CS3/CTI18007761/Gsf3-1 2/03/2002 pecial Instruction: ASS.REC.BY: VOLAVIU ASSIGNMENT (Office) 18/08/2020 Memen From (Person): Bijiao CN Date/Time: Estimated Cost: Bill to: OD /TP/WS / TP RES / OD RES / EVA / INV / MV / CS SKP 2016C SJB 5323C To Inspect Vehicle No: Insured: 9091 4853 Neo Automotive at Workshop m/s Tel: 53 Ubi Ave 1 # 15-44 Policy No: Claim No: SNM18D02144C02 Sum Insured: Excess: 26042018 Make of Veh: D.O.A. (Client's Record) CA / REV / REP. / REV 24 HRS UIP H.O.D. Endorsement: 27042018 12.14pm Mrs. Neo Vehicle IN LOUT Date/Time: Person Contacted: Date/Time Estimate Action/Instruction ( DCA: 26047018 STO 55BC - NA/THC18007(87/L4 CC6 /DALI4UDS697/Kpm313 DIA: 19122014

Tech: Invs (\$

Weekend (\$

Report Format:

Lump Sum / I.B.I: /3

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

Case	Notified	Est Submitte	d Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status		
Main	26 Apr 2018		27 Apr 2018 11:50 Assign				New Assignment Cancel Case	nt	
	Main		Reference		Claim Details	Doc	uments	Show All	
CLAIM S	UBFOLDER DE	TAILS				1	Created by insur	er]	
Main Clair	mant:	AC	CURATE LEASING F	TE LTD	The state of the s				
Vehicle Re	eg. No.:				Date of Loss:	ate of Loss:		26/04/2018 00:00 - :59	
Claim Typ	e:	TP	TP / SNM18D02144C02		Policy/Cover Note No.		DMPCSN3047111802		
Vehicle Re	eg. No. (Insured)	: SK	P2016C		Policy No. (Claimant):				
M. PRANCE M. COLONIA DE LA COL					Excess:		\$\$0.00		
Repairer:					BI AVE 1, #05-44 PAY				
Handling I	Insurer:	638	ina Taiping Insurar 3986192]	ice (Singapo	re) Pte. Ltd. (HQ) - 1	Tel: 6389 6111	. [Handled by Irene	e Tay Hui Ping	
Adjuster:				Pte Ltd (HO	) - Tel: 6256-3561	Final Rot du	e 09/05/20181		
Adj Asg. F	lemarks:		EST, CASE W/O SJE.		* provident ( 1 da 1		,,,		
ASSOCIA	TED MAIL REG	EIVED				v	iew All   Compo	se Case Mail	
There are	no mail for this	case.							
B	OCIATED TASK	, e			225 - 225 -	benezenski de state - Williams	Appell and reserve to		
					View All S	earch Tasks	Create New Task	Complete	
Due Da	ite Priority	Type Ta	sk Group Subje	ect Handle	er Assigned By	Completed	On Created	On Done	

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

- Any false reporting may be referred to the Police for Investigation.
   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	26/04/2018 13:30
Date Of Accident	26/04/2018 07:35
Exact Location Of Accident	MARINE PARADERDT- LT -JOO CHIATRD /T- RT-MPC
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ5323C
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	BOONTENG66@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90064646
Alternative Phone No	OFFICE-90064646
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN LUX
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094921806
Cover Note Number	
Driver	
Name of Driver	TEE BOON TENG
NRIC No	S1740359A
Date Of Birth	06/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	18/03/1987
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90064646
Fax Number	

OTHERS-90064646

BOONTENG66@GMAIL.COM

Address

BLK 29 NEW UPPER CHANGI ROAD

#04-756

Postcode

464029

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

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)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JOO CHIAT NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-3459999 - FAX NO: 64474181

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180426/2053

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

OTHER WITTNESS VIDEO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKP2016C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SHA QI

NRIC/Passport Number

S7964061A

Contact Number

91269607

Address Postcode

Insurance Company Name

Page 2 of 29

# Name TEE BOON TENG Approximate Age Injuries Sustain SERIOUS Injured person in which vehicle? SJQ5323C Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
- 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)
  - (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.

Palicyholder's Signature Date & Time

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No

## Sketch Plan #2

SKETCH PLAN		Towners	STILL EL	) 	
(A) SLQ (B) SKP	5323C		14/4		
Jos	CHIK (D)		A 3	-> meens prend	, (&VA
	K	17 P		manus facac	AD
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDEN	vit.		1	
			- 2	0 6 yr	
		0	Jice,	055	
		<12018 × × × × 6	00		
	a Day	X 18	OK.		
	( Alex	1200			
0/5		1			
1					
1					
DECLARATION					
I/We declare the foregoing	particulars are true in e	very respect.		1.26/4/201	c
× (3	(1) (1)	KK	Reporting	entre Perdennel's Signature	6
Policyholder's Signature V Date & Time:	Oriver's Signal Oriver's Signa	nat the policyholder)	Name: NRIC/FIN NO		

### Sketch Plan #3



T/20180426/2053

2 of 3

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

Report No. T/20180426/2053

## CONTINUATION OF REPORT

Driver	VI - VALLERING BURNERS OF THE BURNER	ID No.		S1740359A	
Name	TEE BOON TENG	ID No.		3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Related Vehicle	SJQ5323C (Car)	Conta	ct No.	90064646	
		Class	of	Class: 3,4,5	
Hospital/Clinic	M LAM CLINIC	Drivin Licen	9	Date of Expiry; NIL	
	20012018	Date Discharge		/2018	
Date Treatment	26/04/2018 ted Medical Leave 03	Degree of Injury			
No. of Days gran	ted Medical Leave 03	ACMESSION CONTRACTOR OF THE PERSON	MINE SE	WWW. Allers	
Driver	(1) 12 1 15 1 15 1 15 1 15 1 15 1 15 1 15	CATALOG SERVICE CONTRACTOR OF THE PARTY OF T	STATISTICS.	Q7004004A	
		1 11 3 816		S/964U61A	
Name	Sha Qi	ID No	).	S7964061A	
	4" 1	96,31,2,37	ect No.	91269607	
Name Related Vehicle	Sha Qi NIL	Cont	act No.	91269607	
	4" 1	Conta Class Drivit Licer	oct No.	91269607 Class: 3 Date of Expiry: NIL	
Related Vehicle	NIL	Conta Class Drivit Licer	oct No.	91269607 Class: 3 Date of Expiry: NIL	

## Brief Details.

On 26/4/2018 at around 0735hrs, I was driving along marine parade road, I wanted to make a U - turn, when the arrow turns green I proceed to make a U -turn, but just before I could make a full turn, the opposite side of the road came a car and bang right into the left side of my car. I then call for traffic police, and subsequently we exchange particulars and call for the tow throw and subsequently we both left the scene.

# > Back to OneMotoring

**Enquire Transfer Fee** 

rquire Transfer Fee Vehicle Details			
Vehicle No.:	SJQ5323C		
Vehicle Type :	Z10 - Private Hire (Chauffeur) Mot	or Car	
Vehicle Attachment 1:	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	MAZDA		
Vehicle Model:	MAZDA3 1.6L SDN LUX		
Chassis No.:	JM6BL10Z1A0105478		
Propellant:	Petrol		
Engine No.:	Z6795689		
Engine Capacity:	1598 cc		
Maximum Power Output :	77.0 kW (103 bhp)		
Maximum Laden Weight :	1755 kg		
Unladen Weight:	1275 kg		
Year Of Manufacture :	2009		
Original Registration Date :	15 May 2009		
Lifespan Expiry Date :	¥		
COE Category:	A - Car (1600cc & below)		
Quota Premium :	\$8,489.00		
COE Expiry Date :	14 May 2019		
Road Tax Expiry Date:	14 Nov 2018		
PARF Eligibility Expiry Date :	14 May 2019		
Inspection Due Date :	14 May 2020		
Intended Transfer Date:	25 Jul 2018		
CO2 Emission :			
CO Emission :			
HC Emission:	2		
NOx Emission :	(¥)		
PM Emission :	8 <del>1</del> 15		
payable.	mposed if road tax / lay up has expired.		
Road tax, including Over Pa ownership is being transfer Amount Payable			
	Amount Before GST	GST Amount	Amount After GST
with the first of the company of the	(S\$)	(S\$)	(\$\$,
Transfer Fee :	25.00	370	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK Print

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj 9	ubmitted	Ins Authled	Status	
Main	26 Apr 2018		27 Apr 2018 11:50 Edit Adj Rpt	S\$0.00 Edit Estimate	S\$0. Vie	00 v Rpt		Pending for S Report Cancel Case	Survey
Įv.	fain	Re	ference	C	laim Detail	s ]	Document	s	Show All
CLAIM SUE	BFOLDER DE	TAILS				[Create	ed by insurer]		
Insured:	-, Co. Re	g. No.: -							
Main Claimant:	ACCURAT	E LEASING PTE I	.TD						
Vehicle Reg. No.:	SJQ5323C Date				Date of Lo		26/04/2018 00:00 - :59 [107 Months and 11 Days From LTA Reg Date (Man Yr)]		
Claim Type:	Policy/Cover Note No.: DMPCSN3047111802								
Vehicle Reg. No. (Insured):	SKP20160	С			Policy No. (Claimant)	:			
					Excess:	S\$0.00			
Repairer:	Neo Auto	motive Pte Ltd (	HQ) 53 UBI AVE	1, #05-44 PA	YA UBI IND	USTRIAL PA	RK, 408934 Kaki Bu	kit - Tel:	
Handling Insurer:							ndled by Irene Tay		
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	, [Handled I	y XING GU	O QIANG] [Fin	al Rpt due 09	/05/2018]
Adj Asg. Remarks:	NO EST, CA	ASE W/O SJE.							
ASSOCIAT	ED MAIL RE	CEIVED						/iew All Comp	ose Case Mai
There are no	mail for this	case.							
ALL ASSO	CIATED TAS	KS <sup>E</sup>				View A	All Search Tasks	Create New Tas	Complete
Due Date No results.	Priority	Type Task	Group Sub	ject Hand	ler Ass	igned By	Completed On	Created (	n Done

# **Claim Documents**

\*SJQ5323C (SNM18D02144C02) [SKP2016C] ACCURATE LEASING PTE LTD Apr 26 2018 12:00AM [-] **Neo Automotive Pte Ltd** 

Upl	ad Documents Upload Photos Compose New Letter		View   View In Browser		ser ♥
Doc	umentation		1 per	page 🔻	•
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	27/04/18 11:50	PRS	0	Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	18/07/18 12:41	LKKPhotosIn6-1.pdf	0	Load PDF	

# **Documents Checklist**

Reset Save Print

## 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/CTI18007761/GZ4BS2

Z6795689

178193 km

JM6BL10Z1A0105478

Date:

31/07/2018

REFERENCE

Date of Loss:

Handling Insurer: Claimant Vehicle China Taiping Insurance (Singapore) Pte.

SJQ5323C

26/04/2018

Insured Vehicle No

SKP2016C

DMPCSN3047111802

Engine No:

Chassis No:

Odometer:

Nature of Claim:

Policy No:

TP

Claim No:

SNM18D02144C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

SJQ5323C

Make & Model:

MAZDA 3, 1.6 LUX (A)

15/05/2009 (Man. Year: 2009)

Reg. Date: Colour:

Grey

Engine Capacity: Market Value/New Car Price:

1598 cc N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Footbrake (Serviceable): Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES

Yes Engine Modification: No

Front Tyre Size: Front Left Side:

Bridgestone 8 mm

205/55R16

Rear Tyre Size: Rear Left Side:

205/55R16 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 Inspected:

Date of Assignment:

27/04/2018

27/04/2018 Inspected At:

Neo Automotive Pte Ltd (HQ)

53 UBI AVE 1, #05-44 PAYA UBI INDUSTRIAL PARK

Singapore 408934

Estimated Period of Repair:

7.0 days

Adjuster: XING GUO QIANG Manager:

Ho Zhao Tian

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 \$7,000.00 - \$8,000.00

## REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 31 Jul 2018)

Parts:

143

MAZDA 3 1.6 LUX (A) (Catalogue:Merimen Singapore 1.0)

Repairer's Labour:

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SJQ5323C)

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 >