From (Person	Berg Tan	of	NMENT (Office)	D. J. C.	ne: 14/11/19@ 5.19pm
Estimated Co	0	OF	Bill to:	Due/Im	ie: PUTTING STI
od(TP)v	STTP RES / OD RES /	EVA/INV/M			
To Inspect V	chicle No:	aBC	99294	Insured:	SIKRAT
at Workshop		ACe A	utolution	Tel: C	5844 1184
of	13 kaki	Buleit r	oud 4 #03	3-29	
Policy No:_				SUMIGD	205390
Sum Insured			Excess:		
Make of Vel Client's Reco				D.O.A.	11/11/2019
CA / REV	/ REP. / REV 24 HRS			H.O.D.	Endorsement
	1Au . De . / 1 .		sted: Junny		3
Date/Time,		stimate (1	a 15	
Date/Time	Action/Instruction				
`	Action/Instruction GBC 99294			1.0	
`	GBC 9929Y	_×		2	
`		_×		# # # # # # # # # # # # # # # # # # #	
`	9BC 9929Y	_×	\$ 2500 (I	Red 31921	F2 5690

$\underset{l}{\underline{\mathrm{ASSIGNMENT}}}$

From: Date 15/1/19	Veh No: GBC9929 Yr Regn: 2014 April
Estimated Cost:	Type: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
	Make: Nissan NV200 c.c 1461
To Inspect Vehicle No: GBC 9929 Y at Workshop m/s ACE Autolution	Colour While . A/C: Insured / Std / NI / NA
13 kaki Buleit Road 4 # 03-29	Sp.Reading 77320 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: VSKYBAM 2040049678
Claims No.	Gen. Cond Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Incorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nii)/ S/Rim / STD A/Rim or
	Tyre Size: F: 175/70 R14
(Policy Condition)	R: 125/70RIY.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF MAXIMUS
Bal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. OG mm R/Bal. of mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.; Yes or No	D.O.A. D.O.I. 15/11/19.
Lum Sum: % 3 Val.: Yes or No	Survey held at Ace Autolution.
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Rees ofs.
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
TP Chines.	
m : 28K	
PV: 23.4K	
Nett: 4.61C	
1.77	
Total/Time File Penedici	n
Comments of the Comments of th	Days Of Repair:
Date/Time, File Return to?	Resurvey No. of Trip: 2 Survey Fee:
Annual Control of Cont	Transportation: : Site Insp (\$) _ S+RS_SI
18/5- typist Add Fee	the same of the sa
Mor: man	23300
Report Format : Merimen	: Tech. Invs (\$) Others
Lump Sum / LB.E 68 25006	: Weet end tê
	TOTAL

Nivitha (LKK Auto)

From:

Ben Tang <Ben.Tang@sg.cntaiping.com>

Sent: To:

Thursday, 14 November 2019 5:19 PM

assignments@lkkauto.com

Subject:

FW: OUR REF: SNM19D205390/SJK89T/BEN & YOUR REF: GBC 9929 Y -TO

CONDUCT PRS(New Assignment)

Dear Sirs

We refer to above matter.

Please assist to arrange for PRS survey of TP vehicle GBC9929Y.

Thank you.

Best Regards Ben Tang Executive Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #XX-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6175 | F: (65) 6222 1033

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

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From: Ace Autolution <admin@aceauto.com.sg> Sent: Thursday, November 14, 2019 12:13 PM To: Ben Tang <Ben.Tang@sg.cntaiping.com>

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

Subject: Re: OUR REF: SNM19D205390/SJK89T/BEN & YOUR REF: GBC 9929 Y -TO CONDUCT PRS

Dear All,

We choose Arian Ling.

Thank you.

