

22/03/2001

ASS. REC. BY:

REF:

CS3/CTI20003875/Gtd3k

Special Instruction:

Survey: Lim Ooi

ASSIGNMENT (Office)

From (Person): Irene Tay

of

CTI

Date/Time: 11/3/2020 @ 3:35pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMP 1120S

Insured:

SKV 5508Z

at Workshop m/s

Neo Automotive

Tel:

9091 4863

of

53 Ubi Avenue 1 # 05-44

Policy No:

DMHCSNA00000381900

Claim No:

8NM200201193/C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

6/2/2020

CA / REV / REP. / REV 24 HRS

lup)

H.O.D. Endorsement:

Date/Time:

3:40pm @ 11/3/2020

Person Contacted:

Mrs. Neo

Vehicle

IN/OUT

Date/Time	Action/Instruction
	Ignition (X)
	SMP 1120S - X
	SKV 5508Z - X

ASS. REC. BY:

REF: CTI

ASSIGNMENT

From:

Date:

11/3/2020

Estimated Cost:

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

To Inspect Vehicle No:

SMP 1120S

at Workshop m/s

Neo Automotive

of

53 ubi Avenue 1 # 05-44

Insured:

Policy No.

Claims No.

Sum Insured:

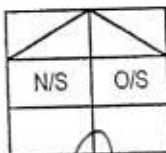
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

34

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMP 1120S

Yr Regn:

11 Sep 2019

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota C-HR

c.c

1797

Colour

yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

40538

T/Radio: Insured / Std / NI / NA

Eng/No:

ZYX 102115472

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size:

F:

25/60 R17

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

D.O.I.

11-03-20

Survey held at

IDAC Ubi

4pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

\$2000 - \$3000
13/3/2020

Date/Time, File Pass to?

1) 214 Typist

Date/Time, File Return to?

2)

Rep. Format:

PRS

Lump Sum / U.C.:

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Week-end (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

190

190

Nivitha (LKK Auto)

From: Irene Tay <irene.tay@sg.cntaiping.com>
Sent: Wednesday, 11 March 2020 3:35 PM
To: winnie@yoga-legal.com; assignments; 甯珺 ©
Subject: FW: OUR REF: SNM20D201193/SKV5508Z/IRENE - PRI for Non Injury Motor Accident Cases Road Traffic Accident Involving Motor Vehicles SMP 1120S & SKV 5508Z on 06.02.2020 @ 21:50hrs along Pan Island Expressway (PIE) (Slip Road) Jurong Town Hall Road

Dear Sir (LKK),

We refer to the above matter.

Please get your surveyor to liaise with NEO AUTOMOTIVE 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: Pamela Pamela [mailto:pamela@yoga-legal.com]
Sent: Wednesday, March 11, 2020 2:54 PM
To: Irene Tay <irene.tay@sg.cntaiping.com>
Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>; winnie@yoga-legal.com
Subject: Re: OUR REF: SNM20D201193/SKV5508Z/IRENE - PRI for Non Injury Motor Accident Cases Road Traffic Accident Involving Motor Vehicles SMP 1120S & SKV 5508Z on 06.02.2020 @ 21:50hrs along Pan Island Expressway (PIE) (Slip Road) Jurong Town Hall Road

Dear Irene

Please be informed that the said vehicle (SMP 1120S) can be inspected at:

Name of workshop	:	M/s. Neo Automotive Pte Ltd
Address	:	53 Ubi Avenue 1 #05 - 44 Paya Ubi Industrial Park Singapore 408934
Contact Person	:	Mrs Neo , 9091 4853

Regards,

Pamela

M/s C. YOGARAJAH LLC

883 North Bridge Road

#11-03 Southbank

Singapore 198785

Tel : (65) 6292 5838

Fax : (65) 6292 5938

(UEN No. 201333127N) (GST Reg No. 201333127N)

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On Tue, Mar 10, 2020 at 9:53 AM Pamela Pamela <pamela@yoga-legal.com> wrote:

Dear Sirs

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS
PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES ROAD
TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES SMP 1120S & SKZ 5508Z NO 06.02.2020 @
21:50hrs ALONG PAN ISLAND EXPRESSWAY (PIE) (SLIP ROAD) JURONG TOWN HALL ROAD**

Thank you for your reply and we refer to the matter above dated 9/03/2020.

Please be informed that we are not agreeable to your proposed motor surveyors. Instead we propose you choose a surveyor from our list of surveyors as appended below:-

1. Lee Kok Weng
2. Seah Kwang Boon
3. Amas Ong Poh Meng
4. Louis Ng

Please be informed that if we do not hear from you **within 2 working days** from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors you will be deemed to have agreed to the any of the above motor surveyors as a "single joint expert".

We will accordingly inform you who the "single joint expert" is to facilitate your conduct of a pre-repair survey.

Regards,

Pamela

M/s C. YOGARAJAH LLC

883 North Bridge Road

#11-03 Southbank

Singapore 198785

Tel : (65) 6292 5838

Fax : (65) 6292 5938

(UEN No. 201333127N) (GST Reg No. 201333127N)

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On Mon, Mar 9, 2020 at 11:29 PM Irene Tay <irene.tay@sg.cntaiping.com> wrote:

WITHOUT PREJUDICE

Dear Sir,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

LKK / LBS / STA

ADRIAN LING

Kelvin Ang

SEE CHEW SENG

MOHD FADHILAH BIN OSMAN

XING QUO QIANG

KENNETH KONG

SIMON HO

CHUA WEIJIE

MARCUS CHUA

HENRY NG

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Thank you.

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

From: Claims Dept of CTI

Sent: Monday, March 9, 2020 6:01 PM

To: Irene Tay <irene.tay@sg.cntaiping.com>; pamela@yoga-legal.com; winnie@yoga-legal.com

Cc: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Subject: OUR REF: SNM20D201193/SKV5508Z/IRENE - PRI for Non Injury Motor Accident Cases Road Traffic Accident Involving Motor Vehicles SMP 1120S & SKV 5508Z on 06.02.2020 @ 21:50hrs along Pan Island Expressway (PIE) (Slip Road) Jurong Town Hall Road

Dear Irene,

Please conduct PRS for SMP1120S.

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: Pamela Pamela <pamela@yoga-legal.com>

Sent: Monday, March 9, 2020 4:23 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: Winnie Phee <winnie@yoga-legal.com>

Subject: Pre-repair inspection for Non Injury Motor Accident Cases Road Traffic Accident Involving Motor Vehicles SMP 1120S & SKV 5508Z on 06.02.2020 @ 21:50hrs along Pan Island Expressway (PIE) (Slip Road) Jurong Town Hall Road

Dear Sir/Mdm,

We enclosed herewith our letter and accident report (Pre-repair Inspection) dated 9 March 2020 for your attention.

Thank you.

Regards,

Pamela

M/s C. YOGARAJAH LLC

883 North Bridge Road

#11-03 Southbank

Singapore 198785

Tel : (65) 6292 5838

Fax : (65) 6292 5938

(UEN No. 201333127N) (GST Reg No. 201333127N)

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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	11/02/2020 17:03
Date Of Accident	06/02/2020 21:50
Exact Location Of Accident	PIE (SLIP ROAD) JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1120S
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	2XXXXX451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR-1.8 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P2341352
Cover Note Number	

Driver

Name of Driver	SNG KOK TONG
NRIC No	SXXXX869J
Date Of Birth	25/05/1975
Occupation	INDOOR
Date Of Driving Pass	15/09/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98250845
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 544 SERANGOON NORTH AVE 3 #15-168 SINGAPORE
Postcode	550544
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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) 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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SKV5508Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHNG GEK NOI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
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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:

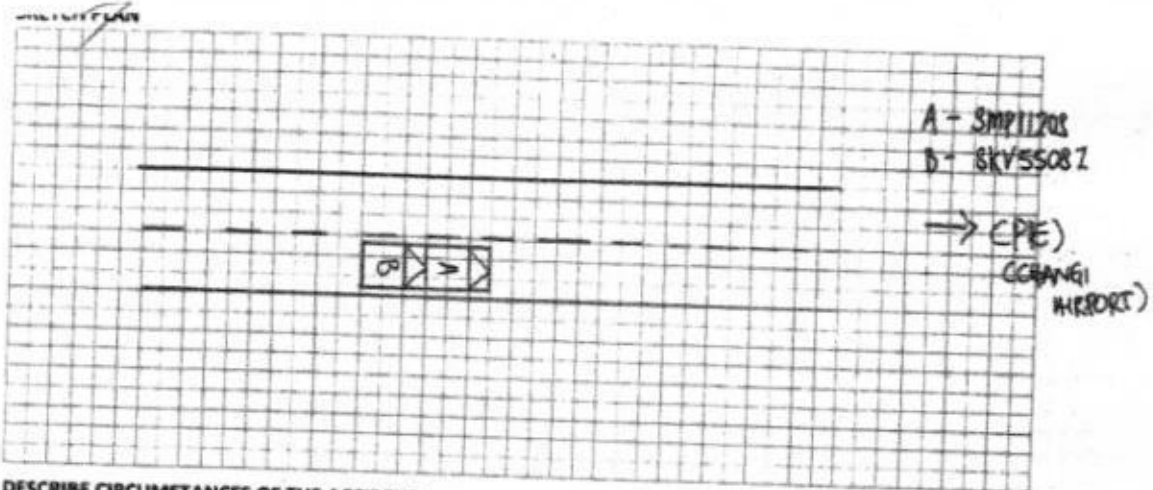
11/2/2020
4:50pm

Reporting Centre Person(s) Signature
Name:
NRIC/FIN No.:

[Signature]
Name:
NRIC/FIN No.:

GIA/SMC SketchPlanForm_V3

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering PIE (CHANGI AIRPORT) from Jurong Town Hall rd. When I was ~~at~~ at the slip rd, it was heavy traffic. I stopped the vehicle as the vehicle in front of me came to a stop. Suddenly vehicle B barged me from behind.

DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature
Date & Time:

LAURIC 24-01-1994/1995: 1/2



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

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Power

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1. Date of accident: 6/2/2020		2. Exact location of accident: PIE (Slip Road) Jurong Town Hall Rd		3. Injuries even if slight: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4. Material damage: To vehicles other than vehicles A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5. To objects other than vehicles: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		6. Witness' name, address and tel. no. (to be underlined if he/she is passenger in vehicle A or vehicle B): Vehicle Video Camera Available: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **SMP120S**
(VEHICLE A)

7. Insured / policyholder (see insurance cert.):
Name: **Accurate Leasing Pte Ltd**
(capital letters)
Address: **B1544 Serangoon North Ave 3 #15-168**
NRIC / Passport no.: **201727451M**
Tel no. (from Singapore): **91449265**
HP: **91449265**

8. Vehicle:
Make, type: **Toyota CHR Hybrid**

9. Insurance company:
AXA ☒ C ☐ TFFI ☐ IPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No.: **P234T352**

10. Driver: ☐ State as Owner
Name: **Sng Kok Tong**
(capital letters)
NRIC / Passport no.: **S7514864T**
Class of licence: **3**
HP: **98250845**
Gender: Male ☒ Female ☐

11. CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Motorist
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Grassy/Grass Lane
<input type="checkbox"/>	Collision - Grass Junction
<input type="checkbox"/>	Collision - Road on Collision
<input type="checkbox"/>	Collision - Road to Road
<input type="checkbox"/>	Collision - Motorcyclist hit
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roadblock
<input type="checkbox"/>	Collision - 180 Turn
<input type="checkbox"/>	Drunk driving / Drug influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Hit by Sign
<input type="checkbox"/>	Thief

12. State TOTAL number of boxes marked with a cross: **5**

Registration No. **SKV 55082**
(VEHICLE B)


13. Insured / policyholder (see insurance cert.):
Name: _____
(capital letters)
Address: _____
NRIC / Passport no.: _____
Tel no. (from Singapore): _____
HP: _____

14. Vehicle:
Make, type: _____

15. Insurance company:
☐ C ☐ TFFI ☐ IPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available): _____

16. Driver (See driving licence) (if different from insured A above):
Name: **Eng Gek Noi**
(capital letters)
NRIC / Passport no.: _____
Class of licence: _____
HP: _____
Gender: Male ☐ Female ☐

17. Indicate the point of initial impact with an arrow (→)



18. Visible damage to vehicle A

19. My remarks

20. Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their position at the time of impact - 4. the road signs - 5. number of the street or main road

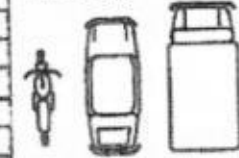
21. State TOTAL number of boxes marked with a cross: **5**

22. REFER TO ATTACHED

23. Signature of drivers

24. My remarks

25. Indicate the point of initial impact with an arrow (→)



26. Visible damage to vehicle B

27. My remarks

* In the event of injury or in the event of damage to property attached to vehicles A and B, give information attached

Do not alter anything in the statement after signing. Subsequently, each driver should take care not to

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1. Occupation (if more than one, state all)				
	2. Vehicle registration no.		C.C.		3. Is driver the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state relationship of driver with owner <u>Hirer</u>
	4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify				
	5. Is the vehicle still in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____				
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)				
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth		Occupation	Date of license pass	Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	25/5/85		Indoor	Outdoor	15/9/2007
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability				
	9. Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
Police action	12. Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station				
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, against whom?				
Accident details	14. Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Others _____				
	15. Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others _____				
	16. Speed of vehicles A _____ km/hr B _____ km/hr				
	17. What warnings were given by driver or other party?				
	18. Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
	19. What lights were displayed on your vehicle/the other vehicle(s)?				
	20. If your vehicle is commercial, state weight of load carried at time of accident				
	21. State how accident happened, width of roads, speed limits etc. (Refer to attached)				
Declaration	22. State number of Passengers (including Driver) _____				
	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____				

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	451M
Vehicle Details	
Vehicle No.:	SMP1120S
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8S CVT
Primary Colour:	Yellow
Manufacturing Year:	2018
Engine No.:	2ZR8416749
Chassis No.:	ZYX102115472
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,802.00
Original Registration Date:	11 Sep 2019
First Registration Date:	11 Sep 2019
Transfer Count:	0
Actual ARF Paid:	\$19,523.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Sep 2029
PARF Rebate Amount:	\$14,642.00
Intended COE Rebate Details	
COE Expiry Date:	10 Sep 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$36,001.00
COE Rebate Amount:	\$34,194.00
Total Rebate Amount:	\$48,836.00

The information contained herein is correct as at 11 Mar 2020

OK

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








































CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	09 Mar 2020		01 Apr 2020 17:43 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: -, Co. Reg. No.: -									
Main Claimant: ACCURATE LEASING PTE LTD , Co. Reg. No.: 201727451M									
Vehicle Reg. No.:	SMP1120S	Date of Loss:	06/02/2020 21:00 - :59 [4 Months and 26 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM20D201193C02	Policy/Cover Note No.:	DMHCSNA00000381900						
Vehicle Reg. No. (Insured):	SKV5508Z	Policy No. (Claimant):	P2341352						
		Excess:	S\$2,000.00						
Repairer:	Neo Automotive (HQ) 53 UBI AVE 1 #05-44 PAYA UBI INDUSTRIAL PARK SINGAPORE, 408934 Ubi - Tel:								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]								
Claimant's Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6880 4888								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 13/04/2020]								
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

*SMP1120S (SNM20D201193C02)
[SKV5508Z]
TP
ACCURATE LEASING PTE LTD
Feb 6 2020 9:00PM
[-]
Neo Automotive













Upload Documents			Upload Photos			Compose New Letter			View		View in Browser	
Assessment Reports									1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	Progressive Car Care Pte Ltd (HQ)							Thumbnail		Print	
1	11/02/20 17:15	Accident Statement							1		Load HTM	
									3 per page		<input checked="" type="checkbox"/>	
Photos/Images									3 per page		<input checked="" type="checkbox"/>	
No	Finalized On	Progressive Car Care Pte Ltd (HQ)							Thumbnail		Print	
1	11/02/20 17:10	Accident Photo [Linked Accident Report Documents]							1		Load JPG	
2	11/02/20 17:10	Accident Photo [Linked Accident Report Documents]							1		Load JPG	
3	11/02/20 17:10	Accident Photo [Linked Accident Report Documents]							1		Load JPG	
4	11/02/20 17:10	Accident Photo [Linked Accident Report Documents]							1		Load JPG	
5	11/02/20 17:10	Accident Photo [Linked Accident Report Documents]							1		Load JPG	
6	11/02/20 17:10	Accident Photo [Linked Accident Report Documents]							1		Load JPG	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)							Thumbnail		Print	
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2	02/04/20 16:59	Front View							1		Load JPG	
3	02/04/20 16:59	Front View							1		Load JPG	
4	02/04/20 16:59	Front View							1		Load JPG	
5	02/04/20 16:59	Front View							1		Load JPG	
6	02/04/20 16:59	Front View							1		Load JPG	
7	02/04/20 16:59	Front View							1		Load JPG	
8	02/04/20 16:59	Front View							1		Load JPG	
9	02/04/20 16:59	Front View							1		Load JPG	
10	02/04/20 16:59	Front View							1		Load JPG	
11	02/04/20 16:59	Front View							1		Load JPG	
12	02/04/20 16:59	Front View							1		Load JPG	
13	02/04/20 16:59	Front View							1		Load JPG	
14	02/04/20 16:59	Front View							1		Load JPG	
15	02/04/20 16:59	Front View							1		Load JPG	
16	02/04/20 16:59	Front View							1		Load JPG	
17	02/04/20 16:59	Front View							1		Load JPG	
18	02/04/20 16:59	Front View							1		Load JPG	
19	02/04/20 16:59	Front View							1		Load JPG	
20	02/04/20 16:59	Odometer Reading							1		Load JPG	
21	02/04/20 16:59	Chassis Number							1		Load JPG	
22	02/04/20 17:00	Dismantled Parts							1		Load JPG	
23	02/04/20 17:00	Dismantled Parts							1		Load JPG	
24	02/04/20 17:00	Dismantled Parts							1		Load JPG	
25	02/04/20 17:00	Dismantled Parts							1		Load JPG	

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
26	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
27	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
28	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
29	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
30	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
31	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
32	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
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35	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
36	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
37	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
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44	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
45	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
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51	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
52	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
53	02/04/20 17:00	Dismantled Parts	 Load JPG	<input checked="" type="checkbox"/>
54	02/04/20 17:00	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
55	02/04/20 17:00	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
56	02/04/20 17:00	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
57	02/04/20 17:00	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
58	02/04/20 17:00	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
59	02/04/20 17:00	After Repair Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
1	11/02/20 17:14	Sketch Plan [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
2	11/02/20 17:14	Sketch Plan #2 [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
3	11/02/20 17:14	Common Statement [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
4	11/02/20 17:14	Individual Statement [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
5	11/02/20 17:14	Identification Card & DL [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>

Linked Accident Report Documents

View

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
1	11/02/20 17:15	Accident Statement	 Load HTM	<input checked="" type="checkbox"/>
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
1	11/02/20 17:10	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
2	11/02/20 17:10	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
3	11/02/20 17:10	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
4	11/02/20 17:10	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
5	11/02/20 17:10	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
6	11/02/20 17:10	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
1	11/02/20 17:14	Sketch Plan	 Load JPG	<input checked="" type="checkbox"/>
2	11/02/20 17:14	Sketch Plan #2	 Load JPG	<input checked="" type="checkbox"/>
3	11/02/20 17:14	Common Statement	 Load JPG	<input checked="" type="checkbox"/>
4	11/02/20 17:14	Individual Statement	 Load JPG	<input checked="" type="checkbox"/>
5	11/02/20 17:14	Identification Card & DL	 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) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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: CS3/CTI20003875/GTD3E2

Date: 02/04/2020

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMHCSNA00000381900

Claimant Vehicle
No: SMP1120SInsured Vehicle
No: SKV5508Z

Date of Loss: 06/02/2020

Nature of Claim: TP

Claim
No: SNM20D201193C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SMP1120S

Make & Model: TOYOTA C-HR, 1.8 (A)

Reg. Date: 11/09/2019 (Man. Year: 2018)

Colour: Yellow

Engine Capacity: 1797 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

Engine No: 2ZR8416749

Chassis No: ZYX102115472

Odometer: 40538 km

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: 215/60 R17

Rear Tyre Size: 215/60 R17

Front Left Side: Bridgestone 8 mm

Rear Left Side: Bridgestone 8 mm

Front Right Side: Bridgestone 8 mm

Rear Right Side: Bridgestone 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 01/04/2020

Date Inspected: 11/03/2020 Inspected At:

Neo Automotive (HQ)
53 UBI AVE 1 #05-44 PAYA UBI
INDUSTRIAL PARK SINGAPORE
Singapore 408934

Estimated Period of Repair: 4.0 days

Adjuster: XING GUO QIANG

Manager: DENISE TAY KWEE CHENG

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.

- A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,000.00 -\$3,000.00

REPAIR DETAILS

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 02 Apr 2020)
Parts:	M1-SUV	TOYOTA C-HR 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SMP1120S)	
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

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >