

ASS. REC. BY:

REF: CS3/CTJ190K114/GC f30k Special Instruction:

SUNVAJOY

G12

## ASSIGNMENT (Office)

From (Person): Chang Ben Sen of CTI Date/Time: 30.10.19 11.19am

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

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

To Inspect Vehicle No: PC7990R Insured: G1BH 9468Jat Workshop m/s William Lu Car Air Con Tel: 97958668of 4033 Ank Industrial Park 1 #01-62Policy No: DMCVSN30707318000 Claim No: SYM191205089C03

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

Make of Veh: \_\_\_\_\_ D.O.A. 28.8.2019  
(Client's Record)

CA / REV / REP. / REV 24 HRS

mg?

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 30-10-19 4.24 p.m Person Contacted: Ah Sai Vehicle: IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
	<u>PC7990R - (CS3/CTJ190K114/GC f30k) b oa - 28/10/2019</u>
	<u>G1BH 9468J -</u>
	<u>Disassemble: 1/11/2019</u>
	<u>After repair: 12/11/2019</u>

ASS. REC. BY:

REF: CII

PRS

## ASSIGNMENT

From:

Date:

31-10-2019

Estimated Cost:

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

To Inspect Vehicle No:

PC 7990R

at Workshop n/s

William Lu car Air Con

of

4033 AMK Industrial Park 1 #10162

Insured:

Policy No:

Claims No:

Sum Insured:

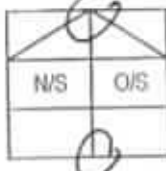
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

10

days

Res:

Yes or No

Lum Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

"up"

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

PC 7990R

Yr Regn:

12 Apr 2019

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

Truck / Trailer or

Make:

Toyota Hiace 2.8 c.c 2754

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading

44758

T/Radio: Insured / Std / NI / NA

Eng/No:

GDH2232001397

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/80 R15

R:

11

BS / BUN / 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.

31-10-19

Survey held at

w/s

4pm

Des. of Damages

Fit

Rear

O/S

N/S

U/C

Roof

Top

or

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

Date / Time

Action / Instruction

\$ 8000 - \$ 10K

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

10

Resurvey No. of Trip:

2

Survey Fee:

190

Transportation:

S + RS. 0

Photos

Videos

TOTAL

190

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Meal/eng (\$

Report Format:

PRE

Lump Sum / H.R. / F.

## Nivitha (LKK Auto)

---

**From:** Chong Boon Sen <boonsen.chong@sg.cntaiping.com>  
**Sent:** Wednesday, 30 October 2019 11:19 AM  
**To:** assignments  
**Cc:** Chong Boon Sen  
**Subject:** FW: OUR REF: SNM19D205089-GBH9468J-THP- NOTICE OF PRE-REPAIR INSPECTION FOR MOTOR VEHICLE PC 7990 R [ Your ref: GBH 9468 J ]

### 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](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://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:** Chong Boon Sen  
**Sent:** Wednesday, October 30, 2019 11:18 AM  
**To:** 'Jenny' <jenny@tcmg.com.sg>  
**Cc:** 'ong beng ha' <ongbengha@yahoo.com>; 'Ling Leong Hui' <lhling@tcmg.com.sg>; Rachel Ling <jin@tcmg.com.sg>; 'Mdm Ling' <mdmling@tcmg.com.sg>; 'tcmg backup' <tcmg.backup@gmail.com>  
**Subject:** RE: OUR REF: SNM19D205089-GBH9468J-THP- NOTICE OF PRE-REPAIR INSPECTION FOR MOTOR VEHICLE PC 7990 R [ Your ref: GBH 9468 J ]

**WITHOUT PREJUDICE**  
**SAVE AS TO COSTS**

Dear Sir,

We regret to inform that we are not agreeable to your list of proposed surveyors and will be assigning our panel surveyor, M/s LKK Auto Consultants to conduct the Pre-repair survey.

Please contact our surveyor to conduct the post repair inspection before returning the repaired vehicle to the claimant.

Aside to LKK,

Please refer to the email below and liaise with third party workshop accordingly.

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](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://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:** Jenny [<mailto:jenny@tcmg.com.sg>]  
**Sent:** Wednesday, October 30, 2019 11:05 AM  
**To:** Chong Boon Sen <[boonsen.chong@sg.cntaiping.com](mailto:boonsen.chong@sg.cntaiping.com)>  
**Cc:** Irene Tay <[irene.tay@sg.cntaiping.com](mailto:irene.tay@sg.cntaiping.com)>; Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>; 'ong beng ha' <[ongbengha@yahoo.com](mailto:ongbengha@yahoo.com)>; 'Ling Leong Hui' <[lhling@tcmg.com.sg](mailto:lhling@tcmg.com.sg)>; Rachel Ling <[jin@tcmg.com.sg](mailto:jin@tcmg.com.sg)>; 'Mdm Ling' <[mdmling@tcmg.com.sg](mailto:mdmling@tcmg.com.sg)>; 'tcmg backup' <[tcmg.backup@gmail.com](mailto:tcmg.backup@gmail.com)>  
**Subject:** RE: OUR REF: SNM19D205089-GBH9468J-THP- NOTICE OF PRE-REPAIR INSPECTION FOR MOTOR VEHICLE PC 7990 R [ Your ref: GBH 9468 J ]  
**Importance:** High

**IMMEDIATE ATTENTION**

Your ref: (CHINA TAIPING) GBH 9468 J  
Our ref: TCMG/PC7990R/1019/WLC

Dear Sir

We refer to the above matter and to your email and your letter of even date.

Our client is not agreeable to any of your appointed panel of surveyors as the Single Joint Expert.

Our client's panel of surveyors nominated as the Single Joint Expert is as attached.

(P/S : Please acknowledge receipt of this e-mail. Thank you.)

Regards

Jenny Tham  
TOMMY CHOO, MARK GO LLC  
151 Chin Swee Road  
#14-15/16 Manhattan House  
Singapore 169876  
Tel: 6532 2455 - Fax: 6538 9850  
Email Address: [jenny@tcmg.com.sg](mailto:jenny@tcmg.com.sg)

**From:** Chong Boon Sen [<mailto:boonsen.chong@sg.cntaiping.com>]  
**Sent:** 30 October 2019 10:46  
**To:** [jenny@tcmg.com.sg](mailto:jenny@tcmg.com.sg)  
**Subject:** RE: OUR REF: SNM19D205089-GBH9468J-THP- NOTICE OF PRE-REPAIR INSPECTION FOR MOTOR VEHICLE PC 7990 R [ Your ref: GBH 9468 J ]

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](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://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:** Wednesday, October 30, 2019 10:39 AM

**To:** Irene Tay <[irene.tay@sg.cntaiping.com](mailto:irene.tay@sg.cntaiping.com)>; Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>; Chong Boon Sen <[boonsen.chong@sg.cntaiping.com](mailto:boonsen.chong@sg.cntaiping.com)>; [jenny@tcmg.com.sg](mailto:jenny@tcmg.com.sg)

**Subject:** OUR REF: SNM19D205089-GBH9468J-THP- NOTICE OF PRE-REPAIR INSPECTION FOR MOTOR VEHICLE PC 7990 R [ Your ref: GBH 9468 J ]

**Importance:** High

Dear Boon Sen,

Please assist to conduct PRS for PC7990R.

Note : officer in charge – Irene Tay 63896192.

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](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平獅城 Taiping SG

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**From:** Jenny [<mailto:jenny@tcmg.com.sg>]

**Sent:** Tuesday, 29 October, 2019 4:52 PM

**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

**Cc:** 'ong beng ha' <[ongbengha@yahoo.com](mailto:ongbengha@yahoo.com)>; 'Ling Leong Hui' <[lhling@tcmg.com.sg](mailto:lhling@tcmg.com.sg)>; Rachel Ling <[jin@tcmg.com.sg](mailto:jin@tcmg.com.sg)>; 'Mdm Ling' <[mdmling@tcmg.com.sg](mailto:mdmling@tcmg.com.sg)>; 'tcmg backup' <[tcmg.backup@gmail.com](mailto:tcmg.backup@gmail.com)>

**Subject:** NOTICE OF PRE-REPAIR INSPECTION FOR MOTOR VEHICLE PC 7990 R [ Your ref: GBH 9468 J ]

**Importance:** High

**RE-SEND**

**IMMEDIATE ATTENTION**

Your ref: (CHINA TAIPING) GBH 9468 J  
Our ref: TCMG/PC7990R/1019/WLC

Dear Sirs

We refer to the above matter.

We attached herein copy of our Notice of Pre-Repair Inspection for your attention.

Thank you.

(P/S : Please acknowledge receipt of this e-mail. Thank you.)

Regards

Jenny Tham  
TOMMY CHOO, MARK GO LLC  
151 Chin Swee Road  
#14-15/16 Manhattan House  
Singapore 169876  
Tel: 6532 2455 - Fax: 6538 9850  
Email Address: [jenny@tcmg.com.sg](mailto:jenny@tcmg.com.sg)

**From:** Jenny [<mailto:jenny@tcmg.com.sg>]  
**Sent:** 29 October 2019 16:43  
**To:** 'claimsdept@sg.entaiping.com' <[claimsdept@sg.entaiping.com](mailto:claimsdept@sg.entaiping.com)>  
**Cc:** 'ong beng ha' <[ongbengha@yahoo.com](mailto:ongbengha@yahoo.com)>; 'Ling Leong Hui' <[lhling@tcmg.com.sg](mailto:lhling@tcmg.com.sg)>; Rachel Ling <[jln@tcmg.com.sg](mailto:jln@tcmg.com.sg)>; 'Mdm Ling' <[mdmling@tcmg.com.sg](mailto:mdmling@tcmg.com.sg)>; 'tcmg backup' <[tcmg.backup@gmail.com](mailto:tcmg.backup@gmail.com)>  
**Subject:** NOTICE OF PRE-REPAIR INSPECTION FOR MOTOR VEHICLE PC 7990 R [ Your ref: GBH 9468 J ]

**IMMEDIATE ATTENTION**

Your ref: (CHINA TAIPING) GBH 9468 J  
Our ref: TCMG/PC7990R/1019/WLC

Dear Sirs

We refer to the above matter.

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Thank you.

(P/S : Please acknowledge receipt of this e-mail. Thank you.)

Regards

Jenny Tham  
TOMMY CHOO, MARK GO LLC  
151 Chin Swee Road  
#14-15/16 Manhattan House  
Singapore 169876  
Tel: 6532 2455 - Fax: 6538 9850  
Email Address: [jenny@tcmg.com.sg](mailto:jenny@tcmg.com.sg)

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For more information please visit <http://www.symanteccloud.com>

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# **TOMMY CHOO, MARK GO LLC**

**Advocates & Solicitors**

**UEN NO : 201523418E**

**(a law corporation with limited liability)**

151 CHIN SWEE ROAD #14-15/16

MANHATTAN HOUSE

SINGAPORE 169876

TEL : (65) 6532 2455

FAX : (65) 6538 9850 (Services of Court Documents By Fax Not Accepted)

EMAIL: [lhling@tcmg.com.sg](mailto:lhling@tcmg.com.sg)

Our Ref: TCMG/PC7990R/1019/WLC

Your Ref: GBH 9468 J

30 October 2019

**(AMENDED)**

**BY E-MAIL ONLY**

[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)

M/s China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road #16-00

Springleaf Tower

Singapore 079909

**Attn: Motor Claims Department**

Dear Sirs,

## **PRE-REPAIR INSPECTION NOTICE**

We act for **M/s MG Lim Transport**, the owner and/or driver of motor vehicle no. **PC 7990 R**, which was involved in an accident along Ang Mo Kio Avenue 10 on 28 August 2019 at 17:30 hours.

We hereby give you **NOTICE** that we are claiming against your insured motor vehicle no. **GBH 9468 J** for damages and/or injuries, costs and disbursements as a result of your insured's negligence.

Kindly let us know if you wish to conduct a pre-repair inspection on our client's motor vehicle at M/s William Lee Car Air Con, (4033 Ang Mo Kio Industrial Park 1 #01-62 (Ang Mo Kio Industrial Park 1), Singapore 569640 – Ah Sai @ 9795 8668).

If we do not hear from you within the next **two (2) working days**, we shall deem that you have waived the requirement for the pre-repair inspection.

Yours faithfully



**LING LEONG HUI (MR)**

cc. M/s William Lee Car Air Con  
(Your ref: PC 7990 R)

**BY EMAIL [onghenghu@yahoo.com](mailto:onghenghu@yahoo.com)**



## 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	29/10/2019 14:27
Date Of Accident	28/10/2019 17:30
Exact Location Of Accident	ALONG ANG MO KIO AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7990R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S MG LIM TRANSPORT
Co Reg No	53395928D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94896993
Alternative Phone No	OFFICE-94896993

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.8 D (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	BUS

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3027391900
Cover Note Number	

### Driver

Name of Driver	CHIEN SOO KAH
NRIC No	S1414118I
Date Of Birth	10/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1980
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93378943
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 606 HOUGANG AVE 4 #09-169
Postcode	530606
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED.

#### 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	GBH9468J
Vehicle Make/Model/Colour	VAN WHITE COLOUR
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	TAN JINXIAN
NRIC/Passport Number	S8528488F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH9710H  
Vehicle Make/Model/Colour COMFORD TAXI BLUE COLOUR  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver CHONG HIN SHEN  
NRIC/Passport Number S1677516I  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage REAR  
No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name CHIEN SOO KAH  
Approximate Age 59  
Injuries Sustain NECK  
Injured person in which vehicle? PC7990R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**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:

X *Ch*

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

29.10.19  
1.40 pm



Reporting Centre Personnel's Signature  
Name: *Sally*  
NRIC/FIN No.: *1842*

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No T/20191029/2023 dated  
29/10/2019 10.16 am



Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

X *[Signature]* 29-10-19

1.40 pm



Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: 1842

2



**SINGAPORE  
POLICE FORCE**



T/20191029/2023

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20191029/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/10/2019 10:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHIEN SOO KAH			Address: APT BLK 606 HOUGANG AVENUE 4 #09-169 SINGAPORE 530606		
ID Type / ID No.: NRIC NO / S1414118I			Contact No.: Home/Office: Mobile: 93378943		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 10/01/1960	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/10/2019 17:30	Type of Location:
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 10 ANG MO KIO AVENUE 1				
Weather: Drizzling		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBH9468J	Bus/Coach/Minibus					0
PC7990R	Bus/Coach/Minibus					0
SH9710H	Car					0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20191029/2023

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Report No. T/20191029/2023

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	TAN JINXIAN	ID No.	S8528488P
Related Vehicle	GBH9468J (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	CHIEN SOO KAH	ID No.	S1414118I
Related Vehicle	PC7990R (Bus/Coach/Minibus)	Contact No.	93378943
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	CHONG HIN SHEN	ID No.	S1677516I
Related Vehicle	SH9710H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS WAITING AT THE ABOVE MENTIONED LOCATION AS THE TRAFFIC LIGHTS WERE RED, THE TAXI WAS ALSO STATIONARY IN FRONT OF MY VEHICLE. SUDDENLY I FELT AN IMPACT FROM BEHIND AND REALISED THAT THE OTHER VEHICLE HAD COLLIDED INTO THE REAR OF MY VEHICLE, THE RESULT OF THE IMPACT MOVED MY VEHICLE FORWARD AND I COLLIDED INTO THE TAXI THAT WAS PARKED IN FRONT OF ME. I ALIGHTED FROM MY VEHICLE AND WENT TO LOOK FOR THE OTHER DRIVERS THAT WERE INVOLVED IN THE ACCIDENT AND



**SINGAPORE  
POLICE FORCE**



T/20191029/2023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20191029/2023

**CONTINUATION OF REPORT**

EXCHANGED PARTICULARS WITH THEM, I ALSO TOOK PHOTOS OF THE VEHICLES AFTER THE ACCIDENT. AFTERWARDS WE LEFT THE SCENE. I THEN WENT TO THE CLINIC FOR A CHECK UP AS I FELT SOME PAIN AT THE BACK OF MY NECK AND WAS GIVEN 1 DAY OF MC.

THAT IS ALL





**SINGAPORE  
POLICE FORCE**



T/20191029/2023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE, 408865  
Tel No: 65470000

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Report No. T/20191029/2023

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
LEE CHEN EN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
29/10/2019 10:16

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	928D
Vehicle Details	
Vehicle No.:	PC7990R
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 2.8 AUTO
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	1GD8382270
Chassis No.:	GDH2232001397
Maximum Power Output:	-
Open Market Value:	\$45,157.00
Original Registration Date:	12 Apr 2019
First Registration Date:	12 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$2,258.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	11 Apr 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$26,378.00
COE Rebate Amount:	\$24,912.00
<b>Total Rebate Amount:</b>	<b>\$24,912.00</b>

The information contained herein is correct as at 01 Nov 2019

OK

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Nov 2019		14 Nov 2019 16:41 <a href="#">Edit Adj Rpt</a>	<b>\$50.00</b> <a href="#">Edit Estimates</a>	<b>\$50.00</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:	-, Co. Reg. No.: -								
Main Claimant:	<b>M/S MG LIM TRANSPORT</b> , Co. Reg. No.: 533959280								
Vehicle Reg. No.:	<b>PC7990R</b>	Date of Loss:	28/10/2019 17:00 - :59 [6 Months and 16 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / SNM19D205089C02</b>	Policy/Cover Note No.:	DMCVSN30707318000						
Vehicle Reg. No. (Insured):	<b>GBH9468J</b>	Policy No. (Claimant):	DMB1SN3027391900						
		Excess:	\$0.00						
Repairer:	<b>William Lee Car Air Con ((Geylang ))</b> 1, Lorong 23 Geylang, 388352 Geylang - Tel: 97958668								
Handling Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Chong Boon Sen</b> ]								
Claimant's Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>XING GUO QIANG</b> ] ... [Final Rpt due 25/11/2019]								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<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

\*PC7990R (SNM19D205089C02)  
[GBH9468J]



































TP
























































M/S MG LIM TRANSPORT























































Oct 28 2019 5:00PM

[-]

William Lee Car Air Con

Upload Documents		Upload Photos	Compose New Letter	View <input type="button" value="View in Browser"/>	
<b>Assessment Reports</b>				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Car City Auto Centre Pte Ltd (HQ)		Thumbnail	Print
1	29/10/19 14:48	Accident Statement		Load HTML	
<b>Photos/Images</b>				3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Car City Auto Centre Pte Ltd (HQ)		Thumbnail	Print
1	29/10/19 14:41	INSURED VEH [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
2	29/10/19 14:41	INSURED VEH CHASSIS NO [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
3	29/10/19 14:41	INSURED VEH [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
4	29/10/19 14:41	INSURED VEH [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
5	29/10/19 14:41	INSURED VEH [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
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7	29/10/19 14:41	INSURED VEH [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
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9	29/10/19 14:41	INSURED VEH [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
10	29/10/19 14:41	INSURED VEH [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
11	29/10/19 14:41	INSURED VEH [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
12	29/10/19 14:41	INSURED VEH [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	14/11/19 17:43	General View		Load JPG	<input checked="" type="checkbox"/>
2	14/11/19 17:43	General View		Load JPG	<input checked="" type="checkbox"/>
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23	14/11/19 17:43	General View		Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
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Assessment Reports				1 per page	<input checked="" type="checkbox"/>
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117	14/11/19 17:43	General View		Load JPG	<input checked="" type="checkbox"/>
118	14/11/19 17:46	Photographs of Damaged Parts		Load JPG	<input checked="" type="checkbox"/>
119	14/11/19 17:46	Photographs of Damaged Parts		Load JPG	<input checked="" type="checkbox"/>
120	14/11/19 17:46	Photographs of Damaged Parts		Load JPG	<input checked="" type="checkbox"/>
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134	14/11/19 17:46	Photographs of Damaged Parts		Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Car City Auto Centre Pte Ltd (HQ)	Thumbnail	Print
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159	14/11/19 17:46	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
160	14/11/19 17:46	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
161	14/11/19 17:46	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
162	14/11/19 17:46	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
163	14/11/19 17:46	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
164	14/11/19 17:46	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
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170	14/11/19 17:46	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
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188	14/11/19 17:46	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
189	14/11/19 17:46	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
190	14/11/19 17:46	Photographs of Damaged Parts		<input checked="" type="checkbox"/>



Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Car City Auto Centre Pte Ltd (HQ)	Thumbnail	Print
191	14/11/19 17:46	Photographs of Damaged Parts		<input checked="" type="checkbox"/>
192	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
193	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
194	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
195	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
196	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
197	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
198	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
199	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
200	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
201	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
202	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
203	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
204	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
205	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
206	14/11/19 17:47	After Repair Photo		<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Car City Auto Centre Pte Ltd (HQ)	Thumbnail	Print
1	29/10/19 14:37	Sketch Plan [Linked Accident Report Documents]		<input type="checkbox"/>
2	29/10/19 14:37	Sketch Plan #2 [Linked Accident Report Documents]		<input type="checkbox"/>
3	29/10/19 14:38	POLICE REPORT PAGE 1 [Linked Accident Report Documents]		<input type="checkbox"/>
4	29/10/19 14:38	POLICE REPORT PAGE 2 [Linked Accident Report Documents]		<input type="checkbox"/>
5	29/10/19 14:38	POLICE REPORT PAGE 3 [Linked Accident Report Documents]		<input type="checkbox"/>
6	29/10/19 14:38	POLICE REPORT PAGE 4 [Linked Accident Report Documents]		<input type="checkbox"/>
7	29/10/19 14:38	INSURED CI [Linked Accident Report Documents]		<input type="checkbox"/>

## Linked Accident Report Documents

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Car City Auto Centre Pte Ltd (HQ)	Thumbnail	Print
1	29/10/19 14:48	Accident Statement		<input type="checkbox"/>
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Car City Auto Centre Pte Ltd (HQ)	Thumbnail	Print
1	29/10/19 14:41	INSURED VEH		<input checked="" type="checkbox"/>
2	29/10/19 14:41	INSURED VEH CHASSIS NO		<input checked="" type="checkbox"/>
3	29/10/19 14:41	INSURED VEH		<input checked="" type="checkbox"/>
4	29/10/19 14:41	INSURED VEH		<input checked="" type="checkbox"/>
5	29/10/19 14:41	INSURED VEH		<input checked="" type="checkbox"/>
6	29/10/19 14:41	INSURED VEH		<input checked="" type="checkbox"/>
7	29/10/19 14:41	INSURED VEH		<input checked="" type="checkbox"/>
8	29/10/19 14:41	INSURED VEH		<input checked="" type="checkbox"/>
9	29/10/19 14:41	INSURED VEH		<input checked="" type="checkbox"/>
10	29/10/19 14:41	INSURED VEH		<input checked="" type="checkbox"/>
11	29/10/19 14:41	INSURED VEH		<input checked="" type="checkbox"/>
12	29/10/19 14:41	INSURED VEH		<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Car City Auto Centre Pte Ltd (HQ)	Thumbnail	Print
1	29/10/19 14:37	Sketch Plan		<input type="checkbox"/>
2	29/10/19 14:37	Sketch Plan #2		<input type="checkbox"/>
3	29/10/19 14:38	POLICE REPORT PAGE 1		<input type="checkbox"/>
4	29/10/19 14:38	POLICE REPORT PAGE 2		<input type="checkbox"/>
5	29/10/19 14:38	POLICE REPORT PAGE 3		<input type="checkbox"/>



Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Car City Auto Centre Pte Ltd (HQ)		Thumbnail	Print
6	29/10/19 14:38	POLICE REPORT PAGE 4		Load TIF	
7	29/10/19 14:38	INSURED CI		Load TIF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
<div></div>	
<div>^</div> <div>v</div>	
Show Remarks To: <input type="checkbox"/> Handling Insurer	
Note: Remarks are private unless you show it to other parties.	

## LKK Auto Consultants Pte Ltd (Co Reg.No:199607198R)

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/CT119019194/GCF3E2

Date: 15/11/2019

## REFERENCE

Handling Insurer: China Taiping Insurance  
(Singapore) Pte. Ltd.

Policy No: DMCVSN30707318000

Claimant  
Vehicle No : PC7990RInsured  
Vehicle No : GBH9468J

Date of Loss: 28/10/2019

Nature of Claim: TP

Claim  
No: SNM19D205089C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: PC7990R

Make &amp; Model: TOYOTA HIACE, 2.8 D (A)

Engine No: 1GD8382270

Reg. Date: 12/04/2019 (Man. Year: 2019)

Chassis No: GDH2232001397

Colour: White

Odometer: 44758 km

Engine Capacity: 2754 cc

Market Value/New Car Price: N/A

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: 195/80 R15 Rear Tyre Size: 195/80 R15  
Front Left Side: Dunlop 6 mm Rear Left Side: Dunlop 6 mm  
Front Right Side: Dunlop 6 mm Rear Right Side: Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 14/11/2019

Date Inspected: 31/10/2019 Inspected At:

4033 AMK INDUSTRIAL PARK 1 #01-62

Repairer : William Lee Car Air Con

Estimated Period of Repair: 10.0 days

Adjuster: XING GUO QIANG

Manager: CELINE FONG

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.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.  
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$8,000.00 - \$10,000.00

## REPAIR DETAILS

### Reference

<b>Part Source:</b>	(Last Synchronised: 15 Nov 2019)	
<b>Parts:</b>	N/A	TOYOTA HIACE 2.8 D (A) (Model not available in database)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for PC7990R)	
<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

There are no new parts selected.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.
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< END OF ESTIMATES >