ERIMEN (Person) Charge Burn.	Sen of	. C71 D	ate/Time: 19/11/19(2) 3.34pm		
Estimated Cost:		Bill to:	2000		
To Inspect Vehicle No:	SMG 296	6J Insured:	GBC 5126Z 68442475.		
at Workshop m/s	53 ubi Avenu	12 1 # 81-24	08410-113		
Policy No: DMCVSN	N30709019022		9D20S430		
Sum Insured;		Excess:			
Make of Veh; (Client's Recerd)		r	0.0.A. 14/11/2019		
	Date/Time: 10 1 am @ 20/11 Person Contacted: Dumen Vehice IN OUT				
Date/Time Action/Instruct	ion Tohonolu		12.70		
8M4 29	66J-NA/LIP19020	3.16/24 .	DOA: 14/11/2019		
GBCSI		Grand Hit H.	Velicle right now spray po		
11/11/19@ 2,49m	Tracy (WK3p) in	rorman rues the			
11/17/19@ 2,49m To	Parren said he	will & Anulise	with Rames asap.		

Nivitha (LKK Auto)

From:

Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Sent:

Tuesday, 19 November 2019 3:34 PM

To:

Desmond

Cc:

assignments

Subject:

RE: OUR REF: SNM19D205430-GBC5126Z-CBS- FW: OUR REF: 1911-22 // YOUR

REF: GBC5126Z ACCIDENT INVOLVING GBC5126Z AND SMG2966J

WITHOUT PREJUDICE

Dear Sir

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

Aside to LKK AUTO CONSULTANTS,

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

Thank you.

Chong Boon Sen

Claims Executive Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG 3 Anson

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

From: Chong Boon Sen

Sent: Tuesday, November 19, 2019 8:51 AM
To: Desmond <claims@teamworkgarage.com>

Subject: RE: OUR REF: SNM19D205430-GBC5126Z-CBS- FW: OUR REF: 1911-22 // YOUR REF:

GBC5126Z ACCIDENT INVOLVING GBC5126Z AND SMG2966J

Without prejudice

Dear Sir,

LKK

STA

LBS

Chong Boon Sen

Claims Executive Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG 3 Anson

Road #16-00 Springleaf Tower Singapore 079909

DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Claims Dept of CTI

Sent: Monday, November 18, 2019 7:03 PM

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

Subject: OUR REF: SNM19D205430-GBC5126Z-CBS- FW: OUR REF: 1911-22 // YOUR REF:

GBC5126Z ACCIDENT INVOLVING GBC5126Z AND SMG2966J

Dear Boon Sen.

Please conduct PRS for SMG2966J.

Note: officer in charge – Boon Sen 63896171.

Regards,

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

T: (65) 63896116 | F: (65) 62247175

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

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From: TEAMWORK [mailto:claims@teamworkgarage.com]

Sent: Monday, 18 November, 2019 4:08 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com> Cc: TEAMWORK <claims@teamworkgarage.com>

Subject: OUR REF: 1911-22 // YOUR REF: GBC5126Z ACCIDENT INVOLVING GBC5126Z AND

SMG2966J

WITHOUT PREJUDICE

OUR REF: 1911-22

YOUR REF: GBC5126Z

Dear Sir / Madam,

PRE-REPAIR INSPECTION FOR SMG2966J

ACCIDENT INVOLVING GBC5126Z AND SMG2966J ON 14.11.2019.

We refer to the above matter and enclosed herewith our client's GIA report and notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction-Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Thank you and have a nice day.

Regards,

Shu Shan

Teamwork Garage Pte Ltd Blk 53 Ubi Avenue 1 #01-24 Paya Ubi Industrial Park Singapore 408934 Tel: 6844 2475 Fax:6844 2474

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Teamwork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel: 6844 2475

E-mail: claims@teamworkgarage.com

Register number: 201015366H

CHINA TAIPING

Vehicle number SMG2966J Make / Model MAZDA 3 Chassis number JM6BN22A8K0258462 Accident date 14-Nov-19 Reference 1911-22

