

range 2 days

INVOICE

ASS. REC. BY

REF: CS3/EGJ/7021166/WB²

Special Instructions

Surveyor: Wilson

ASSIGNMENT (Office)

From (Person): Siti A²thikah

of EGI

Date/Time: 6/11/17 @ 3:06pm

Estimated Cost

Bill to

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

To Inspect Vehicle No: SKC 9467 G

Insured: SLC 1021A

at Workshop m/s HS Motor Engineering

Tel: 6538 1368

of Blk 2 kaki Bkt Ave 2 #02-25, 417 921

Policy No:

Claim No: SLC 1021A / RH / su

Sum Insured:

Excess:

Make of Veh:

D.O.A. 29/10/2017

(Client's Record

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement

Date/Time: 3.44pm @ 6/11/17

Person Contacted

Mr. Alex

Vehicle: ☒ IN ☐ OUT

Date/Time

Action/Instruction (X) Estimate

SKC 9467 G - X

SLC 1021A - X

Dismantle Part : 07/11/2017

After repair: 14/11/2017

PRS
SINCE 15.15m

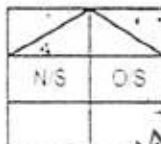
REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To inspect Vehicle No: **SKC 9467 G**
 at Workshop no: **HS motor**
 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.



Bel. or Market Value: _____
 JDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res: Yes or No
 Lum Sum: _____ \$ Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date Time Action Instruction

Veh No: **SKC 9467 G** Regn: **2011 Oct 18**
 Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or

Make: **chevrolet Cruze** cc: **1598**
 Colour: **Dark Gray** A/C: ☐ Insured / Std / NI / NA
 Sp. Reading: **065346** T. Radio: ☐ Insured / Std / NI / NA

Eng. No: _____
 C. No: **KL13A6909C K558664**

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size F: **205/60R16**
 R: **205/60R16**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM /
 TOYO / YOKO or

Front		Rear	
R/Bal	4 mm	R/Bal	4 mm
L/Bal	4 mm	L/Bal	4 mm

D.O.A: _____ D.O.I: **6/11/2017**
 Survey held at: **HS motor** **4:17pm**

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

Right Rear

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

\$4,000 - \$4,000
~~**\$5,900 - \$6,900**~~

6 Days Repair

3/4/2018

RECEIVED 04 APR 2018

Date/Time File Pass to:

03042018

Date/Time File Return to:

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

_____ \$ - \$ _____

Accomp

Tools

_____ \$

_____ \$

Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Techn. Insp \$
☐ Weekend \$

Report Format:

Lump Sum / I.B.I. (\$)

PRS.

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (): 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:

--	--

Case Handler

Date

*C: Critical *N: Non-Critical




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			
ERGO INSURANCE PTE LTD		Ref : CS3/EGI17021160/Wb	
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE SINGAPORE 038985		Date : 06-11-2017	
		Code : EGI	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SLC 1021A	Veh. Inspected	SKC 9467G
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	SITI A'THIKAH	Assign Date	06/11/2017
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	29/10/2017	Inspection Date	06/11/2017
Survey held at	H S AUTOMOTIVE SERVICES 2 KAKI BUKIT AVE 2 #02-25 KAKI BUKIT AUTOHUB SINGAPORE 417921		
5a. Remarks			
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.			

Nivitha (LKK Auto)

From: Siti A Thikah AB Rahman <siti.rahman@ergo.com.sg>
Sent: Monday, 6 November, 2017 3:06 PM
To: Catherine Chong (LKK Auto) (admin-d@lkkauto.com)
Cc: Survey Report (ERGO Insurance Pte. Ltd.)
Subject: OI: SLC 1021A | TP: SKC 9467G | LKK | DOA: 29.10.2017 - PRI | OUR
REF:SLC1021A/RH/sa
Attachments: notice of accident - SKC9467G (1.60 MB); PRS FORM.pdf; SKC9467G - SAS.PDF;
SLC1021A - SAS.PDF

Dear Catherine,

With reference to the above matter.

We have rejected to their PRS list, please assist to conduct this survey request from *Jusequity Law Corporation*, their client's vehicle can be survey at:-

Address: HS MOTOR ENGINEERING
BLK 2 KAKI BUKIT AVE 2
#02-25
SINGAPORE 417921

Contact Person / HP: MR ALEX/ 6538 1368

Attached are the necessary documents for your further actions (**Note: Reports not to be released to any Third Party**).

Note: To survey on without prejudice basis and inform the repairer in writing, that you are require to conduct a post-repair inspection before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.

Kindly acknowledge receipt of this email.

NOTE: Please assist to quote our ref as the subject matter, when forwarding the Preliminary Reports / Survey Reports.

Thank you.

Warmest regards
Siti A'thikah
Claims Department
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
Tel.: 65 6829 9170
Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

From: meilinyu@gmail.com [mailto:meilinyu@gmail.com] **On Behalf Of** Tan Mei Ling
Sent: Monday, 6 November, 2017 2:47 PM
To: Siti A Thikah AB Rahman
Cc: Survey Report (ERGO Insurance Pte. Ltd.)
Subject: Re: OI: SLC 1021A | TP: SKC 9467G | DOA: 29.10.2017 - OUR REF: SLC1021A/RH/sa

Dear Sirs

We refer to your email of even date.

We are instructed that our client is not agreeable to all the surveyors proposed by you.

Pursuant to Appendix C, pre-action protocol for NIMA cases, we are also instructed to furnish you our client's list of motor surveyors for your selection:-

- 1) UNITED Appraisal And Management Pte Ltd
- 2) SK Auto Consultants
- 3) Chartered Auto Assessors
- 4) LCW APPRAISER PTE LTD
- 5) Sincere Appraisal Services
- 6) Pal's Appraisal Pte Ltd
- 7) Mc-Coy Appraiser Pte Ltd
- 8) CM Automotive Consultancy

Please be informed that if the above is not agreeable by you, our client's motor vehicle is available for pre-repair inspection at the under-stated workshop:-

HS MOTOR ENGINEERING

BLK 2 KAKI BUKIT AVE 2

#02-25

SINGAPORE 417921

PERSON IN CHARGE: MR ALEX

Tel: 6538 1368

--
Warmest Regards
Tan Mei Ling
Legal Division

JusEquity Law Corporation
Advocates & Solicitors
Commissioner For Oaths
171 Chin Swee Road #02-06 CES Centre Singapore 169877

Main : (65) 6506 9339 | DID : (65) 6506 0945
Fax : (65) 6536 5368
Email : ml_tan@juseq.com.sg

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On Mon, Nov 6, 2017 at 2:19 PM, Siti A Thikah AB Rahman <siti.rahman@ergo.com.sg> wrote:

WITHOUT PREJUDICE

Dear Sir,

We refer to your email below.

Attached our template for your input.

Kindly let us have your reply.

Thank you.

Warmest regards

Siti A'thikah

Claims Department

ERGO Insurance Pte. Ltd.

5 Temasek Boulevard

#04-01 Suntec Tower Five

Singapore 038985

Tel.: 65 6829 9170

Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

From: meilinyu@gmail.com [mailto:meilinyu@gmail.com] **On Behalf Of** Tan Mei Ling

Sent: Monday, 6 November, 2017 11:03 AM

To: ERGO Insurance Pte. Ltd. (Claims Department)

Subject: notice of accident - SKC9467G

Dear Sirs

Please see attached

--

Warmest Regards
Tan Mei Ling
Legal Division

JusEquity Law Corporation
Advocates & Solicitors

Commissioner For Oaths
171 Chin Swee Road #02-06 CES Centre Singapore 169877

Main : (65) 6506 9339 | DID : (65) 6506 0945

Fax : (65) 6536 5368
Email : ml_tan@juseq.com.sg

ERGO

Date: 06.11.2017
Our Reference: SLC1021A/RH/sa
Your Reference: JEQ/SKC9467G/HSEC

Sent via Fax

or

Email

ml_tan@juseq.com.sg

To: JUSEQUITY LAW CORPORATION

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: SKC 9467G
Insured's Vehicle: SLC 1021A
Date Of Accident: 29.10.2017

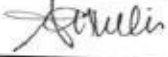
We acknowledge receipt of your request for PRS on: 06.11.2017

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked *.

*

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
FTA	FormTeam Consultancy Pte Ltd	LKK	LKK Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	PS	Priority Services
JPK	JP Knights Pte Ltd	VAC	Vicom Ltd

- ☒ Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
☐ Your request for inspection does not have your client's GIA report, kindly forward a copy.
☐ We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
☐ Our Insured's driver has not reported the accident to us todate.
☒ Others: WORKSHOP DETAILS NOT PROVIDED

Prepared by:		Siti	6829 9170	<u>claims@ergo.com.sg</u>
Signature:				FAX : 6829 9247

Assessor use only:

Assignment Date: _____
Assignment Time: _____

Remarks:

Workshop use only:

Assessor attended workshop on:

Date: _____
Time: _____
Inspector: _____

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job .

Workshop Acknowledgement & Stamp.

Note: Our Inspection is on a without admission to liability basis.

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	31/10/2017 12:10
Date Of Accident	29/10/2017 21:30
Exact Location Of Accident	TPE > TAMPINES BEFORE TPE SLIP RD > PUNGGOL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9467G
Insured/Policyholder	
Name Of Registered Owner	ZISHAN AKHTER
NRIC No	S8165416F
Email Address	ZISH.AKHTER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91094460
Alternative Phone No	OFFICE-91094460
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00421676
Cover Note Number	18/10/2017-17/10/2018
Driver	
Name of Driver	ZISHAN AKHTER
NRIC No	S8165416F
Date Of Birth	14/12/1981
Occupation	INDOOR
Date Of Driving Pass	21/09/2015
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91094460
Fax Number	
Contact Number	OFFICE-91094460
Email Address	ZISH.AKHTER@GMAIL.COM

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 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 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.
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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) 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, 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.

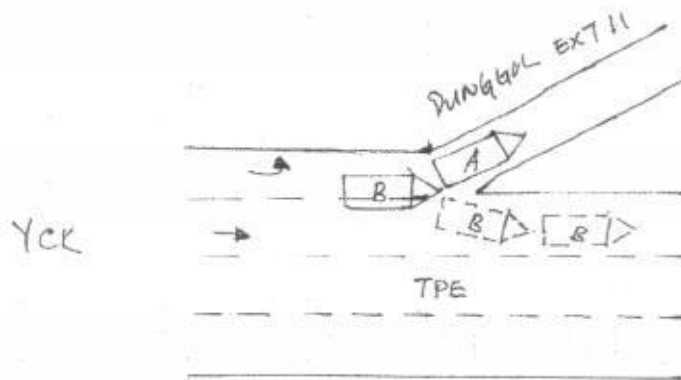
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



(A) - SKC94679

(B) - RLC.1021A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

T/20171029/2104.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only

Claim OD

Claim TP

☒ Claim OD / TP at other workshop

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 Personnel's Signature

Name:

NRIC/FIN No.:


**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

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT				
ERGO INSURANCE PTE LTD		Ref: CS3/EG17021160/Wbs2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 10-04-2018		
FIVESINGAPORE 038985		Code: EGI		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SLC 1021A	Veh. Inspected	SKC 9467G	
Policy No.		Coverage (\$)	0.00	
Claim No.	SLC1021A/RH/sa	Excess (\$)	0.00	
Assign From	SITI A'THIKAH	Assign Date	06/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	CHEVROLET CRUZE	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	KL1JA69E9CK558664	Colour	DARK GREY	
Odometer	065346 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60R16	GOODYEAR	4 mm	
L/H Front Tyre	205/60R16	GOODYEAR	4 mm	
R/H Rear Tyre	205/60R16	GOODYEAR	4 mm	
L/H Rear Tyre	205/60R16	GOODYEAR	4 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.				
5. General Information				
Accident Date	29/10/2017	Inspect Date / Time	06/11/2017 (04:17 PM)	
Survey held at	H S AUTOMOTIVE SERVICES BLK 2 KAKI BUKIT AVE 2 #02-25 KAKI BUKIT AUTOHUB SINGAPORE 417921			
5a. Remarks				
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000- \$4,500				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		

Report Ref No. CS3/EG17021160/Wbs2

Inspected By

WILSON TEO CHENG MING

Automotive Assessor

K.K. LAU CPT (RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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