721/03/2002 - PASS, REC. BY:	4)	REF: CSISMO	20000281/RHA	Special I	nštruction:	
Surveyor :_			NMENT (Office)		The second secon
From (Person)	: Gruce teo		OM2	Date	Time: 6/1/2020(30-14pr
Estimated Co.	st:		Bill to:	AND		
OD TO W	S/TP RES/OD I	RESIEVAI INVIN	IV /·CS	•		
1	shicle No:	9±9 1000	221 K	Insured:	GBD 481	3A
at Workshop					8666 7775	
of		5 soon le	Street #	11-62		
Policy No:		2 3 00.110	Claim No:	CM7D1	905999/8	14
Sum Insured:			Excess:		8) 160 160	
Make of Veh:		ana dipangkanan na ang manandipandi na anan nagali anan ng kang anan at tabah sa ana	manufacture of the state of the	. D.C	DA 23/12/201	9
(Client's Record	d)			1 200	The second secon	Austrian de La Company de la C
CA / REV	/ REP. / REV 24	HRS		ŀ	LO,D, Endotzement:	
Date/Time:	3-12 pm 36/1/2	2020 Person Conta	cted: Mun	1Vehi	cle_IN(LOUT)	
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ASSIGNMENT

From Date: 8113020	Veh No: GBF 222 K Yr Regn. 2016 July
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
To Inspect Vehicle No: GBF 2221k	Make: NISSAN NV 350 PANELVAN 250 2488
at Workshop m/s Cheng Auto bodyworks	Colour CPCY A/C: Insured / Std / NI / NA
at Workshop m/s Cheng Auto bodyworlds of 5 soon lee street #01-62	Sp.Reading 140908 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JNIMCZE 262000 6906
Claims No.	Gen. Cond: Good / Fail / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Worder / Jammed / Leaked / Burnt or
Make of Veh: 1 pm - 6pm MuM	Modi: Nil' / S/Rim / STD A/Rim or
	Tyre Size: F: 195RIS
(Policy Condition) Remark: The yet had commenced its N/S 0/	R:
Remark: The veh had commenced its N/S O/	TOYO/YOKO or
Bal, or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 23/12/19 D.O.I. 08/01/2020
	1 1 1
Lum Sum: % 3 Val.: Yes or No	Survey held at CHENK A WO
Editi Suti.	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / C	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or DUT
CA / REV / REP. / 24 HRS Vehicle: IN / C Date: Person Contacted:	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Repr. 0 S The U/C / Chassis frame / Body Structure affected due to collision.
CA I REV I REP. I 24 HRS W Vehicle: IN I Contacted: Date: Person Contacted: Date / Time Action / Instruction ** Pre Existing damages at	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or DUT
Date: Person Contacted: Date / Time Action / Instruction ** Pre Existing clarings at Lump Sum \$4800 - Cl	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Roofto O/S The U/C / Chassis frame / Body Structure affected due to collision. The rear (kindly fake not) 2ed 6253.27; 567.) Days Of Repair: 8
Date: Person Contacted: Date / Time Action / Instruction # Pre Existing damages at Lump Sum \$4800 - Cl Date/Time. File Pass to? Prefi. Report 1) 17/4/2020 Final Report	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rooftop O/S The U/C / Chassis frame / Body Structure affected due to collision. He rear (kindly fake not) 2ed 6253.27; 5671) Days Of Repair: 8 Resurvey No. of Trip: Survey Fee:
Date: Person Contacted: Date / Time Action / Instruction # Pre Existing damages at Ump Sum \$4800 - Date/Time. File Pass to? Preli. Report 1) 17/4/2020 Preli. Report Date/Time. File Return to?	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Root O/S The U/C / Chassis frame / Body Structure affected due to collision. The rear (kindly take not) Ped (253.27; 567.) Days Of Repair: 8 Resurvey No. of Trip: Survey Fee: Transportation:
Date: Person Contacted: Date / Time Action / Instruction # Pre Existing damages at Lump Sum \$4800 - Cl Date/Time. File Pass to? Prefi. Report 1) 17/4/2020 Final Report	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Root O/S The U/C / Chassis frame / Body Structure affected due to collision. The rear (kindly take not) Ped (253.27; 567.) Days Of Repair: 8 Resurvey No. of Trip: Survey Fee: Transportation:
Date: Person Contacted: Date / Time Action / Instruction ** Pre Existing clarings at Lump Sum	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rom O/S The U/C / Chassis frame / Body Structure affected due to collision. He rear (kindly fake not) 2ed 6253.27; 567.) Days Of Repair: 8 Resurvey No. of Trip: Survey Fee: Transportation: Fee: Site Insp (\$)S*RSSI
Date: Person Contacted: Date / Time Action / Instruction ** Pre Existing damages at Lump Sum	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rome of S The U/C / Chassis frame / Body Structure affected due to collision. He rear (kindly fake not) Days Of Repair: 8 Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$)\$ * PSSt Interview (\$) Photos

