	Surveyor : 1	idinan	ASSI	GNMENT (O	ffice)	,	
4	From (Person)	Kelryna N	IGIAN) of	GAI	1-1	Date/Time: 27. 2.2020 9 444.	
	Estimated Cos	t;	To Constitution of the Con	Bill to:			
	To Inspect Vehicle No: GBD 2088 P					Insured: XE 1859 Y	
98	at Workshop m/s SM Anto motive					Tel: 67479241	
	of 1 Kati Burst Ave 6 BIK C # 01-43						
	Policy No:			Clain	n No: C	LMOMVC 000003814	
	Sum Insured:			Exc	cess:		
	Make of Veh: (Client's Record)				(SITE	D.O.A. 75.2. 2000	
	N. Committee of the Com	REP. / REV 2		Q	1	H.O.D. Endorsement:	
	Date/Time: 2		1400 0	-	m		
	Date/Time: 2		404 Person Co	ntacted:	M)	Vehicle IN OUT	
	Date/Time: 2			ntacted:	M	Vehicle IN OUT	
	Date/Time: 2	Action/Instruction		Stimate.	M 124	0-04 - 2507 7070	
8	Date/Time: 2	Action/instruction	on ( V ) E	stimute. 1 20003)19		D-04 - 257077 2020	
a	Date/Time: 2	Action/instruction	on ( V ) E	stimute. 1 20003)19			
a	Date/Time: 2	Action/instruction	on ( V ) E	stimute. 1 20003)19		D-04 - 257077 2020	
	Date/Time: 2	Action/instruction	on ( V ) E	stimute. 1 20003)19		D-04 - 257077 2020	

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

/	/
N/S	O/S

Bat, or Market Value: Consistent?: Yes or No IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Res.: Yes or No days Est. Repairs: 3 Val.: Yes or No Lum Sum:

Person Contacted:

CA / REV / REP. / 24 HRS

Date:

Vehicle: IN / OUT

Rear Front 06 R/Bal. mm R/Bal. 06 mm L/Bal. 06 L/Bal. 06 mm mm D.O.I. D.O.A. 3m. Survey held at Des. of Damages : Frt / Rear (O/S) / N/S( U/C ) Rooftop or

BS / DUN / EXNOVA / GY / FS / LIZA /MIC) OHTSU / PIR / SUMI /

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

Action / Instruction Date / Time TP Great America. MV : 381C PV : 14K Nett , 241c

Date/Time, File Pass to? : Preli. Report : Final Report Date/Time, File Return In?

Days Of Repair:

TOYO / YOKO or

Survey Fee: Resurvey No. of Trip: Transportation: Add Fee: Site Insp (\$ 8 + PS SI Interview (\$ Photos Tech, Invs (4) Others

Fepore Formet : Louisp From / LP J: 13 Westend 17

TOTAL.

### Nivitha (LKK Auto)

From:

Ngian, Kelvyna <kelvyna.ngian@sg.gaig.com>

Sent:

Thursday, 27 February 2020 9:44 AM

To: Subject: sm\_automotive@hotmail.com; 'SUR'; Nivitha (LKK Auto); 'Admin A'; Motor Claims
TP survey - Our Ref:CLMOMVC000003814, GBD2088P CLAIMING AGAINST XE1859Y

DOA:25.02.2020

Attachments:

GBD2088P PRI.pdf

### Without Prejudice

Dear Sukyi,

Noted on your request. We will survey on a without prejudice basis. Our insured has not lodged accident report.

Aside to LKK,

Please accept assignment for TP survey.

Best Regards

Kelvyna Ngian, Claims Department | P. +65 6804 6059 | F. +65 6235 3354 | Kelvyna.Ngian@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190





A+ (Superior)
Affirmed August 17, 2018

Moody's A1 (Good) Published December 2018 Standard & Poor's A+ (Strong) Affirmed February 23, 2018

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: sm automotive <sm\_automotive@hotmail.com>

Sent: 26 February 2020 5:34 PM

To: Motor Claims <motorclaims@sg.gaig.com>
Cc: Ngian, Kelvyna <kelvyna.ngian@sg.gaig.com>

Subject: [External] Re: Our Ref:CLMOMVC000003814, GBD2088P CLAIMING AGAINST XE1859Y DOA:25.02.2020

Without Prejudice

Hi Shery

Enclosed GIA as per your request.

Please arrange for 5. LKK Auto Consultants

Regards,

SM AUTOMOTIVE

1 Kaki Bukit Ave 6 Blk C #01-43 Singapore 417883

Tel: 6747 9241 Fax: 6741 7276

From: Motor Claims < motorclaims@sg.gaig.com > Sent: Wednesday, February 26, 2020 5:19 PM

To: sm automotive@hotmail.com <sm automotive@hotmail.com>

Cc: Ngian, Kelvyna <kelvyna.ngian@sg.gaig.com>

Subject: Our Ref:CLMOMVC000003814, GBD2088P CLAIMING AGAINST XE1859Y DOA:25.02.2020

### Without Prejudice

Dear Sirs,

Our client has not reported accident. Can we have a copy of the SAS report?

We append the following list of our panel surveyors:-

- AJAX Adjusters & Surveyors Pte Ltd
- A-PAC Adjusters & Surveyors Pte. Ltd.
- 3. Priority Services
- RT Appraisal Pte Ltd
- LKK Auto Consultants

Kindly let us know which SJE is selected and furnish the estimates for the survey to be carried out.

Regards

Shery Wong, Executive, Claims | P. +65 68046077 | F. +65 62353354 | shery.wong@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190





Moody's A1 (Good) Published December 2018 Standard & Poor's A+ (Strong) Affirmed February 23, 2018

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: sm automotive <sm automotive@hotmail.com>

Sent: 26 February 2020 4:49 PM

To: Motor Claims < motorclaims@sg.gaig.com >

Subject: [External] GBD2088P CLAIMING AGAINST XE1859Y DOA:25.02.2020

Without Prejudice

Hi Motor Claim Dept

Please send us your surveyor list, thanks.

Regards,

## Sukyi Chong SM AUTOMOTIVE

1 Kaki Bukit Ave 6 Blk C #01-43 Singapore 417883

Tel: 6747 9241 Fax: 6741 7276

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

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### > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Business 660C Owner ID:

Vehicle Details

GBD2088P Vehicle No.: No Vehicle to be Exported:

Intended Deregistration Date: 26 Feb 2020 Vehicle Make: TOYOTA

Vehicle Model: TOYOTA HIACE VAN TURBO 5 DR MANUAL

Primary Colour: Manufacturing Year: 2014 Engine No.:

1KD2424017 JTFHT02P800145587 Chassis No.:

Maximum Power Output:

\$27,502.00 Open Market Value: Original Registration Date: 24 Jul 2014 24 Jul 2014 First Registration Date:

Transfer Count:

\$1,376.00 Actual ARF Paid: Intended PARF Rebate Details

PARF Eligibility:

No PARF Eligibility Expiry Date:

\$0.00 PARF Rebate Amount:

Intended COE Rebate Details 23 Jul 2024 COE Expiry Date:

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10 \$31,870.00 PQP Paid: \$14,042.00 COE Rebate Amount: Total Rebate Amount: \$14,042.00

The information contained herein is correct as at 26 Feb 2020

OK

## > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	660C
Vehicle Details	
Vehicle No.:	GBD2088P
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2020
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	1KD2424017
Chassis No.:	JTFHT02P800145587
Maximum Power Output:	2 cm 1 20 cm 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m
Open Market Value:	\$27,502.00
Original Registration Date:	24 Jul 2014
First Registration Date:	24 Jul 2014
Transfer Count:	0
Actual ARF Paid:	\$1,376.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	1
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jul 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$31,870.00
COE Rebate Amount:	\$14,025.00
Total Rebate Amount:	\$14,025.00

The information contained herein is correct as at 28 Feb 2020

Directory

Products

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# BIDDED CARPLATE NUMBERS FOR SALE

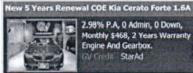
Find and buy your favourite car plate number here!

START SEARCH NOW!

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Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD!



2.98% P.A, 0 Admin, 0 Down, Monthly \$468, 2 Years Warran Monthly \$468, 2 Years Warranty Engine And Gearbox. StarAd

Auto Inn click here to view our PRISTINE USED CARS at GREAT PRICES



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ABWIN Bus Pte Ltd

Fuel Type: Diesel

For? Call Now For Booking Time To Test Drive!



#### 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.
- 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.
- 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	26/02/2020 16:38	
Date Of Accident	25/02/2020 16:00	
Exact Location Of Accident	9 JALAN TEPONG	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD2088P	
Insured/Policyholder		
Name Of Registered Owner	REDHILL RONG GUANG B.B.Q. SEAFOOD	
Co Reg No	5XXXX660C	
Email Address	NOEMAII	

(LOCAL) +65-97896435

OFFICE-97896435

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer TOYOTA

Model TOYOTA HIACE VAN TURBO 5 DR MANUAL

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?

NO

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-MX005826-R05

Cover Note Number

Driver

 Name of Driver
 ENG BOON HOR

 NRIC No
 SXXXX256D

 Date Of Birth
 07/02/1967

 Occupation
 INDOOR

 Date Of Driving Pass
 31/12/1986

Driving Experience 33 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97896435

Fax Number

Contact Number OFFICE-97896435

EMail Address NOEMAIL

BLK 281 TOH GUAN ROAD Address

#18-227

Postcode 600281

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 CLEAR Road Surface DRY

Other Information

ambulance?

Passenger 1

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? YES

Was any injured conveyed to hospital by

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)

2

: CHAN CHUAY LIN

GENDER:

NAME:

: 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

REFER TO STATEMENT.

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

XE1859Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

HU MINGLONG

NRIC/Passport Number

GXXXX536W

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 20

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

ENG BOON HOR

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBD2088P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

### **DETAILS OF INJURED PERSON 2**

Name

CHAN CHUAY LIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBD2088P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### Accident Sketch Plan

4: 660 2088° 46581 34 :8 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I was travelling somm topolicy on A single lamb 3- WAY ROAD, AS I WAS TRANSCOLL STRAIGHT, SOMEWHERE IN FRONT OF UNIT NO 9, ONE MILORRY XE18594 SUDDENLY MAKE AN UN-ANTHURISED U- THEN, THEN COLLIDED ON THE RIGHT Side of my vertical, but to the strong impact, push my VEHICLE TO MY LEFT AND CAUSED MY VEHICLE TO MOUNT OUT THE LEFT ROAD KEED. AFTER THE ACCIDENT I SUSTAINED PAIN ON MY LEFT HAND AND BACK, MY PASSENGER SUSTAINED PRINTED ON HER HAND AND MOGRADED DECLARATION