Regards. Jenny / Shu Wen ACE AUTOLUTION PTE LTD 13 KAKI BUKIT ROAD 4. #03-29 BARTLEY BIZ CENTRE SINGAPORE 417807

Tel: 6844 1184 / 9657 2134

WITHOUT	PREJUDICE	
Dear Sirs		
We refer to	your email of 14.11.19.	
We would li	ke to conduct pre-repair survey of the vehic	cle at the appointed workshop.
We propose claimant's ve	the following list of surveyors to be nomehicle:-	ninated as the Single Joint Expert to conduct survey of the
	1. ADRIAN LING	C VENINET
	2. Kelvin Ang	6. KENNETH KONG
	3. SEE CHEW SENG	7. SIMON HO
	4. MOHD FADHILAH BIN OSMAN	8. CHUA WEIJIE
	5. XING QUO QIANG	9. MARCUS CHUA
	QUO QIAING	10. HENRY NG
If we do not h appointed by	ear from you within two days of this letter us shall be Single Joint Expert for this matte	r, you shall have deemed to have agreed that the surveyor er.
As per the NIN after it is disma damaged and r	MA Protocol, the survey by our appointed antled, and post repairs. Hence, you need to required to be replaced or repaired to facili	surveyor would include survey of your vehicle pre-repair, o provide us / our surveyors with the list of items that were tate an effective survey.
Without admiss	sion of liability, please provide our surveyor	r with repair estimates to facilitate direct settlement.

On Thu, Nov 14, 2019 at 11:38 AM Ben Tang < Ben. Tang@sg.cntaiping.com > wrote:

Thank you.

our surveyor immediately after the repair is completed.

As stated above, please inform us and our surveyor after the claimant's vehicle had been repaired so that our surveyor can carry out post repair inspection before the vehicle is returned to your client. Please co-ordinate with

Best Regards Ben Tang Executive Claims Department China Taiping Insurance (Singapore) Pte. Ltd. 3 Anson Road #XX-00 Springleaf Tower Singapore 079909 DID: (65) 6389 6175 | F: (65) 6222 1033 W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any unauthorized disclosure, use or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please From: Claims Dept of CTI Sent: Thursday, November 14, 2019 10:43 AM To: Ben Tang < Ben. Tang@sg.cntaiping.com >; admin@aceauto.com.sg Subject: OUR REF: SNM19D205390/SJK89T/BEN & YOUR REF: GBC 9929 Y -TO CONDUCT PRS Dear Ben, Please conduct PRS-GBC9929Y soonest possible (Our Insured-SJK89T has not filed SAS Report)

China Taiping Insurance (Singapore) Pte. Ltd.

Claims Department

Regards

File to officer-in-charge- Ben Tang -DID: 6389 6175

Email: claimsdept@sg.cntaiping.com Website: www.sg.cntaiping.com Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any unauthorized disclosure, use or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please notify the sender immediately. Please delete the e-mail and any copies of it thereafter. From: Ace Autolution [mailto:admin@aceauto.com.sg] Sent: Thursday, November 14, 2019 9:53 AM To: Claims Dept of CTI Subject: GBC 9929 Y Dear Sir/Madam, Please take noted the attached file for your reference . Thank you. Regards, Jenny / Shu Wen ACE AUTOLUTION PTE LTD 13 KAKI BUKIT ROAD 4, #03-29 BARTLEY BIZ CENTRE SINGAPORE 417807 Tel: 6844 1184 / 9657 2134

3 Anson Road #15-00 Springleaf Tower Singapore 079909

Tel: 6389 6116

Fax (65) 6224 7175 / 6224 7478

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		180 07
Owner ID Type:	Company	
Owner ID:	392M	
Vehicle Details		100
Vehicle No.:	GBC9929Y	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	15 Nov 2019	
Vehicle Make:	NISSAN	
Vehicle Model:	NV200 1.5 M	
Primary Colour:	White	
Manufacturing Year:	2012	
Engine No.:	K9KC400D034332	
Chassis No.:	VSKYBAM20U0049678	
Maximum Power Output:	•	
Open Market Value:	\$22,697.00	
Original Registration Date:	14 Apr 2014	
First Registration Date:	14 Apr 2014	
Fransfer Count:	3	
Actual ARF Paid:	\$1,135.00	
ntended PARE Rebate Details		ALC:
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
ntended GOE Rebate Details	all desirable to many the angle of the control of t	E, FAR
COE Expiry Date:	13 Apr 2024	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$52,890.00	
COE Rebate Amount:	\$23,337.00	
otal Rebate Amount:	\$23,337.00	

