

22/03/2021

ASS. REC. BY:

REF: CS/CTI 20004716 / Avf3

Special Instruction:

Surveyor: Achman

ASSIGNMENT (Office)

From (Person): Ben Tang 63896175 of CTI Date/Time: 31.3.20 11:58 a.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJN 42105 Insured:

at Workshop m/s SM Automexul Tel: 67479241

of 1 Kaki Bukit Ave 6 B1C #01-43

Policy No: Claim No: SNM 200201523

Sum Insured: Excess:

Make of Veh: D.O.A. 27.3.2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 31.3.20 11:58 a.m Person Contacted: Suky Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate.
	SJN 42105 - NA/CTI 20004716/24 RPA - 27/03/2020
1/4/20	Revert via merimen

T47d

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: China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

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

Attn: Ben Tang

Date: 01 Apr 2020

Preliminary Advice

Vehicle No	: SJN4210S	Accident Date	: 27/03/2020
Make	: TOYOTA COROLLA ALTIS	Policy No.	: DMPCSNA00014622001
Assignment Date	: 01/04/2020	Excess	: S\$0.00
Date of Inspection	: 31/3/2020	Est. Duration of Repair	: 10
Inspection At	: SM AUTOMOTIVE		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	13,390.14
Revised Amount	:S\$	8,950.74
Check Items (Estimated)	:S\$	1,262.80
Total	:S\$	10,213.54

Lump Sum Repair	:S\$	
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Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	42,000.00
COE / PARF Rebate	:S\$	22,868.00
Salvage Value	:S\$	
Margin for Repair	:S\$	19,132.00

Remarks

(X) 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 : Vehicle repair on Lump Sum basis

Summer Lee (LKK Auto)

From: Ben Tang <Ben.Tang@sg.cntaiping.com>
Sent: Tuesday, 31 March, 2020 11:50 AM
To: assignments
Cc: Shirley Hiew (LKK Auto); Veron Chen (LKKAuto)
Subject: RE: O/R : SNM20D201523/SJN4210S/BEN - FW: OD CLAIM - SJN4210S DOA 27.03.2020

Dear LKK

We refer to our email assignment yesterday.

Please assist to survey OD new assignment urgently by today.

Workshop is chasing thanks.

Best Regards
Ben Tang
Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6175 | F: (65) 6222 1033

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

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From: Ben Tang
Sent: Monday, March 30, 2020 10:30 AM
To: assignments <assignments@lkkauto.com>
Subject: FW: O/R : SNM20D201523/SJN4210S/BEN - FW: OD CLAIM - SJN4210S DOA 27.03.2020

Dear LKK

Please assist to arrange for OD survey of insured vehicle SJN4210S.

Thank you.

Best Regards
Ben Tang
Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6175 | F: (65) 6222 1033

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From: Claims Dept of CTI
Sent: Monday, March 30, 2020 9:37 AM
To: Ben Tang <Ben.Tang@sg.entaiping.com>; sm automotive <sm_automotive@hotmail.com>
Cc: Claims Dept of CTI <claimsdept@sg.entaiping.com>
Subject: O/R : SNM20D201523/SJN4210S/BEN - FW: OD CLAIM - SJN4210S DOA 27.03.2020

Dear Ben,

Please assist on OD claim SJN4210S.

Note : officer in charge – Ben Tang 63896175

*** 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

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From: sm automotive <sm_automotive@hotmail.com>
Sent: Saturday, March 28, 2020 10:02 AM
To: Claims Dept of CTI <claimsdept@sg.entaiping.com>
Subject: OD CLAIM - SJN4210S DOA 27.03.2020

Without Prejudice

Hi Motor Claims Department,

My client would like to conduct an OD claims.

Enclosed documents for your references.

Please arrange for PRI, thanks.

Regards,

Yun Li

SM AUTOMOTIVE

1 Kaki Bukit Ave 6

Blk C #01-43

Singapore 417883

Tel: 6747 9241 Fax: 6741 7276

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Business

Owner ID: 488C

Vehicle Details

Vehicle No.: SJN4210S

Vehicle to be Exported: No

Intended Deregistration Date: 27 Mar 2020

Vehicle Make: TOYOTA

Vehicle Model: COROLLA ALTIS 1.6 AUTO

Primary Colour: Silver

Manufacturing Year: 2009

Engine No.: 3ZZ4865793

Chassis No.: MR053ZEE106140142

Maximum Power Output: 80.0 kW (107 bhp)

Open Market Value: \$16,990.00

Original Registration Date: 16 Feb 2009

First Registration Date: 16 Feb 2009

Transfer Count: 3

Actual ARF Paid: \$16,990.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 15 Feb 2029

COE Category: A - Car (1600cc & below)

COE Period(Years): 10

PQP Paid: \$25,727.00

COE Rebate Amount: \$22,868.00

Total Rebate Amount: \$22,868.00

The information contained herein is correct as at 27 Mar 2020

OK

SGC8888M

BIDDED CARPLATE NUMBERS FOR SALE

Find and buy your favourite car plate number here!

START
SEARCH
NOW!

► SEARCH

Altis

Price Range

Depreciation

Year Reg

Vehicle Type

Search

View All

Advanced Search

► Used Car Comparison

--- Comparing 3 Vehicles ---

Toyota Corolla Altis 1.6A (COE till 01/2029)



Add to Shortlist

Toyota Corolla Altis 1.6A (COE till 04/2029)



Add to Shortlist

Toyota Corolla Altis 1.6A (COE till 08/2029)



Add to Shortlist



Use search bar above to see to compare.

Clear All

Add all to Shortlist

Back to search result

CAR DETAILS

Price	\$43,800	\$46,800	\$49,800
Instalment	N.A.	N.A.	N.A.
Registration Date	22-Jan-2009	07-May-2009	14-Aug-2009
Manufactured	2008	2009	2009
Mileage	157,200 km	-	-
Transmission	Auto	Auto	Auto
Engine Cap	1,598 cc	1,598 cc	1,598 cc
Road Tax	\$816 /yr	\$816 /yr	\$816 /yr
Power	80.0 kW (107 bhp)	80.0 kW (107 bhp)	80.0 kW (107 bhp)
Curb Weight	1,195 kg	1,195 kg	1,195 kg
Features	1.6L VVT-i Engine, 107 BHP, 4 Speed Automatic With Eco Mode, ABS, Airbags, Digital Climatic Aircon Controls, Disc Brakes.	-	Fuel Efficient 16 Valves DOHC Dual VVT-I Engine At 107Bhp, Climatic Control Aircon, All Disc Brakes, Dual SRS Airbags, Fog Lamps.
Accessories	Leather Seats, Sports Rims, Audio Player With Steering Controls, Reverse Sensors, Retractable Side Mirrors, Solar Films, Fog Lights.	-	Leather Seats, Sports Rims/New Tyres. Factory Fitted Audio System, Retractable Side Mirrors, Reverse Sensors, Solar Films.
Description	Consignment Unit. Most Popular Japanese Sedan Of All Time! 100% Accident Free. Regularly Serviced And Maintained By Reputable Workshop. Hassle Free Drive Away Condition! High Loan Available With Lowest Interest Rates From 2.98%. Trade In Welcome. Whatsapp/SMS To Book An Appointment To View This Beauty. Viewing Strictly Appointment Based.	-	Most Reliable Japanese Sedan Altis Ideally For Daily Drives Yet Fuel Efficient. Excellent Fuel Consumption Low Usage Low Mileage. Beautiful Interior Inside Out. Fully Done Up To Showroom Unit Standard.
COE	\$26,047	\$26,175	\$29,328
OMV	\$16,167	\$17,500	\$17,853
ARF	\$16,167	\$17,500	\$17,853
Depreciation	\$4,970 /yr	\$5,150 /yr	\$5,310 /yr
No. of Owners	2	4	1
Type of Vehicle	Sedan	Sedan	Sedan
Category	COE Car, Consignment Car	COE Car	COE Car
Availability	Available	Available	Available
Remarks	COE expiry date 2029-08-13	COE expiry date 2029-08-13	COE expiry date 2029-08-13

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	27/03/2020 11:55
Date Of Accident	27/03/2020 09:00
Exact Location Of Accident	SLE TWDS BKE BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4210S
Insured/Policyholder	
Name Of Registered Owner	SM AUTOMOTIVE
Co Reg No	5XXXX488C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98350460
Alternative Phone No	OFFICE-98350460

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNA00014622001
Cover Note Number	

Driver

Name of Driver	POH EE HUAT
NRIC No	SXXXX530A
Date Of Birth	07/12/1967
Occupation	INDOOR
Date Of Driving Pass	27/10/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93354012
Fax Number	
Contact Number	OFFICE-93354012
Email Address	NOEMAIL

Address	BLK 23 SIN MING ROAD #07-23
Postcode	570023
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	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?	
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 STATEMENT.

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	PC8055J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 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 while be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG B1C TOWARDS B1C ON THE LEFT MOST LANE OF 3 LANES. AS I WAS TRAVELLING STRAIGHT ONE M/Bus PC BOSS J IN FRONT SUDDENLY STOPPED. I COULD NOT STOP IN TIME AND COLLIDED INTO THE REAR OF M/Bus PC BOSS J. THERE WAS NOBODY INJURED AT THE TIME OF ACCIDENT.

DECLARATION

(We declare that the above particulars are true in every respect)

Policyholder's Signature
Date & Time

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

Reporting Centre Representative's Signature
Name
NIC/PIN No