

22/03/2002

ASS. REC. BY:

REF: CS/CT119022151/Aq f3

Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Ben Tang

of

CT1

Date/Time: 16.12.19 19.14 p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: GBJ 48724

Insured:

at Workshop m/s Jec Auto Serv

Tel: 92327457

of 1 Kaki Bukit Ave 6 #02-11 Autobay

Policy No: DMCVSN 30320719000

Claim No: SNM1912 205936

Sum Insured:

Excess: \$ 3350.00

Make of Veh:

D.O.A. 10.12.2019

(Client's Record)

CA REV REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 17.12.19 1053a.m

Person Contacted: Ah xian

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	GBJ 48724 - NA / CT119022151/24 D.O.A - 10/12/2019
24/12/19 @ 11.47am	checked with Ah xian, the owner already withdrawn OD claim.
24/12/19 @ 11.48am	Informed Ben accordingly to close case without billing. cancel case - Auto 24/12/19.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	16 Dec 2019		16 Dec 2019 19:14 Assign				New Assignment Cancel Case

Main		Reference		Claim Details		Documents		Show All
CLAIM SUBFOLDER DETAILS								
Insured:		LISDEN CONSTRUCTION PTE LTD				[Created by insurer]		
Vehicle Reg. No.:		GBJ4872Y		Date of Loss:		10/12/2019 16:00 - :59		
Claim Type:		OD / SNM19D205936		Policy/Cover Note No.:		DMCVSN30320719000 (Comprehensive)		
				Excess:		S\$3,350.00		
Repairer:		Jec Auto Service (HQ) 1 KAKI BUKIT AVENUE 6 #02-11, Autobay @ Kaki Bukit, 417883 Kaki Bukit - Tel: 6509 6585 / 9435 4491						
Handling Insurer:		China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Ben Tang]						
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 26/12/2019]						
ASSOCIATED MAIL RECEIVED								
						View All		Compose Case Mail
There are no mail for this case.								
ALL ASSOCIATED TASKS								
Due Date		Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On
								Created On
								Done?
No results.								

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 24 December 2019 11:48 AM
To: 'Ben Tang'; assignments; SUR
Cc: 'Claims Dept of CTI'
Subject: RE: OUR REF: SNM19D205936/GBJ4872Y/BEN - Insurance Claim for Insured Liden Construction Pte Ltd - GBJ4872Y

Dear Ben,

According to the repairer, the owner already withdraw OD claim.

We will close our case at our end without billing.

Best Wishes for Merry Christmas & Happy New Year 2020

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO) <admin-d@lkkauto.com>
Sent: Tuesday, 17 December 2019 10:55 AM
To: 'Ben Tang' <Ben.Tang@sg.cntaiping.com>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Claims Dept of CTI' <claimsdept@sg.cntaiping.com>
Subject: RE: OUR REF: SNM19D205936/GBJ4872Y/BEN - Insurance Claim for Insured Liden Construction Pte Ltd - GBJ4872Y

Dear Sir/Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ben Tang <Ben.Tang@sg.cntaiping.com>
Sent: Monday, 16 December, 2019 7:10 PM
To: assignments <assignments@lkkauto.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: FW: OUR REF: SNM19D205936/GBJ4872Y/BEN - Insurance Claim for Insured Liden Construction Pte Ltd - GBJ4872Y

Summer Lee (LKK Auto)

From: Ben Tang <Ben.Tang@sg.cntaiping.com>
Sent: Monday, 16 December, 2019 7:10 PM
To: assignments
Cc: Claims Dept of CTI
Subject: FW: OUR REF: SNM19D205936/GBJ4872Y/BEN - Insurance Claim for Insured Liden Construction Pte Ltd - GBJ4872Y
Attachments: GBJ4872Y.pdf

Dear Sirs

We refer to above matter.

Please assist to arrange for OD survey of insured vehicle GBJ4872Y.

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: Claims Dept of CTI
Sent: Monday, December 16, 2019 2:50 PM
To: Ben Tang <Ben.Tang@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; jecautoservice@yahoo.com.sg
Subject: OUR REF: SNM19D205936/GBJ4872Y/BEN - Insurance Claim for Insured Liden Construction Pte Ltd - GBJ4872Y

Dear Ben,

Please assist OD claim - GBJ4872Y.

Note : officer in charge - Ben Tang 63896175.

***** Kindly quote our reference number when replying.**

Thank You.

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:** 太平獅城 Taiping SG

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From: autoservice Jec [<mailto:jecautoservice@yahoo.com.sg>]
Sent: Monday, 16 December, 2019 2:32 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: Insurance Claim for Insured Liden Construction Pte Ltd - GBJ4872Y

Hi Team,

Pls arrange for inspection under OD claim.

Pls assist to contact me for the inspection date and time.

Thanks!

Best Regards,

Ah Xian (92327457)

1 Kaki Bukit Avenue 6

#02-11 Autobay @ Kaki Bukit

Singapore 417883

This email has been scanned by the Symantec Email Security.cloud service.
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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	11/12/2019 17:40
Date Of Accident	10/12/2019 16:30
Exact Location Of Accident	PIE (CHANGI) BEFORE UPP JURONG RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4872Y
Insured/Policyholder	
Name Of Registered Owner	M/S LISDEN CONSTRUCTION PTE LTD
Co Reg No	201730708M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97119684
Alternative Phone No	OFFICE-97119684

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.6DX VANETTE AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3032071900
Cover Note Number	

Driver

Name of Driver	QI DINGGUO
Passport No/FIN	F8334717K
Date Of Birth	29/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81381612
Fax Number	
Contact Number	OFFICE-81381612
Email Address	NOEMAIL

Address	23 CANBERRA DRIVE #09-46 1 CANBERRA
Pcstcode	768077
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	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. WHILE FILTERING LEFT LANE AND ACCIDENTALLY HIT ONTO VEHICLE B REAR RIGHT PORTION.

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	YN8145T
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)	2

Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan

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.



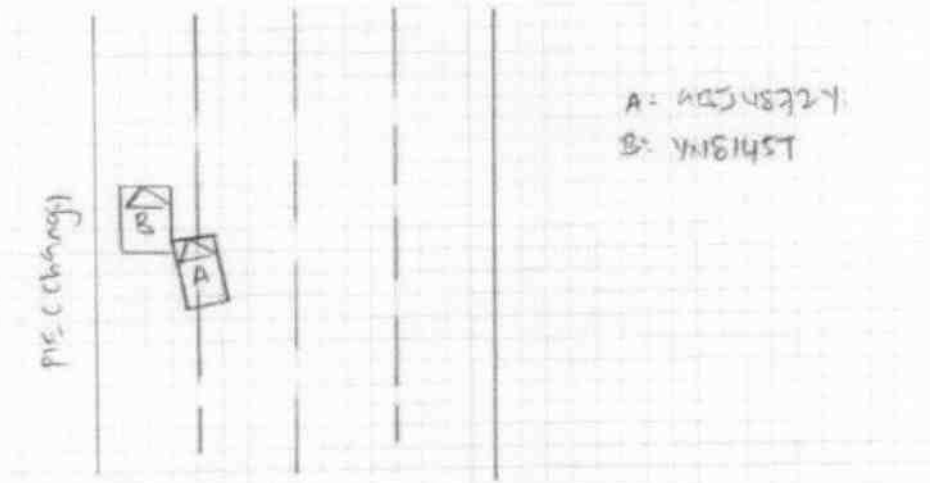
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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:

(Signature)

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

(Signature)