

ASS. REC. BY:

REF: CS/CT1 20003382/TLS f326 Special Instruction:

Surveyor: Tanfirh

ASSIGNMENT (Office)

From (Person): Irm Jay of CT1 Date/Time: 28.2.2002 4:51pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: XD 5885A Insured: Ym 86815

at Workshop m/s Shing Da Tel: 96797561

of 10 Krangj Crisant

Policy No: Claim No: SNM 20D201070/YM86815/1REVE

Sum Insured: Excess:

Make of Veh: D.O.A. 26/2/2002

(Client's Record) CA / REV / REP. / REV 24 HRS mp11

Date/Time: 23/2002 9:50am Person Contacted: William H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate.
	XD 5885A - X
	Ym 86815 - CS/CT1 19000993/Ard 3n2 DUA - 14/01/2019

Summer Lee (LKK Auto)

From: Irene Tay <irene.tay@sg.cntaiping.com>
Sent: Friday, 28 February, 2020 4:51 PM
To: william.go@shingda.com
Cc: assignments; Admin A; Claims Dept of CTI
Subject: FW: OUR REF: SNM20D201070/YM8681S/IRENE - TP Accident Involving XD 5885 A and Your Insured YM 8681 S on 26/02/2020
Attachments: GIA REPORT.PDF; Estimate - XD 5885 A.pdf

Dear Sir (LKK),

We refer to the above matter.

Please get your surveyor to liaise with SHINGDA 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 | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: William GO Shaw Chan [mailto:william.go@shingda.com]
Sent: Friday, February 28, 2020 4:06 PM
To: Irene Tay <irene.tay@sg.cntaiping.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Derek CHOW Zhi Da <derek.chow@shingda.com>; TIA Ming Ee <mingee.tia@shingda.com>
Subject: RE: OUR REF: SNM20D201070/YM8681S/IRENE - TP Accident Involving XD 5885 A and Your Insured YM 8681 S on 26/02/2020

Dear Irene,

Please see the attachments. As spoken, kindly assist to arrange for the survey.

Thank you.

Yours sincerely,

William GO Shaw Chan

Workshop Executive
SHINGDA Group of Companies

M [+65 9679 7561](tel:+6596797561) | T [+65 6368 8936](tel:+6563688936) (Ext.262) | F [+65 6366 1470](tel:+6563661470) | E william.go@shingda.com | W shingdagroup.com
SHINGDA Building, 10 Kranji Crescent, Singapore 728660



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From: William GO Shaw Chan
Sent: Friday, 28 February, 2020 1:16 PM
To: Irene Tay <irene.tay@sg.cntaiping.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Derek CHOW Zhi Da <derek.chow@shingda.com>; TIA Ming Ee <mingee.tia@shingda.com>
Subject: RE: OUR REF: SNM20D201070/YM8681S/IRENE - TP Accident Involving XD 5885 A and Your Insured YM 8681 S on 26/02/2020

Dear Irene,

Kindly advice if can arrange survey by today.

Thank you.

Yours sincerely,

William GO Shaw Chan

Workshop Executive

SHINGDA Group of Companies

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From: Claims Dept of CTI [<mailto:claimsdept@sg.cntaiping.com>]
Sent: Friday, 28 February, 2020 11:27 AM
To: Irene Tay <irene.tay@sg.cntaiping.com>; William GO Shaw Chan <william.go@shingda.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: OUR REF: SNM20D201070/YM8681S/IRENE - TP Accident Involving XD 5885 A and Your Insured YM 8681 S on 26/02/2020

Dear Irene,

Please conduct PRS for XD5885A.

Note : officer in charge – Irene Tay 63896192.

***** 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

DID: (65) 63896116 | F: (65) 62247175

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG

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From: William GO Shaw Chan <william.go@shingda.com>
Sent: Thursday, February 27, 2020 5:29 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: Derek CHOW Zhi Da <derek.chow@shingda.com>; TIA Ming Ee <mingee.tia@shingda.com>
Subject: Third Party Claim: Accident Involving XD 5885 A and Your Insured YM 8681 S on 26/02/2020

Dear Officer-in-charge,

Please see the attached GIA report and estimate. We are proposing for direct settlement with LOU/LOR. Kindly advise the case liability.

Vehicle is currently at 10 Kranji Crescent (S) 728660. Please arrange for survey.

Please do not hesitate to contact me should you have any enquiry.

Thank you.

Yours sincerely,

William GO Shaw Chan

Workshop Executive

SHINGDA Group of Companies

M [+65 9679 7561](tel:+6596797561) | T [+65 6368 8936](tel:+6563688936) (Ext.262) | F [+65 6366 1470](tel:+6563661470) | E william.go@shingda.com | W shingdagroup.com
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Shirley Hiew (LKK Auto)

From: Taufikh (LKKAuto)
Sent: Tuesday, 10 March 2020 2:52 pm
To: 'William GO Shaw Chan'
Cc: 'TIA Ming Ee'; 'Derek CHOW Zhi Da'; Shirley Hiew (LKK Auto)
Subject: RE: GIA Report - XD 5885 A DOA: 26/02/2020

Hi William,

COR I/s \$2000 , 3 days.

Regards
Taufikh
Lkk Auto

From: William GO Shaw Chan [mailto:william.go@shingda.com]
Sent: Saturday, 7 March 2020 3:08 PM
To: taufikh@lkkauto.com
Cc: TIA Ming Ee; Derek CHOW Zhi Da
Subject: RE: GIA Report - XD 5885 A DOA: 26/02/2020

Hi Taufikh,

Please see the attached marked estimate and after repair photos.

Can we confirm the amount at **lump-sum \$2,000.00 and 3 days?**

Thank you.

Yours sincerely,
William GO Shaw Chan
Workshop Executive
SHINGDA Group of Companies

M +65 9679 7561 | T +65 6368 8936 (Ext.262) | F +65 6366 1470 | E william.go@shingda.com | W shingdagroup.com
SHINGDA Building, 10 Kranji Crescent, Singapore 728660



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From: William GO Shaw Chan
Sent: Tuesday, 3 March, 2020 4:24 PM
To: taufikh@lkkauto.com
Cc: TIA Ming Ee <mingee.tia@shingda.com>; Derek CHOW Zhi Da <derek.chow@shingda.com>
Subject: GIA Report - XD 5885 A DOA: 26/02/2020

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	27/02/2020 11:22
Date Of Accident	26/02/2020 14:00
Exact Location Of Accident	ALONG PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5885A
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Insured/Policyholder

Name Of Registered Owner	SHINGDA EQUIPMENT LEASING PTE. LTD
Co Reg No	2XXXXX619M
Email Address	WILLIAM.GO@SHINGDA.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63688936

Vehicle Particulars

Manufacturer	SCANIA
Model	P380CB6X4MHZ

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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2019-V0102861-VCV-R002
Cover Note Number	

Driver

Name of Driver	SUBRAMANI MUTHAIAH
NRIC No	GXXXX575U
Date Of Birth	17/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	27/07/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81178820
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	NA
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT

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	YM8681S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

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:

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

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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHH120025680 Vehicle Registration No: XD 5885 A
Name(as shown in NRIC) : SHINGDA EQUIPMENT LEASING PTE. LTD NRIC/FIN/Passport No : 619M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore()
Contact (Tel) : 63688936 Mobile No.:
Email Address :
Date of Accident : 26/02/2020 Time of Accident : 1400 HRS
Place of Accident : ALONG PIONEER ROAD
Insurance Company: GREAT EASTERN GENERAL INSURANCE LIMITED

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To attach police report
[Multiple blank lines for additional information]

Policyholder / Driver's Signature
Date:

[Handwritten Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200227/2025

Police Station Of Origin:
Choa Chu Kang N P C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No: T/20200227/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2020 09:43	Vide Report No: T/20200226/2099	Station Diary No: 47
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Informant's Particulars

Name of Informant: SUBRAMANI MUTHAIAH		Address: 10 KRANJI CRESCENT #03-17 SHINGDA BUILDING SINGAPORE 728660	
ID Type / ID No.: FIN NO / G7403575U		Contact No.: Home/Office: Mobile: 81178220	
Nationality: INDIAN		Email:	
Sex: Male	Age: 51	Date of Birth: 17/06/1968	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/02/2020 14:50	Type of Location: X-Junction
Location: Along Road 1 PIONEER ROAD At traffic light number 6 near to lamp post number 191. Lamp Post Number: 191			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD5885A	Lorry				Slightly Damaged	0
YM8681S	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20200227/2026

2 of 3

Report No: T/20200227/2026

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	SUBRAMANI MUTHAIAH		ID No. G7403575U
Related Vehicle	XD5885A (Lorry)		Contact No. 81178220
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 26/02/2020 at around 1400hrs, I was driving my lorry (XD5885A) along Pioneer Road on the right lane. When I was about to reach the traffic junction to turn right to PIE, I braked as the traffic turned yellow. Then there was another lorry (YM8681S) which was on my left that was driving in a very fast speed. The lorry then made an abrupt lane change and cut into my lane. This caused the lorry to hit my front left portion of my lorry causing it to be scratched and my left mirror to be dislodged. I then horned at the lorry to notify him of the accident, but the driver ignored and just drove off.

I would like to state that I was not injured nor any government property was damaged. No Traffic Police or Ambulance came down to scene as well.

I am lodging this report for insurance claim purposes.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20200227/2026

3 of 3

Report No. T/20200227/2026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report: J/ Sgt 2 MUHAMMAD ISKANDAR BIN ROSSALI	Signature Of Informant: <i>S. m. thair...</i>
Signature Of Interpreter: Not applicable	Date/Time: 27/02/2020 09:43
Officer In Charge Of Case: TP / HRT / SINGAPORE POLICE FORCE SI NO. 65474885 Contact No. 65476209	Classification Of Case:
Authentication Stamp NP158 SIGNATURE	



SHINGDA
PRODUCTS
& SERVICES

DATE : 05/12/2019

TO : CHINA TAIPING INS (SINGAPORE) P/L
ATTN : MOTOR CLAIMS DEPARTMENT

OFFICE / MOBILE : -

EMAIL ADDRESS : claimsdept@sg.cntaiping.com

FROM : SHINGDA TRADING PTE LTD

ATTN : MR WILLIAM GO

OFFICE / MOBILE : 9679-7561

EMAIL ADDRESS : william.go@shingda.com

VEHICLE NO. : XD5885A

MODEL NO. : SCANIA P380CB6X4MHZ

CHASSIS NO. : XLEP6X40005288165

ENGINE NO. : 6710764

REG. DATE : 04/06/2012

D.O.A. : 26/02/2020

POLICY NO. : -

CLAIM TYPE : TP CLAIM - CHINA TAIPING

WORKSHOP : 10 KRANJI CRESCENT (S) 728660

S/N	PART NO.	DESCRIPTION	QUANTITY	PRICE
1		SIDE VIEW MIRROR ASSY LH	1	\$ 1,600.00 <i>bro</i>
2		WINDSCREEN PILLAR GARNISH LH	1	\$ 150.00 <i>x nn</i>
PARTS TOTAL :				\$ 1,750.00
				<i>10% 1440</i>
LABOUR CHARGES				
1	TO REPLACE SIDE MIRROR ASSY.			\$ 500.00 <i>200</i>
2	TO CHECK FOR & RECTIFY WIRING FAULTS, ETC.			\$ 150.00 <i>80</i>
3	TO PUTTY, CLEAN, SPRAY PAINT & POLISH, ETC. <i>2 tone with sticker company logo.</i>			\$ 300.00 <i>600</i>
4	SUNDRIES			\$ 60.00 <i>30</i>
LABOUR TOTAL :				\$ 1,310.00 <i>910</i>
GRAND TOTAL :				\$ 3,060.00

PREPARED BY : WILLIAM GO

Signature
5/3/2020

2350
15% 1/5 \$ 2000
03 days

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 "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:

Taufik 97495749
WP
03 days 2/3/20
Hafik @ lkkauto.com
Resurvey new part
Resurvey after repair.

3260

A member of SHINGDA Group of Companies

SHINGDA TRADING PTE LTD 昇達貿易私人有限公司

SHINGDA Building, 10 Kranji Crescent, Singapore 728660 | T +65 6368 8936 | F +65 6366 1470 | W shingdagroup.com

Co. / GST Reg. No.: 201312342C

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	11 Mar 2020		11 Mar 2020 10:50 Edit Adj Rpt	S\$2,000.00 Edit Estimates	S\$2,000.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	0, Co. Reg. No.: 0								
Main Claimant:	SHINGDA EQUIPMENT LEASING PTE LTD								
Vehicle Reg. No.:	XD5885A	Date of Loss:	26/02/2020 14:00 - :59 [92 Months and 22 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM20D201070C02	Policy/Cover Note No.:	DMCVSN18315919011						
Vehicle Reg. No. (Insured):	YM8681S	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	Shingda Trading Pte Ltd (HQ) 10 KRANJI CRESCENT, 728660 Kranji - 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 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 20/03/2020]								
Adj Asg. Remarks:	PLEASE SURVEY AND REVERT								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*XD5885A (SNM20D201070C02)
 [YM8681S]
 TP
 SHINGDA EQUIPMENT LEASING PTE LTD
 Feb 26 2020 2:00PM
 [0]
 Shingda Trading Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View	View in Browser	
Photos/Images										3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print						
1	11/03/20 11:03	General View		Load JPG	<input checked="" type="checkbox"/>						
2	11/03/20 11:03	General View		Load JPG	<input checked="" type="checkbox"/>						
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28	11/03/20 11:03	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>						
29	11/03/20 11:03	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>						
30	11/03/20 11:03	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>						
31	11/03/20 11:03	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>						

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: Handling Insurer
Note: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CTI20003382/T1SF3E2

Date: 17/03/2020

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN18315919011
Claimant Vehicle No :	XD5885A	Insured Vehicle No :	YM8681S
Date of Loss:	26/02/2020	Nature of Claim:	TP
		Claim No:	SNM20D201070C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	XD5885A	Engine No:	6710764
Make & Model:	SCANIA P380CB6X4MHZ, 11.7 D (M)	Chassis No:	XLEP6X40005288165
Reg. Date:	04/06/2012 (Man. Year: 2012)	Odometer:	42557 km
Colour:	White/Orange		
Engine Capacity:	11705 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	315/80R22.5	Rear Tyre Size:	315/80R22.5 (D)
Front Left Side:	Yokohama 8 mm	Rear Left Side:	Yokohama 8/8 mm
Front Right Side:	Yokohama 8 mm	Rear Right Side:	Yokohama 8/8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,810.00	1,470.00	340.00	18.78
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,450.00	880.00	570.00	39.31
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,260.00	2,350.00	910.00	27.91
Approved Total (Overridden) (S\$)		2,000.00		
	(S\$)	3,260.00	2,000.00	1,260.00
	+ GST 7.00/7.00% (S\$)	228.20	140.00	88.20
	Nett Amount (S\$)	3,488.20	2,140.00	1,348.20

INSPECTION

Date of Assignment:	11/03/2020	Inspected At:	Shingda Trading Pte Ltd (HQ)
Date Inspected:	02/03/2020		10 KRANJI CRESCENT
			Singapore 728660
Estimated Period of Repair:	3.0 days		

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS**Reference****Part Source:** (Last Synchronised: 17 Mar 2020)**Parts:** N/A SCANIA P380CB6X4MHZ 11.7 D (M) (Model not available in database)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** (Unsubmitted, no print-code for XD5885A)**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Recommended Parts**

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*SIDE VIEW MIRROR ASSY LH	Broken	1,600.00 F	*1,600.00 FL
2	1		*WINDSCREEN PILLAR GARNISH LH	Not Necessary	150.00 F	*- FL
3	1		*SUNDRIES	Necessary	60.00 FS	*30.00 FS
Sub Total (\$\$)					1,810.00	1,630.00
- List Item Discount on L Items 0.00/10.00% (\$\$)					0.00	160.00
Total Parts (\$\$)					1,810.00	1,470.00

F=Franchise part. S=SpcNett. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO REPLACE SIDE MIRROR ASSY	New	500.00	200.00
2	TO CHECK FOR & RECTIFY WIRING FAULTS,ETC	New	150.00	80.00
3	TO PUTTY,CLEAN,SPRAY PAINT & POLISH,ETC	New	800.00	600.00
			Gross Labour Cost (S\$)	1,450.00
				880.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >