

22/03/2002

ASS. REC. BY:

REF:

CS3 / SMO17022926 / M1682

Special Instruction:

range & days

Survivor:

Ma.

ASSIGNMENT (Office)From (Person): Shirley Wong of SMO Date/Time: 04.12.2017 11:37am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: STN 6941C Insured: SHB 3226Cat Workshop m/s Merlin Motor Tel: 6484 5225of Bik 10 Amk Ind Park 2A #03-13Policy No: _____ Claim No: CMTD1704343 / AGC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 01.12.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS 'WPI' 05.12.2017 @ after 10am H.O.D. Endorsement: _____Date/Time: 04.12.2017 11:47am Person Contacted: Ms. Lee Vehicle: IN OUT

Date/Time	Action/Instruction (X) Estimate	
	STN 6941C - NA / ATG11008307 / j1	DIA: 05052011
	SHB 3226C - CS3 / ATG17014890 / M682	DIA: 27092017
	Dismantle Part: 06.12.2017	
	After repair: 13.12.2017	
16.12.17 1:41pm	Email to Shirley Wong	

TOTAL

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

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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

SOMPO INSURANCE SINGAPORE PL

Ref : CS3/SMO17022926/M1b

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERS SINGAPORE 048623

Date : 04-12-2017



Code : SMO

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SGB 3226C	Veh. Inspected	SJN 6941C
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1704343/AGC	Excess (\$)	0.00
Assign From	SHERY WONG	Assign Date	04/12/2017

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	01/12/2017	Inspection Date	05/12/2017
Survey held at	MERLIN MOTOR & ENGINEERING WORKS BLK 10 ANG MO KIO INDUSTRIAL PARK 2A #03-13 AMK AUTOPOINT SINGAPORE 568047		

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.
--

Catherine Chong (LKK Auto)

From: Wong, Shi Yi Shery <Shery.Wong@sompo.com.sg>
Sent: Monday, 4 December, 2017 11:37 AM
To: 'Hui Ting'; 'assignments'
Cc: Henry, Irene James; Chan, Shu Hui Agnes; Corene Chong; 'Nivitha (LKK Auto)'
Subject: RE: Our client's vehicle no. SJN6941C (Merlin); Your insured's vehicle no. SGB3226C;
Your Ref: CMTD1704343/AGC - PRI

Our Reference: CMTD1704343/AGC
Your Reference: EM.tk.MMW (SJN6941C)

Date: 04TH December 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S CROSSBORDERS LLC

Accident involving SJN6941C and SGB3226C on 01/12/2017

Dear Sirs,

We refer to your email reply dated 04/12/2017.

We do not agree to your list of surveyors.

As such, we will be appointing our motor surveyor, **LKK AUTO** to conduct the pre-repair survey of your client's vehicle.

The pre-repair survey will include a survey of the vehicle when its damaged parts are being dismantled prior to the commencement of repairs.

We would like our motor surveyor to conduct a post repair inspection once your client's vehicle has been repaired.

The survey is conducted on a without Prejudice basis and without any admission of liability.

Aside to **LKK AUTO**,

Kindly assign your motor surveyor to conduct motor survey of the mentioned (SJN6941C).

Thank you.

Best Regards
Shery Wong
Claims Division
T: 6461 6555 | F: 6221 3147



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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From: Hui Ting [mailto:huiting@crossbordersllc.com]

Sent: Monday, December 04, 2017 11:32 AM

To: Wong, Shi Yi Shery

Cc: Henry, Irene James; Chan, Shu Hui Agnes; Corene Chong

Subject: RE: Our client's vehicle no. SJN6941C (Merlin); Your insured's vehicle no. SGB3226C; Your Ref: CMTD1704343/AGC - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Shery

1. We refer to your email dated 04 December 2017.
2. Our client objects appointing your surveyors as a single joint expert.
3. We propose one of the motor surveyors named in the list below to conduct the joint pre-repair survey as a single joint expert:-
 - a) Dennis Yap PAL'S Appraiser Pte Ltd
 - b) Yap Teck Lee LCW Appraiser Pte Ltd
 - c) Yap Teck Chye MC-Coy Appraiser Pte Ltd
 - d) Dixon Yeo Treasure Appraiser Pte Ltd
 - e) Marc Ananda United Appraisal and Management Pte Ltd
 - f) Andrew How Prominent Appraiser Services
 - g) Alan Cheong K.H. C L Appraiser Pte Ltd
 - h) T.T. Rajan ST Appraisal Services
 - i) Sebastian Lim Constanct Appraiser Services
 - j) Aeon Auto Consultants LLP

4. Please let us know within two (2) working days whether you are agreeable to the appointment of any of the above motor surveyors as a single joint expert.

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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From: Wong, Shi Yi Shery [<mailto:Shery.Wong@sompo.com.sg>]
Sent: Monday, December 04, 2017 11:06 AM
To: Hui Ting <huiting@crossbordersllc.com>
Cc: Henry, Irene James <irene.henry@sompo.com.sg>; Chan, Shu Hui Agnes <agnes.chan@sompo.com.sg>
Subject: RE: Our client's vehicle no. SJN6941C (Merlin); Your insured's vehicle no. SGB3226C - PRI

Our Reference: CMTD1704343/AGC
Your Reference: EM.tk.MMW (SJN6941C)

Date: 04TH December 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S CROSSBORDERS LLC

Accident involving SJN6941C and SGB3226C on 01/12/2017

Dear Sir

We refer to your Notice of Accident via email dated 04/12/2017.

Please be informed that Agnes is the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Ma Chin Fook (North area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

Shery Wong

Claims Division

T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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From: Hui Ting [<mailto:huiting@crossbordersllc.com>]

Sent: Monday, December 04, 2017 10:16 AM

To: Claims - Motor Survey

Cc: Corene Chong

Subject: Our client's vehicle no. SJN6941C (Merlin); Your insured's vehicle no. SGB3226C - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Sirs

1. Please find attached our PRI notice dated 04 December 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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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	02/12/2017 14:52
Date Of Accident	01/12/2017 18:10
Exact Location Of Accident	WEST COAST RAOD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6941C
Insured/Policyholder	
Name Of Registered Owner	LIM TA-KIONG (LIN DAQIANG)
NRIC No	S7325497C
Email Address	RSOSTEVENLIM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96229986
Alternative Phone No	OTHERS-96229986

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA030689/1
Cover Note Number	

Driver

Name of Driver	LIM TA-KIONG (LIN DAQIANG)
NRIC No	S7325497C
Date Of Birth	18/07/1973
Occupation	INDOOR
Date Of Driving Pass	18/06/1997
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96229986
Fax Number	
Contact Number	OTHERS-96229986
Email Address	RSOSTEVENLIM@YAHOO.COM.SG

Address	BLK 1 CHIM MOH ROAD #02-362
Postcode	270001
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	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)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CLEMENTI NPC 20 CLEMENTI AVE 5 SINGAPORE 129858
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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

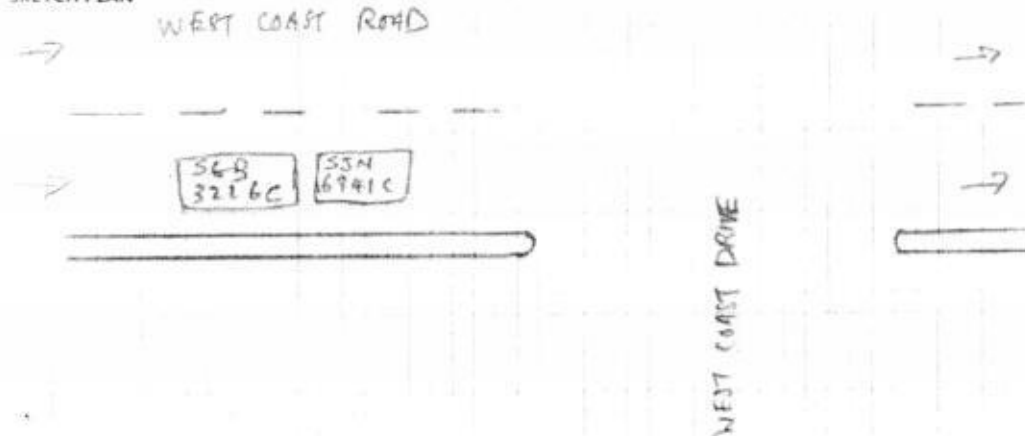
Vehicle Registration Number	SGB3226C
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Name of Driver	CHEW POH LEE (ZHOU BAOLI)
NRIC/Passport Number	S8008061A
Contact Number	8183 7945
Address	BLK 338 SEMBAWANG CRESCENT #06-154 SINGAPORE 750338
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/12/17, at about 1810 hrs, I was driving (SSN 6941C) along West Coast road towards West Coast Drive junction, when a car (SGB 3226C) knocked my car from behind. Both cars pulled along side and exchanged particulars.

My wife (ANG PECK ANG) vomited shortly after the incident. My son (GEBANDEN LIAM) had shoulder pain and I had back pain. We went to the hospital for medical consultation immediately after the incident.

DECLARATION

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

[Signature] 02/12/17
1950 hrs
Policyholder's Signature
Date & Time:

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

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

Individual Statement

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

01/12/17

1810 hrs

WEST COAST ROAD

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Occupation

SSN 6941 C

LIM TH-KIONG

57325497C

Blk 1, GYM MCH ROAD #09-356 S270001

Hp 9622 4986

Tel

motor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

Intend Purpose for which vehicle was being used at the time of accident

Are you claiming under your own insurance policy?

