

ASS. REF. BY

REF CS3/EGI/702/337/W ber

range & days

Surveyor Wilson

ASSIGNMENT (Office)

From (Person) Siti A'zhikah

EGI

Date/Time 8/11/17 @ 9.44am

Estimated Cost

Bill to

OD ☒ WS / IP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No.

SFM 441X

Insured

GBC1574P

at Workshop no.

Han Car Repairs

Tel.

6271 0275

of Blk 1001 #01-49 Bkt Merah Lane 3

Policy No.

Claim No.

GBC1574P/SE/sa

Sum Insured

Excess

Make of Veh.

(Client's Record)

D.O.A. 07/11/2017

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement

Date/Time 9.56am @ 8/11/17

Person Contacted

Mr. Han

Vehicle ☒ IN ☐ OUT

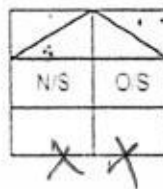
Date/Time	Action/Instruction (X) Estimate
	SFM 441X - X
	GBC1574P - X
	Disassemble Part: 10.11.2017
	After repair: 16.11.2017

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV _____
 To inspect Vehicle No SFM 441 X
 at Workshop no Han Car Repair
 of 1001, Bukit March Lane 3
 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.



Bal. or Market Value _____

IDAC Accident Rpt. Consistent? : Yes or No _____

GIA / PR Seen Consistent? : Yes or No _____

Est. Repairs: 5 days Res: Yes or No _____

Lump Sum: _____ Val: Yes or No _____

CA / REV / REP. / 24 HRS _____

Date: _____ Person Contacted: _____ Vehicle: IN / OUT _____

Date / Time Action / Instruction _____

Veh No SFM 441 X Regn 17/6/2006
 Type M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make Honda Integra cc 1998
 Colour Black Insured / Std / NI / NA _____
 Sp. Reading 184347 T. Ratio Insured / Std / NI / NA _____
 Eng. No _____
 C. No 3HMAC 54506520098
 Gen. Cond Good / Fair / Poor / Burnt _____
 Steering Inorder / Jammed / Leaked / Burnt or _____
 Brake Inorder / Jammed / Leaked / Burnt or _____
 Mod. Nil (S/Rim) STD A/Rim or _____
 Tyre Size F: 215/45ZR17
 R: 215/45ZR17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Changpro HPY
 Front _____ Rear _____
 R. Bal 3 mm R. Bal 4 mm
 L. Bal 3 mm L. Bal 4 mm
 D.O.A. 7/11/2017 DOI 8/11/2017 @ 5.16pm
 Survey held at Above
 Des. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision: _____

16/4 Submit PRS report.

RECEIVED 17 APR 2018.

Date/Time File Pass to:

☐ : Preli. ReportDays Of Repair: 5

To:

☐ : Final ReportResurvey No. of Trip: 2

Date/Time File Return to:

Survey Fee

Transportation

Fuel & PRS

Parking

Lunch

Total

Total

Report Format: PRG

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

Add Fee: ☐ Site Insp. (\$) _____☐ Interview (\$) _____☐ Tech. Insp. (\$) _____☐ Weekend (\$) _____

50
50150

150

**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/EG117021337/Wb

5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
SINGAPORE 038985

Date : 08-11-2017



Code : EGI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GBC 1574P	Veh. Inspected	SFM 441X
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	SITI A'THIKAH	Assign Date	08/11/2017

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	07/11/2017	Inspection Date	08/11/2017
Survey held at	HAN CAR REPAIRS BLK 1001 #01-49 BUKIT MERAH LANE 3 ALEXANDRA VILLAGE SINGAPORE 159718		

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: Wednesday, 8 November, 2017 9:44 AM
To: Catherine Chong (LKK Auto) (admin-d@lkkauto.com)
Cc: Survey Report (ERGO Insurance Pte. Ltd.)
Subject: OI: GBC 1574P | TP: SFM 441X | LKK | DOA: 07.11.2017 - PRI | OUR REF: GBC1574P/SE/sa
Attachments: 2nd PRS.pdf; Notice to Conduct Pre-Repair Survey - Accident involving SFM 441X & GBC 1... (153 KB); PRS FORM.pdf

Dear Catherine,

With reference to the above matter.

We have rejected to their PRS list, please assist to conduct this survey request from KSCGP, their client's vehicle can be survey at (refer attach)

Attached are the necessary documents for your further actions (**Note: OID has yet to lodge the accident report to us**).

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: accident@kscgp.com [mailto:accident@kscgp.com]
Sent: Wednesday, 8 November, 2017 9:38 AM
To: Siti A Thikah AB Rahman
Cc: motor@kscgp.com
Subject: 2nd Notice to Conduct Pre-Repair Survey - Accident involving SFM 441X & GBC 1574P at the junction of Tannery Road towards Aljunied and Genting Lane on 07.11.2017 Your ref: GBC1574P/SE/sa; Our ref: SFM 441X/HC/sy/ch

Dear Siti,

Please find enclosed the 2nd Notice to Conduct Pre-Repair Survey.

Thank you.

Regards,
Chit Yee
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708
Email: accident@kscgp.com

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----- Original Message -----

From: Siti A Thikah AB Rahman [<mailto:siti.rahman@ergo.com.sg>]
To: accident@kscgp.com
Cc: motor@kscgp.com, Survey.Report@ergo.com.sg
Sent: Wed, 8 Nov 2017 01:31:01 +0000
Subject:

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: accident@kscgp.com [<mailto:accident@kscgp.com>]
Sent: Tuesday, 7 November, 2017 5:36 PM
To: ERGO Insurance Pte. Ltd. (Claims Department)
Cc: motor@kscgp.com
Subject: Notice to Conduct Pre-Repair Survey - Accident involving SFM 441X & GBC 1574P at the junction of Tannery Road towards Aljunied and Genting Lane on 07.11.2017 Your ref: GBC 1574P; Our ref: SFM 441X/HC/sy/ch

Dear Sir/Mdm,

Please find enclosed the Notice to Conduct Pre-Repair Survey.

Thank you.

Regards,
Chit Yee
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708
Email: accident@kscgp.com

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Your ref: GBC1574P/SE/sa
Our ref: SFM 441X/HC/sy/ch
Date : 8 November 2017

Ergo Insurance Pte. Ltd.

By Email Only

Dear Sirs,

DATE OF ACCIDENT: 7 NOVEMBER 2017
NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/N	Name of Surveyor	Company Name
1.	Yap Teck Lee	LCW Appraiser Pte Ltd
2.	Yap Teck Chye	Mc-Coy Appraiser Pte Ltd
3.	Dixon Yeo	Treasure Appraisal Services
4.	Dennis Yap Teck Wee	Pal's Appraiser Pte Ltd
5.	S. Kumanan	SK Auto Consultants
6.	Eddie Sim	GTG Appraiser Services LLP

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Han Car Repairs
Block 1001 #01-49 Bukit Merah Lane 3
Alexandra Village, Singapore 159718
Contact Person/Hp/Tel/Fax : Ms. Susan / 9777 7266 / 6271-0275 / 6377 2240

Kindly acknowledge upon inspection in the acknowledgement box below.

Yours sincerely,



Acknowledgement

This is to confirm that I _____ [Full Name of Surveyor] of _____ [Surveyor's Company] have completed as follows:-	
(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].	
Signature of Appointed Surveyor _____ Company Stamp _____	Witnessed by: _____ Date _____
(b) Pre- Repair Survey/Inspection (after dismantling) on _____ [Date] at _____ [Time].	
Signature of Appointed Surveyor _____ Company Stamp _____	Witnessed by: _____ Date _____
(c) Post - Repair Survey/Inspection on _____ [Date] at _____ [Time].	
Signature of Appointed Surveyor _____ Company Stamp _____	Witnessed by: _____ Date _____

ERGO

Date: 08.11.2017
Our Reference: GBC1574P/SE/sa
Your Reference: SFM441X/HC/sy/ch

To: KSCGP JURIS LLP

Sent via Fax
or
Email

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: SFM 441X
Insured's Vehicle: GBC 1574P
Date Of Accident: 07.11.2017

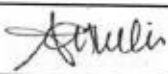
We acknowledge receipt of your request for PRS on: 07.11.2017

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
IAS	Infiniti Appraisal Service	LKK	LKK Auto Consultants Pte Ltd
JKP	JP Knights Pte Ltd	PS	Priority Services
		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	claims@ergo.com.sg
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.

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

✓			
---	--	--	--

(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

--	--	--	--

Check By:

--	--

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014

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	07/11/2017 17:10
Date Of Accident	07/11/2017 12:30
Exact Location Of Accident	JUNC OF TANNERY RD 2WRDS ALJUNIED & GENTING LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM441X
Insured/Policyholder	
Name Of Registered Owner	LIM HUI BIAN JOYCE
NRIC No	S7601405A
Email Address	JOYCELIM19@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81191999
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	INTEGRA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA117752/1
Cover Note Number	

Driver

Name of Driver	LIM HUI BIAN JOYCE
NRIC No	S7601405A
Date Of Birth	19/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1994
Driving Experience	23 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81191999
Fax Number	
Contact Number	OFFICE-NOPHONE
E Mail Address	JOYCELIM19@HOTMAIL.COM

Address	BLK 315 BUKIT BATOK ST 32 #04-97
Postcode	650315
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 - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH

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	GBC1574P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KOH CHIN HIK
NRIC/Passport Number	S1573395J
Contact Number	96733636
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN

VEHICLE NO: SFM441X

DOA: 7/11/17

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 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 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.

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.

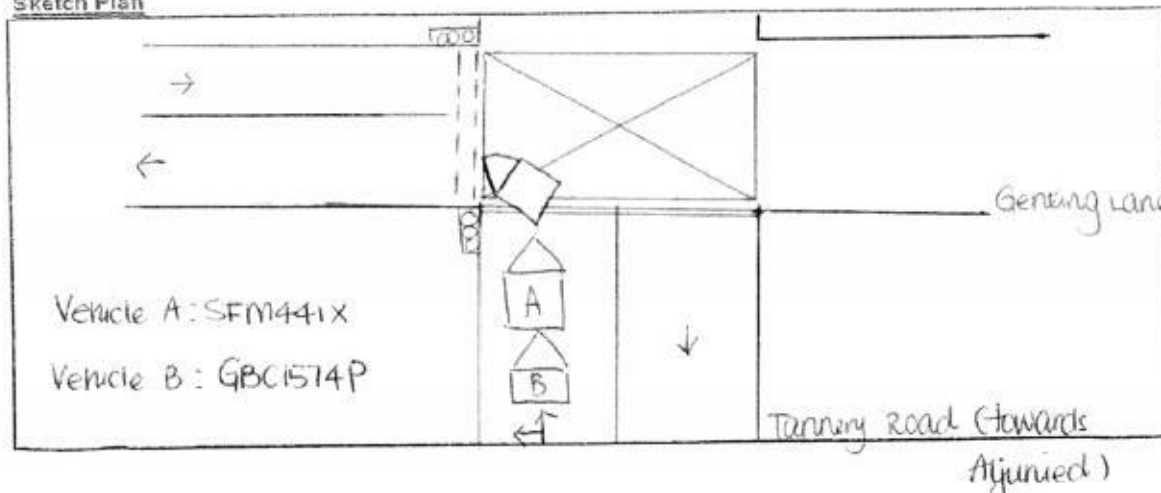
PLEASE NOTE YOUR INSURER MAY HAVE A **14 DAY-TIMEFRAME** FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


I was travelling along the junction of Tannery Road (towards Aljunied) and Genting Ln on 01/11/17 at about 1230Hrs.


I stopped behind a yellow car as it was giving way to the pedestrians crossing on the left (Genting Ln) (Green Light)


Suddenly Vehicle B came from behind and hit onto me.

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


Witnessed by Reporting Centre Personnel

☐ OWN DAMAGE

☐ THIRD PARTY CLAIM

☐ REPORTING ONLY

**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/EGI17021337/Wbe2	
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 18-04-2018	
FIVE SINGAPORE 038985		Code: EGI	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	GBC 1574P	Veh. Inspected	SFM 441X
Policy No.		Coverage (\$)	0.00
Claim No.	GBC1574P/SE/sa	Excess (\$)	0.00
Assign From	SITI A' THIKAH	Assign Date	08/11/2017
2. Vehicle Particulars & Condition			
Make & Model	HONDA INTEGRA	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	JHMDC54506S200898	Colour	BLACK
Odometer	184347 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/45Z R17	CHAMPIRO HPY	3 mm
L/H Front Tyre	215/45Z R17	CHAMPIRO HPY	3 mm
R/H Rear Tyre	215/45Z R17	CHAMPIRO HPY	4 mm
L/H Rear Tyre	215/45Z R17	CHAMPIRO HPY	4 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	07/11/2017	Inspect Date / Time	08/11/2017 (05:18 PM)
Survey held at	HAN CAR REPAIRS BLK 1001 #01-49 BUKIT MERAH LANE 3 ALEXANDRA VILLAGE SINGAPORE 159718		
5a. Remarks			
AA) 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 \$3,900-\$4,900			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days	

Report Ref No. CS3/EGI17021337/Wbe2

Inspected By

WILSON TEO CHENG MING

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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