

22/03/2002

ASS. REC. BY:

REF:

08/CTI/19022476/ky d3

Special Instruction:

Surveyor:

Kuneth

ASSIGNMENT (Office)

From (Person):

Ben Tang

of

CTI

Date/Time:

20/12/19 @ 5.21pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBE 3527C

Insured:

SLS 3399

at Workshop m/s

K. Kim Hin

Tel:

6452 7018

of

160 Sin Ming Drive #02-20

Simon 87400219

Policy No:

Claim No:

SNM19D206050

Sum Insured:

Excess:

Make of Veh:

D.O.A.

16/11/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

'up'

96222116

H.O.P. Endorsement:

Date/Time:

10:31am @ 20/12/19

Person Contacted:

Sender

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	GBE 3527C-X
	SLS 3399-X

ASS. REC. BY:

REF: C721

Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

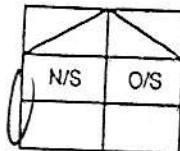
Sum Insured: _____

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

03

days

Res.: _____

Yes or No

Lum Sum: _____

0 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

GBE 3527C

Yr Regn: _____

11, 15

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

Truck / Trailer or _____

Make: _____

Citroen

Berlingo

c.c.

1560

Colour: _____

M. Grey

A/C: _____

Insured / Std / NI / NA

Sp. Reading: _____

34.475

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

VFF 7F914F8.FJ36514P

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: All / S/Rlm / STD A/Rlm or

Tyre Size: _____

F: _____

195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. _____

3 mm

R/Bal. _____

4

mm

L/Bal. _____

3 mm

L/Bal. _____

4

mm

D.O.A. _____

16/11/19

D.O.I. _____

23/12/19

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S Rear

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

Date / Time

Action / Instruction

1

File pass to

US \$1100.00 (Red \$1149.00, 51%)

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

11/8/20 Typist

Days Of Repair: _____

3

Resurvey No. of Trlp: _____

1

Survey Fee: _____

Transportation: _____

S - RS. \$

Fees

Others

TOTAL

Add Fee: _____



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

Lump Sum I.B.I.: (\$

\$1100f

Nivitha (LKK Auto)

From: Ben Tang <Ben.Tang@sg.cntaiping.com>
Sent: Friday, 20 December 2019 5:21 PM
To: 'assignments'
Cc: Claims Dept of CTI
Subject: RE: OUR REF: SNM19D206050/SLS339G/BEN & YOUR REF: GBE3527C -Accident Involving GBE 3527 C and SLJ 71 A on 16 Nov 2019

Dear Sir

We refer to above matter.

Please assist to arrange for PRS of TP vehicle GBE3527C.

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: service <service@kkimhin.com.sg>
Sent: Friday, December 20, 2019 5:14 PM
To: Ben Tang <Ben.Tang@sg.cntaiping.com>
Cc: sandrakhong@gmail.com; Claims Dept of CTI <claimsdept@sg.cntaiping.com>; service@kkimhin.com.sg
Subject: RE: OUR REF: SNM19D206050/SLS339G/BEN & YOUR REF: GBE3527C -Accident Involving GBE 3527 C and SLJ 71 A on 16 Nov 2019

Dear Ben

Could you kindly appoint Kennth Kong?

Thank you.

Best Regards
Sandra
6452 7018
K. Kim Hin Auto Pte Ltd

From: "Ben Tang" <Ben.Tang@sg.cntaiping.com>
Sent: Friday, December 20, 2019 5:00 PM
To: "service@kkimhin.com.sg" <service@kkimhin.com.sg>

Cc: "sandrakhong@gmail.com" <sandrakhong@gmail.com>, "Claims Dept of CTI" <claimsdept@sg.cntaiping.com>
Subject: RE: OUR REF: SNM19D206050/SLS339G/BEN & YOUR REF: GBE3527C -Accident Involving GBE 3527 C and SLJ 71 A on 16 Nov 2019

WITHOUT PREJUDICE

Dear Sir,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

LKK / LBS / STA

ADRIAN LING
Kelvin Ang
SEE CHEW SENG
MOHD FADHILAH BIN OSMAN
XING QUO QIANG
KENNETH KONG
SIMON HO
CHUA WEIJIE
MARCUS CHUA
HENRY NG

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

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:** ??? Taiping SG

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From: service@kkimhin.com.sg <service@kkimhin.com.sg>
Sent: Friday, December 20, 2019 3:25 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Ben Tang <Ben.Tang@sg.cntaiping.com>
Cc: service@kkimhin.com.sg; sandrakhong@gmail.com
Subject: RE: OUR REF: SNM19D206050/SLS339G/BEN & YOUR REF: GBE3527C -Accident Involving GBE 3527 C and SLJ 71 A on 16 Nov 2019

Dear Ben

Good day to you.

Can you let me know which surveyor has been appointed? Client will be leaving car on Monday.

Thanks & Regards
Sandra
6452 7018
K. Kim Hin Auto Pte Ltd

From: Claims Dept of CTI [<mailto:claimsdept@sg.cntaiping.com>]
Sent: Friday, December 20, 2019 2:59 PM
To: Ben Tang; service@kkimhin.com.sg
Subject: OUR REF: SNM19D206050/SLS339G/BEN & YOUR REF: GBE3527C -Accident Involving GBE 3527 C and SLJ 71 A on 16 Nov 2019

Dear Ben,

Please conduct PRS –GBE3527C - soonest possible and Insured has not filed SAS Report.

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

Dear Sandra,

**** kindly quote our reference number when replying****

Thank you.

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
Tel: 6389 6116
Fax (65) 6224 7175 / 6224 7478
Email : claimsdept@sg.cntaiping.com
Website:www.sg.cntaiping.com

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From: service [<mailto:service@kkimhin.com.sg>]
Sent: Thursday, December 19, 2019 5:52 PM
To: Claims Dept of CTI
Cc: service@kkimhin.com.sg; Sandra (Gmail)
Subject: Accident Involving GBE 3527 C and SLJ 71 A on 16 Nov 2019

Your Ref: SLJ 71 A (China Taiping)
Our Ref: GBE 3527 C

Dear Officer

Good day to you.

Enclosed the estimate and GIA report and video showing your client SLJ 71 A hit our client GBE 3527 C on 16 Nov 2019.

We have uploaded the video into Merimen during reporting. Are you able to see it as the video file is quite big to be attached here?

I have attached 2 shots of front video showing the position of your insured car before my client drove past and after my client drove past.

Please kindly appoint a surveyor for the survey and let us know the liability of the case. Many thanks.

Thanks & Regards
Sandra
6452 7018
9622 2116
K. Kim Hin Auto Pte Ltd

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

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For more information please visit <http://www.symanteccloud.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	18/11/2019 17:29
Date Of Accident	16/11/2019 17:10
Exact Location Of Accident	TAMAN PERMATA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3527C
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	OLP SERVICE PTE LTD
Co Reg No	200900386C
Email Address	OLPSERVICE@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96687066

Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO-1.6 HDI (M)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1881365
Cover Note Number	

Driver

Name of Driver	SEE YONG WEN, JOLENE
NRIC No	S7630484Z
Date Of Birth	28/09/1976
Occupation	INDOOR
Date Of Driving Pass	20/06/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96687066
Fax Number	
Contact Number	
EEmail Address	OLPSERVICE@SINGNET.COM.SG

Address	79 TAMAN PERMATA
Postcode	575202
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?	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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ71A
Vehicle Make/Model/Colour	FERRARI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALEX LIM CHIN GUAN
NRIC/Passport Number	
Contact Number	98470762
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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

OLP SERVICE PTE LTD
Co. Reg No. 200900386C
155 Thomson Road
Singapore 307608
Tel: 9668 7066
Email: olpservice@singnet.com.sg

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.:



A: GBE 3527C
B: SLJ 71-A

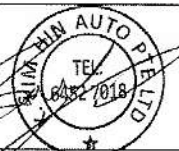
I WAS DRIVING ALONG TAMAN PERMATA SLOWLY
ON MY LEFT STATIONARY VEHICLES PARKED.
I DROVE SLOWLY AND VEHICLE B SUDDENLY
REVERSED AND HIT MY VAN LEFT REAR PORTION
AS I DROVE PAST.
HE DID NOT WANT TO PAY FOR MY REPAIR COST
AS SUCH I AM MAKING A CLAIM AGAINST HIS
POLICY.
I AM THE DIRECTOR OF THE COMPANY.

Cd/Wege No 3099900386C
 155 Thomson Road
 Singapore 307608
 Tel: 9668 7066
 Email: olpservice@singnet.com.sg

Company Chop (if applicable)

Date & Time:

ARIC/FIN No.:



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	386C
Vehicle Details	
Vehicle No.:	GBE3527C
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Nov 2019
Vehicle Make:	CITROEN
Vehicle Model:	BERLINGO LWB 1.6L EHD1 ETG6
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	10JBFR0019397
Chassis No.:	VF77F9HF8FJ565149
Maximum Power Output:	-
Open Market Value:	\$17,004.00
Original Registration Date:	03 Nov 2015
First Registration Date:	03 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$851.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	02 Nov 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$37,812.00
COE Rebate Amount:	\$22,525.00
Total Rebate Amount:	\$22,525.00

The information contained herein is correct as at 18 Nov 2019

OK

TP Claim



CO. REG. NO: 199402370D

GST NO: M2-0123250-3

AUTO PTE LTD

金興(龔)汽車私人有限公司

160 Sin Ming Drive, #02-20,
Sin Ming AutoCity, Singapore 575722
Tel: 6452 7018 Fax: 6458 3895
Email: service@kkinhin.com.sg

Vehicle Insured : SLJ 71 A
Accident Date : 16-Nov-2019

No. : 30892

Date : 28-Nov-2019

Our Ref : 190694 (CHINA) / QUEK

PAGE : 1

OLP SERVICE PTE LTD
Singapore

*Not Withheld
61 Days @?
Running After Pain
3 days*

ESTIMATED COST OF REPAIR FOR CITROEN BERLINGO LWB 1.6L (2015) GBE3527C

1 pc LH rear bumper side cover
1 pc LH rear rim cover
1 pc LH rear rim
1 pc LH rear wheel bearing
1 pc LH rear door protector

Del/Lr 240.00 ✓
RL 180.00 ✓
SL 320.00 X
220.00 ?
MR 150.00 ✓

1,110.00

Less 10% : -111.00

999.00

To remove, cut out damaged parts,
panel beating, welding, align,
refix and to renew affected parts.

400
450.00

To dismantle and check rear under-
carriage. To replace affected
portions.

MR 120.00 X

To conduct rear wheel alignment
test.

80.00 *60*

To putty and respray on affected
portions.

400
600.00

Total : S\$ 2,249.00

Singapore Dollars Two Thousand Two Hundred and
Forty Nine Only

Note: Amount quoted above is subject to prevailing GST at time of tax invoice.

the Repairer of the following:
• To resurvey before/after spray painting
• To display damaged part(s) during resurvey
• Parts prices are subject to confirmation
• Third party survey is on a "Without Prejudice" basis
• No illegal modification(s) is allowed
• Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: