

22/03/2002

ASS. REC. BY:

REF: CS/C119022838/K+B

Special Instruction:

Surveyor: Kenneth

## ASSIGNMENT (Office)

From (Person): Irene Tay Hui Ping of CTZ Date/Time: 30 December 2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKZ 7271X

Insured: SMO 5650Y

at Workshop m/s Heng Yap Seng Auto Services

Tel: 91833008

of 160 Sin Ming Auto City #08-13

Policy No: DMHCSN19398519000

Claim No: SNM1912206134C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 25/12/2019

"up"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 30/12/2019 @ 11:50pm

Person Contacted:

Mr Cheng

Vehicle IN / OUT

Date/Time Action/Instruction ( ✓ ) Estimate

SMO 5650Y: X

SKZ 7271X: X

13/3

estimate ready by Monday. 16/3/2020



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Dec 2019		30 Dec 2019 11:35 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
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<b>CLAIM SUBFOLDER DETAILS</b>		[Created by insurer]	
Insured:			
Main Claimant:	FONG YOOK LING		
Vehicle Reg. No.:	SKZ7271X	Date of Loss:	25/12/2019 14:00 - :59
Claim Type:	TP / SNM19D206134C02	Policy/Cover Note No.:	DMHCSN19398519000
Vehicle Reg. No. (Insured):	SMQ5650Y	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Heng Yap Seng Auto Services ( ) 160 Sin Ming Auto City, #08-13, 575722 Sin Ming - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 09/01/2020]		
Adj Asg. Remarks:	PLEASE SURVEY AND REVERT		

<b>ASSOCIATED MAIL RECEIVED</b>	<a href="#">View All</a> <a href="#">Compose Case Mail</a>
There are no mail for this case.	

<b>ALL ASSOCIATED TASKS</b>	<a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Due Date</th> <th>Priority</th> <th>Type</th> <th>Task Group</th> <th>Subject</th> <th>Handler</th> <th>Assigned By</th> <th>Completed On</th> <th>Created On</th> <th>Done?</th> </tr> </thead> <tbody> <tr> <td colspan="10">No results.</td> </tr> </tbody> </table>	Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?	No results.										
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?												
No results.																					

## Nivitha (LKK Auto)

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**From:** Irene Tay <irene.tay@sg.cntaiping.com>  
**Sent:** Monday, 30 December 2019 11:21 AM  
**To:** Boo Moh Cheh  
**Cc:** 'assignments'; Admin A  
**Subject:** RE: OUR REF: SNM19D206134/SMQ5650Y/IRENE & YOUR Ref : BMC.3447.19.wh  
-TO CONDUCT PRS -SKZ7271X

Dear Sir,

We refer to the above matter .

Please get your surveyor to liaise with LKK to conduct survey.

Regards,

**Irene Tay**  
Executive  
Claims Department (Motor Division)

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: (65) 63896192 | F:(65) 62247478/62247175

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG

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**From:** Boo Moh Cheh [mailto:boo@kurupnboo.com.sg]  
**Sent:** Monday, December 30, 2019 10:39 AM  
**To:** Irene Tay <irene.tay@sg.cntaiping.com>  
**Subject:** RE: OUR REF: SNM19D206134/SMQ5650Y/IRENE & YOUR Ref : BMC.3447.19.wh -TO CONDUCT PRS -SKZ7271X

Our Ref : BMC.3447.19.wh  
30 December 2019

China Taiping Insurance (Singapore) Pte Ltd  
Attention : Ms Irene Tay

Dear Ms Tay

We refer to your email dated 30 December 2019.

We are instructed to appoint Mr Kenneth Kong for the pre repair inspection.

Regards

Boo Moh Cheh  
Kurup & Boo  
111 North Bridge Road  
#15-03 Peninsula Plaza  
Singapore 179098  
Tel : 6223 3343  
Fax : 6225 7248

---

**From:** Irene Tay <[irene.tay@sg.cntaiping.com](mailto:irene.tay@sg.cntaiping.com)>  
**Sent:** Monday, 30 December, 2019 10:07 AM  
**To:** 'boo at kurupnboo.com.sg' <[boo@kurupnboo.com.sg](mailto:boo@kurupnboo.com.sg)>  
**Cc:** 'boo at kurupnboo.com.sg' <[boo@kurupnboo.com.sg](mailto:boo@kurupnboo.com.sg)>  
**Subject:** FW: OUR REF: SNM19D206134/SMQ5650Y/IRENE & YOUR Ref : BMC.3447.19.wh -TO CONDUCT PRS - SKZ7271X

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.

**Irene Tay**  
Executive  
Claims Department (Motor Division)

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: (65) 63896192 | F:(65) 62247478/62247175

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG

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**From:** Claims Dept of CTI

**Sent:** Friday, December 27, 2019 7:52 PM

**To:** Irene Tay <[irene.tay@sg.cntaiping.com](mailto:irene.tay@sg.cntaiping.com)>; [boo@kurupnboo.com.sg](mailto:boo@kurupnboo.com.sg)

**Subject:** OUR REF: SNM19D206134/SMQ5650Y/IRENE & YOUR Ref : BMC.3447.19.wh -TO CONDUCT PRS -SKZ7271X

Dear Irene,

Please conduct PRS –SKZ7271X soonest possible.

File to officer in charge –Irene Tay –DID: 6389 6192.

Dear Moh Cheh,

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

Regards

Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #15-00 Springleaf Tower Singapore 079909

Fax (65) 6224 7175 / 6224 7478

Email : [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)

Website:[www.sg.cntaiping.com](http://www.sg.cntaiping.com)

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**From:** Boo Moh Cheh [<mailto:boo@kurupnboo.com.sg>]

**Sent:** Friday, 27 December, 2019 2:46 PM

**To:** Claims Dept of CTI

**Subject:** Our Ref : BMC.3447.19.wh

Our Ref : BMC.3447.19.wh

Your Ref : Insured vehicle no. SMQ 5650Y

27 December 2019

**China Taiping Insurance Singapore Pte Ltd**

Dear Sirs

REQUEST FOR PRE REPAIR INSPECTION

ACCIDENT INVOLVING VEHICLES NO. SKZ 7271X AND SMQ 5650Y AT ORCHARD TURN ROAD ON 25 DECEMBER 2019

We attach a copy of our letter today for your attention.

Regards

Boo Moh Cheh  
Kurup & Boo  
111 North Bridge Road  
#15-03 Peninsula Plaza  
Singapore 179098  
Tel : 6223 3343  
Fax : 6225 7248

## 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	26/12/2019 16:52
Date Of Accident	25/12/2019 14:45
Exact Location Of Accident	ORCHARD TURN RD INTO TAKASHIMAYA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ7271X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FONG YOOK LING
NRIC No	SXXXX581E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97913933
Alternative Phone No	OFFICE-97913933
<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	A6-1.8 TURBO (A)
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	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3021781900
Cover Note Number	
<b>Driver</b>	
Name of Driver	ONG LAI LENG
NRIC No	SXXXX278Z
Date Of Birth	09/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2009
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97913933
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 520 MILTONIA CLOSE #05-08 S768104

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - PARTNER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

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?

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) 3

Passenger 1 NAME: -  
GENDER: FEMALE

Passenger 2 NAME: -  
GENDER: FEMALE

#### 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

I WAS DRIVING PAST CAR B WHEN THE BACK DOOR OF CAR B SUDDENLY OPEN. IT CAUSE MY CAR SIDE MIRROR AND BOTH DOORS TO BE DAMAGED

#### 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 SMQ5650Y

Vehicle Make/Model/Colour KIA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

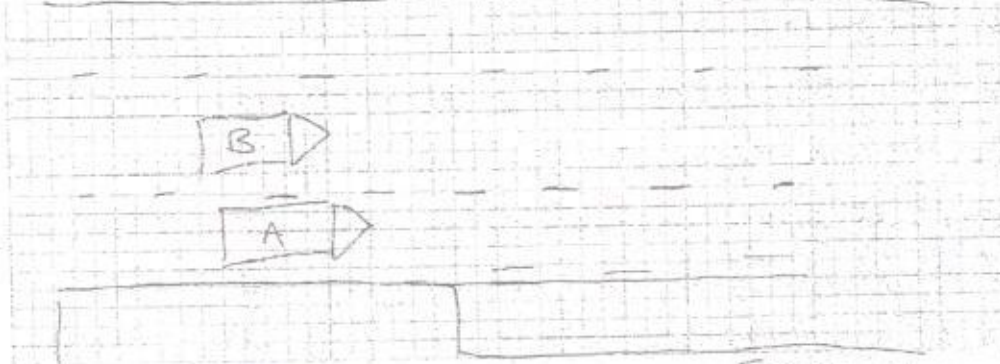
Address

Postcode

SKETCH PLAN

Drop off Takashimaya Car A: SKZ7271X  
Car B: SMQ56524

Discard Turn



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving past car B when the Back door of Car B suddenly Open. It cause my car side mirror and Both Door to be damages.

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.:

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

05

12

**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.: