

22/03/2002

ASS. REC. BY:

REF: CS3/EQ17024459/Rld302

Vange xclous

Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Bazlin Ahmad of EQI Date/Time: 4:32pm @ 26/12/17

Estimated Cost: Bill to:

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

To Inspect Vehicle No: YM3C Insured: YM 672X

at Workshop m/s N-51 Automotive Tel: 68420051

of 2 kalci Bkt Ave 2 # 01-17

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 22/12/17
(Client's Record)

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time: 10:02am @ 27/12/17 Person Contacted: Melody

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	YM3C - NA / AIG / 17024320 / Y D.O.A : 22/12/17
	YM 672X - NA / AIG / 17020 / Y D.O.A : 22/12/17
	After repair: 5/1/2018
	Discontinue: 29/12/2017.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: YM 3C

at Workshop m/s NSI Automotive

of 01-17

Insured: TQ1 PRS

Policy No. _____

Claims No. _____

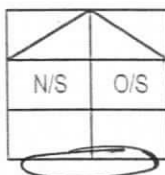
Sum Insured: _____ Excess: _____

(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: 7 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: YM 3C Yr Regn: 2018 / July

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

Truck / Trailer or

Make: NISSAN NISSAN ATLAS C.C. 2953

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

Sp. Reading: 13614 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 522F24052548

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: 205/65R15

R: 165R13C 40

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

TOYO / YOKO or FAIRBANK

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 5/5 mm

L/Bal. 7 mm L/Bal. 5/5 mm

D.O.A. 22/12/17 D.O.I. 28/12/17 @ 0229M

Survey held at NSI

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

Estimated repair range = \$7,000 - \$9,000.

7 days

RECEIVED 06 JUN 2018

6/6/2018

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 7

Resurvey No. of Trip: 2

Survey Fee: 100

Transportation: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

____ \$ + RS ____ \$

____ Photos

____ Others

Report Format : PRS

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

TOTAL

100

Nivitha (LKK Auto)

From: Shu Pei (LKKAuto) <shupeil@lkkauto.com>
Sent: Tuesday, 26 December, 2017 4:32 PM
To: assignments
Cc: Admin A
Subject: FW: PRS REQUEST - ACCIDENT ON 22.12.2017 ALONG KPE - TPE 9km MARK INVOLVING YM3C & YM672X
Attachments: YM3C 22.12.2017.pdf; YM672X 22.12.2017.pdf

"Wishes you a Merry Christmas & Happy New Year 2018"

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Bazlin Ahmad [mailto:bazlin.ahmad@eqinsurance.com.sg]
Sent: Tuesday, 26 December, 2017 4:30 PM
To: Admin A <admin-a@lkkauto.com>
Subject: RE: PRS REQUEST - ACCIDENT ON 22.12.2017 ALONG KPE - TPE 9km MARK INVOLVING YM3C & YM672X

Dear LKK

We refer to the above new assignment, please find attached both vehicles GIA report.

Thank You.

Regards,

Lynn Ahmad

Executive | Claims

eqinsurance

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

did 65 6496 9881 | tel 65 6223 9433 ext 881 | fax 65 6223 4190

www.eqinsurance.com.sg

 A Member of Citystate

 you've got a friend

Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of

From: Bazlin Ahmad

Sent: Tuesday, December 26, 2017 4:28 PM

To: 'N-51 Sales-Claim'; LKK AUTOCONSULTANTS (admin-a@lkkauto.com)

Subject: RE: PRS REQUEST - ACCIDENT ON 22.12.2017 ALONG KPE - TPE 9km MARK INVOLVING YM3C & YM672X

Dear Sirs,

We object to all the surveyors as proposed. We shall be appointing our surveyor, **LKK Auto Consultant**, to attend to the pre-repair survey of your client's vehicle.

Meanwhile, we reserve our rights on Post-Repair Inspection, kindly contact us or our appointed surveyor before you return your client's vehicle to him/her.

Aside to LKK,

Please arrange to attend to the said Pre-repair survey.

Thank You.

Regards,

Lynn Ahmad

Executive | Claims

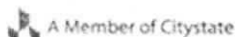


EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

did 65 6496 9881 | tel 65 6223 9433 ext 881 | fax 65 6223 4190

www.eqinsurance.com.sg



Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of

From: N-51 Sales-Claim [<mailto:sales@n51.com.sg>]

Sent: Tuesday, December 26, 2017 4:13 PM

To: Bazlin Ahmad

Subject: Re: PRS REQUEST - ACCIDENT ON 22.12.2017 ALONG KPE - TPE 9km MARK INVOLVING YM3C & YM672X

Dear Sir / Madam,

We refer to your list of motor surveyors proposed.

We do not agree to your list of motor surveyors.

Please see attached.

Thank you

Regards,

Sales Team

N-51 Automotive Pte Ltd

Office : 6842 0051 Fax : 6741 0510

www.n51.com.sg



On Tue, Dec 26, 2017 at 1:36 PM, Bazlin Ahmad <bazlin.ahmad@eqinsurance.com.sg> wrote:

Without Prejudice

Dear Sir,

We refer to your Notice of Accident of even date.

We shall be appointing our surveyor to attend to the pre-repair survey of your client's vehicle.

Below is a list of motor surveyors in our panel. Please revert within 2 working days if you agree or have any objections to the appointment of any of the motor surveyors. If we do not hear from you, you are deemed to have agreed to the appointment of any of the motor surveyors listed by us. Alternatively, please specify one or more of our proposed motor surveyors to the said assignment.

1) AJAX Inspection Services Pte Ltd Tel: 6255 0808 Fax: 6849 9155 Contact person : Joey/Joseh	2) Automobile Inspection Services Pte Ltd Tel: 6286 0155 Fax: 6284 1539 Contact Person: Sophia
3) LBS Automotive Appraisal Pte Ltd L.B.S. Auto Consultants Pte Ltd Tel: 6281 6690 / 62832866	4) Priority Services Tel: 62934822 Fax: 62963283

<p>Fax: 6281 8748</p> <p>Contact Person: Amy/ Grace</p>	<p>Contact Person: Sharon Kho</p>
<p>5) RT Appraisal Pte Ltd</p> <p>Tel: 67486076</p> <p>Fax: 67480361</p> <p>Contact Person: Ricky Teng</p>	<p>6) LKK Auto Consultants Pte Ltd</p> <p>Tel: 6256-3561</p> <p>Fax: 6741-4108</p>
<p>7) Kelvin Automotive Appraising Services</p> <p>Tel: 81825263</p> <p>Fax: 67461148</p> <p>Contact Person: Kelvin</p>	<p>8) Automotive Appraiser & Surveying Services</p> <p>Tel: 96623655</p> <p>Fax: 67655662</p> <p>Contact Person: Mr Chee</p>
<p>9) JP Knights Pte Ltd</p> <p>Tel: 63450068</p> <p>Fax: 63445328</p> <p>Contact Person: Edna Lee</p>	

If you object to all the motor surveyors as proposed by us, please provide a list of at least 10 motor surveyors whom you consider as suitable to appoint for our consideration. We shall revert to you within 2 working days.

Meanwhile, we reserve our rights on Post-Repair Inspection, kindly contact us or our appointed surveyor before you return your client's vehicle to him/her.

Thank You.

Regards,

Lynn Ahmad
Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6496 9881 | tel 65 6223 9433 ext 881 | fax 65 6223 4190
www.eqnsurance.com.sg



Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of it.

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	23/12/2017 09:44
Date Of Accident	22/12/2017 12:15
Exact Location Of Accident	KPE TOWARDS TPE AT 9KM MARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM3C
Insured/Policyholder	
Name Of Registered Owner	BIKEBULANCE
Co Reg No	52886984A
Email Address	BIKEBULANCE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90233228
Alternative Phone No	OFFICE-64255333

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	210047507-01000
Cover Note Number	

Driver

Name of Driver	ROZAIDEE BIN KELLION
NRIC No	S1738351E
Date Of Birth	30/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2004
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90233228
Fax Number	
Contact Number	OFFICE-64255333
Email Address	BIKEBULANCE@YAHOO.COM

Address	BLK 450F TAMPINES STREET 42 #03-386
Postcode	526450
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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

PLEASE REFER TO SKETCH

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	YM672X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BUANG BIN ARICK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ROZAIDEE BIN KELLION
------	----------------------

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

YM3C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan

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:

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

Reporting Centre Personnel's Signature
Name: ROHANI WAHAB
NRIC/FIN No.: 28/12/2017

Sketch Plan #2

SKETCH PLAN

Ym3C ← [Diagram: A rectangular box divided into three sections by two vertical lines. The leftmost section contains a left-pointing arrow, the middle section contains a right-pointing arrow, and the rightmost section contains a plus sign.] + Ym672X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along K&E heading to TPE on 22/12/17 Distric on lane 3 about 60 km/h. Road was clear ahead of me but Ym672X suddenly crashed into my rear of my truck Ym3C. The impact was so great till my head ~~and~~ ~~shoulder~~ and right shoulder banged onto the cabin of my truck.

DECLARATION

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:

Reporting Centre Personnel's Signature
Name: ROSLI WAHAB
NRIC #/ID No: 23/12/2017



**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				
EQ INSURANCE COMPANY LTD		Ref: CS3/EQ17024459/R1d3e2		
5 MAXWELL ROAD #17-00 TOWER BLOCK MND		Date: 07-06-2018		
COMPLEX SINGAPORE 069110				
Code: EQI				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	YM 672X	Veh. Inspected	YM 3C	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	BAZLIN AHMAD	Assign Date	26/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN NISSAN ATLAS	c.c	2953	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	SZ2F24052548	Colour	GREY	
Odometer	136114 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/65 R15	FALKEN	7 mm	
L/H Front Tyre	205/65 R15	FALKEN	7 mm	
R/H Rear Tyre	165 R13C (D)	FALKEN	5/5 mm	
L/H Rear Tyre	165 R13C (D)	FALKEN	5/5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	22/12/2017	Inspect Date / Time	28/12/2017 (02:25 PM)	
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921			
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 \$7,000-\$9,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		7 Working Days		

Report Ref No. CS3/EQ17024459/R1d3e2

Inspected By



MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAE, 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.