ASS. REC. BY:	20073561kc
1/ 4000	SIGNMENT
From: Date:	Veh No: GBF 6202P Yr Regn: 01, 17
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van (Corry / Taxi / Prime Mover /
OD LAP FWS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: NIS Cabstar c.c 2853
at Workshop m/s //C	Colour M. Galed AC: Insured State LANGE
of 5346	Sp.Reading 297589 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: JNISCZF2470 85915
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: MI S/Rim / STD A/Rim or
	Tyre Size: F: B. S 185R 1548
(Policy Condition)	Tyre Size: F: $\frac{BS}{Voko}$ 185 $R$ 15 $\chi\delta$ R: $\frac{Voko}{Voko}$ 155 $R$ 12 $\chi\delta$ (0)
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. Z mm R/Bal. A mm
GIA / PR Seen: Consistent? : Yes or No	L/Bai. 7 mm L/Bai. P mm
Est. Repairs: Oldays Res.: Yes or No  Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 2 / 7/22 D.O.I. 3 / 8 / 202 Survey held at
CA / REV / REP. / 24 HRS	
Date: Person Contacted: Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
3/8 Canot in.	
7/9 8 2051.38 Immt 1/12/2	
2 13 Spoke to Ke Qi, will check.	2
16/12 Constinued Sinal Sig \$2,051.38 .	10 10 10 10 10 10 10 10 10 10 10 10 10 1
45,001.38	MINE WEEK HU, (RED. 4706.46,69%)
Date/Time, File Pass to? Prell. Report Day	rs Of Repair:
1)	urvey No. of Trlp: Survey Fee:
	Transportation:
Add Fee:	: Site Insp (\$ ) _s - Rssi
Report Format: TP	: Interview (\$ ) Forces
	Tech Invs (\$ ) Others
Lump Sum / (.B.): (\$ 2,051.38	Weekend (\$
	TOTAL

# Celine Fong (LKKAuto)

From:

HC Auto <hcauto@singnet.com.sg>

Sent:

Friday, 16 December 2022 4:25 PM

To:

Celine Fong (LKKAuto)

Cc:

SUR; hcauto@singnet.com.sq

Subject:

RE: TP CLAIM / LONPAC INSURANCE - GBF 6202P | DOA: 02/07/2022

Dear Celine,

We confirm COR at P/P \$2,051.38 (before GST) and 02 working days.

Best Regards, Weon Hui H C Auto Pte Ltd

160 Sin Ming Drive, #05-09 Sin Ming Auto City, Singapore 575722

(DID): 6873 8812 | Office: 6457 0678 | Fax: 6457 8287

From: Celine Fong (LKKAuto) <celinefong@lkkauto.com>

**Sent:** Friday, December 2, 2022 2:47 PM **To:** HC Auto <hcauto@singnet.com.sg>

Cc: SUR <sur@lkkauto.com>

Subject: TP CLAIM / LONPAC INSURANCE - GBF 6202P | DOA: 02/07/2022

Dear Sir/Mdm,

Please see attached marked estimate.

Finalize amount at \$2,051.38 and 2 days, subject to insurance approval.

Best Regards,

**Celine Fong** 

LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: <u>celinefong@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

## Celine Fong (LKKAuto)

From:

Celine Fong (LKKAuto)

Sent:

Monday, 19 December 2022 10:23 AM

To:

GERALD POH WEE BIN

Cc:

MT\_Claim\_SG; SUR

Subject:

RE: PRE-REPAIR SURVEY --- YOUR REF: XE 5032 P --- ACCIDENT INVOLVING GBF 6202 P AND XE 5032 P ON 2 JULY 2022 ALONG ANG MO KIO INDUSTRIAL PARK 2

SINGAPORE AT ABOUT 1130 HOURS Our Ref: 21/22/22/VC00/025998

**Attachments:** 

Preliminary Advice.PDF

Dear Gerald,

Enclosed preliminary revised of vehicle GBF 6202P

Date of survey: 03/08/2022

Number of days (estimated): 2 days

Best Regards,

#### **Celine Fong**

### LKK Auto Consultants Pte Ltd

phone: 6256-3561 | email: <u>celinefong@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: ONG LI LI < llong@lonpac.com>
Sent: Tuesday, 2 August 2022 10:13 AM

To: Elainetoh@visionlawllc.com; MT\_Claim\_SG <mt\_claim@lonpac.com>; assignments

<assignments@lkkauto.com>

Cc: yvonnelim@visionlawllc.com; 'YLTEAM26' <ylteam26@gmail.com>

Subject: RE: PRE-REPAIR SURVEY --- YOUR REF: XE 5032 P --- ACCIDENT INVOLVING GBF 6202 P AND XE 5032 P ON 2

JULY 2022 ALONG ANG MO KIO INDUSTRIAL PARK 2 SINGAPORE AT ABOUT 1130 HOURS Our Ref:

21/22/22/VC00/025998

# Lonpac External - General

Without Prejudice Save as to Costs

Dear Elaine

Thank you for your confirmation on the appointment of SJE.

Dear LKK

Please assign KENNETH KONG to conduct TP survey as SJE.

Thank you.
Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/06 The Concourse
Singapore 199555

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your ref:

21/22/22/VC00/025998

Our ref:

CS/LPC22007356/Kcy3

Date: 19.12.2022

The Motor Claims Department M/s Lonpac Insurance Bhd

Dear Sir/Madam,

#### PRELIMINARY ADVICE OF VEHICLE NO.

**GBF 6202P** 

We thank you for your instruction on 02/08/2022

Please be informed that we had conducted the inspection of the above mentioned vehicle on 03/08/2022 at the premises of M/s <u>H C Auto Pte Ltd</u> and have the following to report:-

Workshop Estimate Amount	: S\$6,758.34
Revised Estimate Amount	: S\$2,051.38
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage: The vehicle sustained damages at the n/s front portion.

rear

front

Comments/Present Status: Damages Consistent

Recommended days of repair: 2 days

Please note that the preliminary advise amount (Revised) stated are subject to consistency check, part prices and labour cost.

Yours faithfully,

Kenneth Kong Licensed Appraiser

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: <b>Vehicle Details</b>	534G
Vehicle No.:	GBF6202P
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Dec 2022
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Primary Colour:	Gold
Manufacturing Year:	2016
Engine No.:	ZD30014617N
Chassis No.:	JN1SC2F24Z0859152
Maximum Power Output:	•
Open Market Value:	\$24,942.00
Original Registration Date:	14 Jan 2017
First Registration Date:	14 Jan 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$1,248.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	•
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	13 Jan 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$43,066.00
COE Rebate Amount:	\$17,724.00
Total Rebate Amount:	\$17,724.00

The information contained herein is correct as at 01 Dec 2022  $\,$ 

# **©** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process. 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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 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 Submission 04/07/2022 15:41 (SGT) Reported by Date of Accident ..... 02/07/2022 11:30 (SGT) Exact Location of Accident ..... Ang Mo Kio Ind Park 2, Singapore Additional Location Information ..... Country/State of Loss ..... Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBF6202P

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **BIO-DESIGN PTE LTD** Company Reg No 2XXXXX534G Email Address lim@biodesign.com.sg Mobile Phone No (Phone) +65-90092065 Alternative Phone No

#### VEHICLE PARTICULARS

Nissan Model Cabstar Variant ..... Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Reporting only vour vehicle? Vehicle Category ..... Commercial vehicle Transmission ..... Manual 2953

Manufacturer

#### INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5120233324-01

### DRIVER

Name of Driver LIM SOI TEE NRIC No SXXXX350I Date Of Birth ..... 30/01/1961 Occupation ...... Outdoor

Date Of Driving Pass	09/04/1981
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81627118
Alt. Phone Number	(Filotie) +03-01027110
Email Address	- Non-Ohi-di
Address	lim@biodesign.com.sg
	BLK 820 YISHUN STREET 81
Address complement	#06-658
Postcode	760820
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
WANAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	•
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Cálliaian Onanina Dana af Vahiala
Weather Conditions	Collision - Opening Door of Vehicle
Road Surface	Clear
Noau Guilace	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	• \/
	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	No
Translator's ID	•
	•
Translator's phone number	-
Translator's email	-
Original language used in the statement	<b>-</b> 1
PASSENGER 1	
Name	RAJU
Gender	Male
	Wale
PASSENGER 2	3
Name	HOSSAIN
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	- 1
CIRCUMSTANCES OF ACCIDENT	
PLEASE SEE ATTACHED SKETCH PLANS.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
	INO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE5032P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	<del>-</del>
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- t. 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 Actual Oriver.
- Information provided must be as truthful and accurate as possible. Any wiful 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshap 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 Monetery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) precessing, 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.

(8(BIO) ) Kund

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policy/holder) / Date

Witnessed by Repuding Centre Personnel (Name as in NRIC/ID dard)

Sketch Plan

(A) GRZ-G901 P

(B) XE 5032 P

Describe Circumstance of the Accident
On 02/07/2002 at about neohrs. I park my motor vehicle A GBF 6202 P along the
Ang Mo ke Ind Pork J. I go and collect space parts from Choo arrang. Suddenly I inform by
worker of the chiang my con got hit by a big truck XF 5032 P. My colleage lagu inform
me that he was open the door and collect something from the car and the truck pass by
and the side of the larry but and the door. No one was injured.

Declaration

I/We declare the foregoing particulars are true in every respect.

Oriver's Signature (if driver is not the policyholder) / Oate

Witnessed by Reporting (Name as in NRIC/ID ca

2

# H C AUTO PTE LTD

160 Sin Ming Drive #05-09 Sin Ming Auto City Singapore 575722

Tel: 6457 0678 Fax: 6457 8287 Co. and GST Reg. No.: 200820153N

Date: 28 / 01 / 2022

ESTIMATE COSTS OF REPAIR

M/s BIO-DESIGN PTE LTD

C/o 160 Sin MingDrive #05-09 Sin Ming Auto City Singapore 575722

Dear Sir / Madam,

Vehicle no.

GBF 6202 P

Nissan Cabstar 3.0 5M/T

Accident date

02 - 07 - 2022

Plus 7% GST

Grand total

Not Nothering \$2051.38
Purmy After Paint 2 days

Descriptions Amount (S\$) Quantity 1474.10 1.696.40 n n/s front door 1 pc № 216.20 n 🖌 2 n/s front door hinge 1 @ 108.10 2 pcs 3 1 298.65 n n/s front door rubber 1 pc scm 144.10 n 21 n/s front door outer handle 1 pc 53.70 n n/s front door checker 4 1 pc 172.70 n 5 1 pc n/s front door weather strip \$ 143.20 n n/s front door inner lock 6 1 pc 7 n/s front door regulator gear 87.30 n 1 pc 458.30 n 8 1 pc n/s front door regulator gear motor \$ SL 633.30 n 🗶 9 n/s front door glass 1 pc \$ Sin 113.40 n 10 n/s front door glass outer molding 1 pc 1m \$ 80.90 n 11 1 pc n/s front door glass rubber \$ 4,098.15 LKK Auto Consultants hence notify the Repairer of the following: \$ 409.82 Less 10% · To resurvey before/after spray painting \$ 3,688.34 To display damaged part(s) during resurvey • Parts prices are subject to confirmation 251L • Third party survey is on a "Without Prejudice" basis 100.00 sn 12 company letter 1 pc No illegal modification(s) is allowed 250.00 sn 60/A-17 1 pc advertise sticker · Supplementary item(s) must be resurveyed and \$ 4,038.34 is subject to final approval from Insurance Company Acknowledged by Repairer 1,200.00 2001 \$ Labour charges Signature: \$ 1,000.00 2001 To putty and re-spray painting Re-seal anti rust \$ 200.00 \$ 201 To check wiring 80.00 \$ To transfer n/s front door 120.00 601 \$ 120.00 To check wheel alignment \$ 6,758.34

\$

\$

473.08

7,231.42