

ASS. REC. BY:

REF: CS/TM120004587<sup>1D</sup> vF3

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

*Merimen*

From (Person): Ang Chin Kiat

of TM1

Date/Time: 27/3/2020 @ 2.23pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SAD 6899T

Insured: YM 6532C

at Workshop m/s By Frost Auto

Tel: 9292 1329 Ms Lee

of BK 9 Sector C, #01-42 8 (m Ind. Est 5(575644)

Policy No: MJ001590

Claim No: M2002128

Sum Insured:

Excess:

Make of Veh:  
(Client's Record)

D.O.A. 25/3/2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 27/3/20 @ 2.35pm

Person Contacted: Ms Lee

Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SAD 6899T - X
	YM 6532C CS3/AG17012617/S6e2 DOA: 25/6/17
30/3/20	Send preli revised via merimen
1/6/20	Confirmed LS \$9800 (Red 14,699.36, 60%)



## ...CLAIM SUBFOLDER...(New Assignment)

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	25 Mar 2020		27 Mar 2020 14:23 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

[Main](#)[Reference](#)[Claim Details](#)[Documents](#)[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	A&L LEASING PTE LTD, Co. Reg. No.: 201026256R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD		
Vehicle Reg. No.:	SHD6899T	Date of Loss:	25/03/2020 11:00 - :59
Claim Type:	TP / M2002128	Policy/Cover Note No.:	MJ001890 (Comprehensive) Coverage: 23/12/2019 - 22/12/2020
Vehicle Reg. No. (Insured):	YM6532C	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Bifrost Auto Pte Ltd (sin Ming) (HQ) Blk 9 Sector C, #01-42 Sin Ming Industrial Estate, 575644 Sin Ming - Tel:		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Ong Chin Kiat]		
Claimant's Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 07/04/2020]		
Driver/Custodian (Insured):	PIRAMAIYAN VETRISELVAN (), NRIC: G2310393T, Tel: +6583450245 Email: -		

### 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.									

**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

To: Tokio Marine Insurance Singapore Ltd  
20 McCallum Street  
#09-01 Tokio Marine Centre  
Singapore 069046

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Ong Chin Kiat

Date: 30 Mar 2020

**Preliminary Advice**

Insured Vehicle No	: YM6532C	Accident Date	: 25/03/2020
TP Vehicle No	: SHD6899T	Assignment Date	: 27/03/2020
Make	: TOYOTA PRIUS	Est. Duration of Repair	: 5
Date of Inspection	: 27/3/2020		
Inspection At	: BIFROST ATO PTE LTD		

**Point of Impact / General Description of Damages**

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	22,762.24
Revised Amount	:S\$	11,875.48
Check Items (Estimated)	:S\$	0.00
Total	:S\$	11,875.48

Lump Sum Repair	:S\$	
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**Total Loss Consideration**

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

**Remarks**

( ) The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.

( ) The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

( X ) Other comments : The above survey was conducted on a 'Without Prejudice' basis.

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHD6899T
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Mar 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	D4DFU504530
Chassis No.:	KMHLB41UMGU078429
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,958.00
Original Registration Date:	08 Oct 2015
First Registration Date:	08 Oct 2015
Transfer Count:	0
Actual ARF Paid:	\$21,342.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Oct 2023
PARF Rebate Amount:	\$16,006.00
Intended COE Rebate Details	
COE Expiry Date:	07 Oct 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,439.00
COE Rebate Amount:	\$19,986.00
<b>Total Rebate Amount:</b>	<b>\$35,992.00</b>
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 30 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	26/03/2020 09:54
Date Of Accident	25/03/2020 11:25
Exact Location Of Accident	ANG MO KIO AVE 6 X ANG MO KIO AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6899T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	YAP HAN LONG (YE HANRONG)
NRIC No	SXXXX155I
Date Of Birth	16/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2005
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91797765
Fax Number	
Contact Number	
EMail Address	YAP.YAP@LIVE.COM

Address	112 #05-415 YISHUN RING ROAD
Postcode	760112
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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?	YES
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TIONG BAHRU NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM6232C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PIRAMAIYAN VETERISELVAN
NRIC/Passport Number	
Contact Number	83450245
Address	
Postcode	
Insurance Company Name	

Nature Of Damage FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name YAP HAN LONG (YE HANRONG)  
Approximate Age 35  
Injuries Sustain BACK  
Injured person in which vehicle? SHD6899T  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name TEY JUN YUN  
Approximate Age  
Injuries Sustain BACK  
Injured person in which vehicle? SHD6899T  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## 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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25.03.2020  
@ 16:00 hrs

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20200325/2052

Third party lose control and collided into my taxi A - Rear Right Portion

DECLARATION

(We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 25.03.2020  
 @ 16:00 hrs

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





Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

2 of 3

Report No. T/20200325/2052

CONTINUATION OF REPORT

**Brief Details.**

On 25/03/2020 at 1128 hrs, I was driving my Taxi bearing SHD6899T with one passenger and stopping at the X-junction between Ang Mo Kio Ave 6 and Ang Mo Kio Ave 9 to wait for the traffic light. Suddenly, I felt a strong impact that I been hit at my back of my taxi and I went down to check. I had realised that the lorry bearing YM6532C had hit my back of the taxi. Myself and the lorry driver namely Piramaiyan Vetriselvan, Fin: G2310393T, Both of us had exchange particulars. Both my passenger and I had went down to Chung & Ee Medical clinic to check on our injuries and both of us had 5 days MC, MC:OD0000000097 and MC:OD0000000089. I came to lodge this report for insurance claim.



Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

**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: A / Sgt 2 TAN HONG RUI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	

Signature Of Informant:	
Date/Time: 25/03/2020 13:43	
Classification Of Case:	

Authentication Stamp  
NP168

Signature	
Singapore Police Force	



T/20200325/2060

1 of 3

Report No. T/20200325/2060

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20200325/2052  
Report Number T/20200325/2060  
Vide Report Number T/20200325/2052  
Date/Time of Report Made 25/03/2020 14:19  
Place Report Lodged Traffic Police  
Type of Informant Driver  
Name of Informant YAP HAN LONG  
ID Type / ID No. NRIC NO / S85131551  
Home/Office  
Mobile 91797765  
Email  
Type of Accident Injury / Others  
Drink Drive No  
Anyone conveyed by ambulance No  
Date/Time of Accident 25/03/2020 11:30

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6899T	Car				Slightly Damaged	1
YM6532C	Lorry				Slightly Damaged	1

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



T/20200325/2060

2 of 3

Report No. T/20200325/2060

**Continuation of CSF For NP168**

Driver			
Name	YAP HAN LONG	ID No.	S8513155I
Related Vehicle	SHD6899T (Car)	Contact No.	91797765
Hospital/Clinic	CHUNG & EE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	25/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	TEY JUN YUN	ID No.	S8806347C
Related Vehicle	SHD6899T (Car)	Contact No.	97560580
Hospital/Clinic	CHUNG & EE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Facts.**

To add on Informant's wife particulars as below,

Name: Tey Jun Yun

NRIC: S8806347C



### Continuation of CSF For NP168

**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / WONG SIEU LUI
Classification of Case	1) INJURY / OTHERS



BOOTLID COMFORT LOGO & TEL NO. STICKER <i>Nec</i>	SN	1	\$16.60	\$16.60	✓
BOOTLID ADVERTISEMENT LOGO <i>Nec</i>	SN	1	\$100.00	\$100.00	✓
REAR NO. PLATE <i>24</i>	SN	1	\$25.00	\$25.00	X
REAR BUMPER RESERVE SENSOR <i>24</i>	SN	1	\$118.00	\$118.00	✓
REAR BUMPER ADVERTISEMENT LOGO <i>NF</i>	SN	1	\$50.00	\$50.00	X
REAR FENDER ADVERTISEMENT LOGO (LH/RH) <i>Nec</i>	SN	2	\$100.00	\$200.00	✓
<b>SUB TOTAL</b>				<b>\$509.60</b>	
<b>Labour Charge</b>					
Panel Beating		1	\$1,600.00	\$1,600.00	800/-
Spray Painting Charge		1	\$1,400.00	\$1,400.00	800/-
Wiring Charge		1	\$80.00	\$80.00	30/-
Tuff Kote		1	\$120.00	\$120.00	40/-
Towing Charge		1	\$80.00	\$80.00	44
Remove/Refix Reverse Sensor		1	\$120.00	\$120.00	40/-
Remove/Refix Exhaust Pipe		1	\$80.00	\$80.00	60/-
<b>TOTAL LABOUR</b>				<b>\$3,480.00</b>	
<b>ESTIMATE TOTAL</b>				<b>\$ 22,762.24</b>	
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

27/03/2020 @ 1645hr  
 via Antura  
 2/3rd 5 days.

*(Signature)*  
 njan

LKK Auto

*(Signature)*

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: