

Maximum

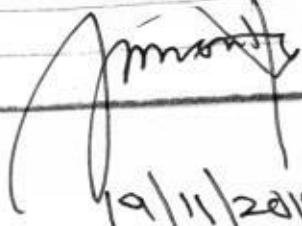
REF: CS3/MSG19012659/Fyf3-1 Special Instruction:  
ASSIGNED BY: Ram  
SUBJECT: ASSIGNMENT (Office)  
From (Person): Chhia Nyuk Pui of MSG Date/Time: 17.7.19 17.14pm  
Estimated Cost: Bill to:  
OD: TP-WS / TP RES / OD RES / EVA / ENV / MV / CS Insured: 4P 7285T  
To Inspect Vehicle No: SJC 47073 Tel: 6483 3445  
at Workshop to: Teck Siang Motor  
of BIK 5034 Ann Industrial Park 2 #01-331  
Policy No: 27690107 Claim No: 599827  
Sum Insured: Excess:  
Make of Veh: DOA 12.7.2019  
(Client's Record) mp17 22.7.2019  
CA / REV / REP. / REV 24 HRS  
Date/Time: 18.7.19 10:05am Person Contacted: Teck Siang Vehicle IN (OUT) OUT

Date/Time	Action/Instruction (X) Estimate
	SJC 47073 CA/ARGUS 27028/EI DOA 3/10/08
	4P 7285T X
	Diamond: 23/7/2019

Do Not Finalise

20/11 Lump Sum \$4150/- @ 5 days.  
(Red \$2372-60, 57%)

20/11/19 Typist

  
19/11/2019

RECEIVED 20 NOV 2019

MS19

## ASSIGNMENT

22.7.2019

Page FEB 2012

Client

Estimate No.

DD TP / WS / TP RES / OD RES / LVA / INV / MV

To inspect Vehicle No

SJC 47073

at Work Stop

Teck Seng Motor

Blk 6034 AMK Industrial Park 7 401-331

Insured

Policy No

Claims No

Sum Insured

(Claims Record)

Make of Vehicle

Aprx 1030000

(Policy Condition)

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

Est. or Market Value

IDV - Insured's Part

GIA / PR Seen

Est. Repair

Lump Sum

CA / REV / REP / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Date / Time

Action / Instruction

Range

\$7000 - \$3000

Repair days

5 days

26/7/2019

AW : \$51000

PV : \$45000

NV : \$13000

Date/Time for Pass In

☐

Prel. Report

(b)

☐

Final Report

Date/Time for Return

(c)

Report Format :

PRC

Lump Sum / I.B.I. /

Days Of Repair:

5

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Insp (\$

☐

Weekend (\$

Survey Fee

Transportation

1. \$5000

1. \$1000

1. \$1000

1. \$1000

TOTAL

Vehicle SJC 47073

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

Truck / Trailer or

Make BMW 528i

cc 1997

Colour grey

NC Insured / Std / NI / NA

Sp Reading 153 560

T/Cycle Insured / Std / NI / NA

Eng No

Ch No WBAXG32080DWGS419

Gen Cond Good / Fair / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt or

Brake Inorder / Jammed / Leaked / Burnt or

Mod Nil / S/Rim / STD A/Rim or

Tyre Size F: 225/55 R17

R: 225/55 R17

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

TOYO / YOKO or

Front

Rear

R/Bal

7

mm

R/Bal

7

mm

L/Bal

7

mm

L/Bal

7

mm

D.O.A 12/07/19

D.O.A 22/07/2019

Survey held at

Teck Seng Motor

Des. of Damages Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision



# SL LAW CHAMBERS

ADVOCATES & SOLICITORS (Reg. No. 53388805X)  
91 Rowell Road, Singapore 208019  
Tel : 62924667 / Fax : 62924668  
E-mail : doreen@slawch.com

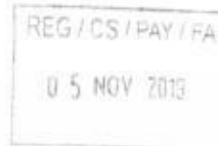
**SEETHA LKSHMI P.S. KRRISHNAN**  
Notary Public  
Commissioner for Oaths

Our Ref: SL.RTA.0268.19.TS.DT

Your Ref: YP7285T

31 October 2019

**WITHOUT PREJUDICE**



SA9827  
CNP

**M/s Lian Seng Hardware (Private) Limited**  
39 Gul Circle  
Singapore 629574

Certificate of Posting  
(Without Enclosures)

Motor Claims Department  
**MSIG Insurance (Singapore) Pte Ltd**  
16 Raffles Quay  
#24-01 Hong Leong Building  
Singapore 048581

**AR REGISTERED**

Dear Sirs

**CLAIMANT – LEONG CHER HOONG**  
**ACCIDENT INVOLVING SJC 4707J & YP 7285T ON 12/07/2019**

We are instructed by the above named claimant to claim damages against you/your insured in connection with a road traffic accident on 12<sup>th</sup> July 2019 at about 10:25am along PIE towards Changi before Toa Payoh exit involving our client's vehicle registration number SJC 4707J and vehicle registration number YP 7285T driven by you/your driver at the material time.

