

15/5/2010

INS. CASE OWNER:

Priya

CC 4/III17022315 1 2/23

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

22/11/17

Registered in Merimen:

22/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4865D

Name of Insured : CTPL

Insured Tel No. : HP:

Excess Sec II : SS D.O.A : 20/11/17

Is driver the owner? (YES ☒ NO) Nature of Accident :

If NO, Driver Name / Age : LEE Kim Bok

Driver Tel No. : (V/L ☒ YES / NO)

Claim No. :

Policy No. :

Make / Model : HYUNDAI I40

Place of Accident : WATERLOO ST X MIDDLE ROAD

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

XE 425Y

INSRS:
WSP: Chey Hoe (Yshun)
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

STAGE

DATE / PIC

XE 425Y - X

SHD 4865D - CC3/AIG17012472/Ky9352 DOA 23/06/17

- CC3/III15021515/Ky9352 DOA 14/12/15

01/12/17 (Zager)

* NO Estimate

19-1-18

2 TO J. LIABILITY: TBA PEND CCTV.

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OE:

After call ltr to OE:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OE:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

13-03-19

10 CANCEL NO SURVEY DONE

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

S\$

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

☐

LOU only

☐

LOR + LOU

☐

LOR + LOI

☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

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	20/11/2017 16:36
Date Of Accident	20/11/2017 10:15
Exact Location Of Accident	JUNCTION OF WATERLOO ST. & MIDDLE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE¹

Vehicle Registration Number	XE425Y
Insured/Policyholder	
Name Of Registered Owner	E-HON LOGISTIC
Co Reg No	52940962C
Email Address	E-HONLOGISTIC@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96621313

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FV51SS3VDEA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCV17S000923
Cover Note Number	03/03/17 - 02/03/18

Driver

Name of Driver	QUEK HOCK LAI
NRIC No	S1723816G (52 YRS)
Date Of Birth	15/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	28/06/2002
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81264522
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 829 YISHUN ST.81 #05-512
Postcode	760829
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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

My vehicle was stationary as traffic was red. When it turned green, I started to move when suddenly m/taxi SHD4865D moved out from taxi stand and collided onto the front left of my vehicle. No one was injured.

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	SHD4865D
Vehicle Make/Model/Colour	BLUE COMFORT TAXI
Details Of Properties	
Name of Driver	LEE KIM BOK
NRIC/Passport Number	S1350889E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: XE 425Y
INSURER : ERGO
DATE & TIME: 20/11/17 @ 10:15am


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.

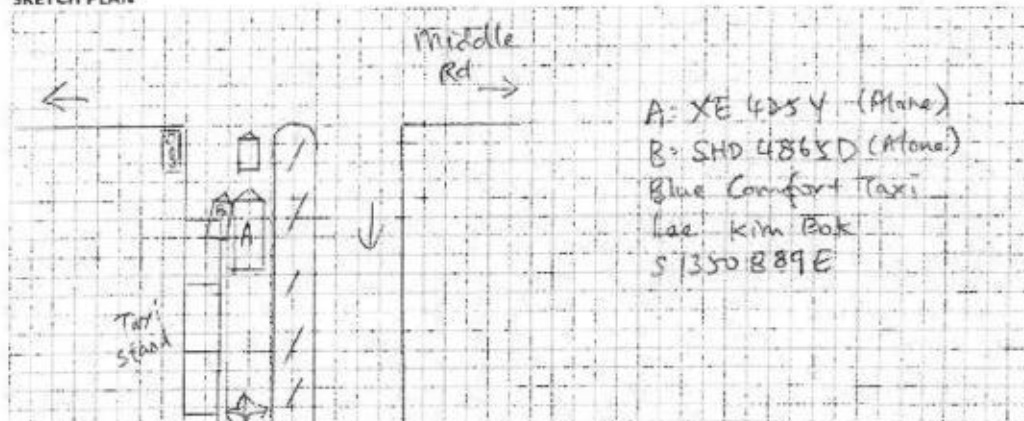

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Watloo st.

My vehicle was stationary as traffic was red. When it turned green, I started to move when suddenly m/taxi SHD 4865D moved out from taxi stand and collided onto the front left of my vehicle. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 21/11/18

Driver's Signature
(if driver is not the policyholder)
Date & Time: 21/11/18

Reporting Centre Personnel's Signature
Name: (95)
NRIC/FIN No.: 20/11/18

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Catherine Chong (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Tuesday, 21 November, 2017 5:29 PM
To: Cheng Hoe Motor Pte Ltd (Yishun-June); 'sur@lkkauto.com'; Catherine Chong (LKK Auto)
Cc: Manivel Priyadarshini
Subject: RE: Repair Survey (Single Joint Expert) - XE425Y, doa 20/11/17 (Yr insured SHD4865D)
Attachments: 425.pdf

Dear Sir / Mdm,

Please conduct a survey on TP vehicle XE425Y and let us have your report urgently.

This claim will be handled by Ms Priya.

*Kindly upload this survey request email to merimen.

Thank You.

21.11.2017 @ 9:44am
June veh not in

Best Regards,

Gabriel Wee

Motor Claims Dept.

India International Insurance Pte Ltd

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

From: Cheng Hoe Motor Pte Ltd (Yishun-June) [mailto:chmotor@singnet.com.sg]
Sent: 21 November, 2017 5:17 PM
To: Motor Claim - III <motorclaim@iii.com.sg>
Subject: Re: Repair Survey (Single Joint Expert) - XE425Y, doa 20/11/17 (Yr insured SHD4865D)

Hi,

Our selection as below :-

LKK Auto Consultants Pte Ltd

Pls assist to arrange for survey asap.

Thank you.

Rgds

June Phua

Cheng Hoe Motor Pte Ltd

Tel :67556142

Fax : 67557719

From: Motor Claim - III

Sent: Tuesday, November 21, 2017 5:14 PM

To: Cheng Hoe Motor Pte Ltd (Yishun-June)

Subject: RE: Repair Survey (Single Joint Expert) - XE425Y, doa 20/11/17 (Yr insured SHD4865D)

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Best Regards,

Gabriel Wee

Motor Claims Dept.

India International Insurance Pte Ltd

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

From: Cheng Hoe Motor Pte Ltd (Yishun-June) [<mailto:chmotor@singnet.com.sg>]

Sent: 21 November, 2017 3:53 PM

To: Motor Claim - III <motorclaim@iii.com.sg>

Subject: Repair Survey (Single Joint Expert) - XE425Y, doa 20/11/17 (Yr insured SHD4865D)

Dear Sir,

OUR CLIENT – XE425Y

DOA : 20/11/2017 @ 10.15am

YR INSURED : SHD4865D

Kindly provide us of your surveyor listing for the selection on the survey.

Thank you.

Regards

June

Cheng Hoe Motor Pte Ltd

Tel :64812001

Fax : 64821296

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing,

Status of Driving Licence

Licence No. :	S1350889E
Status of Driving Licence :	Valid
Class of Driving Licence :	2,2A,2B,3
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

The above information is accurate as at 23/11/2017 12:01 AM.