

22/03/2002

ASS. REC. BY:

REF: CS3 / AGI: 7023191 / milbert

Special Instruction:

range 2 days

Surveyor: Ma.

ASSIGNMENT (Office)

From (Person): Albert Hong

of

AGI

Date/Time: 06/12/2017 1:44pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJY 7477C

Insured:

SGS 1363M

at Workshop m/s

AK Workshop

Tel:

9339 7780

of

Blk 10 Amk Ind Park 2A # 04-10

Policy No:

Claim No:

C10001182

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 03.12.2017

CA / REV / REP. / REV 24 HRS (wpt)

Date/Time: 06/12/2017 3pm

Person Contacted:

Matthew

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SJY 7477C - CS/UCI11025836 / Milyn
	SGS 1363M - CS/LPC18019839 / UF
	Dismantle Part: 07.12.2017
	After repair: 11.12.2017

DA: 11/01/2011

DA: 280608

REF:

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

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

Truck / Trailer or

Make: _____

Colour: _____

Sp. Reading: _____

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / 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

R/Bal. _____

L/Bal. _____

D.O.A. _____

Survey held at _____

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

Rear

R/Bal. _____

L/Bal. _____

D.O.I. _____

AK Wksp 16.2.20

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

Date / Time Action / Instruction

PDI, NO ESTIMATE UPON SURVEY.

Repair Estimate : \$3500 - 4500, 3 days

RECEIVED 16 APR 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

S + RS: _____

Photos

Others

TOTAL

Report Format: PRG

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

- 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

✓			
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(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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS3/AGI17023191/M1b

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE
239924

Date : 06-12-2017



Code : AGI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SGS 1363M	Veh. Inspected	SJV 7477C
Policy No.		Coverage (\$)	0.00
Claim No.	C10001182	Excess (\$)	0.00
Assign From	ALBERT HONG	Assign Date	06/12/2017

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

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5. General Information

Accident Date	03/12/2017	Inspection Date	06/12/2017
Survey held at	AK WORKSHOP NO. 10 AMK IND PARK 2A # 04-10 AMK AUTO POINT 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: Albert Hong <albert.hong@budgetdirect.com.sg>
Sent: Wednesday, 6 December, 2017 1:44 PM
To: 'assignments'
Cc: sur@lkkauto.com
Subject: Appoint LKK to conduct TP survey; Our Ref: C10001182
Attachments: FAX_20171206_1512527476_23.pdf

Hi LKK,

Please accept assignment and liaise with AK Workshop and Bonnie Kwok LLC.

Called 9339 7780 earlier and spoke to Matthew, he informed that he is in reservist now and to look for Steven however do not have the phone number.

Thank you.

Regards,

Albert Hong
Senior Executive, Claims

T +65 6540 2182
F +65 6725 0853
E albert.hong@budgetdirect.com.sg

**Budget
Direct**
insurance

Customer Care: +65 6221 2111
Claims: +65 6221 2199
Claims (Int.): +65 6540 2199

190 Clemenceau Avenue
#03-01, Singapore Shopping Centre
Singapore 239924
budgetdirect.com.sg

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as Budget Direct Insurance.

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BONNIE KWOK LLC

Advocates & Solicitors

101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358

Tel: (65) 6536 6026
Fax: (65) 6536 2279
(Not for service of court documents)
CST Reg. No. 2012035472

Your Vehicle: SGS 1363 M

Our Vehicle: SJV 7477 C

Date: 6 December 2017

Auto & General Insurance (Singapore) Pte Ltd
Singapore Shopping Centre
190 Clemenceau Avenue
#03-01
Singapore 239924

By Fax 6725 0853 Only

Dear Sir,

ACCIDENT INVOLVING SJV 7477 C & SGS 1363 M on 3/12/17

We refer to the above matter.

We hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle
SJV 7477 C at M/s AK Workshop, Block 10 Ang Mo Kio Industrial Park 2A #04-10
Singapore 568047, contact number 9339 7780.

Your faithfully


BONNIE KWOK

(ACCIDENT STATEMENT FORM)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement claim.
This form is to facilitate the mobile reporting service for E-filing

Chew Goon Motor

Date of Accident	Time	Exact Location of Accident
03 Dec 17	Arnd 2030h	Malaysia Custom @ Sultan Iskandar CIQ

REGISTERED OWNER VEHICLE DETAILS

Registration No: SJV7477C	Vehicle Make:	Model: Toyota Vias	Colour: Silver
Name of Registered Owner: Li JionXing Kelvin		NRIC/FIN/Company Reg. No: S8125077D	
Owner Contact: 97673661	Office:	Owner Email: leekelvin77@gmail.com	

INSURANCE

Name of Insurance Company: Ergo	Policy No: DMPC 16S 019346
Policy Type: <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party, Fire & Theft <input type="checkbox"/> Third Party	Fleet Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Category: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Private Hire	Are you claiming your own Insurance Policy for the repair of your Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No, Reporting Only <input checked="" type="checkbox"/> No, Claim 3rd Party

DRIVER'S DETAIL

Name of Driver: Li JionXing As Above	NRIC/FIN/Passport No:
Driver Address:	Date of Birth:
Driver Contact:	Driver Email:
Occupation: <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> Male <input type="checkbox"/> Female Driving Pass Date:
Was Driver an Employee of the Insured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Relationship of the Driver with the Insured If not an Employee: Owner
If Yes, please state Name of Company:	

ACCIDENT DETAILS

Exact Purpose for which vehicle was being used at the time of accident: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Hire & Reward <input type="checkbox"/> Others	Weather Condition: <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Other: _____
	Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other: _____

POLICE DETAILS

Was Accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Notice of Prosecution Given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please state which Police Station the report made?	If Yes, against whom?

WAS ANY OTHER VEHICLE OR PROPERTY INVOLVED?

* Registration No: SGS1363M	Vehicle Make: Toyota Altis	Model:	Colour:
Name of Driver: Unknown	NRIC / FIN:	Contact:	
* Registration No:	Vehicle Make:	Model:	Colour:
Name of Driver:	NRIC / FIN:	Contact:	
* Registration No:	Vehicle Make:	Model:	Colour:
Name of Driver:	NRIC / FIN:	Contact:	

DETAILS OF INJURED PERSON

Name of Injured Person:	Contact:	If passenger, State which Vehicle:
Conveyed to Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Was seat belts worn? <input type="checkbox"/> Yes <input type="checkbox"/> No

WITNESS

Name of Witness:	NRIC/FIN/Passport No:
Witness Contact:	Email Address:
Is Witness a passenger or insured or third party? <input type="checkbox"/> Insured <input type="checkbox"/> Third Party <input type="checkbox"/> Independent Witness	

Declaration:

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

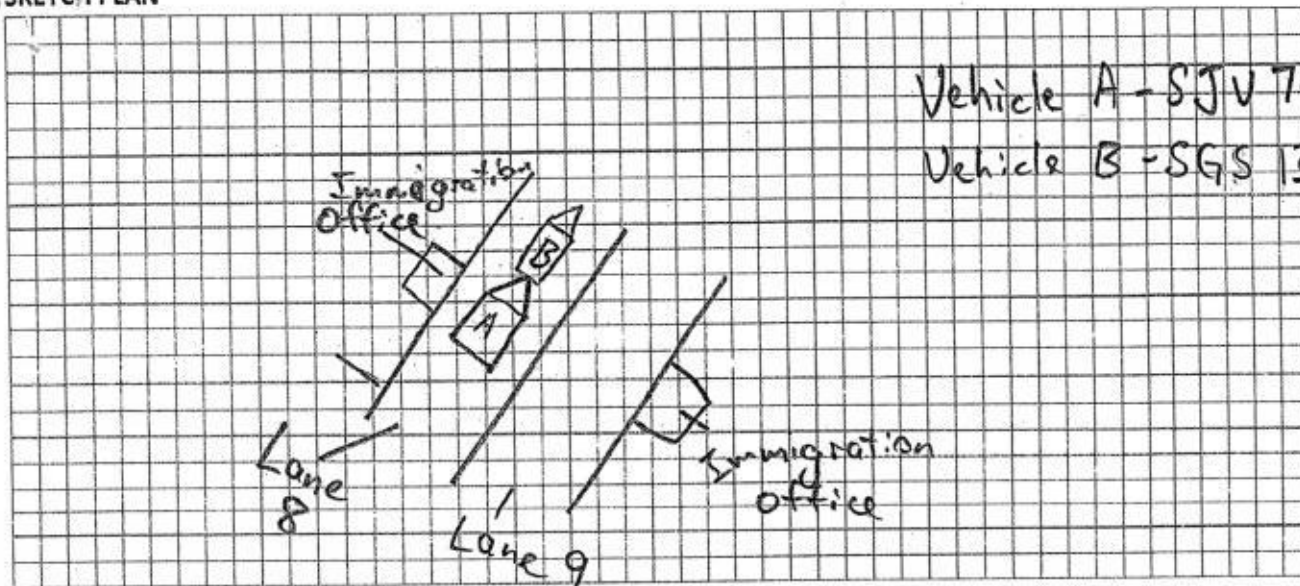
Registered Owner or Driver's Signature

Video Footage: Yes or No

Pass to Referral workshop

Total Pax (Included driver): 3

SKETCH PLAN



Vehicle A - SJU 7477C
Vehicle B - SGS 1363M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3rd of December 2017, I was entering Lane 8 of Sultan Iskandar CIA (Malaysian Custom), I stopped and pulled my handbrake to stop for Immigration Inspection. While passing my passport to the Immigration Officer Car B - SGS 1363M suddenly reversed his rear into my my vehicle's (Car A - SJU 7477) front and a loud bang was heard. My in car camera recorded the incident and the owner of car B ~~is also~~ has also admitted his mistake due to reversing. The video evidence which showed my car has come to a complete stop before Car B reversed into my car. The video evidence is submitted to Steven Liew of AK Workshop at No.10 Ang Mo Kio Industrial Park 2A, #04-10, AMK Auto Point (S) 568047.

We will do the necessary claims and repairs at AK Workshop.

DECLARATION

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

Policyholder's Signature

Date & Time: 04 Dec 2017

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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: 04 Dec 2017

Driver's Signature

(If driver is not the policyholder)

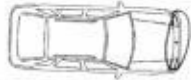
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



PRE-REPAIR INSPECTION REPORT			
AUTO & GENERAL INSURANCE (S) PL		Ref:	CS3/AGI17023191/M1be2
(BUDGET DIRECT INSURANCE)190 CLEMENCEAU AVENUE #03-01 SINGAPORE 239924		Date:	17-04-2018
		Code:	AGI
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SGS 1363M	Veh. Inspected	SJV 7477C
Policy No.		Coverage (\$)	0.00
Claim No.	C10001182	Excess (\$)	0.00
Assign From	ALBERT HONG	Assign Date	06/12/2017
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VIOS	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	MR053HY9305151106	Colour	SILVER
Odometer	210663 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/55 R15	YOKOHAMA	8 mm
L/H Front Tyre	195/55 R15	YOKOHAMA	8 mm
R/H Rear Tyre	195/55 R15	YOKOHAMA	8 mm
L/H Rear Tyre	195/55 R15	YOKOHAMA	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.			
5. General Information			
Accident Date	03/12/2017	Inspect Date / Time	06/12/2017 (04:30 PM)
Survey held at	AK WORKSHOP NO. 10 AMK IND PARK 2A # 04-10 AMK AUTO POINT 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. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,500-\$4,500			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:			3 Working Days

Report Ref No. CS3/AGI17023191/M1be2

Inspected By



MA CHIN FOOK

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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