

ASS. REC. BY:

REF: CS3/EG117024256/Ti d302

George Edang

Surveyor

ASSIGNMENT (Office)

From (Person): Yee Pei Li

of EGI

Date/Time: 22/12/17 @ 9.47am

Estimated Cost

Bill to:

OD: TP/AWS/TP RES/OD RES/EVA/INV/MV/CS

To Inspect Vehicle No: SGJ 5063A

Insured: Gx 546H

at Workshop m/s Green Star Spray Painting

Tel: 6546 3092

of Blk 3011 Bedok North Ave 4 #01-2004/2006

Policy No:

Claim No: DSMCV1703069

Sum Insured:

Excess:

Make of Veh:  
(Client's Record)

D.O.A. 20/12/2017

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

26/12/2017

H.O.D. Endorsement:

Date/Time: 9.54am @ 22/12/17

Person Contacted: Jane

Vehicle: IN (OUT)

Date/Time	Action/Instruction (X) Estimate
	SGJ 5063A - X
	Gx 546H - NJAY / JNC08008581 / y1
	D.O.A 216/08/2007
	After repair: 02.01.2018

REF: EGI

## ASSIGNMENT

WE 2021 June

From: \_\_\_\_\_ Date: 26/12/17

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

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

To Inspect Vehicle No: SGJ 5063A

at Workshop m/s Green Star Spray Painting

of Blk 3011 Bedok North Ave 4 #01-2004/2006

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

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

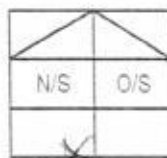
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

'wp' (RS)

Vehicle: IN / OUT

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

Veh No: SGJ5063A Yr Regn: 2006 July

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

Truck / Trailer or

Make: Mitsubishi Lancer 1.6m c.c. 1584

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 154223 T/Radio: Insured / Std / NI / NA

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

C/No: smysncs3464.00 6434

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: 205/45R17

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

6

R/Bal.

mm

Rear

6

R/Bal.

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

26/12/17 @ 1420

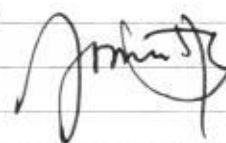
Survey held at Green Star

Des. 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

Repair Estimate : S\$ 3500 - 4500 , 4 days



9/1/2018

RECEIVED 11 APR 2018

Date/Time, File Pass to?

1) 10042018

Date/Time, File Return to?

2) \_\_\_\_\_



Preli. Report



Final Report

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: \_\_\_\_\_



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

Photos

Other

TOTAL

50

50

100

Report Format: PRS.

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

## Nivitha (LKK Auto)

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**From:** ERGO Insurance Pte. Ltd. (Claims Department) <claims@ergo.com.sg>  
**Sent:** Friday, 22 December, 2017 9:47 AM  
**To:** 'admin-d@lkkauto.com'  
**Subject:** OI : GX546H / TP : SGJ5063A/LKK / DOA : 20/12/2017  
**Attachments:** SGJ5063A - PRS NOTICE n SAS.pdf; RE: VEHICLE ACCIDENT; OUR REF: SGJ5063A  
YOUR REF: GX546H DOA:20/12/2017 ... (17.1 KB)

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey from **GREEN STAR SPRAY PAINTING**.

ADDRESS : BLK 3011 BEDOK NORTH AVE 4  
#01-2004/2006 BEDOK IND. PARK E  
SINGAPORE 489977

PERSON TO CONTACT : JANE @ 6546 3092

ERGO OFFICER-IN-CHARGE : STEVE LIM

***Note: To survey on without prejudice basis. Please note that our insured/insured driver has yet to e-file their SAS for this accident. Obtain estimate and advise the consistency of damages to third party vehicle 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 update the survey status via [Survey.Report@ergo.com.sg](mailto:Survey.Report@ergo.com.sg).

Attached is third party's SAS (**note: reports not to be released to any Third Party**). No estimates was provided.

**Kindly acknowledge receipt of this email.**

Thank you.

### **Yee Pei Li**

Claims Assistant (Motor)  
ERGO Insurance Pte. Ltd.  
5 Temasek Boulevard  
#04-01 Suntec Tower Five  
Singapore 038985  
Tel.: 65 6829 9199 DID: 65 6829 9194  
Website: [www.ergo.com.sg](http://www.ergo.com.sg)

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

## 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	21/12/2017 13:07
Date Of Accident	20/12/2017 17:35
Exact Location Of Accident	OPEN C/P-481 TAMPINES ST 44
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ5063A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ESTATE OF HAMZAH BIN JANTAN, HAMZAH
NRIC No	S0254268D
Email Address	HIDAYAT@PJSB.SG
Mobile Phone No	(LOCAL) +65-91894911
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6M
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00334359/01
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD HIDAYAT BIN HAMZAH
NRIC No	S8142457H
Date Of Birth	31/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2000
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91894911
Fax Number	
Contact Number	
EMail Address	HIDAYAT@PJSB.SG

Address	APT BLK 525 BEDOK NORTH ST 3 #03-402
Postcode	460525
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### 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 SKETCH PLAN

#### 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	GX546H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOH KHENG SOON
NRIC/Passport Number	S1713345D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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.

Direct Asic  
Vehicle: SGJ  
5063A

Policyholder's Signature  
Date & Time:

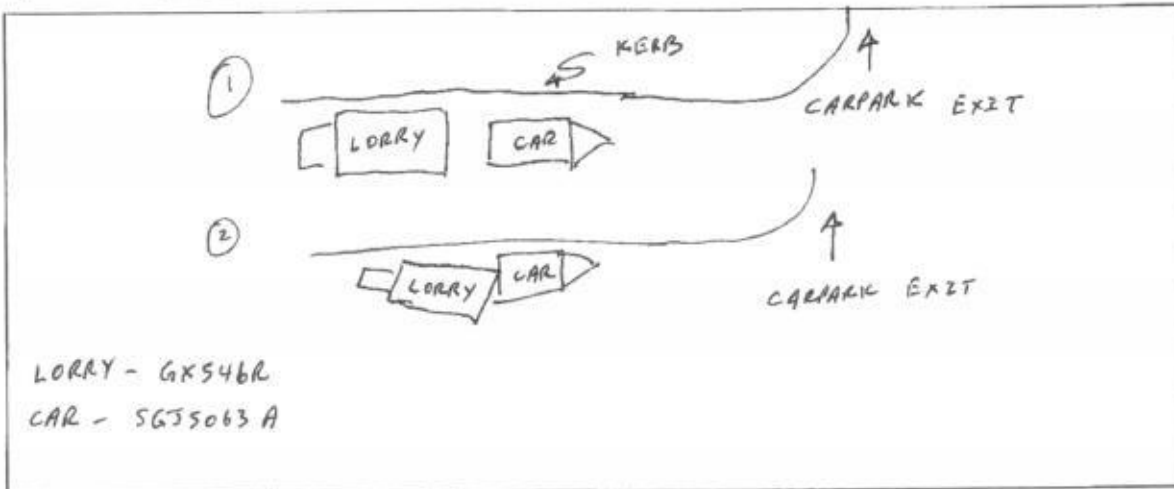
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Sketch Plan Pg. 2

## SKETCH PLAN

Accident Date: 20/12/2017 Time: 1735h Location: 481, TAMPINES ST. 44 CARPARK  
 My Vehicle A: SGJ5063 A Vehicle B: GX546 H Vehicle C/Others: - NA -



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LORRY, GX546R WANTS TO MAKE A U-TURN. MY CAR, SGJ5063A WAS LOCATED IN PARK LOCATION BEHIND THE LORRY, LORRY DRIVER DO A REVERSE FOR HIS CLEARANCE TO U-TURN. WHILE DOING THAT, HE HIT ONTO THE REAR OF MY CAR, SGJ5063A CAUSING THE AFFECTED DAMAGE

WEATHER - CLEAR

( ) Claim OD / TP at Ah Lim Motor (✓) Claim OD / TP at other workshop ( ) Reporting Only

Remarks : Please forward a copy of my efile accident report to  
 My workshop : GREEN STAR SPRAY PAINTING  
 Email Address : SALES@GREENSTARSP.COM  
 & Myself :  
 Email Address : HIOAYAT@PJSB.SG

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## 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

21/12/17  
 1240h

Witnessed by Reporting Centre  
 Personnel







**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/EGI17024256/T1d3e2		
5 TEMASEK BOULEVARD#04-01SUNTEC TOWER		Date: 11-04-2018		
FIVESINGAPORE 038985		Code: EGI		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	GX 546H	Veh. Inspected	SGJ 5063A	
Policy No.		Coverage (\$)	0.00	
Claim No.	DSMCV1703069	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	22/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MITSUBISHI LANCER 1.6 M	c.c	1584	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	JMYSNCS3A6U006434	Colour	RED	
Odometer	154223 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/45 R17	TOYO	6 mm	
L/H Front Tyre	205/45 R17	TOYO	6 mm	
R/H Rear Tyre	205/45 R17	TOYO	6 mm	
L/H Rear Tyre	205/45 R17	TOYO	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
<b>5. General Information</b>				
Accident Date	20/12/2017	Inspect Date / Time	26/12/2017 ( 02:20 PM )	
Survey held at	GREEN STAR SPRAY PAINTING BLK 3011 BEDOK NORTH AVE 4 #01-2004 BEDOK INDUSTRIAL PARK E S 489977			
<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 \$3,500-\$4,500				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:			4 Working Days	

Report Ref No. CS3/EGI17024256/T1d3e2

**Inspected By**

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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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