auto Enterprise - Eunus

Resend View Recipients Print Message Delete Message Forward

**From** LKK Auto Consultants Pte Ltd (LKK\_HQ), sent on 29/10/2019 16:33 PM.  
**To** pauloong.gnoh@sompo.com.sg  
**CC** sur@lkkauto.com  
**Subject** GBD6265T (CMTD1904976) [SGL3868Y] TP

Dear Pau Loong,  
Please be informed that we have inspected the vehicle GBD 6265T on 29/10/2019.  
We are pending estimate from repairer.

Thank you.  
Best Regards,  
Shirley Hiew | Case Handler  
**LKK Auto Consultants Pte Ltd**  
Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

#### DOCUMENTS SUMMARY

There are no documents.

## 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	21/10/2019 12:42
Date Of Accident	20/10/2019 13:30
Exact Location Of Accident	UPPER ALJUNIED RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6265T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOON NIAN GENERAL CONTRACTOR
Co Reg No	53080743B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98288034
<b>Vehicle Particulars</b>	
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087609939-02
Cover Note Number	PREFERRED WORKSHOP PLAN
<b>Driver</b>	
Name of Driver	MOK CHEW KEAT
NRIC No	S0721909A
Date Of Birth	19/09/1952
Occupation	INDOOR
Date Of Driving Pass	24/03/1971
Driving Experience	48 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98288034
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	90A JALAN SENANG
Postcode	418462
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**

I was travelling along lane 2. As the traffic light turned to amber, I braked and stopped. Moments after, vehicle B hit into the rear of my stationary vehicle A.

**Attachment(s)**

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SGL3868Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN FEMALE MALAY
NRIC/Passport Number	
Contact Number	91514840
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

10-19:11:45

RECEIVED 10/06/2016 12:23 68425778

WIN AUTO ENTERPRISE

Win Auto/Hang Kee ;

Enquire Vehicle & Owner Information ( Vehicle No. SGL3868Y As At 20 Oct 2019 / 13:30:00 )

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: WINAUTO-GBD6265T

Current Owner Details

Owner ID Type: Singapore NRIC  
Owner ID: S7270732Z  
Owner Name: ZAINAB BTE BAHARUM  
Registered Address Type: HDB / HUDC  
Registered Block/House No.: 202  
Registered Street Name: CHOA CHU KANG AVENUE 1  
Registered Unit No.: # 04 - 61  
Registered Building Name: -  
Registered Postal Code: 680202

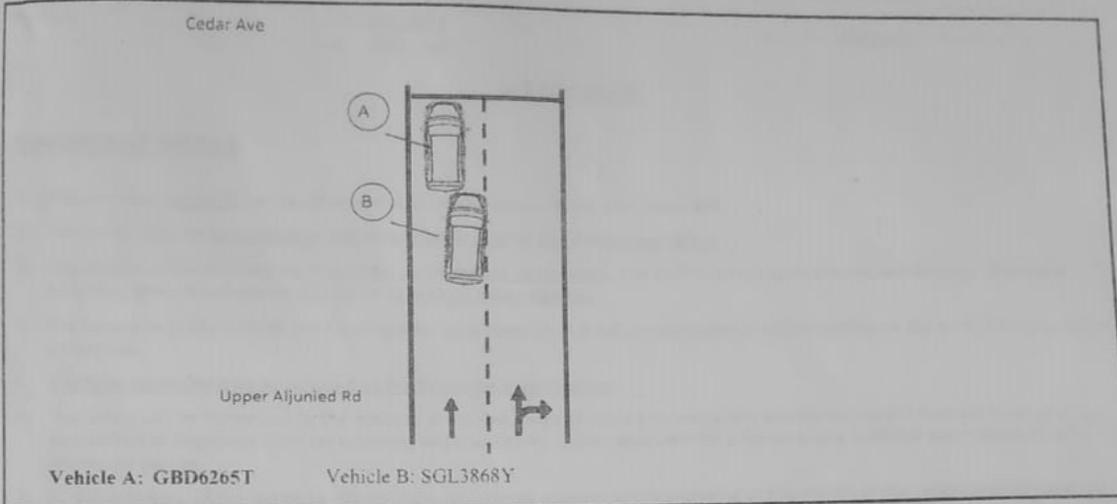
Current Vehicle Details

Vehicle No.: SGL3868Y  
Make Description/Model: TOYOTA / PICNIC AUTO  
Insurance Company Name: SOMPO INSURANCE SINGAPORE PTE. LTD.

REP. / REV  
Action/Ins  
S4B

C

SKETCH PLAN

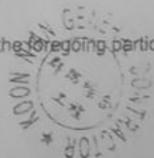


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along lane 2. As the traffic light turned to amber, I braked and stopped. Moments after, vehicle B hit into the rear of my stationary vehicle A.

Declaration

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



21/10/19 / 12:36

Policyholder's Signature / Date & Time

21/10/19 / 12:36

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

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report No: MT \_\_\_\_\_ D.O.A: 20/10/2019  
Time: 13:30 hrs

Report Date & Start Time: 21/10/2019 12:36

Vehicle No: GBD6265T Reporting Type: \_\_\_\_\_

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.



21/10/19 12:36

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel