

ASS. REC. BY:

REF: CS/AG1 20003766/AVf3

Special Instruction:

Surveyor: AdrianASSIGNMENT (Office)From (Person): my katiof AG1Date/Time: 9.3.2020 4.45p.m

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No: SLN 1699LInsured: SMA 1828 mat Workshop m/s Leang AutomotivaTel: 9028 6516of NO1 Kaki Bukit pr 6 #01-68

Policy No: _____

Claim No: C10005844

Sum Insured: _____

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 7.3.2020

CA / REV / REP. / REV 24 HRS

"mp"

H.O.D. Endorsement: _____

Date/Time: 9.3.20 4.57p.mPerson Contacted: LeangVehicle IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	<u>SLN 1699L - X</u>
	<u>SMA 1828m - X</u>
<u>15/5/20</u>	<u>Adrian confirmed LS \$ 2200 (Red 3930, 64m)</u>

Summer Lee (LKK Auto)

From: Claims <claims@budgetdirect.com.sg>
Sent: Monday, 9 March, 2020 4:45 PM
To: Nivitha (LKK Auto)
Cc: SUR; Hansel Ang
Subject: Fw: Urgent: Pre-Repair Inspection: Your Vehicle: SMA1828M; Our Ref: LeangAuto-SLN1699L; Accident Involving SLN 1699 L & SMA 1828 M on 7 March 2020 || C10005844
Attachments: SLN1699L.pdf

Hi Team,

We would like to arrange TP PRS for SLN1699L. TP has chosen Mr. Adrian Ling to survey this vehicle. Our insured has not reported yet.

Workshop information:
M/s Leang Automotive at 9028 6516

Please confirm. Thank you.

Regards,

Ivy Ratilla
Executive, Claims Admin

T +65 6540 2185
F +65 6725 0853
E Eivy.r@budgetdirect.com.sg



Customer Care +65 6221 2111
Claims +65 6221 2199
Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01
Singapore Shopping Centre
Singapore
239924
budgetdirect.com.sg

auto  general

From: bonnie kwok <litigation@bonniekwok.com>
Sent: Monday, 9 March 2020 15:30
To: Claims <claims@budgetdirect.com.sg>

Cc: Hansel Ang <hansel.ang@budgetdirect.com.sg>; ng leang <leang2259@gmail.com>

Subject: Re: Urgent: Pre-Repair Inspection: Your Vehicle: SMA1828M; Our Ref: LeangAuto-SLN1699L; Accident Involving SLN 1699 L & SMA 1828 M on 7 March 2020 || C10005844

Dear Sirs,

Our client agrees to Adrian Ling of LKK Auto Consultants Pte Ltd as the Single Joint Expert (SJE).

Please let us have his report in due course.

Kindly request for the SJE to contact the repairers, M/s Leang Automotive at 9028 6516 to make the necessary arrangements.

Regards,
ST

--

BONNIE KWOK LLC

Advocates & Solicitors

101A Upper Cross Street

#08-12 People's Park Centre

Singapore 058358

TEL: 6536 6026

FAX: 6536 2279

email : litigation@bonniekwok.com

GST Reg. No.: 201203547Z

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From: bonnie kwok <litigation@bonniekwok.com>

Sent: Monday, 9 March 2020 10:07

To: Claims <claims@budgetdirect.com.sg>

Subject: Urgent: Pre-Repair Inspection: Your Vehicle: SMA1828M; Our Ref: LeangAuto-SLN1699L; Accident Involving SLN 1699 L & SMA 1828 M on 7 March 2020

Urgent

Dear Sirs,

We refer to the above matter.

We hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle no. SLN 1699 L at M/s Leang Automotive, No. 1 Kaki Bukit Avenue 6 #01-68 Singapore 417883.

Regards,
ST

--

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	503I
Vehicle Details	
Vehicle No.:	SLN1699L
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER ELEGANCE 2.0 CVT
Primary Colour:	Maroon
Manufacturing Year:	2016
Engine No.:	3ZRB932312
Chassis No.:	ZSU600094478
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$31,165.00
Original Registration Date:	07 Apr 2017
First Registration Date:	07 Apr 2017
Transfer Count:	0
Actual ARF Paid:	\$30,631.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Apr 2027
PARF Rebate Amount:	\$22,973.00
Intended COE Rebate Details	
COE Expiry Date:	06 Apr 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$54,000.00
COE Rebate Amount:	\$38,194.00
Total Rebate Amount:	\$61,167.00

The information contained herein is correct as at 10 Mar 2020

OK

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	09/03/2020 10:20
Date Of Accident	07/03/2020 16:30
Exact Location Of Accident	ORCHARD ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1699L
Insured/Policyholder	
Name Of Registered Owner	ONG PEI FANG
NRIC No	SXXXX503I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81388516
Alternative Phone No	OFFICE-81388516

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0017374-MVA-R001
Cover Note Number	

Driver

Name of Driver	HO MUN WENG
NRIC No	SXXXX032C
Date Of Birth	30/04/1985
Occupation	INDOOR
Date Of Driving Pass	15/12/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81388516
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 232 SERANGOON AVE 3 #06-68
Postcode	550232
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
Road Surface	WET

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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER 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

REFER TO ATTACHED

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	SMA1828M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 Authorized 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 stored 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.

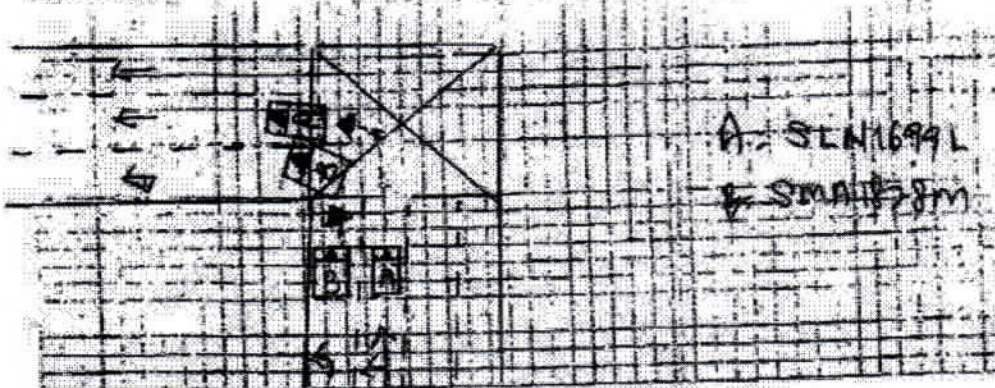
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was making the left turn at the junction CAR B was drive too close to me and was drive into my lane and hit onto my rear left portion. We come out from the car to check and CAR B apologize to me and admit his fault on hit onto my vehicle. He informed me to claim against his insurance and left the scene.

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 Const. Personnel's Signature

Marker:

NRIC/PPN No.: