

S. REC. BY:

REF:

CS/GA117022148/Kgdmz

Special Instructions:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Sharon Ng

of

GAC

Date/Time:

20-11-2017 6:16pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLJ 8095 D

Insured:

GBF 4378D

at Workshop m/s

Wei Lee Motor

Tel:

6456 9830

of

Blk 9 Sin Ming Ind Est #01-32

Policy No:

Claim No:

CNDMV C000001570

Sum Insured:

Excess:

Make of Veh:

D.O.A. 10-11-2017

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

21-11-2017 9:19am

Person Contacted:

Karen

Vehicle

IN OUT

Date/Time

Action/Instruction (✓) Estimate

ASS. REC. BY:

REF:

JP / GAZ

Kenneth

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. _____

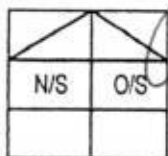
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJ 80950 Yr Regn: 30/01, 08

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

Truck / Trailer or

Make: Subaru Impreza c.c. 1998

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 123188 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF1G143KS58G011940

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: Nexen

R: Falken 195/65R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 4 mm R/Bal. 3 mm

L/Bal. 4 mm L/Bal. 3 mm

D.O.A. 10/11/17 D.O.I. 20/11/17

Survey held at _____

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

O/S Frt

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

Date / Time Action / Instruction

21/11/17 File pass to Catherine

1/12/17 L1 By @ 2200 email confirmed with Karen.

(Red: 1672.80, 43%).

RECEIVED 01 DEC 2017

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Survey Fee:

Transportation:

2)

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

Photos

Others

TOTAL

250

Report Format: TP

Lump Sum / I.B.I: (\$ 2200)



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 : CS/GAI17022148/Kgb

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 21-11-2017



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 4378D	Veh. Inspected	SLJ 8095D
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000001570	Excess (\$)	0.00
Assign From	SHARON NG	Assign Date	20/11/2017

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

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5. General Information

Accident Date	10/11/2017	Inspection Date	21/11/2017
Survey held at	WEI LEE MOTOR WORKS BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32 SINGAPORE 575644.		

5a. Remarks

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

Catherine Chong (LKK Auto)

From: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Monday, 20 November, 2017 6:16 PM
To: assignments; SUR
Subject: RE: TP survey for veh no: SLJ8095D || Our ref: GBF4378D [Our ref: CLMOMVC000001570]

Dear Catherine

Please see below email.

Kindly take it as an assignment from us to you for TP survey.

Regards
Sharon Ng
Great American

From: karen Seah [mailto:weileemotorworks@gmail.com]
Sent: Monday, November 20, 2017 1:53 PM
To: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Subject: Re: TP survey for veh no: SLJ8095D || Our ref: GBF4378D

Vehicle No: SLJ8095D

Dear Sharon
No appointment arrange from your survey term till date.
We have engaged LKK Auto Consultants to survey the vehicle today.
Please advise the liability for this case.
Thank you.

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	1813C
Vehicle Details	
Vehicle No.	SLJ8095D
Vehicle to be Exported	No
Intended De-registration Date	21 Nov 2017
Vehicle Make	SUBARU
Vehicle Model	IMPREZA 5D 1.5R AWD AT
Primary Colour	Grey
Manufacturing Year	2007
Engine No.	EL15D329704
Chassis No.	JF1GH3KS58G011940
Maximum Power Output	79.0 kW (105 bhp)
Open Market Value	\$13,485.00
Original Registration Date	30 Jan 2008
First Registration Date	30 Jan 2008
Transfer Count	1
Actual ARF Paid	\$14,834.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	29 Jan 2018
PARF Rebate Amount	\$7,417.00
Intended COE Rebate Details	
COE Expiry Date	29 Jan 2018
COE Category	A - Car (1600cc & below)
COE Period(Years)	10
QP Paid	\$16,839.00
COE Rebate Amount	\$316.00
Total Rebate Amount	\$7,733.00

The information contained herein is correct as at 21 Nov 2017

OK

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	13/11/2017 12:27
Date Of Accident	10/11/2017 15:30
Exact Location Of Accident	SIN MING ROAD & UPPER THOMSON ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8095D
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85182081
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090891147
Cover Note Number	
Driver	
Name of Driver	TAN YU WEN
NRIC No	S8635685F
Date Of Birth	14/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2012
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85182081
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 320 UBI AVE 1 #11-537 SINGAPORE
Postcode	400320
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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 ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4378D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN KOK HAI
NRIC/Passport Number	S7037196J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	


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.
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 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.

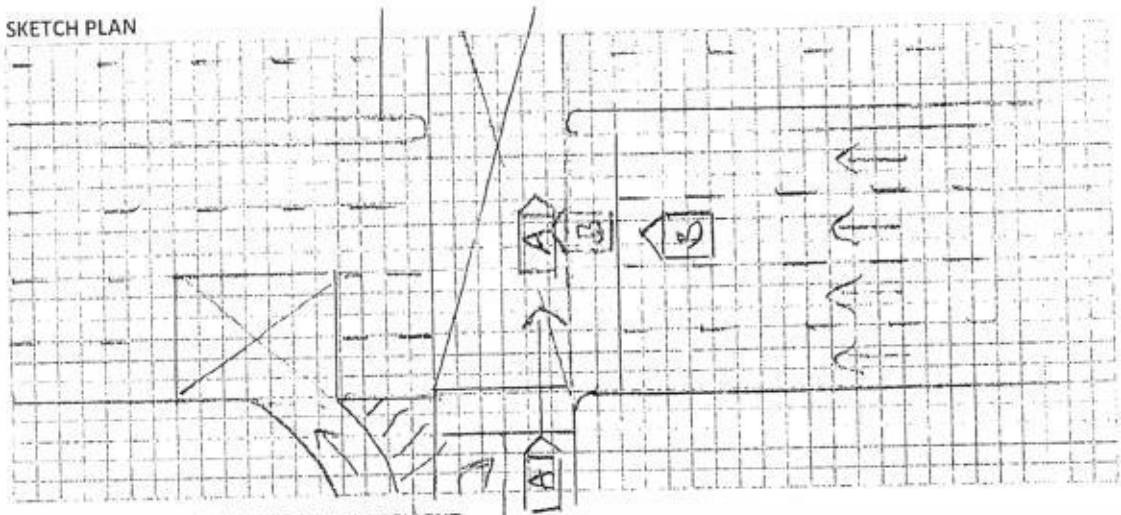

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling towards Upper Thomson Road from Sin Ming Road turning Right at 45. ~~was~~ the Lorry GBF 4378D beat the Red Light and hit my Front Right side of my car SLJ 809SD.

I manage to get the video Footage From the other part// which clearly showed he beat the ~~Red~~ Red Light. He admitted that it is his wrong.

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.:

Tan Kok Hai NRIC S70371965 10/1/2007
3.42pm
er of GSF4378D admit I beat the
ed light of Upper Thomson and Sin Ming
ed Junction and Hif, Tan Yuhua S863568512
er of S638095D.


Tan Kok Hai
S70371965


Tan Yuhua
S863568512

威利摩多 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.

TEL: 456 9830 • FAX: ~~456 3936~~ 6458 0128
Business Regn No : 269436/00J

14, November 2017

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

Attn: Motor claim dept-3rd party

Claiming against your insured vehicle No; GBF4378D

Accident involving vehicle No: SLJ8095D/GBF4378D

DOA: 10/11/2017 AT Sin Ming Road & Upp Thomson Road junction

Dear officer incharge

Re: Estimate cost of repair for vehicle No: SLJ8095D

To supply—

Description	Qty	Amount
Front bumper	1	654.00
Front bumper retainer,Rh	1	16.50
Bumper clip		42.00
Bumper foglamp	1	304.00
Headlamp,Rh	1	874.00
Front fender,Rh	1	270.00
Fender cowling	1	110.00
Cowling clip		38.00
Rim,Rh	1	220.00
	Parts	2,528.50
	Parts less 20%	505.70
		2,022.80

To remove damaged parts and attachments.

Repair/reshape front door,Rh,front bonnet.

Straighten chassis where necessary

Renew/align above parts into position.

To spray paint

900.00

950.00

3,872.80

KK 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 resurvey
- Third party survey is on "without prejudice" basis
- No illegal modification allowed
- Supplementary parts must be recommended and is subject to final approval from KK Auto Consultants

Acknowledged by Repairer

Signature

Date

Not Authorised
L1 Reg 8220cl
Resurvey After Paint
4 days



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 : CS/GAI17022148/Kgbn2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 07-12-2017



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 4378D	Veh. Inspected	SLJ 8095D
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000001570	Excess (\$)	0.00
Assign From	SHARON NG	Assign Date	20/11/2017

2. Vehicle Particulars & Condition

Make & Model	SUBARU IMPREZA (A)	c.c	1498
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JF1GH3KS58G011940	Colour	METALLIC GREY
Odometer	123188	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	NEXEN	4 mm
L/H Front Tyre	195/65 R15	NEXEN	4 mm
R/H Rear Tyre	195/65 R15	FALKEN	3 mm
L/H Rear Tyre	195/65 R15	FALKEN	3 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	10/11/2017	Inspection Date	20/11/2017
Survey held at	WEI LEE MOTOR WORKS BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32 SINGAPORE 575644.		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **4 Working Days**



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLJ 8095D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	MTG CRACKED	654.00	654.00
1	FRONT BUMPER RETAINER,RH	DISTORTED	16.50	16.50
1	BUMPER CLIP	NECESSARY	42.00	42.00
1	BUMPER FOGLAMP	SERVICEABLE	304.00	-
1	HEADLAMP,RH	MTG CRACKED	874.00	874.00
1	FRONT FENDER,RH	BENT	270.00	270.00
1	FENDER COWLING	DISTORTED	110.00	110.00
1	COWLING CLIP	NECESSARY	38.00	38.00
1	RIM,RH	DENTED	220.00	220.00
	LESS 20% DISCOUNT		-505.70	-444.90
			2,022.80	1,779.60
LABOUR				
	TO REMOVE DAMAGED PARTS AND ATTACHMENTS.REPAIR/RESHAPE FRONT DOOR,RH,FRONT BONNET.STRAIGHTEN CHASSIS WHERE NECESSARY.RENEW/ALIGN ABOVE PARTS INTO POSITION.		900.00	540.00
	TO SPRAY PAINT.		950.00	600.00
			1,850.00	1,140.00
GRAND TOTAL			3,872.80	2,919.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,200.00

Report Ref No. CS/GAI17022148/Kgbn2

KONG SENG CHEONG

Licensed Appraiser

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