We are instructed that the accident was caused by the negligence of the driver of your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

1.	Costs of repairs	\$5,700.00
2.	Vehicle rental	\$1,920.00
3.	LTA / GIA fees	\$ 36.49
4.	Survey fees	\$ 821.00
5.	Costs	\$1,000.00
6.	Other incidentals	\$ 100.00
		<b>\$9,577.49</b>
		=====

A copy each of the following supporting documents is enclosed:-

- 1) Accident reports – SJC4707J;
- 2) LTA search together with receipt;
- 3) Final Repair Bill dated 16.10.2019 – M/s Teck Siang Motor Service;
- 4) Cash Sale No. 3525 dated 03.08.2019 – M/s Chua Keng Guan;
- 5) Vehicle Rental Agreement cum Invoice No. 140387 – M/s Ban Hong Lee Motor Works;
- 6) Invoice No. 29834 dated 16.10.2019 – Pro Plus Automobile Engineers together with survey report and coloured photographs of our client's vehicle.

.... / 2



# SL LAW CHAMBERS

ADVOCATES & SOLICITORS (Reg. No. 53388805X)  
91 Rowell Road, Singapore 208019  
Tel : 62924667 / Fax : 62924668  
E-mail : doreen@slawch.com

SEETHA LKSHMI P.S. KRRISHNAN  
Notary Public  
Commissioner for Oaths

=====

SL.RTA.0268.19.TS.DT

Pg 2

We have on 17<sup>th</sup> July 2019 notified your insurer, M/s MSIG Insurance (S) Pte Ltd of the accident and a pre-repair survey of our client's vehicle was carried out by your insurer on or about 22<sup>nd</sup> July 2019.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer. You may wish to inspect the enclosed documents which are sent to your insurer.

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter within **fourteen (14) days** of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,

SL LAW CHAMBERS  
Encl.

**Enquire Vehicle & Owner Information ( Vehicle No. YP7285T As At 12 Jul 2019 / 10:25:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: SL.RTA.TS.DT

**Current Owner Details**

Owner ID Type: Company

Owner ID: 197200287G

Owner Name: LIAN SENG HARDWARE (PRIVATE) LIMITED

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:39

Registered Street Name: GUL CIRCLE

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 629574

**Current Vehicle Details**

Vehicle No.: YP7285T

Make Description/Model: ISUZU / NHR85AUE4A R1

Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD



# Thank you

Seetha Lkshmi P S Krrishnan has successfully logged out.

Your last login date and time was 17 7? 2019, 10:18:43.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount (\$\$)	Log Date/Time
1	Vehicle	YP7285T	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	17 7? 2019 / 10:20:11

## 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	15/07/2019 11:31
Date Of Accident	12/07/2019 10:25
Exact Location Of Accident	BTW PIE LORNIE TWDS CHANGI B4 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC4707J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG CHER HOONG
NRIC No	S7437686Z
Email Address	CHLEONG.SVS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93690091
Alternative Phone No	OTHERS-93690091

### Vehicle Particulars

Manufacturer	BMW
Model	528I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3047921800
Cover Note Number	17/07/2018 - 16/07/2019

### Driver

Name of Driver	WU GENXIA
NRIC No	S8685421Z
Date Of Birth	07/01/1986
Occupation	INDOOR
Date Of Driving Pass	02/11/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93690091
Fax Number	
Contact Number	OTHERS-93690091
Email Address	CHLEONG.SVS@GMAIL.COM

Address	BLK 159 LORONG 1 TOA PAYOH #09-1542
Postcode	310159
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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

REFER TO 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	YP7285T
Vehicle Make/Model/Colour	ISUZU LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GAO JIE
NRIC/Passport Number	G2104921U
Contact Number	83355261
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: 51C 4707 J  
INSURER : (Gina)  
DATE & TIME: 15/07/19 @ 1025


### IMPORTANT NOTICE

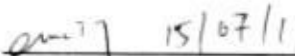
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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.

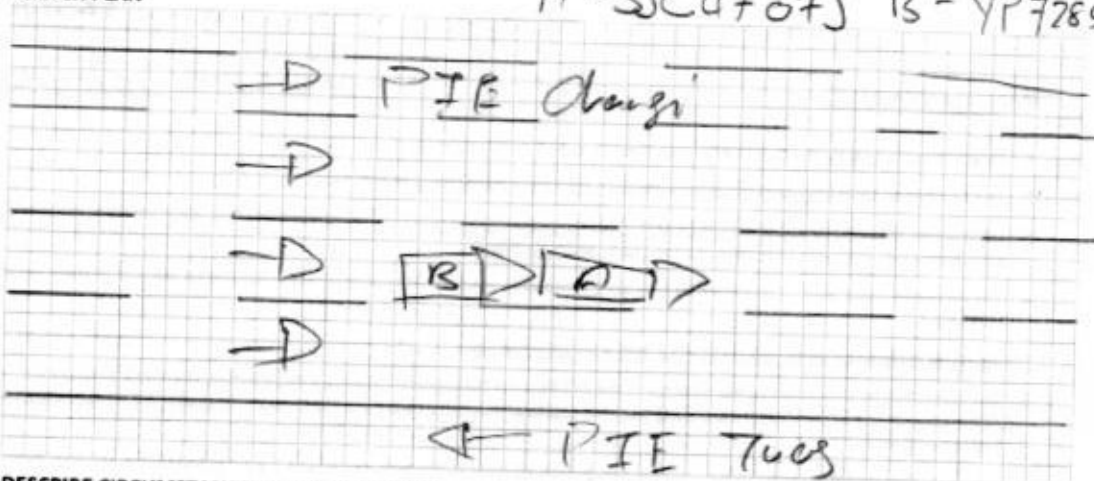
  
Policyholder's Signature  
Date & Time: 15/07/19

  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 15/07/19

  
Reporting Centre Personnel's Signature  
Name: Diana (ANK)  
NRIC/FIN No.: 15/07/19

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE tunnels change on 12/7/19 around 1020hrs, I was driving lane 2 and the traffic was slow and the lorry "B" suddenly bang the rear part of my vehicle.

Vehicle No: SJC4707J (China)  
Date & Time: 12/07/19 @ 1025 (Monday)

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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.:

GAAPMC-Summary-2019-03 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD (TP) at other workshop ( ) Tick during motor ins.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





MSI319091411 / STA INSPECTION PTE LTD - Boon Lay  
 ENTRY DATE & TIME: 13/07/2019 08:29  
 SUBMITTED BY: Woodford Richard Vincent

## 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.
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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	13/07/2019 08:29
Date Of Accident	12/07/2019 10:25
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER LORNIE RD BEFORE ERP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7285T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIAN SENG HARDWARE (PTE) LTD
Co Reg No	197200287G
Email Address	FSCRAY@LIANSENGHARDWARE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-68989398
<b>Vehicle Particulars</b>	
Manufacturer	ISUZU
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29090107 MKC
Cover Note Number	
<b>Driver</b>	
Name of Driver	GAO JIE
Passport No/FIN	G2104921U
Date Of Birth	06/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97209205

Fax Number	
Contact Number	OFFICE-68989398
E-Mail Address	FSCRAY@LIANSENGHARDWARE.COM.SG
Address	39 GUL CIRCLE
Postcode	629574
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	COLLISION - CHANGE/CROSS LANE
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**

REFER 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	SJC4707J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	87877891
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

## SKETCH PLAN


## IMPORTANT NOTICE


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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.

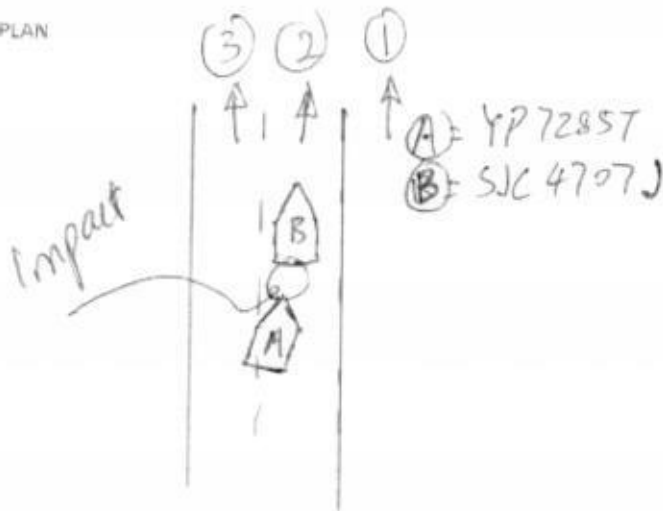
  
 Policyholder's Signature  
 Date & Time: 12/12/19 9.30am

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 12/7/19 14:30

  
 Reporting Centre Personnel's Signature  
 Name:

## Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was delivering goods ~~to my~~ <sup>for my</sup> company customer in the morning. At around 10:28 in the morning, I was driving along PIE towards Changi just after Lorine road. I ~~was~~ <sup>am</sup> going to switch from lane 3 to lane 2, then the vehicle SJC 4707J at lane 2 suddenly brake. I ~~did not~~ also hit my brake hard but it slightly touch the vehicle in front SJC 4707J.

Date of this event happen on ~~12/7/19~~ 12/7/19 10:28am.

## DECLARATION

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



*[Signature]* 12/7/19

*[Signature]*

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