		Reference	1911-22
Qty	Particulars	\\\ <u></u>	Unit Price - SGI
	PARTS REPLACEMENT - LIST ITEMS		
1	FRONT BONNET regail		1174.03 XA
1	FRONT BONNET INSULATOR X 500		218.40 ×
1	BONNET HINGE LH X 600		52.00 X
1	BONNET RUBBER X SV		96.96 ×
1	FRONT BUMPER de		1238.04998
1	FRONT LH BUMPER RETAINER 02 1 @ 38		44.90 38
1	FRONT BUMPER REINFORCEMENT X		533.40 X
1	HEADLAMP LH 30 /		2469.50 204
1	HEADLAMP BALLAST LH X 500		1074.60 ×
1	HEADLAMP BRACKET LH ? Ca		24.12
1	FRONT LH DAYLAMP COVER 7.		111.36 25
1	FRONT LH DAYLAMP ? cm /		188,76 140
1	FRONT GRILLE BASE X SIV		697.92 X
1	FRONT GRILLE MOULDING X		212.04×
1	FRONT GRILLE EMBLEM		53.04 ×
1	FRONT LH FENDER buc -		400.08 334
1	FRONT LH FENDER INNER SHIELD DE		155.16 130
1	FRONT SUPPORT PANEL regul		563.64 XR
1	FRONT SUPPORT PANEL TOP GARNISH		402.00 ×
1	FRONT LH DOOR report		1380.00 X €
1	FRONT LH WHEEL HOUSE X 5VL		667.00 ⊁
1	FRONT LH KNUCKLE ARM X SVC		520.10 ⊁
1	FRONT LH KNUCKLE BEARING X SVC		201.00 ×
1	FRONT LH LOWER ARM XS~C		411.60 X
1	FRONT LH ABOSRBER X 5 M		580.80 ★
		SUBTOTAL	13470.45
		Less 10%	1347.04
			12123.41

2983.29

	PARTS REPLACEMENT - SPECIAL NETT ITEMS	
	Balance B/F	12123.41
1 SET	FRONT BUMPER CLIP 10 /	30 50:00
1 SET	FRONT FENDER INNER SHIELD CLIP /	30.00
1	FRONT GRILLE CLIP XM	
1	FRONT LH RIM X 50C	50.00 × 800.00 ×
1	FRONT LH TYRE X (VC	600.00 ×
	Subtotal	
	Balance C/F	13653.41
	LABOUR AND MISCELLANEOUS CHARGES	
	Balance B/F	13653.41
1	CHECK FRONT LIGHTNING AND WIRING SYSTEM	80.00 30
2	REMOVE, FRONT REAR LINING, TRIM AND GARNISH	200.00×17
3	CHECK WHEEL ALIGNTMENT	200.00 Xan
4	REMOVE, REFIT & RENEW FRONT UNDERCARRIAGE	1170 200.00 XA7
5	REMOVE, REFIT & RENEW BONNET	200.00 XAA
	PANEL BEATING ON AFFECTED AREAS	2400.00
7	SPRAY PAINTING ON AFFECTED AREAS	1400.00 60090
8	APPLY ANTI RUST ON AFFECTED AREAS	200.00 ¢0
	Ī	4880.00
	TOTAL BALANCE	18533.41

The Poolso 68

Slays

LIS

20/11/19 @1430

Resy after repair

2983·29 60·00 1670·00 4713·29

3770.63

4/s-3,750 5 days

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 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.
- Any false reporting may be referred to the Police for investigation.
- 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.

aroresaid.		
	ACCIDENT STATEMENT	
Date Of Report	18/11/2019 15:47	
Date Of Accident	14/11/2019 15:40	
Exact Location Of Accident	RACE COURSE RD TWDS BUKIT TIMAH	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	1
Vehicle Registration Number	SMG2966J	
Insured/Policyholder		
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD	
Co Reg No	200406722Z	

Email Address Mobile Phone No

Alternative Phone No OFFICE-68445225

Vehicle Particulars

Manufacturer MAZDA

Model MAZDA3 SEDAN 1.5 AT EU6

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
PRIVATE HIRE

NOEMAIL

Vehicle Category

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SD19V13180/VPZ/R01

Cover Note Number

Driver

Name of Driver YUSOF BIN LAZIM

 NRIC No
 \$1676891Z

 Date Of Birth
 01/04/1962

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/11/1997

Driving Experience 22 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86718218

Fax Number

Contact Number OFFICE-86718218

EMail Address NOEMAIL

Address

BLK 602 CHOA CHU KANG STREET 62

#04-29

Postcode

680602

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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?

YES

Was any other material or property damaged? 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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC5126Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- 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.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

AL COLLEGE OF THE SECOND

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The second of the second of the second
I was travelling along Roce Course Rued towards Bukit
Timah at the right lane As there is an unknown vehicle park
in the middle of the road with hozard light on So I, overtake after areture I
the continue vehicle and accelerate, suddenly vehicle B toon out
from the parking let sithaut checking and cataled auto my frontaparties
of my selecte

DECLARATION

I/We declare the facegoing particulars are true in every respect

Policyholder's Signature Date & Tane

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

Date & Time:

Reporting Centre Personale's Signature Name

NRIC/FIN No.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	722Z
Vehicle Details	
Vehicle No.:	SMG2966J
Vehicle to be Exported:	No
ntended Deregistration Date:	21 Jan 2020
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	P520559067
Chassis No.:	JM6BN22A8K0258462
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,323.00
Original Registration Date:	13 Dec 2018
First Registration Date:	13 Dec 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$14,323.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Dec 2028
PARF Rebate Amount:	\$10,742.00
Intended COE Rebate Details	
COE Expiry Date:	12 Dec 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$23,568.00
COE Rebate Amount:	\$20,953.00
Total Rebate Amount:	\$31,695.00

The information contained herein is correct as at 21 Jan 2020