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Is it Policy

Policy Number

TOYOTA WISH 1.8A

Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others

PRIVATE

☐ Yes ☒ No Remarks ☐ TP ☒ Private ☐ Commercial ☐ Motorcycle

AXA INSURANCE

☒ Comprehensive ☐ TP Fire & Theft ☐ Third party

☐ Yes ☒ No

GAD30669/1

DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

Contact Number

Address

Email Address

Was driver an employee of the Insured's Company?

If No, Relationship of Driver with the Insured

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

Road Surface

Damage Area

18-07-1973

18-06-1997

☒ Male ☐ Female

Tel Hp

☐ Yes ☒ No

4 Pax TP Insured

☒ Clear ☐ Raining ☐ Others

☐ Wet ☒ Dry ☐ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

If Yes, against whom?

☒ No ☐ Yes

☐ No ☒ Yes

☐ No ☒ Yes

☒ No ☐ Yes

☐ No ☒ Yes

☒ No ☐ Yes

email
address

{ rsosteventim@yahoo.com.sg
info@merlimotorworks.com

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

SJN6741C

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SGB 3226C

Vehicle Make/ Model/ Colour

TOYOTA

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

Chew Poh Lee (2621 Book)

NRIC/ FIN/ Passport

SG008061A

Contact Number / Email Address

8183 7945

Address

BK 338 Sembawang Crescent #06-154
SC7503387

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☒ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect



Signature of Policy Holder
(Company Chop if applicable)

Date & Time 02/12/17 1450 hrs

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Individual Statement

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:

02/12/17

1450 hrs

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

Reporting Centre Personnel's Signature
Name:
NRUC/FIN No:

Catherine Chong (LKK Auto)

From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Sent: Saturday, 16 December, 2017 1:41 PM
To: 'Wong, Shi Yi Shery'; 'assignments'
Cc: 'Henry, Irene James'; 'Chan, Shu Hui Agnes'
Subject: RE: Our client's vehicle no. SJN6941C (Merlin); Your insured's vehicle no. SGB3226C; Your Ref: CMTD1704343/AGC - PRI

Dear Shery,

Refer to your assignment on 04.12.2017 at 11.37AM.

Please be informed that we have inspected the vehicle SJN 6941C on 05.12.2017 at 2.19PM.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

We will submit our report accordingly.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Monday, 4 December, 2017 11:50 AM
To: 'Wong, Shi Yi Shery' <Shery.Wong@sompo.com.sg>; 'assignments' <assignments@lkkauto.com>
Cc: 'Henry, Irene James' <irene.henry@sompo.com.sg>; 'Chan, Shu Hui Agnes' <agnes.chan@sompo.com.sg>
Subject: RE: Our client's vehicle no. SJN6941C (Merlin); Your insured's vehicle no. SGB3226C; Your Ref: CMTD1704343/AGC - PRI

Dear Shery,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd


Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Wong, Shi Yi Shery [mailto:Shery.Wong@sompo.com.sg]
Sent: Monday, 4 December, 2017 11:37 AM
To: 'Hui Ting' <huiting@crossbordersllc.com>; 'assignments' <assignments@lkkauto.com>
Cc: Henry, Irene James <irene.henry@sompo.com.sg>; Chan, Shu Hui Agnes <agnes.chan@sompo.com.sg>; Corene Chong <corene@crossbordersllc.com>; 'Nivitha (LKK Auto)' <admin-d@lkkauto.com>
Subject: RE: Our client's vehicle no. SJN6941C (Merlin); Your insured's vehicle no. SGB3226C; Your Ref: CMTD1704343/AGC - PRI

Our Reference: CMTD1704343/AGC



PRE-REPAIR INSPECTION REPORT				
SOMPO INSURANCE SINGAPORE PL		Ref: CS3/SMO17022926/M1bs2		
50 RAFFLES PLACE #05-01/06		Date: 22-12-2017		
SINGAPORE LAND TOWERSINGAPORE 048623		Code: SMO		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SGB 3226C	Veh. Inspected	SJN 6941C	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1704343/AGC	Excess (\$)	0.00	
Assign From	SHERY WONG	Assign Date	04/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH 1.8 (A)	c.c	1794	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JTDER12W003001926	Colour	GREY	
Odometer	195950 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/60R15	WEST LAKE	8 mm	
L/H Front Tyre	195/60R15	WEST LAKE	8 mm	
R/H Rear Tyre	195/60R15	WEST LAKE	8 mm	
L/H Rear Tyre	195/60R15	WEST LAKE	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	01/12/2017	Inspect Date / Time	05/12/2017 (02:19 PM)	
Survey held at	MERLIN MOTOR & ENGINEERING WORKS BLK 10 ANG MO KIO INDUSTRIAL PARK 2A #03-13 AMK AUTOPOINT S 568047			
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$5,000-\$6,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		8 Working Days		

Report Ref No. CS3/SMO17022926/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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