The information contained herein is correct as at 15 Nov 2019

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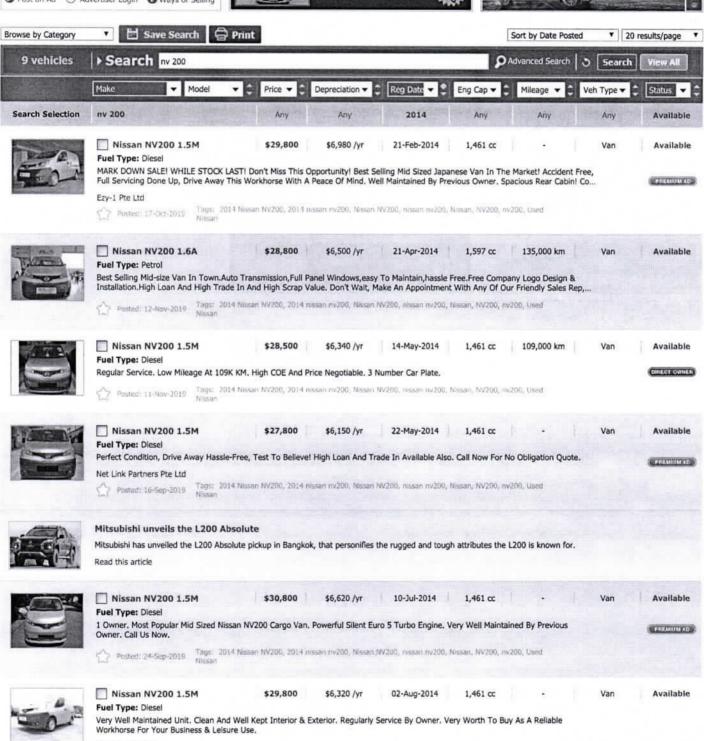


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Nissan NV200 1.5M Fuel Type: Diesel

Bell Auto Pte Ltd

\$30,800

\$6,530 /yr

Posted: 12-Nov-2019 Togs: 2014 Nissan NV200, 2014 hissan nv200, Nissan n

02-Aug-2014

1,461 cc

Van

Available

MSME19150417 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 13/11/2019 17:40 SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 13/11/2019 17:44

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

EMail Address

Fax Number Contact Number

- 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 witholding 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	13/11/2019 17:40
Date Of Accident	11/11/2019 13:05
Exact Location Of Accident	81 UBI AVE 4 ALONG RD 1
Country/State of Loss	SINGAPORE
1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC9929Y
Insured/Policyholder	
Name Of Registered Owner	KIAN HUP ENGINEERING PTE LTD
Co Reg No	201325392M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65389719
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC05003345
Cover Note Number	
Driver	
Name of Driver	ZHAO ZHENBO
NRIC No	S9174547Z
Date Of Birth	02/05/1991
Occupation	INDOOR
Date Of Driving Pass	22/02/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE

(LOCAL) +65-92999596

NOEMAIL

Address

BLK 128 RIVERVALE STREET #12-826

Postcode

540128

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

VO

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

MACPHERSON NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BL

ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20191111/2082.

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

SJK89T

Vehicle Make/Model/Colour

VEHICLE B

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

VIANNA TAN SIEW KHIM

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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:
 - 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:

12/11/19

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

Date & Time:

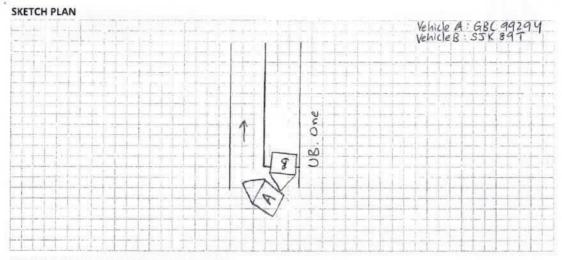
Reporting Centre Personnel's Signature Name:

Name:

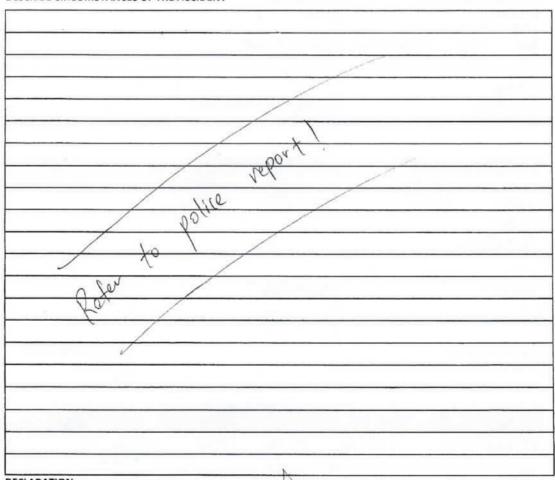
NRIC/FIN No.:

ACE AUTO

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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

Policyholder's Signature Date & Time:

9.35% Earthfairfairt.32

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #3 Pg. 1





Police Station Of Origin:

MacPherson NPP

54 Pipit Road #01-82/84 SINGAPORE

370054

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Vide Report No.:

Station Diary No.:

Report No. T/20191111/2082

1 of 3

11/11/2019 14:57 Informant's Particulars Name of Informant: Address: ZHAO ZHENBO APT BLK 128 RIVERVALE STREET #12-826 SINGAPORE 540128 ID Type / ID No.: Contact No.: Home/Office: Mobile: 92299596 NRIC NO / S9174547Z Nationality: Email: SINGAPORE CITIZEN Type of Informant: Sex: Date of Birth: Age: Male 28 02/05/1991 Driver Race: Language: Institution / School Name: Chinese Occupation: Driving Licence Information: HR MANAGER Class: 3,4 Date of Expiry:

Type of Accident:	Others		Drink Drive: No	Date/Time of Accident: 11/11/2019 13:05	Type of Location
Location: Along Road 1 UBI AVENUE 81 Ubi Ave 4,				# #	
Weather:	000112	Road	Surface:		Road Speed Limit:
Traffic Flow:		Traffi	c Control:		Traffic Volume:
Type of Collis	ion: le Against - Parked V	/ehicle			Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC9929Y	Van	NISSAN	NV200	White	Slightly Damaged	1
SJK89T	Car	MERCEDES BENZ	ML350	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4 Pg. 1





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054' Tel No: 1800-7449999 2 of 3 Report No. T/20191111/2082

CONTINUATION OF REPORT

Driver		Children Son of	AND THE RESERVE OF STREET		The State of the S	MANAGE TELEVISION PROPERTY AND ADDRESS.
Name	ZHAO ZHENBO			ID No.		S9174547Z
Related Vehicle	GBC9929Y (Van)			Contact No.		92299596
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL		
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver					TRANS.	
Name	VIANNA TAN SIEW KHIM			ID No.		S7426637A
Related Vehicle	SJK89T (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On the 11/11/19 at about 1305hrs, I was at UB ONE turning right exiting out of the carpark however there was another vehicle (SJK89T) at the T- junction, waiting to turn right and stopped upon seeing me as I have the right of way. However, she stopped past the white line and I did a wide turn to avoid collision. While looking and turning right, I noticed that the vehicle was slowly inching forward and thus, our vehicle made contact. We had exchanged particulars. My vehicle suffered scratches on the above the rear left wheel while the other vehicle suffered scratches on the right front bumper.

Sketch Plan #5 Pg. 1





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 3 of 3 Report No. T/20191111/2082

Tel No: 1800-7449999

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:

G /
Sgt 2 CHEW SONG YAN

Signature Of Interpreter:
Not applicable

Date/Time:
11/11/2019 14:57

Classification Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168