## **Asher Sng (LKKAuto)**

From: Asher Sng (LKKAuto)

**Sent:** Monday, 29 March 2021 16:15

**To:** Motor Claims; Irene Lee

Subject: RE: Claim: 89743/ST/IL , Claimed Policy: MT/00641662 , Policy Holder: ZAINUDIN BIN

ABDUL RAHIM -Accident between government vehicle SLL9213M and your insured

vehicle SJF4289H on 1 Aug 2019

Attachments: SUPP DOCS.pdf

### M/s DIRECT ASIA INSURANCE (S) PTE LTD

### **Attn: The Motor Claims Department**

Dear Sir.

## ACCIDENT INVOLVING SLL 9213M (QX 1281X) AND SJF 4289H ON 01/08/2019

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) \$ 2,874.07 2. Loss of Use (3days x \$120) \$ 360.00 TOTAL \$ 3,234.07

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: <u>ashersng@lkkauto.com</u> | fax: 6741-4108 | did: 6841-6051 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | \$(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.



# **Third Party Discharge Voucher**

DirectAsia claim no.: 89743/IL

Insured name: ZAINUDIN BIN ABDUL RAHIM

Accident date: 01/08/2019

Accident location: 114 MARSILING RISE (GANTRY OF CARPARK)

DirectAsia vehicle: SJF4289H
Third Party vehicle: SLL9213M

We, <u>CENTRAL NARCOTICS BUREAU</u> (<u>GST Reg No T08GA0031A</u>), hereby agree to accept the sum of DOLLARS <u>THREE THOUSAND ONE HUNDRED FORTY FOUR AND CENTS SEVEN</u> ONLY (SGD\$ <u>3,144.07</u>) to be paid to <u>Central Narcotics Bureau</u> in full and final settlement of <u>all claims</u> of whatever kind for the damages that We and/or our client(s) may have against Direct Asia Insurance (Singapore) Pte Ltd, the owner and/or the driver of the motor vehicle <u>SJF4289H</u> as a result of the above accident.

We hereby declare that Direct Asia Insurance (Singapore) Pte Ltd, the owner and/or driver of the <u>SJF4289H</u> shall not be liable for any further damage whatsoever and whosoever present or future that We and/or our client(s) have or may have and We give our full and final discharge in connection directly or indirectly with the said accident.

We further place on record that We are the persons entitled to receive the above settlement and hereby undertake to indemnify Direct Asia Insurance (Singapore) Pte Ltd against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made <u>without admission of liability</u> whatsoever on the part of Direct Asia Insurance (Singapore) Pte Ltd, the owner and/or driver of <u>SJF4289H</u>.

Date:

Chris Tan
Assistant Manager, Logistics Unit
Corporate Services Division
Central Narcotics Bureau

Signature of authorised personnel (company stamp inclusive)

Tan Teck Loon S8335895E

Signature, name and NRIC of witness

Company Registration: 200822611G









## Scope Of Work **Home Team Agency**

## SCOPE OF WORK

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	Reference No.	1281/CNB/4W/19/09/01
VEH NO:	QX1281X / SLL9213M		REPAIR TYPE: ACCIDENT				
VEH MAKE/MODEL:	MAZDA 6		ODOMETER :		15099	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	1 Scope Of Repairs							
1.1	Front Bumper		\$650.00	1	21%	786.50	786.50	
1.2	RHS Head Lan	np	\$700.00	1	21%	847.00	847.00	
1.3	RHS Fog Lamp	Cover	\$55.00	1	21%	66.55	66.55	
2	2 Additional Services							
2.1		NA	\$0.00	0	0%	0.00	0.00	
Remarks: Pa					Parts Total:	\$ 1,700.05		

S/N	LABOUR DESCRIPTION Man-Hou			Total Ma Cost	
1	Scope Of Repairs				
1.1	Remove, Replace & Spray Paint for Front Complete Bumper	68.00	5	340.	0
1.2	Remove, Replace & Wiring for RHS Head Lamp	68.00	1	68.0	0
1.3	3 Remove & Replace RHS Fog Lamp Cover 68.00 0.5			34.0	0
1.4	Panel Beating & Spray Paint for Bonnet Cover 68.00			306.	0
,		SUB-TOTAL	11	748.	0
2	Additional Services				
2.1	Towing Service From Station to Workshop (SOR 10)	176.80	1	176.	0
2.2	Return Service From Workshop to Station (SOR 9)	61.20	1	61.2	0
		SUB-TOTAL	2	238.	0
		Lal	our Total:	\$	86.00
		GRAN	D TOTAL :	\$ 2,	86.05
Total sum billed under SOR only:					38.00
Total sum billed under CVR only :					48.05

Verification of Scope of Work							
	Contractor QC		Vetted By:		Approved By:		
Name:	KONG SEW KUI	Name:		Name:			
Date:	13.9.2019	Date:		Date:			
Sign:	Hot.	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						





Report No. T/20190801/2045

1 of 4

Police Station Of Origin: Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

DEDODT	OE A	TDAEEIC	ACCIDENT
REPURI	UF A	INAFFIC	ACCIDENT

Date/Time Report Made: 01/08/2019 10:38	Vide Report No.:	Station Diary No.: 74		
Informant's Particulars				
Name of Informant:	Address:			
LIM YEE CHONG				
ID Type / ID No.:	Contact No.:			
NRIC NO /	Home/Office: Mobile: 91378675			
Nationality:	Email:			
SINGAPORE CITIZEN				
Sex: Age: Date of Birth:	Type of Informant:			
Male 53	Driver			
Race:	Language:	Institution / School Name:		
Chinese	English			
Occupation:	Driving Licence Information:			
Narcotics officer	Class: 2B,3	Date of Expiry:		

Senteral Informati	on of the Accident				C. C	
Type of Accident:	Non-Injury Government Vehicle		( e:	Date/Time of Accident: 01/08/2019 06:20		Type of Location: Car Park
Location: Along Road 1 MARSILING RISE  OSCP Lot no 2, Between Block 114 & 120 Marsiling Rise.						
Weather:		Road Surfa			Road	d Speed Limit:
Clear		Dry				•
Traffic Flow:		Traffic Cont	ol:		Traff	īc Volume:
Two Way Not Controlled No Traffic				raffic		
Type of Collision: Moving Vehicle Against - Parked Vehicle					1	one conveyed by ulance:

Details of Vehicle Involved							
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger	
SJF4289H	Car				No	1	
					Damage		
SLL9213M	Car				Seriously	1	
					Damaged		

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





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

208678 CONTINUATION OF REPORT Tel No: 1800-2949999

2 of 4 Report No. T/20190801/2045

Driver ** *********************************	onto the control of the second		T		ne anticome actività della completa della completa della completa della completa della completa della completa Completa compressione completa della completa della completa della completa della completa della completa della
Name	MUHAMMAD SAYYIDUDDIN B	IN	ID No		S9145457B
	ZAINUDIN				
Related Vehicle	SJF4289H (Car)		Conta	ct No.	87429528
	<u> </u>			_	
Hospital/Clinic	NIL		Class		Class: 3
			Drivin		Date of Expiry: NIL
Data Taratasant	NIII	D-4- Di-		Date	
Date Treatment	NIL ted Medical Leave NIL	Date Disc Degree of		NIL NIL	
Driver	ted Medical Leave   NIL	Degree of	irijury	INIL	
Name	LIM YEE CHONG		ID No		
Name	LIMITEE CHOING		טאו טו	•	
Related Vehicle	SLL9213M (Car)		Conta	ct No.	91378675
	(54.7)				
Hospital/Clinic	NIL		Class	of	Class: 2B,3
			Drivin	g	Date of Expiry: NIL
			Licen		
				Date	
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave NIL	Degree of	Injury	NIL	
Passenger					
Name	MASTURA BINTE ISHAK		ID No		
Related Vehicle	NIL		Conta	ct No.	93232171
11'1-1/01:'			Olara		Olasar NIII
Hospital/Clinic	NIL		Class Drivin		Class: NIL
				_	Date of Expiry: NIL
			Licen	ce & / Date	
Date Treatment	NIL	Date Disc	<del></del>	NIL	
No. of Days gran	Date Disc		NIL		
ivo. Oi Days giail	ted Medical Leave NIL	Degree of	irijury	INIL	

### **Brief Details.**

On 01/08/2019, at about 0620 hrs, the vehicle (SLL 9213 M) that was driven by me was parked at the Open-Space Car-Park, Lot number 02 between Block 114 & 120 Marsiling Rise. At that point of time, only my colleague was seated at the front left of the passenger seat.

Out of the sudden, one vehicle (SJF 4289 H) was seen trying to reverse in front of my vehicle. While reversing, it then collided into the front right of my vehicle, causing a dent on the right bumper as well as a broken headlight. The driver of the vehicle then moved forward before coming to a stop. My colleague also sounded the horn to ensure the driver had stopped the vehicle.

Both the driver and passenger of the other vehicle then alighted from the vehicle. My colleague then informed the other driver to wait for me to come back. As soon as I arrived back, we then took





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Report No. T/20190801/2045

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

### **CONTINUATION OF REPORT**

photographs and exchanged particulars before we make our way off. We then advised the driver of the other vehicle to lodge a Traffic Accident Report as well.

I did not noticed any visible damages on the other vehicle. There was no one injured at that point of time as well.

I wish to further state that the vehicle belongs Central Narcotics Bureau (CNB).

Hence, we then proceeded to the nearest Police Station to lodge a Traffic Accident Report for the abovementioned accident.





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

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**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 /	Signature Of Informant:
Sgt 2 LOW JIN KUN	1
Signature Of Interpreter:	Date/Time:
Not applicable	01/08/2019 10:38
Officer In Charge Of Case:	Classification Of Case:
TP / GIA /	
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp	
SINGAPORE POLICE FORCE	

SIGNATURE