Nivitha (LKK Auto)

From:

Teo, Grace < grace.teo@sompo.com.sg>

Sent:

Monday, 6 January 2020 2:14 PM

To:

CLAIMS@CHENGAUTO.COM; 'admin-d@lkkauto.com'; 'assignments@lkkauto.com'

Cc:

Hwang, Shiang Yi; Ye, Yong Kang Melvin; Henry, Irene James

Subject:

CMTD1905999/SYH - LKK/ GBD4813A & GBF2221K - SOLE FITNESS | DOA :

23/12/2019 - PLS ARR SUV WED 8/1/20

Attachments:

ESTIMATES.pdf

Without Prejudice

Our Reference: CMTD1905999/SYH

Your Reference: GBF2221K

Hi Murugesan,

We refer to your email of today.

As spoken, we will appoint LKK AUTO to survey the above vehicle.

Aside to LKK AUTO,

Please make arrangement to conduct the survey for **GBF2221K** on a without Prejudice and any admission of liability basis and submit with your report upon completion of survey to my colleague, **Ms. Shiang Yi**.

Please note our office will be closed on 24th January 2020 (Friday). Business will resume on 28th January 2020 (Tuesday).

Wishing you a happy and prosperous Lunar New Year, filled with wealth, good health and success always!

Best Regards
Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147

For motor claims survey request, please email to motorsurvey@sompo.com.sg



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From: CLAIMS@CHENGAUTO.COM < CLAIMS@CHENGAUTO.COM>

Sent: Monday, January 6, 2020 1:53 PM

To: Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>

Cc: Teo, Grace <grace.teo@sompo.com.sg>

Subject: RE: CMTD1905999/SYH - LIA/ GBD4813A & GBF2221K - SOLE FITNESS | DOA:

23/12/2019

Dear Shiang Yi,

Could we request to arrange for survey on Wednesday afternoon please?

The client will be leaving the vehicle with us at about 1pm and collecting it by 6pm.

Thanks & Best Regards, Claims Department Murugesan

CHENG AUTO

CHENG AUTO BODYWORKS

HP: 8666 7775 | Office-Tel: 6631 0707 | Fax: 6316 2431

Reporting Centre

Address: 5 Soon Lee Street #01-60 Pioneer Point, Singapore 627607

Email: claims@chengauto.com

Workshop

Address: 5 Soon Lee Street #01-62 Pioneer Point, Singapore 627607

Email: cab@chengauto.com

Spraypainting

Address: 1 Soon Lee Street #06-41 Pioneer Centre, Singapore 627605

Email: cab@chengauto.com

From: Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>

Sent: Monday, December 30, 2019 9:18 AM

To: CLAIMS@CHENGAUTO.COM

Cc: Teo, Grace < grace.teo@sompo.com.sg>

Subject: RE: CMTD1905999/SYH - LIA/ GBD4813A & GBF2221K - SOLE FITNESS | DOA:

23/12/2019

Without Prejudice

2

Dear Muru,

Refer to the video footage recorded by our Insured in car camera shows you client's vehicle with the pre-existing damages.

Therefore, we are unable to confirm the liability before survey.

Kindly advise when your client will be leaving the vehicle at your premises for survey.

Best Regards

Hwang Shiang Yi

Claims Division

D: 6329 5205 | T: 6461 6555 | F: 6221 3147



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50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623 **Website:** www.sompo.com.sq | **Facebook:** www.facebook.com/SompoSG

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From: <u>CLAIMS@CHENGAUTO.COM</u> < <u>CLAIMS@CHENGAUTO.COM</u>>

Sent: Friday, 27 December, 2019 6:03 PM

To: Teo, Grace <grace.teo@sompo.com.sg>; Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>

Cc: Ye, Yong Kang Melvin < melvin.ye@sompo.com.sg >; Henry, Irene James

< irene.henry@sompo.com.sg>

Subject: RE: CMTD1905999/SYH - LIA/ GBD4813A & GBF2221K - SOLE FITNESS | DOA:

23/12/2019

Dear Ms Grace Teo,

Could we check liability for this case before arranging for survey please?

We will withdraw the case in merimen. Attached is the estimates for your perusal.

Thanks & Best Regards, Claims Department Murugesan



CHENG AUTO BODYWORKS

HP: 8666 7775 | Office-Tel: 6631 0707 | Fax: 6316 2431

Reporting Centre

Address: 5 Soon Lee Street #01-60 Pioneer Point, Singapore 627607

Email: claims@chengauto.com

Workshop

Address: 5 Soon Lee Street #01-62 Pioneer Point, Singapore 627607

Email: cab@chengauto.com

Spraypainting

Address: 1 Soon Lee Street #06-41 Pioneer Centre, Singapore 627605

Email: cab@chengauto.com

From: Teo, Grace <grace.teo@sompo.com.sg> Sent: Friday, December 27, 2019 4:52 PM

To: CLAIMS@CHENGAUTO.COM; Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>

Cc: Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>; Henry, Irene James

<irene.henry@sompo.com.sg>

Subject: CMTD1905999/SYH - LIA/ GBD4813A & GBF2221K - SOLE FITNESS | DOA: 23/12/2019

Without Prejudice

Our Reference: CMTD1905999/SYH Your Reference: GBF2221K - SOLE FITNESS

Hi Murugesan,

As spoken, we longer using Merimen for claim submission and have returned the Merimen folder for your necessary action.

Please re-direct your future motor claims survey request to <u>motorsurvey@sompo.com.sg</u> and let us have the correct estimate once available.

Kindly advise when your client will be leaving the vehicle at your premises for survey.

Please be informed that <u>Ms. Hwang Shiang Yi</u> is the handler of this case who can be contacted at 63295 205/ shiangyi.hwang@sompo.com.sg.

Aside to Shiang Yi,

Please assist on the liability from Cheng Auto Bodyworks.

Our office will be closed on Christmas, New Year's Eve and New Year Day. Business will resume on 26th December 2019 and 2nd January 2020 respectively.

We wish you a Merry Christmas and a Happy New Year!

Best Regards
Grace Teo

Claims Division

D: 6329 5170 | **T**: 6461 6555 | **F**: 6221 3147

For motor claims survey request, please email to motorsurvey@sompo.com.sg



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From: <u>CLAIMS@CHENGAUTO.COM</u> < <u>CLAIMS@CHENGAUTO.COM</u>>

Sent: Friday, December 27, 2019 3:31 PM

To: Claims - Motor Survey < <u>MotorSurvey@sompo.com.sg</u>>

Subject: GBF 2221K - SOLE FITNESS | DOA: 23/12/2019 | TP AGAINST GBD4813A (SOMPO

INSURED)

Dear Sir/Madam,

We have submitted a Third Party claim against your insured through Merimen.

However, some parts were submitted wrongly. Please return the case so that we could make the amendments.

Thanks & Best Regards, Claims Department Murugesan



CHENG AUTO BODYWORKS

HP: 8666 7775 | Office-Tel: 6631 0707 | Fax: 6316 2431

Reporting Centre

Address: 5 Soon Lee Street #01-60 Pioneer Point, Singapore 627607

Email: claims@chengauto.com

Workshop

Address: 5 Soon Lee Street #01-62 Pioneer Point, Singapore 627607

Email: cab@chengauto.com

Spraypainting

Address: 1 Soon Lee Street #06-41 Pioneer Centre, Singapore 627605 Email: cab@chengauto.com



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From: <u>CLAIMS@CHENGAUTO.COM</u> < <u>CLAIMS@CHENGAUTO.COM</u>>

Sent: Friday, December 27, 2019 3:31 PM

To: Claims - Motor Survey < MotorSurvey@sompo.com.sg >

Subject: GBF 2221K - SOLE FITNESS | DOA: 23/12/2019 | TP AGAINST GBD4813A (SOMPO

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However, some parts were submitted wrongly. Please return the case so that we could make the amendments.

Thanks & Best Regards, Claims Department Murugesan



CHENG AUTO BODYWORKS

HP: 8666 7775 | Office-Tel: 6631 0707 | Fax: 6316 2431

Reporting Centre

Address: 5 Soon Lee Street #01-60 Pioneer Point, Singapore 627607

Email: claims@chengauto.com

Workshop

Address: 5 Soon Lee Street #01-62 Pioneer Point, Singapore 627607

Email: cab@chengauto.com

Spraypainting

Denise Tay (LKKAuto)

From:

Denise Tay (LKKAuto)

Sent:

Thursday, 9 January 2020 4:31 PM

To:

Hwang, Shiang Yi

Cc:

Admin-D (LKKAuto); assignments

Subject:

RE: CMTD1905999/SYH - LKK/ GBD4813A & GBF2221K - SOLE FITNESS | DOA :

23/12/2019 - PLS ARR SUV WED 8/1/20

Attachments:

PRELI ADVISED OF GBB 2221K.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle GBF 2221K

Number of days (estimated): 8 days

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Hwang, Shiang Yi [mailto:shiangyi.hwang@sompo.com.sg]

Sent: Monday, 6 January 2020 2:31 PM

To: Admin-D (LKKAuto) < admin-d@lkkauto.com >; assignments@lkkauto.com

Subject: FW: CMTD1905999/SYH - LKK/ GBD4813A & GBF2221K - SOLE FITNESS | DOA:

23/12/2019 - PLS ARR SUV WED 8/1/20

Dear LKK,

Please take note third party with pre-existing damages at the rear.

Attached herewith the video footage for your reference.

Best Regards

Hwang Shiang Yi

Claims Division

D: 6329 5205 | T: 6461 6555 | F: 6221 3147



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50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

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51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your Ref: CMTD190599/SYH

Date: 09/01/2019

Our Ref: CS/SMO20000281/R1td3

The Motor Claims Department SOMPO INSURANCE SINGAPORE P

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. GBF 2221K

Please be informed that we had conducted the inspection of the above-mentioned vehicle on <u>09/1/2019</u> at the premises of M/s <u>Cheng Auto</u> and have the following to report: -

Workshop Estimate Amount	: <u>S\$</u>	11,053.27
Revised Estimate Amount	: S \$	6,363.76
"Check" Items Amount	: <u>S\$</u>	0.00
Market Value	: <u>S</u> \$	
LTA Reimbursement Value	: <u>S\$</u>	
Nett Value	: <u>S</u> \$	

Description of Damage:

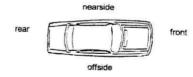
The vehicle sustained damages at the rear o/s.

Repair days: 8

Comments/ Present Status:

Damages Consistent.

Yours faithfully Rasul Automotive Assessor



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.

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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	24/12/2019 17:23
Date Of Accident	23/12/2019 19:25
Exact Location Of Accident	BOON LAY AVENUE - CORPORATION RD JUNCTION
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF2221K
Insured/Policyholder	
Name Of Registered Owner	SOLE FITNESS
Co Reg No	5XXXX331X
Email Address	INFO@SOLEFITNESS.SG
Mobile Phone No	(LOCAL) +65-92703242
Alternative Phone No	OFFICE-92703242
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350-2.5 5AT 5DR EURO V (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

TOKIO MARINE INSURANCE SINGAPORE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

19-MU008423-R02

Cover Note Number

Driver

GAJENDRAN ROZER BENNY Name of Driver

Passport No/FIN GXXXX174N 01/11/1987 Date Of Birth **OUTDOOR** Occupation 15/01/2015 Date Of Driving Pass

4 YEARS AND 11 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90117055 Mobile Number

Fax Number

Contact Number

INFO@SOLEFITNESS.SG **EMail Address**

Address

SINGAPORE

Postcode

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)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver) Passenger 1

NAME:

: MUZTHAFA

GENDER:

: MALE

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 the 23/10/2019 at 1925Hrs, I was at the junction of Boon Lay Ave & Corporation Rd. The traffic light was in our favour so I moved off. But a pedestrian had not finished crossing the road so i applied brakes. Vehicle B(GBD4813A) collided into the rear of my vehicle and caused damages.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBD4813A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

83758811

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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 and 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.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Magagement 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)

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:
 - 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.
- (c) the information so collected under (d) above may be shared / disclosed:
 - 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

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(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.

Nature Of Damage No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN				Date	e of A	ccident	23/	10/2	019
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ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT								
	925Hrs, I was at the junction of		-						-
	so I moved off. But a pedestrian		The state of the s	The second second			501	appli	ed
brakes. Vehicle B(GBD	04813A) collided into the rear of	my vehicle a	nd cau	sed o	lama	iges.			
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ECLARATION									
We declare the foregoing part	ticulars are true in every respect.	.00		155	0 80	X			
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	ticulars are true in every respect.			ST CT	AIMS	000			
olicyholder's Signature	Driver's Signature	-	Reportir	ig Eent	ac Po	Zonnet's	s Signa	ture	
ite & Time:	(if driver is not the policyholder)		Name:		-				
	Date & Time:		NRIC/FIF	No.:					



Sub-Total (S\$) \$ 5,683.27

DATE: 27/12/2019

REPAIR DETAILS

REFERENCE

Vehicle Reg No. : GBF2221K

Make & Model : NISSAN / NV350 PANEL VAN 2.5 SAT 5DR EURO V

Chassis No. : JN1MC2E26Z0006906
Engine No. : YD25402913A

Manufactured Year : 2015

Labour : REPAIRER'S

TP Vehicle Reg No. : GBD4813A

DOA & Location : 23/12/2019 BOON LAY AVENUE - CORPORATION RD JUNCTION

Our Ref : GBF2221K

/ SOLE FITNESS

ESTIMATES OF PARTS

la.	Qty	Description	Part No.		Price
	1	TAILGATE H		\$	2,038.25
1	1	TAILGATE RUBBER Nee /		\$	130.05
2	1	TAILGATE LOCK ASSY X 5VC		\$	266.20
3		TAILGATE LOCK CATCH XSVC		\$	37.80
4	1	TAILGATE ABSORBER RH XSVC		\$	203.20
5	1	TAILGATE ABSORBER LH XSVC		\$	203.20
6	1	TAILGATE HINGE RH X3VC		\$	57.10
7	1			\$	57.10
8	1	TAILGATE HINGE LH 75VC		\$	60.80
9	1	TAILGATE LOGO NE		\$	103.30
10	1	TAILGATE EMBLEM NV350 ALL		\$	192.70
11	1	TAILGATE INNER TRIM BOARD LSVC		\$	214.10
12	1	TAILLAMP RH CA		\$	612.50 * 30
13	1	REAR BUMPER de		\$	17.40
14	1	REAR BUMPER RETAINER RH		\$	17.40
15	1	REAR BUMPER RETAINER LH X SVC		ç	1,829.20
16	1	REAR FENDER PANEL RH Suc		5	96.90
17	1	REAR PETROL COVER RH X5VC		5	
18	1	REAR AIRDUCT RH ₹×5V□		>	59.40
19	1	REAR CABIN FLOOR PANEL TERM		>	1,579.70
20	1	END PANEL INNER SA		\$	187.20
21	1	END PANEL OUTER 54		\$	155.45
-			Sub-Total (S\$)	\$	8,118.95
			SAAA List Item Discount 30% (S\$)	\$	2,435.69

LABOUR

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****	Description		Price
No.	According to the second	\$	1,800.00 (000
1	LABOUR	4	1,600,00 8m V 7/272
2	SPRAYPAINTING	7	1,000.00
3	DISCONNECT & CHECK ELECTRICAL WIRING, HARNESS, WIRE SOCKETS, ETC., REMOVE &	\$	120.00 30
3	REINSTALL DAMAGED PARTS, TEST & RECTIFY FOR PROPER FUNCTIONING		/ a.
4	REMOVE AND REINSTALL PETROL TANK TO FACILITATE REPAIR	\$	408.00 80
	REMOVE AND REINSTALL TAILGATE MECHANISM TO NEW	\$	200.00 80
3	REMOVE AND REPLACE PARKING SENSOR AND TEST	\$	190.00 60
6	REMOVE AND REPORCE PARKING SENSORY AND REPORT OF LINING REMOVE AND REINSTALL CUSHIONS, SEATS, BACKREST, INNER TRIM, GARNISH, ROOF LINING	\$	400.00 (00)
7	REMOVE AND REINSTALL CUSHIONS, SEATS, BACKREST, HARER THAM, STARREST,	~	100
	AND/OR UPHOLSTERY TO FACILITATE REAR FENDER REPAIRS		The state of the s
	Total Labour (\$\$)	\$	4,620.00

MISCELLANEOUS ITEMS

No.	Description	Price
1	REAR BUMPER CLIPS SET NEC	\$ 100.00 50
2	REAR TAILGATE TRIM BOARD CLIPS NEC	\$ 100.00 50
2	REAR FENDER RH INNER SHIELD CLIPS NEC	\$ 100.00 50
1	END PANEL SEALANT NEC	\$ 100.00 60
-	REAR FENDER RH SEALANT NEC	\$ 100.0060
6	REAR PARKING SENSOR SET	\$ 250.00 200 per per
		Total Missallaneous Items (\$\$) \$ 750.00

Total Parts	(S\$)	\$	5,683.27
Total Labour	(S\$)	\$	4,620.00
Total Miscellaneous	(\$\$)	\$	750.00
Total	(S\$)	\$	11,053.27
GST 7%	(S\$)	\$	773.73
Grand Total	(S\$)	\$	11,826.99
	Total Labour Total Miscellaneous Total GST 7%	Total Labour (S\$) Total Miscellaneous (S\$) Total (S\$) GST 7% (S\$)	Total Parts (S\$) \$ Total Labour (S\$) \$ Total Miscellaneous (S\$) \$ Total (S\$) \$ GST 7% (S\$) \$ Grand Total (S\$) \$

LKK Auto Consultants hence notify 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 "V/me.it Prejudice
- No illegal modification(s) is a lowed
- Supplementary item(s) must be resurve: is subject to final approval from Insurar

Acknowledged by Repairer Signature:

Date:

Resury after repair