

Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Monday, 29 March 2021 16:04
To: Alfred Toh
Cc: Claims Dept of CTI
Subject: RE: [CNB] Re: PRS of SKM8513K (CTI REF: SNM18D03669C02)
Attachments: SUPP DOCS.pdf

M/s CHINA TAIPING INSURANCE (S) PTE LTD

Attn: The Motor Claims Department

Dear Sir,

ACCIDENT INVOLVING SKM 8513K (QX 994D) AND SJV 574B ON 25/07/2018

We refer to the above matter.

We have been appointed by CNB as claims adjuster to handle all traffic accident claims involving CNB unmarked vehicles.

We are instructed that the accident was caused by your insured's negligent driving and / or management of his vehicle. As a result of the accident, our principal's vehicle was damaged and our principal has been put to loss and expense, particulars of which are as follows: -

1. Cost of Repair (w/GST)	\$ 1,103.28
2. Loss of Use (8days x \$80)	\$ 640.00
TOTAL	<u>\$ 1,743.28</u>

A copy of the supporting documents is enclosed.

Please note that repairs of CNB vehicles involved in accidents are carried out by CNB list of appointed contractors or at the unit's zonal workshops and for security and sensitivity/restricted reasons - There is no survey report for CNB vehicles.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

email: ashersng@lkkauto.com | fax: 6741-4108 | did: 6841-6051

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

From: Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Sent: Wednesday, 23 September 2020 10:06 AM

Your ref : SKW8513K
Our Ref : SNM18D03669/SJV574B/C02

Date : 27 MARCH 2022

Without Prejudice & Save As To Costs

DIRECTOR, CENTRAL NARCOTICS BUREAU
C/O LKK AUTO CONSULTANTS PTE LTD

51 UBI AVENUE 1
#01-25 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408933

Dear Sir/Madam

RE: ACCIDENT INVOLVING SJV574B AND SKW8513K ON 25 JULY 2018 ALONG AYE TWD JURONG

We refer to your correspondence dated 17 September 2022.

Without admission of liability, we are prepared to offer a sum of S\$ 1,463.28 as full and final settlement of third party claim as follows :

Cost of Repairs	100.00%	S\$1,103.28
Loss of Use	100.00%	S\$360.00
TOTAL AMOUNT		S\$1,463.28

Remarks :


Please return the original copy of this letter for us to process payment after having signed by DIRECTOR, CENTRAL NARCOTICS BUREAU

Toh Hock San Alfred
Motor Division, Claims Department

Discharge Voucher

I/We, DIRECTOR, CENTRAL NARCOTICS BUREAU of NRIC No. / Co Reg No. T08GA0031A, agree to accept a sum of S\$1,463.28 (Singapore Dollars ONE THOUSAND FOUR HUNDRED AND SIXTY THREE AND TWENTY EIGHT CENTS ONLY) to be paid to me /us as full and final settlement of all claims, costs, and disbursements for injuries/ damages sustained by me / us arising from the accident mentioned in the above letter.

I/we agree that this payment is made without admission of liability on the part of China Taiping Insurance (Singapore) Pte Ltd, NG CHEE WEE (HUANG ZHIWEI) (insured) and / or NG TEEK HAI (insured driver) and I/We also agree absolutely to discharge China Taiping Insurance (Singapore) Pte Ltd, NG CHEE WEE (HUANG ZHIWEI) (insured) and / or NG TEEK HAI (insured driver) from all claims past, present and future in respect of all loss, injuries or damages sustained by me / us arising from the accident mentioned in the above letter.

Signed by  Chris Tan
Assistant Manager, Logistics Unit
Corporate Services Division
Central Narcotics Bureau
for DIRECTOR, CENTRAL NARCOTICS BUREAU and Company Stamp (if any)



Date : 19 April 2022



Scope Of Work
Home Team Agency

SCOPE OF WORK

I To provide labour, materials, transportation, tools and parts and others deemed necessary to carry out the following repairs:

CONTRACTOR :	SMRT	VEH TYPE :	SALOON CAR	UNIT :	CNB SUP E	Reference No.	0994/CNB/4W/18/09/01
VEH NO :	QX994D / SKM8513K	REPAIR TYPE :	ACCIDENT				
VEH MAKE/MODEL :	NISSAN SYLPHY	ODOMETER :	50763			ILMS No.	-

S/N	PARTS DESCRIPTION	PART COST (\$)	QTY	Mark Up Rate	Parts Cost Per Unit After Mark Up (\$)	Total Parts Cost Per Unit After Mark Up (\$)
1	Scope Of Repairs					
1.1	Rear Bumper	\$400.00	1	21%	484.00	484.00
1.2	Rear Bumper Retainers (Left & Right)	\$35.00	2	21%	42.35	84.70
2	Additional Services					
2.1	NA	\$0.00	0	0%	0.00	0.00
Remarks:					Parts Total:	\$ 568.70

S/N	LABOUR DESCRIPTION	Man-Hour Rate (\$)	Man-Hour Qty	Total Man-Hour Cost (\$)
1	Scope Of Repairs			
1.1	Rear Bumper:	68.00	5	340.00
	Remove & Replace Rear Bumper			
	Remove & Replace Rear Bumper Retainers (Left & Right)			
	Putty & Spray Paint for Rear Complete Bumper			
	SUB-TOTAL		5	340.00
2	Additional Services			
2.1	Collection Service From Station to Workshop (SOR 9)	61.20	1	61.20
2.2	Return Service From Workshop to Station (SOR 9)	61.20	1	61.20
	SUB-TOTAL		2	122.40
				Labour Total: \$ 462.40
				GRAND TOTAL : \$ 1,031.10
Contractor shall complete the entire repair within <u>10</u> working days upon approval date . (Include parts awaiting time)				

Verification of Scope of Work					
Contractor QC		Vetted By:		Approved By:	
Name:	KONG SEW KUI	Name:		Name:	
Date:	04.09.2018	Date:		Date:	
Sign:		Sign:		Sign:	

Verification of Completed Repairs					
Contractor QC		Home Team QC / Fleet Manager / Appointed Surveyor		Home Team Contract / Fleet Manager	
Name:		Name:		Name:	
Date:		Date:		Date:	
Sign:		Sign:		Sign:	

All completed repairs must be verified by Home Team Contract Manager / Fleet Manager before payment can be made



SINGAPORE POLICE FORCE



T/20180725/2048

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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180725/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2018 12:38	Vide Report No.:	Station Diary No.: 175
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Informant's Particulars			
Name of Informant: ZAKARIA BIN ZAINAL		Address: APT BLK 419 FAJAR ROAD #04-465 SINGAPORE 670419	
ID Type / ID No.: NRIC NO / S8802045F		Contact No.: Home/Office: Mobile: 96476404	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 27/01/1988	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: CNB OFFICER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 25/07/2018 06:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE towards Tuas Lamp Post Number: 306A				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV574B	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	Beige		0
SJY2117J	Car	MERCEDES BENZ	C 180 CGI	Black		2
SKM8513K	Car	NISSAN	Sylphy	Silver	Seriously Damaged	1



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ng Teek Hai	ID No.	S1448793Z
Related Vehicle	SJV574B (Car)	Contact No.	90051919
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Ching Pui Fung	ID No.	S7236578Z
Related Vehicle	SJY2117J (Car)	Contact No.	98455595
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ZAKARIA BIN ZAINAL	ID No.	S8802045F
Related Vehicle	SKM8513K (Car)	Contact No.	96476404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am a CNB officer.

On 25/07/2018 at about 0653hrs, I was driving the vehicle (SKM8513K), which belongs to the Central Narcotic Bureau. It is an unmarked car. I was travelling along the first lane of AYE towards Tuas, near to Lamp post number 306A. The vehicle travelling in front of me suddenly jam brake, hence I also applied emergency brake. I managed to stop my car in time and did not hit the vehicle in front. However, the car SJV574B, that was travelling behind me rear-ended onto the back of my car. The third car SJY2117J, then rear ended onto the second car SJV574B. We then got off our vehicles and exchanged our details.



**SINGAPORE
POLICE FORCE**



T/20180725/2048

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Report No. T/20180725/2048

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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:

E /

Staff Sgt SEOW HONG DE, XAVIER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/07/2018 12:38

Officer In Charge Of Case:

TP / GIA /

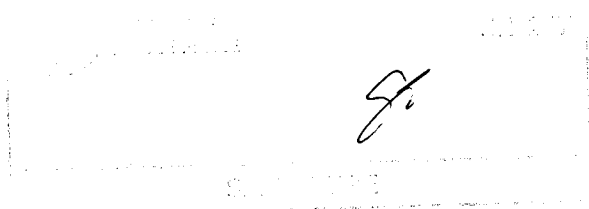
Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168





**SINGAPORE
POLICE FORCE**



T/20180725/2048

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20180725/2048

CONTINUATION OF REPORT

No one was injured. I called for the traffic police however I had to leave before they arrive as I was on operation. There was a slight dent at the rear bumper of my car.

FUND TRANSFER REQUEST FORM

IMPORTANT: Statement Pursuant to Section 25(5) of the Insurance Act, Singapore: You are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

1 Requestor Information

A. DETAILS OF POLICY OWNER

Name of Policy Owner

Policy Number

NRIC / Passport No. / Entity Registration No.

B. DETAILS OF PAYEE

Name of Bank Account Holder

Nationality

☐ Singaporean
 ☐ Singapore PR
 ☐ Others, please specify:

NRIC / Passport No. / Entity Registration No.

Date of Birth

D D / M M / Y Y Y Y

Is the Payee under Section 1B the same as Policy Owner?

☐ Yes
 ☐ No
 If No, please state the basis of this payment and attach supporting document(s) to this form:

2 Payment Instructions - Direct Fund Transfer (DFT)

☐ To link my DFT Account to my PayNow

- Please ensure that you have registered your NRIC / UEN with the bank.
- We will not be responsible for any delays if NRIC / UEN is wrong or not registered with any bank.

NRIC / UEN:

OR

☐ To link my DFT Account to my designated bank account

- This account must belong to the Policy Owner or the Payee stated under Section 1B (the "Agreed Payee").
- Please submit a copy of your bank book or recent bank statement for account verification (You need to circle the account for crediting if your statement shows more than 1 bank account).
- Bank account must be a Singapore Bank account and the amount payable must be denominated in Singapore dollars.

Bank Name:

Bank Account Number:

Email to notify on transfer:

Note:

- These instructions will supersede any previous instructions (if any) regarding the mode of payment.
- DFT facility will not be applicable for any Policy that is the subject of a trust nomination created under Section 49L of the Insurance Act (Cap. 142).

1. I/We understand the purpose and contents of this Fund Transfer Request Form and declare that the information above are true, correct and complete, whether written by me/us or by anyone else on our behalf and I/We accept full responsibility for them. I/We confirm that I/We would like China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS") to perform the transaction selected above and acknowledge that CTPIS will not accept or process any incomplete form.
2. I/We confirm that the policy as identified by the Policy Number stated above (the "Policy") is owned by the Policy Owner stated above and has not been assigned to any other party. [Note: This declaration is only applicable to the Policy Owner or the authorised representative of the Policy Owner completing this form.].
3. I/We agree to indemnify and hold CTPIS harmless against any and all losses (whether direct, indirect, special or consequential) suffered by me/us or any third party arising from or in connection with CTPIS accepting and acting on my/our instructions set out in this Fund Transfer Request Form (including where relevant, the use of the electronic banking services stated in this Fund Transfer Request Form to effect payment) except where such loss is attributable solely to the gross negligence or wilful default of CTPIS.
4. I/We authorise CTPIS to effect the payment in accordance with the instruction as set out in this Fund Transfer Request Form.
5. If I/We opt to link my/our DFT account to my/our PayNow, I/We agree to register for PayNow using my/our NRIC/UEN number (if this has not been done already) and for all payments to be paid via PayNow as per my/our instructions set out in this Fund Transfer Request Form. I/we further agree that any payment made via the PayNow facility to my/our NRIC/UEN number shall be good and valid discharge and full and final settlement of any liability and obligations of CTPIS.
6. I/We am/are aware that this Fund Transfer Request will not be effective until it is formally accepted by CTPIS.
7. I/We further confirm that I/we have read and understood and hereby consent to the collection, use, disclosure and processing of my/our personal data in accordance with and agree to be bound by CTPIS's Privacy Policy which is made available on our website at <http://www.sg.cntaiping.com/privacypolicy>, as may be amended from time to time.

I/We agree on my/our behalf (where I am the Policy Owner or the claimant) or on behalf of the Policy Owner/the claimant (if applicable, and where I/We am/are the authorised representative of the Policy Owner or the claimant) that CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me/us/the Policy Owner or the claimant (where I/We am/are the authorised representative of the Policy Owner or the claimant), that is received by CTPIS in accordance the Privacy Policy set out under paragraph 7 herein. As far as reasonably possible, CTPIS will release such information to the parties specified in the Privacy Policy on a need to know basis and on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with the applicable law.



Signature of Policy Owner / Agreed Payee¹



Date

¹ For entities, this form must be signed by the authorised signatory of the company and company stamp is required.