

Surveyor: Ma

ASSIGNMENT (Office)

From (Person): Sharon Ng

of GAI

Date/Time: 15/11/17 @ 11:59am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SGX 669/G

Insured: GBF 5505E

at Workshop m/s EM solution

Tel: 6456 0226

of 160, Sin Ming Drive #03 -18/19, 575722

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A 9/11/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

wp'

16.11.2017

H.O.D. Endorsement:

Date/Time: 12:35pm @ 15/11/17

Person Contacted:

Bernard

Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SGX 669/G - CS3/EG117021744/Wb-D.O.A: 9/11/2017
	GBF 5505E - X
	Dismantle Part: 21.11.2017

REF: GAI

ASSIGNMENT

From: Date: 16/11/17

Estimated Cost:

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

To inspect Vehicle No: SGX 6691G

at Workshop m/s EM solution

of 160, Sin Ming Drive #03-18/19, S75722

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: days Res.: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 'up'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGX 6691G Yr Regn: AUG 2007

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Fiat Doblo C.C. B68

Colour: GREY A/C: Insured / Std / NI / NA

Sp. Reading: NGRADING T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZFA22300005491873

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 9/10/2017

D.O.I. 16/10/2017 @ 11am

Survey held at

EM solution

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

NS BODY REAR

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

Date / Time Action / Instruction

PRI 16K = 18K
RS 21/11/2017

22w/1days

Date/Time, File Pass to?

1) 05-12-2017

Date/Time, File Return to?

2)

☐ : Preli. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) Photos

) Others

TOTAL

Report Format: PRS.

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

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

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

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 (): 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




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				
GREAT AMERICAN INSURANCE COMPANY		Ref : CS3/GAI17021825/M1b		
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 15-11-2017		
		Code : GAI		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	GBF 5505E	Veh. Inspected	SGX 6691G	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	SHARON NG	Assign Date	15/11/2017	
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	09/11/2017	Inspection Date	16/11/2017	
Survey held at	EM SOLUTION PTE LTD 160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY SINGAPORE 575722			
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: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Wednesday, 15 November, 2017 11:59 AM
To: SUR
Cc: assignments
Subject: TP Survey to SGX6691G ; Insured: GBF5505E - PRI
Attachments: E M Auto - Pre-Repair Notice (GAI)(SGX6691G).pdf

Dear Catherine

OD surveyed by your office.

Please also conduct TP survey to SGX6691G. Please see below email and attachment on location to survey.

Regards
Sharon Ng
Great American

From: Ng, Sharon
Sent: Wednesday, November 15, 2017 11:52 AM
To: 'Hui Ting' <huiting@crossbordersllc.com>
Subject: FW: Our client's vehicle no. SGX6691G (EM Solution); Your insured's vehicle no. GBF5505E - PRI

WITHOUT PREJUDICE

Dear Hui Ting

Our surveyors M/s LKK Auto Consultants will liaise with your workshop directly.

Our surveyor will also conduct a post-repair inspection once the vehicle has been repaired and *before returned to your client*.

Regards
Sharon Ng
Great American

From: Hui Ting [<mailto:huiting@crossbordersllc.com>]
Sent: Wednesday, November 15, 2017 10:35 AM
To: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Cc: Corene Chong <corene@crossbordersllc.com>
Subject: FW: Our client's vehicle no. SGX6691G (EM Solution); Your insured's vehicle no. GBF5505E - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Sharon

Kindly expedite on the PRI request.

Thank You.

Regards
Huiting
TEL: 6812 6873

CrossBorders LLC
133 New Bridge Road
#23-03/04/05 Chinatown Point
Singapore 059413
Tel: (65) 6438 1323
Fax: (65) 6438 2313

CONFIDENTIALITY NOTICE

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From: Hui Ting
Sent: Monday, November 13, 2017 10:09 AM
To: 'GeneralClaims@sg.gaig.com' <GeneralClaims@sg.gaig.com>; Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Cc: Corene Chong <corene@crossbordersllc.com>
Subject: Our client's vehicle no. SGX6691G (EM Solution); Your insured's vehicle no. GBF5505E - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Sirs

1. Please find attached our PRI notice dated 13 November 2017 for your kind attention.
2. Please reply email to corene@crossbordersllc.com & huiting@crossbordersllc.com

Thank You.

Regards
Huiting
TEL: 6812 6873

CrossBorders LLC
133 New Bridge Road
#23-03/04/05 Chinatown Point
Singapore 059413
Tel: (65) 6438 1323
Fax: (65) 6438 2313

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CrossBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: EM.tk.EMS (SGX6691G)
Your Ref: GBF505E

13 November 2017

Great American Insurance Company
3 Temasek Avenue
#16-01 Centennial Tower
Singapore 039190

Attn: Motor Claims Department

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION
CLAIMANT: VERTEX PHARMACY PTE LTD
TRAFFIC ACCIDENT ON 09 NOVEMBER 2017 AT 15:20 HRS ALONG PIE
TOWARDS JURONG BEFORE TOH GUAN INVOLVING VEHICLES NO.
SGX6691G & GBF505E & GBC3245B & SLL7615A

We are instructed by Vertex Pharmacy Pte Ltd to notify you of a road accident on 09 November 2017 at about 15:20 hrs along PIE towards Jurong before Toh Guan involving our clients' vehicle registration number SGX6691G and vehicle registration number GBF505E driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our clients' vehicle has been damaged. Before our clients proceeds to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our clients shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Venue: E M SOLUTION PTE LTD
Address: 160, Sin Ming Drive
Sin Autocity, #03-18/19
Singapore 575722
Contact: Bernard @ 6456 0226

Please liaise with the above workshop directly.

Yours faithfully

Esther Moey

Email: corene@crossbordersllc.com /
huiting@crossbordersllc.com

encs

**PLEASE LET US KNOW THE DATE
OF THE PRE-REPAIR INSPECTION**

CONFIDENTIALITY CAUTION

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CrossBORDERS LLC

A LIMITED LIABILITY CORPORATION. REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413
TEL: 6438 1323
FAX: 6438 2313

BRANCH OFFICE
1 JALAN BERSIH
#03-12 NEW WORLD CENTRE
SINGAPORE 209037

PLEASE SEND ALL
CORRESPONDENCES TO
THE MAIN OFFICE

WE DO NOT ACCEPT
SERVICE BY FAX

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	10/11/2017 14:32
Date Of Accident	09/11/2017 15:20
Exact Location Of Accident	PIE TOWARDS JURONG BEFORE TOH GUAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX6691G
Insured/Policyholder	
Name Of Registered Owner	VERTEX PHARMACY PTE LTD
Co Reg No	200823178D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93856495

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089224792
Cover Note Number	

Driver

Name of Driver	MANSOOR HELAL AHAMED
NRIC No	G3356576W
Date Of Birth	29/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98520534
Fax Number	
Contact Number	
Email Address	NOEMAIL

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBC3245B

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver LOURDUSAMY DAVID IRUDHAYARAJ

NRIC/Passport Number G7013257K

Contact Number 84715106

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLL7615A

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

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 MANSOOR HELAL AHAMED

Approximate Age

Injuries Sustain REFER POLICE REPORT

Injured person in which vehicle? SGX6691G

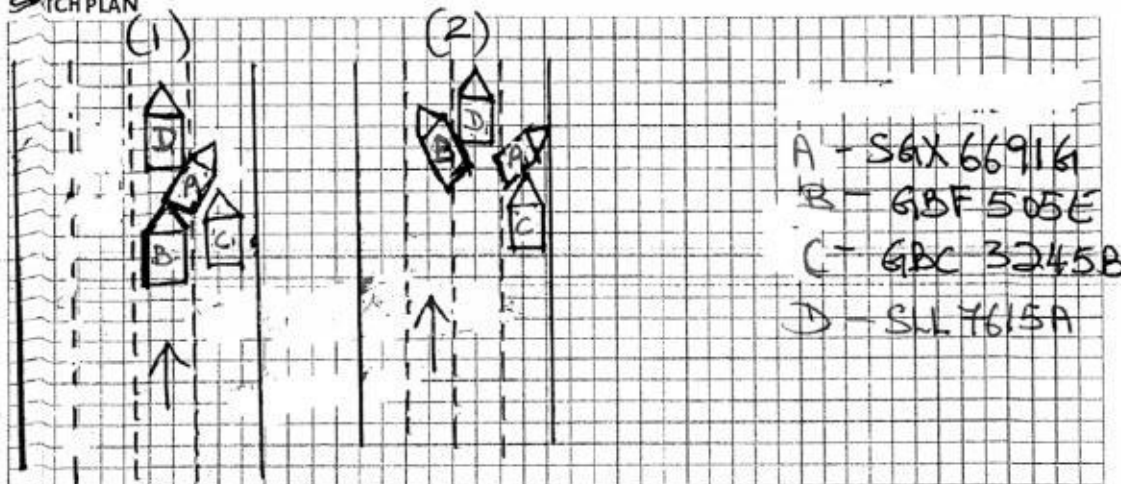
Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/11/2017 @ 15:20 hrs, I was driving along PIE towards Jurong before Toh Guan. Front vehicle stopped, I followed and stopped my vehicle also. Vehicle behind did not stop on time and collided onto my vehicle. The impact caused my vehicle into Lane 1 and another vehicle collided onto my vehicle right side portion.

Total 4 vehicles involved in the accident



DECLARATION

[Signature]

[Signature]

[Signature]

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171109/2152

Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

67025

Tel No: 1800-4529999

4 of 4

Report No. T/20171109/2152

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 MUHAMMAD RIDZUAN BIN ABDUL
RAHMAN

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

09/11/2017 20:08

**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

GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWERS SINGAPORE 039190

Ref: CS3/GAI17021825/M1bs2

Date: 12-12-2017



Code: GAI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GBF 5505E	Veh. Inspected	SGX 6691G
Policy No.	5089224792	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	SHARON NG	Assign Date	15/11/2017

2. Vehicle Particulars & Condition

Make & Model	FIAT DOBLO	c.c	1368
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	ZFA22300005491873	Colour	GREY
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	YOKOHAMA	7 mm
L/H Front Tyre	195/65R15	YOKOHAMA	7 mm
R/H Rear Tyre	195/65R15	YOKOHAMA	7 mm
L/H Rear Tyre	195/65R15	YOKOHAMA	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND REAR PORTION.	
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5. General Information

Accident Date	09/11/2017	Inspect Date / Time	16/11/2017 (11:00 AM)
Survey held at	EM SOLUTION PTE LTD 160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY SINGAPORE 575722		

5a. Remarks

<p>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 \$16,000- \$18,000</p>

Report Ref No. CS3/GAI17021825/M1bs2

Inspected By

MA CHIN FOOK

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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