

ASS. REC. BY:

REF: CS3/EGI17022679/Sb62

Special Instruction:

Surveyor: SebastianASSIGNMENT (Office)From (Person): Yee pi ti

of

EGI

Date/Time:

24/11/17 @ 8.49am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJM 2797J

Insured:

SJH 3452Z

at Workshop m/s

JAS Auto Services

Tel:

9672 9559

of

GA Mandai Estate #03-02 M-space, 729938

Policy No:

Claim No:

SJH 3452Z / SE / PI

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23/11/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

8.54am @ 24/11/17

Person Contacted:

GibsenVehicle: IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SJM 2797J - CS3 / AIG 15003191 / R7p2 - 1 - D.O.A : 16/02/2015SJH 3452Z - CC3 / AIG 16019867 / Khd3 - D.O.A : 14/10/201631/1/18Call Gibsen to check for ESTIMATE; He said there is another surveyor survey the vehicle; this case has been settled.Dismantle: 1/12/2017

## Service Order Confirmation

SERVICE ORDER NO.: 17P1745

CUSTOMER NO.: CV029511

CUSTOMER NAME: CHUA PING GEE

TELEPHONE NO.:

ADDRESS: 50 CORONATION ROAD WEST #01-04

Singapore

VEH No.: SKU7272U

Order Date: 24/06/17

Reg Date: 29/05/15

KM: 18,654

ENGINE NO:

SA: Wong MeiY

MODEL:

Baellie NF 1.2 (A) SR HID

MODEL NO.: SC13D5

No.  
Labor

DESCRIPTION

QTY

UOM

UNIT PRICE

DISC %

AMOUNT

1 B&P DIAG

PROGRAMMING & CALIBRATION-NETT

1 TU

480

480

REF: EGI

## ASSIGNMENT

From: \_\_\_\_\_ Date: 29/11/17

Estimated Cost: \_\_\_\_\_

OD / ☒ WS / TP RES / OD RES / EVA / INV / MVTo inspect Vehicle No: SJM 2797Jat Workshop m/s: JAS Autoof GA Mandai Estate #03-02, M-Space 729938

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

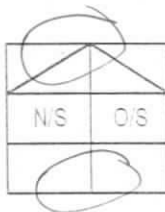
Claims No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record) Gibsen @ 9672 9559

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAO Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 13. days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val: Yes or No

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SJM 2797J Yr Regn: 26/12/2008Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Fit C.O. 1339Colour: White A/O Insured / Std / NI / NASp. Reading: 133075 T/Radio Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: G 61145948Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In Order / Jammed / Leaked / Burnt orBrake: ☒ In Order / Jammed / Leaked / Burnt orModi: ☒ M / S/Rim / STD A/Rim orTyre Size F: 205/50R16R: 11

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

TOYO / YOKO or Green Max

Front

Rear

R/Bal. 6 mm R/Bal. 1 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 23/11/2017. D.O.I. 27/11/2017. @0424PMSurvey held at Jas AutoDes. of Damages ☒ Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

31/1/18 Submit PRS report\* Repair Estimate : \$12,000 - \$15,000\* 13 days

RECEIVED 06 JUN 2018

Date/Time: File Pass to?

☐ : Preli. ReportDays Of Repair: 13

Date/Time: File Return to?

☐ : Final ReportResurvey No. of Trip: 1

Survey Fee

Transportation

1.3 - PRS - SI

Photos

Signs

Report Format: PRS

Lump Sum / I.B.I. / S

Add Fee: ☐ Site Insp / S☐ Interview / S☐ Techn. Insp / S☐ Weekend / S

90

90

100

**Submit Assessment**

## Action

Job Remarks

Date \_\_\_\_\_

## Claim Workflow System



## 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 : CS/EGI17022679/Srb

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

Date : 29-11-2017



Code : EGI

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJH 3452Z	Veh. Inspected	SJM 2797J
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	29/11/2017

### 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	23/11/2017	Inspection Date	29/11/2017
Survey held at	JAS AUTO SERVICES 6D MANDAI ESTATE #03-02 M-SPACE SINGAPORE 729938		

### 5a. Remarks

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



## Nivitha (LKK Auto)

---

**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Wednesday, 29 November, 2017 8:49 AM  
**To:** 'admin-d@lkkauto.com'  
**Subject:** OI : SJH3452Z / TP : SJM2797J/LKK / DOA : 23/11/2017  
**Attachments:** SJH3452Z - SAS.pdf; SJM2797J - SAS.pdf; 1st veh SLK9935T - SAS.pdf; SJM2797J - PRS FORM.pdf

Dear Catherine,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and Ergo Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please conduct this survey request from **JAS AUTO SERVICES**,

ADDRESS : 6D MANDAI ESTATE  
#03-02 M-SPACE  
SINGAPORE 729938

PERSON TO CONTACT : GIBSON SOH @ 9672 9559

ERGO OFFICER-IN-CHARGE : STEVE LIM

***Note: To survey on without prejudice basis. Please advise the consistency of damages to third party vehicle. Obtain estimate from workshop and inform the repairer in writing, that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.***

Please fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via [Survey.Report@ergo.com.sg](mailto:Survey.Report@ergo.com.sg).

Attached are insured and TP's SAS (**note: reports not to be released to any Third Party**). No estimates was provided.

Kindly acknowledge receipt of this email.

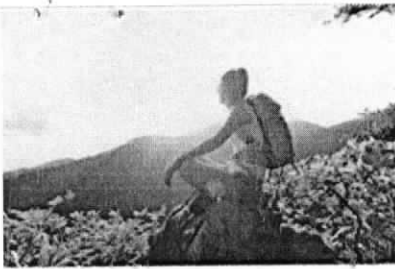
Thank you.

*Best Regards*

Yee Pei Li  
Claims Assistant (Motor)  
ERGO Insurance Pte. Ltd.  
5 Temasek Boulevard  
#04-01 Suntec Tower Five  
Singapore 038985  
DID: 65 6829 9194  
Fax: 65 6829 9247  
Website: [www.ergo.com.sg](http://www.ergo.com.sg)







Have you tried our new travel insurance product yet?  
**TravelProtect** comes with comprehensive benefits at some of the most  
affordable prices available in the market.

**ERGO**  
**TravelProtect**  
your Global Safety Net

TravelProtect is underwritten by ERGO Insurance Plc Ltd





# ERGO

Date: 28.11.2017  
Our Reference: SJH 3452Z/SE/pl  
Your Reference: SJM 2797J  
  
To: JAS AUTO SERVICES

Sent via Fax   
or  
Email jasautoservices@gmail.com

## Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: SJM 2797J  
Insured's Vehicle: SJH 3452Z  
Date Of Accident: 23.11.2017


We acknowledge receipt of your request for PRS on: 27.11.2017

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 \*.

\* LKK

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

<input checked="" type="checkbox"/>	Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
<input type="checkbox"/>	Your request for inspection does not have your client's complete GIA report, kindly forward a copy.
<input type="checkbox"/>	We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
<input type="checkbox"/>	Our Insured's driver has not reported the accident to us to date.
<input checked="" type="checkbox"/>	Others: <u>OFFICER-IN-CHARGE - MR STEVE LIM</u>

Prepared by:	<u>Pei Li</u>	6829 9194	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.





## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type	Singapore NRIC
Owner ID	7710E
<b>Vehicle Details</b>	
Vehicle No.	SJM2797J
Vehicle to be Exported	No
Intended De-registration Date	30 Nov 2017
Vehicle Make	HONDA
Vehicle Model	FIT 1.3L SKYROOF CVT AIRBAG 2WD 5DR
Primary Colour	White
Manufacturing Year	2008
Engine No.	L13A4160224
Chassis No.	GE61145948
Maximum Power Output	73.0 kW (97 bhp)
Open Market Value	\$18,001.00
Original Registration Date	26 Dec 2008
First Registration Date	26 Dec 2008
Transfer Count	0
Actual ARF Paid	\$18,001.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	25 Dec 2018
PARF Rebate Amount	\$9,900.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date	25 Dec 2018
COE Category	A - Car (1600cc & below)
COE Period(Years)	10
QP Paid	\$14,101.00
COE Rebate Amount	\$1,504.00
<b>Total Rebate Amount</b>	<b>\$11,404.00</b>

The information contained herein is correct as at 30 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	24/11/2017 09:55
Date Of Accident	23/11/2017 21:45
Exact Location Of Accident	ALONG PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2797J
-----------------------------	----------

#### Insured/Policyholder

Name Of Registered Owner	NG CHEE SIONG
NRIC No	S1547710E
Email Address	NICKNCS@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90260382
Alternative Phone No	OFFICE-90260382

#### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3L SKYROOF CVT AIRBAG 2WD 5DR
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/00219401/02
Cover Note Number	

#### Driver

Name of Driver	NG CHEE SIONG
NRIC No	S1547710E
Date Of Birth	24/10/1962
Occupation	INDOOR
Date Of Driving Pass	14/12/1982
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90260382
Fax Number	
Contact Number	OFFICE-90260382
EMail Address	NICKNCS@YAHOO.COM.SG

Address

Postcode

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 CHAIN COLLISION

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 ATTACHMENT

### 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 SJH3452A Z

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver LIM YUN RUI

NRIC/Passport Number S8944405E

Contact Number 97411882

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Details of Witness

Name

Phone Number

Email Address

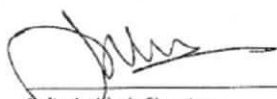
**SKETCH PLAN**

**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.

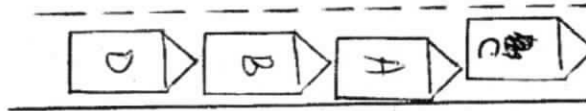
  
 Policyholder's Signature  
 Date & Time: 24/11/17  
 9.58 am.

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

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

*Printable Sketch Plan Form 1/1*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was traveling on the PIE on the outermost right lane of the Expressway and I noticed the vehicle in front of me jammed on the brakes in front of me. There was also a motorbike behind that car that almost fell when he had to apply the emergency brakes. To avoid the bike, I steered my car to the right and managed to stop ~~in~~ in time without hitting the front car. However, my car was immediately hit by another car from the back and subsequently my car was pushed into the back of the front car.

I was the 2nd car in a chain of 4 vehicles.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <b>Fourteen (14) days clause</b> whereby the claim must be made within the stipulated timeframe from the day of occurrence.	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim OD / TP at other workshop

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 24/4/17  
 9.45am

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

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1547710E



NG CHEE SIONG

Figure 10

CHINESE

Chain of Entry

24-10-1962

Sara

M

Country of Birth  
**SINGAPORE**

2768916



NRIC No. **S1547710E**



Blood Group      Date of issue  
**O+**      **28-12-1995**

**APT BLK 160 PASIR RIS STREET SINGAPORE 510163**

NRIC No: **S1547710E**      Date: **24-12-2002**      No: **1585988**

NOT APT LICENSED TO DRIVE VEHICLES IN THE POLYMERINE CLASS

Class 3 Motor Cars and Motor Trucks of weight of 14 Dec 1982  
which are not over 2000 kg (gross weight)

NP 428A

License No. 514-27186



Contact us at  
 Hotline: (65) 6532 2888  
 E-mail: CustomerService@DirectAsia.com

## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MT/00219401/02
<b>Type of Coverage / Driver Plan</b>	: Car Comprehensive (Value Plus Plan)
<b>1) Vehicle Registration No.</b>	: SJM2797J
<b>Chassis No.</b>	: GE61145948
<b>2) Name of Policy Holder</b>	: Ng, Chee Siong
<b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	: 26/12/2016 00:00
<b>4) Date/Time of Expiry of Insurance</b>	: 25/12/2017 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(a) The Insured (b) Any named person under the policy who is driving on the Insured's order or with his permission. (c) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Insured's order or with his permission  The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
<b>6) Limitations as to use*</b>	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.  *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
<b>Sum Insured</b>	: Market Value
<b>Own Damage Excess</b>	: S\$ 0.00 (before any applicable GST)
<b>Windscreen Excess</b>	: S\$ 100.00 (before any applicable GST)
<b>Choice of workshop</b>	: DirectAsia approved workshops
<b>Finance company / Hire Purchase</b>	: Hong Leong Finance
<b>Main driver</b>	: Ng, Chee Siong
<b>Named driver</b>	: None
<b>Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.</b>	

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 26/11/2016

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur  
Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd  
 88 South Bridge Road Singapore 058716  
 www.DirectAsia.com

Accident Photo





Accident Photo





Accident Photo



Accident Photo



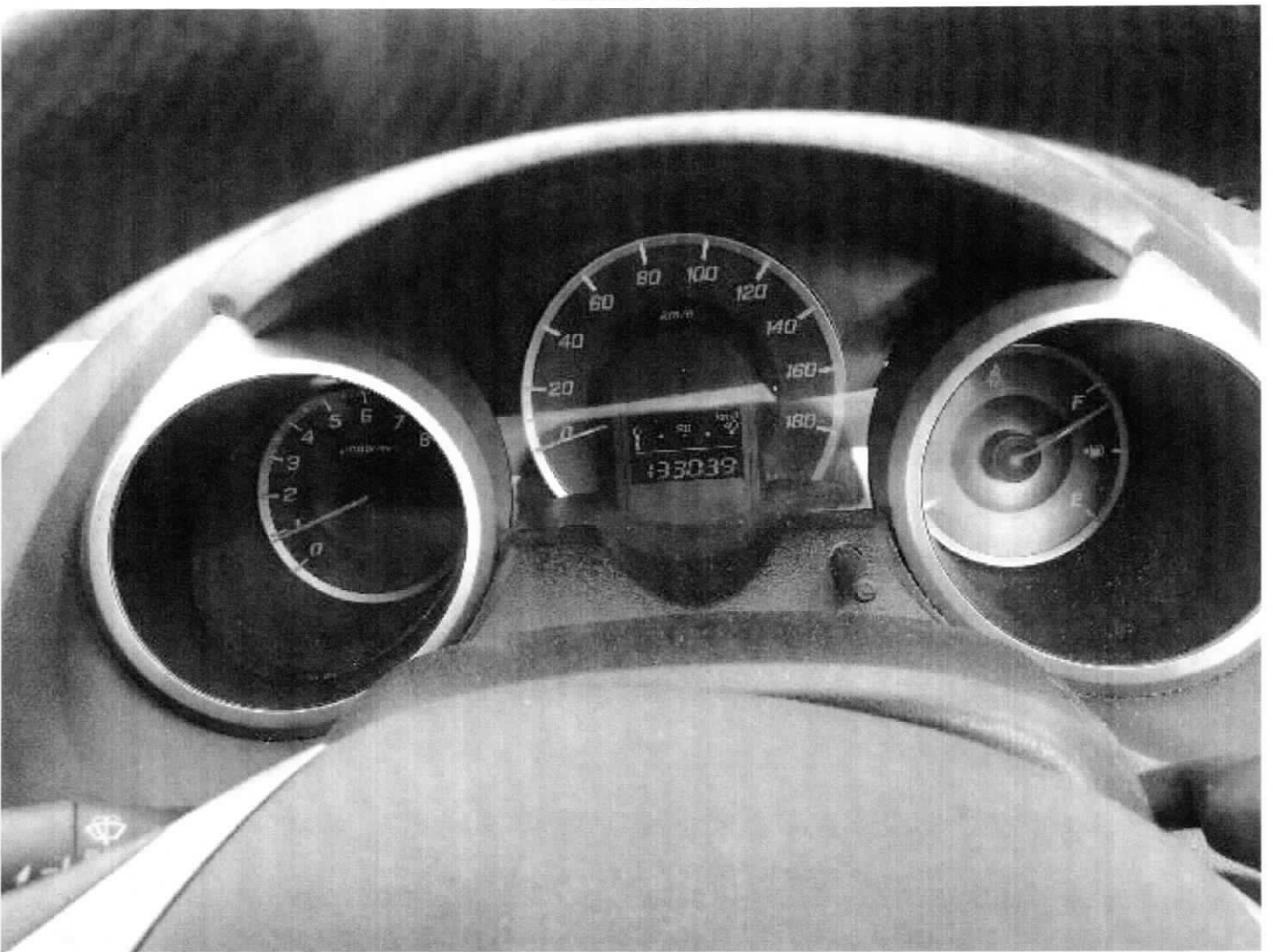
Accident Photo



Accident Photo



Accident Photo



Accident Photo






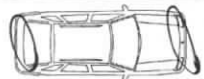
**LKK Auto Consultants Pte Ltd**

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/EGI17022679/Sbe2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 07-06-2018		
FIVE SINGAPORE 038985		Code: EGI		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SJH 3452Z	Veh. Inspected	SJM 2797J	
Policy No.		Coverage (\$)	0.00	
Claim No.	SJH3452Z/SE/pl	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	29/11/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HONDA FIT	c.c	1339	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	GE61145948	Colour	WHITE	
Odometer	133075 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/50 R16	GREEN MAX	6 mm	
L/H Front Tyre	205/50 R16	GREEN MAX	6 mm	
R/H Rear Tyre	205/50 R16	GREEN MAX	6 mm	
L/H Rear Tyre	205/50 R16	GREEN MAX	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	23/11/2017	Inspect Date / Time	29/11/2017 ( 04:24 PM )	
Survey held at	JAS AUTO SERVICES 6D MANDAI ESTATE #03-02 M-SPACE SINGAPORE 729938			
<b>5a. Remarks</b>				
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 \$12,000-\$15,000				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		13 Working Days		

Report Ref No. CS3/EGI17022679/Sbe2

**Inspected By**

YEANG WAI KEEN

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

