

22/03/2021

ASS. REC. BY:

REF: 08/SMO20003275/R1+d3

Special Instruction:

Surveyor: Rasu

ASSIGNMENT (Office)

From (Person): Ye Yong Keng Melvin of SMO

Date/Time: 27/2/2020 @ 2pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLC 2671 S

Insured: FBQ 9265E

at Workshop m/s Gold Autoworks

Tel: 8199 9149

of 48 Joh Guan Road #01-119

Policy No:

Claim No: CMTD 2000640 / RUC

Sum Insured:

Excess:

Make of Veh:

D.O.A. 08/02/2020

(Client's Record)

CA / REV / REP. / REV 24 HRS 'up'

H.O.D. Endorsement:

Date/Time: 2:03pm @ 27/2/2020

Person Contacted:

Simon

Vehicle: IN/OUT

| Date/Time | Action/Instruction | Estimate | ✓ |
|-----------|-------------------------------------|----------|---|
| | SLC 2671 S - CV/DB S16809373/R/C/d1 | | |
| | FBQ 9265E - X | | |
| 5/3/2020 | Sent pending estimate via email | | |



Warmest Regards,

SURAIDAH

TPR TEAM, CLAIMS DEPT

D: 6631 1887 | F: 6872 7260 | E: suraidahb.saidi@inchcape.com.sg

Inchcape Centre

Level 4, Bodycare Centre

2 Pandan Crescent

Singapore 128462

www.borneomotors.com.sg | www.lexus.com.sg | www.toyotasinsingapore.com.sg | www.hino.com.sg | www.suzukicar.com.sg

From: Shashi PTBCB

Sent: Wednesday, 29 May 2019 8:05 AM

To: Suraidah B Saidi PTBCB <suraidahb.saidi@inchcape.com.sg>; Ashlyn Chng <Ashlyn.Chng@inchcape.com.sg>

Subject: FW: OUR REF: SNM19D201879 -SKE5631P - Direct Settlement (ST) - Accident Involving SMJ394G & SKE5631P

SKE5631P DOA 25.04.2019 (PRS)

Hi

Can I have an update already more then 2 weeks .owner chasing

Thanks

Shashi

Motor Claim Assessor

D:6631 1864 | M: 9336 6875 | F:6773 3094

From: Admin-D (LKKAuto) [<mailto:admin-d@lkkauto.com>]

Sent: Monday, April 29, 2019 5:54 PM

To: Shashi PTBCB

Cc: Thomas Pang PTBCB; assignments

Subject: OUR REF: SNM19D201879 -SKE5631P - Direct Settlement (ST) - Accident Involving SMJ394G & SKE5631P
DOA 25.04.2019 (PRS)

CAUTION: This email originated from outside of the organization (Inchcape). Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Shashi,

Is the vehicle SKE 5631P in the workshop?

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

Nivitha (LKK Auto)

From: Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>
Sent: Thursday, 27 February 2020 2:00 PM
To: GOLD AUTOWORKS PTE LTD; sur@lkkauto.com; assignments
Cc: Henry, Irene James; Chua, Gek Tiang Ruth
Subject: Ref : CMTD2000640/RUC RE: Requesting for PRE-Repair survey for our vehicle number SLC2671S
Attachments: GIA REPORT for SLC2671S.zip

Hi Simon,

We acknowledged receipt of your claim documents.

Please be informed that Mr Ruth Chua is the handler of this case.

We have appointed LKK AUTO to conduct the survey.

Aside to LKK,

Please make arrangement to conduct the survey for SLC2671S.

Best Regards
Melvin Ye
Claims Division
D: 6322 4667 | T: 6461 6555

Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623
Website: www.sompo.com.sg | Facebook: www.facebook.com/SompoSG

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-----Original Message-----

From: GOLD AUTOWORKS PTE LTD <claims@goldautoworks.com.sg>
Sent: Thursday, 27 February, 2020 11:29 AM
To: Claims - Motor Survey <MotorSurvey@sompo.com.sg>
Subject: Requesting for PRE-Repair survey for our vehicle number SLC2671S

ATTENTION MOTOR CLAIM DEPARTMENT

Dear Sir/Mdm,

Accident involving SLC2671S & FBQ9265E at KAKI BUKIT RD 4 TURNING INTO BEDOK RESERVOIR RD on 08/02/2020 ; 16:45HRS

1. We are here to notify you of a road traffic accident on 08/02/2020 ; 16:45HRS at KAKI BUKIT RD 4 TURNING INTO BEDOK RESERVOIR RD involving our client vehicle

registration number SLC2671S and vehicle registration number FBQ9265E driven by your insured at the material time.

2. As a result of the accident, our client vehicle SLC2671S has been damaged.

Please arrange and conduct a PRE- REPAIR SURVEY for our client vehicle on FRIDAY 28/2/2020 4PM to 6PM . If we do not receive any reply from you within the

stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

3. Please arrange a PRE-REPAIR SURVEY at 48,TOH GUAN RD EAST, ENTERPRISE HUB #01-119 S(608586)

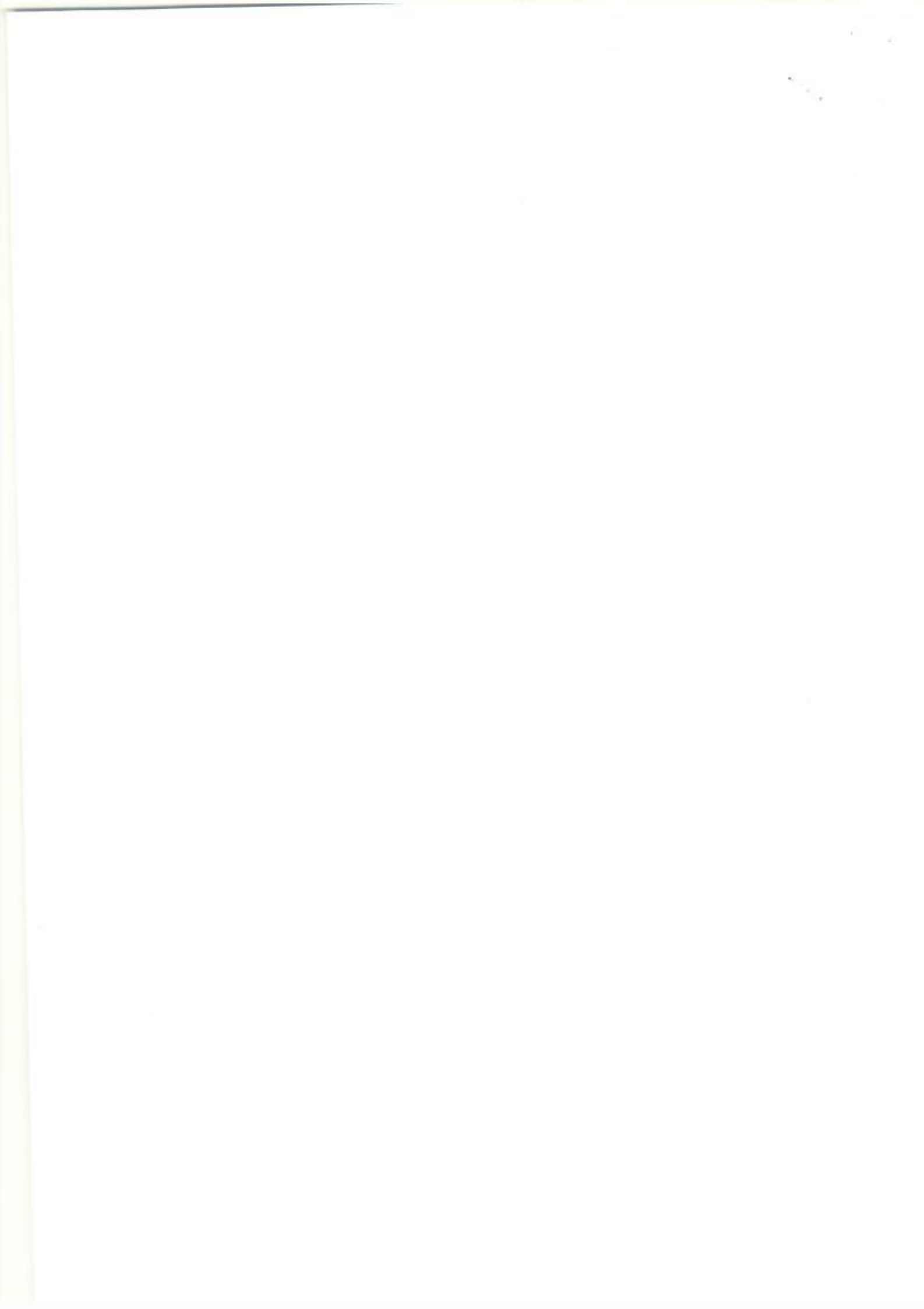
Best Regards,

SIMON TAN
8199-9149
GOLD AUTOWORKS PTE. LTD.
48 TOH GUAN ROADS ENTERPRISE HUB, #01-119 SINGAPORE 608586
(TEL) 62640995 (FAX) 62645948
(Email) claims@goldautoworks.com.sg (Website)
<https://goldautoworks.com.sg/>

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|--------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 700B |
| Vehicle Details | |
| Vehicle No.: | SLC2671S |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 03 Mar 2020 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | C180K |
| Primary Colour: | Black |
| Manufacturing Year: | 2008 |
| Engine No.: | 27195231155781 |
| Chassis No.: | WDD2040462A233155 |
| Maximum Power Output: | 115.0 kW (154 bhp) |
| Open Market Value: | \$37,079.00 |
| Original Registration Date: | 16 Feb 2009 |
| First Registration Date: | 16 Feb 2009 |
| Transfer Count: | 3 |
| Actual ARF Paid: | \$37,079.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Forfeited |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 31 Jan 2029 |
| COE Category: | E - Open Category |
| COE Period(Years): | 10 |
| PQP Paid: | \$31,335.00 |
| COE Rebate Amount: | \$27,915.00 |
| Total Rebate Amount: | \$27,915.00 |

The information contained herein is correct as at 03 Mar 2020

OK

90,000
27,915

62,085



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 10/02/2020 15:51
Date Of Accident 08/02/2020 16:45
Exact Location Of Accident KAKI BUKIT RD 4 TURNING INTO BEDOK RESERVOIR RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC2671S
Insured/Policyholder
Name Of Registered Owner YAP KOON CHOONG GARY
NRIC No SXXXX700B
Email Address GARYYAP.KC@GMAIL.COM
Mobile Phone No (LOCAL) +65-94790188
Alternative Phone No OFFICE-94790188

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model C180K

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
PRIVATE CAR

Vehicle Category

Insurance Company

Name of Insurance Company FWD SINGAPORE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number PNPV2019-00013326
Cover Note Number 15/08/2019-15/08/2020

Driver

Name of Driver YAP KOON CHOONG GARY
NRIC No SXXXX700B
Date Of Birth 30/05/1988
Occupation INDOOR
Date Of Driving Pass 07/01/2008
Driving Experience 12 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-94790188
Fax Number
Contact Number OFFICE-94790188
Email Address GARYYAP.KC@GMAIL.COM

| | |
|---|---------------------------------------|
| Address | BLK 522B TAMPINES CENTRAL 7 #04-23 |
| Postcode | 522522 |
| 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 | SIDE SWIPE |
| 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) | 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

REFER TO ATTACHMENT

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 | FBQ9265E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | MUHAMMAD HASRUL NIZAM BIN JAILUDDIN |
| NRIC/Passport Number | TXXXX909A |
| Contact Number | 87751455 |
| 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
 - (ii) for complying with requirements under any regulations, laws or court orders.



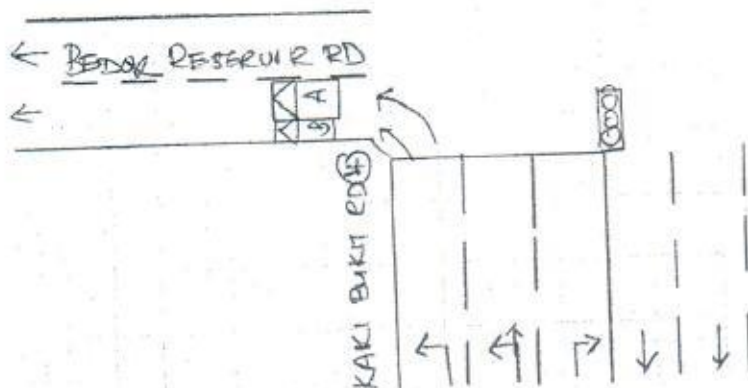
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



(A) - SLC 26718
(B) - FBQ 9265E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopping at the traffic light junction of Kaki Bukit Rd 4 and Bedok Reservoir Rd. I proceeded to turn left when the green arrow flashes. The 3rd party motorcycle accelerated and squeezed past me from my left and he swiped the left side of my car. He tried to run away but I finally managed to stop him at a junction at about 500-700m away.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

| |
|---|
| Reporting Only |
| Claim OD |
| Claim TP |
| Claim OD <input checked="" type="checkbox"/> TP at other workshop |

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.: