

ASS. REC. BY:

REF:

CG/SM017019002/Dnb2

Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person):

Sherry Wong

of

SMO

Date/Time:

04/10/2017 11:15am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJB 1025T

Insured:

SKS 1489L

at Workshop m/s

Teamwork

Tel:

6844 2475

of

53 Ubi Ave 1 #01-24

Policy No:

Claim No:

CMTD1703457 / GPL

Sum Insured:

Excess:

Make of Veh:

D.O.A.

02/10/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time:

04/10/2017

11:41am

Person Contacted:

Chris

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SJB 1025T - NA / A11/17018888/24
	SKS 1489L - X

2A: 02/10/2017

Suzuki

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: 83B 1025T Yr Regn: 2016 / MayType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Subaru Forester c.c. 1998Colour: Red A/C: Insured / Std / NI / NASp. Reading: 16084 T/Radio: Insured / Std / NI / NAEng/No: FA 20A906903C/No: 5F185GK85G070552Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/50 R18R: — 11 —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Continental

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 02/10/2017 D.O.I. 04/10/2017Survey held at Tecmwork Page ubi

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S Front

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

16/10/17 Sampo SKS 1489L

15/11/18 email preli to shery.

15/11/18 Insured L/S 5850/- with 4 days 8 hr (Red 835T, 09, 58%)

RECEIVED 15 JAN 2018

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) S + RS. \$

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Format: TPLump Sum / I.B.I. (\$ 5850/-)

350



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO17019002/Dgb

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERS SINGAPORE 048623

Date : 04-10-2017



Code : SMO

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKS 1489L	Veh. Inspected	SJB 1025T
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1703457/GPL	Excess (\$)	0.00
Assign From	SHERY WONG	Assign Date	04/10/2017

## 2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

--

## 5. General Information

Accident Date	02/10/2017	Inspection Date	04/10/2017
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		

## 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: CMTD1703457/GPL

Date: 16-10-2017

Our Ref: CS/SMO17019002/Dgb

The Motor Claims Department  
Sompo Insurance Pte Ltd

**Without Prejudice**

Dear Sirs/Mdm

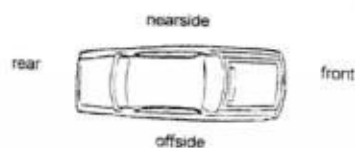
**PRELIMINARY ADVICE OF VEHICLE NO. SJB 1025T**

Please be informed that we had conducted the inspection of the above mentioned vehicle on 04-10-2017 at the premises of M/s TEAMWORK GARAGE and have the following to report:-

Workshop Estimate Amount	: S\$ 14,207.09
Revised Estimate Amount	: S\$ 7,996.46
"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.



**Comments/ Present Status:**

Damages Consistent.

Yours faithfully

Ang Bryan  
Automotive Assessor

# Survey Department Check List (Case Handler)

Reference No. : 2018017019003/Dnb  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin** ( Catherine ): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code	✓			
N	Assign From	✓			
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

**Surveyor** ( Bryan ): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form					
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

## (2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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## (3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

## (4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
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Check By: Catherine 15/1/18  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014

## Ai Phing (LKKAuto)

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**From:** Ai Phing (LKKAuto)  
**Sent:** Monday, 16 October, 2017 5:37 PM  
**To:** 'Wong, Shi Yi Shery'  
**Cc:** 'Gnoh, Pau Loong'; 'Henry, Irene James'; SUR  
**Subject:** RE: OUR REF: 1710-07 // YOUR REF: SKS1489L PRE-REPAIR INSPECTION FOR SJB1025T  
**Attachments:** SJB 1025T.pdf

Dear Shery,

Enclosed herewith preliminary advise of vehicle SJB 1025T.

Best Regards,

**Ai Phing** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

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**From:** Admin-D (LKKAuto)  
**Sent:** Wednesday, 4 October, 2017 11:44 AM  
**To:** 'Wong, Shi Yi Shery' <[Shery.Wong@sompo.com.sg](mailto:Shery.Wong@sompo.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Cc:** 'Gnoh, Pau Loong' <[PauLoong.Gnoh@sompo.com.sg](mailto:PauLoong.Gnoh@sompo.com.sg)>; 'Henry, Irene James' <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>  
**Subject:** RE: OUR REF: 1710-07 // YOUR REF: SKS1489L PRE-REPAIR INSPECTION FOR SJB1025T

Dear Shery,

Thank you for the assignment.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Wong, Shi Yi Shery [<mailto:Shery.Wong@sompo.com.sg>]  
**Sent:** Wednesday, 4 October, 2017 11:15 AM  
**To:** [assignments@lkkauto.com](mailto:assignments@lkkauto.com)  
**Cc:** Catherine Chong (LKK Auto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; Gnoh, Pau Loong <[PauLoong.Gnoh@sompo.com.sg](mailto:PauLoong.Gnoh@sompo.com.sg)>; Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>  
**Subject:** FW: OUR REF: 1710-07 // YOUR REF: SKS1489L PRE-REPAIR INSPECTION FOR SJB1025T  
**Importance:** High

Our Reference: CMTD1703457/GPL

## Catherine Chong (LKK Auto)

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**From:** Wong, Shi Yi Shery <Shery.Wong@sompo.com.sg>  
**Sent:** Wednesday, 4 October, 2017 11:15 AM  
**To:** assignments@lkkauto.com  
**Cc:** Catherine Chong (LKK Auto); Gnoh, Pau Loong; Henry, Irene James  
**Subject:** FW: OUR REF: 1710-07 // YOUR REF: SKS1489L PRE-REPAIR INSPECTION FOR SJB1025T

**Importance:** High

Our Reference: CMTD1703457/GPL

Hi,

Kindly assign your motor surveyor to conduct motor survey of the mentioned (SJB1025T).

Please refer to the email correspondence below.

Best Regards

**Shery Wong**

Claims Division

D: 6329 5339 | T: 6461 6555 | F: 6221 3147



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**A Century of Trust**

**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

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---

**From:** TEAMWORK GARAGE CLAIMS [mailto:claims@teamworkgarage.com]

**Sent:** Wednesday, October 04, 2017 10:26 AM

**To:** Wong, Shi Yi Shery; assignments@lkkauto.com

**Cc:** Henry, Irene James; Gnoh, Pau Loong; shawn\_lee@ergo.com.sg; claims@teamworkgarage.com

**Subject:** RE: OUR REF: 1710-07 // YOUR REF: SKS1489L PRE-REPAIR INSPECTION FOR SJB1025T

**Importance:** High

Dear Sir,

We have agreed and selected the surveyor / surveyor company proposed by you to conduct the pre-repair inspection as a single joint expert whereby the cost of the pre-repair survey carried out by single joint expert will be bear by you.

We have selected :



## LKK AUTO CONSULTANTS

as the motor surveyor / surveyor company named in your attached list.

Kindly forward your assignment to them asap so that we can arrange for the survey with them.

*\*Do get the surveyor / surveyor office to check with us on the availability of the car at the workshop before sending their surveyor down for PRI survey. We'll not be held responsible for wasted trips made to the workshop.*

Darren Ng  
Teamwork Garage Pte Ltd  
53 Ubi Avenue 1  
#01-24 Paya Ubi Industrial Park  
Singapore 408934  
Tel: 68442475  
Fax: 68442474

---

**From:** Wong, Shi Yi Shery [mailto:Shery.Wong@sompo.com.sg]  
**Sent:** Tuesday, October 03, 2017 3:10 PM  
**To:** [claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)  
**Cc:** Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>; Gnoh, Pau Loong <[PauLoong.Gnoh@sompo.com.sg](mailto:PauLoong.Gnoh@sompo.com.sg)>; [shawn\\_lee@ergo.com.sg](mailto:shawn_lee@ergo.com.sg)  
**Subject:** FW: OUR REF: 1710-07 // YOUR REF: SKS1489L PRE-REPAIR INSPECTION FOR SJB1025T  
**Importance:** High

Our Reference: CMTD1703457/GPL  
Your Reference: 1710-07

Date: 3<sup>rd</sup> October 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S TEAMWORK GARAGE PTE LTD

Accident involving SKS1489L and SJB1025T on 02/10/2017

Dear Sir

We refer to your Notice of Accident via email dated 03/10/2017.

Please be informed that Pau Loong is the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

### Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	



		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Ma Chin Fook (North area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

**Shery Wong**

Claims Division

D: 6329 5339 | T: 6461 6555 | F: 6221 3147



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**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

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**From:** [claims@teamworkgarage.com](mailto:claims@teamworkgarage.com) [mailto:[claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)]

**Sent:** Tuesday, October 03, 2017 12:29 PM

**To:** claimsreport; Motor Survey; Wong, Shi Yi Shery

**Cc:** [shawn\\_lee@ergo.com.sg](mailto:shawn_lee@ergo.com.sg)

**Subject:** OUR REF: 1710-07 // YOUR REF: SKS1489L PRE-REPAIR INSPECTION FOR SJB1025T

**Importance:** High

**OUR REF: 1710-07**

**YOUR REF: SKS1489L**

Dear Sir/Madam,

**PRE-REPAIR INSPECTION FOR SJB1025T**

**ACCIDENT INVOLVING SJB1025T & SKS1489L ON 02.10.17**

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol within 2 working days as of the date of our notice to you.

**Please take note: We will not entertain any of your surveyor calling us for the above inspection, without you giving us your list of surveyors for us to select by the Practice Direction of Pre-repair Inspection.**

Best regards,

**Ja**

**Teamwork Garage Pte Ltd  
Blk 53 Ubi Avenue 1  
#01-24  
Paya Ubi Industrial Park  
Singapore 408934  
Tel: 6844 2475  
Fax:6844 2474**

.....  
**IMPORTANT NOTICE:**

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.....

## 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 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.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of 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	02/10/2017 19:47
Date Of Accident	02/10/2017 15:40
Exact Location Of Accident	MARINA BLVD TWDS SHEARES AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB1025T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG CHIA LIANG, BENJAMIN (HUANG JIALIANG, BENJAMIN)
NRIC No	S8204016A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97894277
Alternative Phone No	OFFICE-97894277

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER 2.0XT CVT AWD SR
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100466953-01000
Cover Note Number	

### Driver

Name of Driver	NG CHIA LIANG, BENJAMIN (HUANG JIALIANG, BENJAMIN)
NRIC No	S8204016A
Date Of Birth	28/01/1982
Occupation	INDOOR
Date Of Driving Pass	17/10/2002
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97894277
Fax Number	
Contact Number	OFFICE-97894277
EMail Address	NOEMAIL

Address BLK 29 MARINE CRESCENT  
#09-25  
Postcode 440029  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OWNER  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION  
Weather Conditions CLEAR  
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Was any body injured in the Accident? YES  
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) 2

#### 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 SKS1489L  
Vehicle Make/Model/Colour  
Details Of Propertles  
Name of Driver YANG CHUI LIH  
NRIC/Passport Number S7870452G  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

#### DETAILS OF INJURED PERSON 1

Name NG CHIA LIANG, BENJAMIN (HUANG JIALIANG, BENJAMIN)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJB1025T

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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 Authorised Officer.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Roadside 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 signing 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, inquiries, 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/are 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 (b) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing funds, 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 Person's Signature  
 Name:  
 RUC/IRG No.:

# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was travelling along the third lane (which is a straight and left turn lane) along Marina Blvd towards Sheares Ave. The traffic light was green in my favor and I also have on my left signal lights. While I was in the process of making a left turn towards Sheares Ave, vehicle B which was travelling on my left (which is a left turn ONLY lane), came in a very fast speed travelling straight against the direction of the lane, resulting its vehicle to hit onto my car left side portion.


## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Person's Signature  
Name:  
NICUTIN No.:





Teamwork Garage Pte Ltd  
 53 Ubi Avenue 1 #01-23/24 Spore 408934  
 Paya Ubi Industrial Park  
 Tel : 6844 2475  
 E-mail : claims@teamworkgarage.com  
 Register number : 201015366H  
 3RD PARTY CLAIM ESTIMATION

Sompo Insurance Pte Ltd  
 50 Raffles Place , #05-01/06  
 Singapore Land Tower  
 Singapore 048623

Vehicle number	SJB1025T
Make / Model	SUBARU FORESTER
Chassis number	JF15JGK85GG070552
Accident date	02.10.17
Reference	1710-07

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - NETT ITEMS</u>		
1	FRONT BUMPER <i>distorted</i>	780.00 ✓
1	FRONT BRACKET <i>broken</i>	52.00 ✓
2	FRONT BUMPER SIDE RETAINER <i>N/S crack o/s N/A</i>	31.20 62.40 ✓ 31.20
1	FRONT BUMPER REINFORCEMENT <i>N/A</i>	374.40 X
1	FRONT BUMPER LOWER GRILLE <i>N/A</i>	110.50 X
1	FRONT BUMPER SPONGE <i>N/A</i>	182.00 X
1	FRONT LH FOG LAMP <i>crack mounting</i>	341.50 468.00 ✓
1	FRONT LH CHROME FOG LAMP COVER <i>dislodged</i>	75.40 ✓
1	FRONT LH HEADLAMP <i>scratched</i>	2380.10 3093.48 ✓
1	FRONT GRILLE <i>N/A</i>	247.00 X
1	FRONT UPPER GRILLE <i>N/A</i>	411.84 X
1	FRONT GRILLE CHROME MOULDING <i>N/A</i>	208.00 X
1	FRONT GRILLE EMBLEM - LOGO <i>N/A</i>	88.40 X
1	FRONT LH FENDER <i>cracked</i>	390.00 ✓
1	FRONT LH FENDER INNER SHIELD <i>crumpled</i>	140.40 ✓
1	FRONT LH NOZZLE SPRAY COVER <i>src</i>	88.40 X
1	FRONT LH KNUCKLE ARM <i>distorted</i>	343.20 ✓
1	FRONT LH KNUCKLE ARM BEARING <i>Dem</i>	266.50 ✓
1	FRONT LH SHOCK ABSORBER <i>distorted</i>	468.00 ✓
1	FRONT LH LOWER ARM <i>distorted</i>	712.40 ✓
1	BONNET <i>N/A</i>	1146.60 X
1	BONNET LOCK <i>N/A</i>	83.38 X
1	BONNET RUBBER <i>N/A</i>	75.40 X
1	BONNET HINGE <i>N/A</i>	62.40 X
	<i>5980.70</i>	
	<i>4784.56</i>	
	20%	9930.10
	Less 10%	1002.91
	Subtotal	8937.09
	Balance C/F	8937.09
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
	Balance B/F	
1 SET	FRONT BUMPER CLIPS <i>N/A</i>	50.00 301-
1	FRONT NUMBER PLATE <i>N/A</i>	80.00 X
1	BRAKE FULID <i>N/A</i>	60.00 X
1	RIM <i>Cut</i>	1950.00 8001-
1	TYRE <i>src</i>	250.00 X
	<i>8301-</i>	
	Subtotal	2390.00

		Balance C/F	11327.09
S/No	<u>LABOUR AND MISCELLANEOUS CHARGES</u>	Balance B/F	
1	CHECK FRONT WIRING AND LIGHTING SYSTEM		<del>80.00</del> 30/-
2	CHECK FRONT WHEEL ALIGNMENT		<del>150.00</del> 60/-
3	DIAGNOIS CHECK AND CLEAR FAULT CODE		500.00 NH
4	REMOVE AND REPLACE FRONT UNDERCARRIAGE PARTS		<del>200.00</del> 180/-
5	PANEL BEATING ON AFFECTED AREAS		<del>1000.00</del> 800/-
6	SPRAY PAINTING ON AFFECTED AREAS		<del>800.00</del> 600/-
7	APPLY ANTI-RUST ON AFFECTED AREAS	1710/-	<del>150.00</del> 40/-
	Subtotal		2880.00
	Grand total		14207.09
			7324.56
			455850/-

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

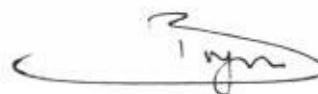
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

04/10/2017 @ 1200hrs

Not Actual

L/Sure 4 days.



2 KLC Auto

Check part  
prices.





# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJB 1025T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER	DISTORTED	780.00	780.00
1	FRONT BRACKET	BROKEN	52.00	52.00
2	FRONT BUMPER SIDE RETAINER	N/S CRACKED / O/S NOT NECESSARY	62.40	31.20
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	374.40	-
1	FRONT BUMPER LOWER GRILLE	NOT NECESSARY	110.50	-
1	FRONT BUMPER SPONGE	NOT NECESSARY	182.00	-
1	FRONT LH FOG LAMP	MTG CRACKED	468.00	341.50
1	FRONT LH CHROME FOG LAMP COVER	DISLodge	75.40	75.40
1	FRONT LH HEADLAMP	SCRATCHED	3,093.48	2,380.10
1	FRONT GRILLE	NOT NECESSARY	247.00	-
1	FRONT UPPER GRILLE	NOT NECESSARY	411.84	-
1	FRONT GRILLE CHROME MOULDING	NOT NECESSARY	208.00	-
1	FRONT GRILLE EMBLEM-LOGO	NOT NECESSARY	88.40	-
1	FRONT LH FENDER	DENTED	390.00	390.00
1	FRONT LH FENDER INNER SHIELD	CRUMPLED	140.40	140.40
1	FRONT LH NOZZLE SPRAY COVER	SERVICEABLE	88.40	-
1	FRONT LH KNUCKLE ARM	DISTORTED	343.20	343.20
1	FRONT LH KNUCKLE ARM BEARING	DAMAGED	266.50	266.50
1	FRONT LH SHOCK ABSORBER	DISTORTED	468.00	468.00
1	FRONT LH LOWER ARM	DISTORTED	712.40	712.40
1	BONNET	NOT NECESSARY	1,146.60	-
1	BONNET LOCK	NOT NECESSARY	83.38	-
1	BONNET RUBBER	NOT NECESSARY	75.40	-
1	BONNET HINGE	NOT NECESSARY	62.40	-
	LESS 10% DISCOUNT		-993.01	-
	LESS 20% DISCOUNT		-	-1,196.14
			8,937.09	4,784.56
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	50.00	30.00
1	FRONT NUMBER PLATE (SN)	NOT NECESSARY	80.00	-
1	BRAKE FLUID (SN)	NOT NECESSARY	60.00	-
1	RIM (SN)	CUT	1,950.00	800.00

Report Ref No. CS/SMO17019002/Dnbn2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	TYRE (SN)	SERVICEABLE	250.00	-
			2,390.00	830.00
	<b>LABOUR</b>			
	CHECK FRONT WIRING AND LIGHTING SYSTEM.		80.00	30.00
	CHECK FRONT WHEEL ALIGNMENT.		150.00	60.00
	DIAGNOIS CHECK AND CLEAR FAULT CODE.	NOT NECESSARY	500.00	-
	REMOVE AND REPLACE FRONT UNDERCARRIAGE PARTS.		200.00	180.00
	PANEL BEATING ON AFFECTED AREAS.		1,000.00	800.00
	SPRAY PAINTING ON AFFECTED AREAS.		800.00	600.00
	APPLY ANTI-RUST ON AFFECTED AREAS.		150.00	40.00
			2,880.00	1,710.00
<b>GRAND TOTAL</b>			<b>14,207.09</b>	<b>7,324.56</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>5,850.00</b>

Report Ref No. CS/SMO17019002/Dnbn2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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