

Surveyor:

ASSIGNMENT (Office)

From (Person): Yee Pei Li of EGI Date/Time: 10:30am @ 29/12/17

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GP7P Insured: GV 52224

at Workshop m/s Excel Motor Tel: 9619 0161

of BLK5032, AMK Ind Prk 2 #01-297

Policy No: Claim No: DAMCV1703120/SL

Sum Insured: Excess:

Make of Veh: D.O.A. 29/12/17

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp' H.O.D. Endorsement:

Date/Time: 11:15am @ 29/12/17 Person Contacted: Ah Kee Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	GP7P-CS/TP14013504/Avm3k3 D.O.A: 09/07/2014
	GV 52224-X
	After repair: 15/1/2018

Signature: *R. Abu*

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: 10 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: GP 7P Yr Regn: 2009  
Type: M.Car / M.Cycle / Bus / Van / Car / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: TOYOTA DYNA c.c. 2986  
Colour: WHITE A/C: Insured / Std / NI / NA  
Sp. Reading: 362119 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: STFUE34YX03010185  
Gen. Cond: Good (F) Poor / Burnt  
Steering: (F) Jammed / Leaked / Burnt or  
Brake: (F) Jammed / Leaked / Burnt or  
Modi: (NI) S/Rim / STD A/Rim or  
Tyre Size: F: 185R14C  
R: 185R12C  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or  
Front Rear  
R/Bal. 7 mm R/Bal. 5/5 mm  
L/Bal. 7 mm L/Bal. 5/5 mm  
D.O.A. 27/12/17 D.O.I. 29/12/17 @ 0554PM  
Survey held at EXCEL  
Des. of Damages: (F) / (Rear) O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction  
10-12/17

RECEIVED 20 APR 2018

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

1) ☐ : Final Report

Date/Time, File Return to?

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

Report Format : PRS

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

Days Of Repair: 10

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp. (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: 50

Transportation: 50

) \$ - RS \$ \_\_\_\_\_

) Photo: \_\_\_\_\_

) Others: \_\_\_\_\_

TOTAL

100

## Nivitha (LKK Auto)

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**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Friday, 29 December, 2017 10:30 AM  
**To:** 'admin-d@lkkauto.com'  
**Subject:** OI : GV5222U / TP : GP7P/LKK / DOA : 27/12/2017  
**Attachments:** GP7P - PRI NOTICE n SAS.pdf; RE: Pre Repair Survey for GP 7 P (Your Ref: GV 5222 U  
Our Ref: TK....17/sf) (20.7 KB)

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey from **TEO KENG SIANG LLC**,

ADDRESS : **EXCEL MOTOR**  
BLK 5032 ANG MO KIO INDUSTRIAL PARK 2  
#01-297  
SINGAPORE 569535

PERSON TO CONTACT : CK TAN (AH KEE) @ 9619 0161

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. Try to 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.

# Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098  
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688  
Email: KSTEOCO@singnet.com.sg  
(FAX - NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKS/E482-ACC-39538.17/sf (mc)  
Your Ref : GV 5222 U  
Date : 28 December 2017

Secretary in charge: Janice

Tel : 6333 4222 (ext 60)  
Fax : 6333 5676 / 6333 5688  
Email : janice.kee@ksteoptr.com

To: Ergo Insurance Pte Ltd  
5 Tamasek Boulevard  
#04-01 Suntec Tower 5  
Singapore 038985  
Attn: Motor Claims Dept

**WITHOUT PREJUDICE**  
**BY PDX# 8179 & FAX 6829 9247 ONLY**

Cc: Yoong Ming Electrical Service (Owner)  
Lai Yoong Ming (Driver)  
C/o 331 Jurong East Avenue 1  
#12-1720  
Singapore 600331

**BY POST ONLY**

**PDX Intercompany Exchange Pte Ltd**



010808292136

FROM **TEO KENG SIANG LLC**  
PDX Box No. **8902**

Dear Sirs

**RE: ACCIDENT INVOLVING GP 7 P / GV 5222 U / (GBF 2953 G) ON 27/12/17 ALONG AYE TOWARDS PENJURU ROAD**

We are instructed by Globalworks Engineering Pte Ltd to notify you of a road traffic accident on 27/12/17 at about 09:45 hours **ALONG AYE TOWARDS PENJURU ROAD** involving our client's vehicle registration number GP 7 P and vehicle registration number GV 5222 U driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle **GP 7 P** is now at the following workshop:-

**Excel Motor**  
Blk 5032 Ang Mo Kio Industrial Park 2  
#01-297  
Singapore 569535  
Contact: 9619 0161 C.K. Tan (Ah Kee)

Yours faithfully,

**M/s Teo Keng Siang LLC**  
Encls (BY FAX 6481 2265)

Teo Keng Siang  
LL.M (Singapore),  
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth  
LL.B (Hons) University of Bristol

Joseph Tan Chin Aik  
LL.B (Hons) Singapore  
PGDE (NTU/NIE)

**\*\*Survey was conducted by:-**

Name of Surveyor:

Date of Survey:

Time of Survey:

\_\_\_\_\_  
Signature

## THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5093502987
The Policyholder	: GLOBALWORKS ENGINEERING PTE LTD BLK 104 #08-454 TECK WHYE LANE SINGAPORE 680104

Period of Insurance	: 16 Aug 2017 To 21 Aug 2018
Sum Insured	: N/A
Premium (inclusive GST)	: S\$1,208.82

#### Interest Insured

Cover Type	: Third Party	Number of Seater	: 2
Make/Model	: TOYOTA/DYNA 150D	Registration Date	: 22 Feb 2005
Capacity	: 1.86 ton(s)	Insure with COE	: N/A
Registration Number	: GP7P	NCD Entitlement	: 0%
Chassis Number	: JTFUF34YX03010185		
Excess (Section 1)	: N/A		
Excess (Section 2)	: N/A		
Hire Purchase Company	: N/A		

Memo A : N/A

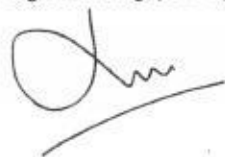
Endorsement Operative : M1

Agency	: LIAN HONG PTE LTD (00000611606)
Date of Issue	: 16 Aug 2017 10:20 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

SINGAPORE ACCIDENT STATEMENT

Excel Motor

**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	26/12/2017 10:52
Date Of Accident	27/12/2017 09:45
Exact Location Of Accident	AYE TWDS PENJURU RD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	GP7P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GLOBALWORKS ENGINEERING PTE LTD
Co Reg No	NA 20132 1668W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96614733
Alternative Phone No	OFFICE-96614733

**Vehicle Particulars**

Manufacturer	TOYOTA
Model	DYNA

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 COMMERCIAL VEHICLE

**Insurance Company**

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5093502987
Cover Note Number	

**Driver**

Name of Driver	PNG KIM HUAT
NRIC No	S1266430C
Date Of Birth	15/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1977
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96614733
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 104 TECK WHYE LANE  
#08-454  
Postcode 2368  
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 CHAIN COLLISION  
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? 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

REFER TO SKETCH PLAN - CIRCUMSTANCES OF THE 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 GV5222U  
Vehicle Make/Model/Colour VAN  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver LAI YOONG MING  
NRIC/Passport Number S2555591J  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBF2953G

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

PNG KIM HUAT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GP7P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode



SKETCH PLANIMPORTANT 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 renew/reject 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:

*[Handwritten Signature]*

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



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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date & time, while driving front vehicle (90F29534) back, I followed as well & stopped but behind vehicle (9V522U) was unable to stop in time, hit onto my lorry. The great impact pushed my lorry forward & hit onto the front vehicle. My lorry front & rear portion damaged.

## 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:



Reporting Centre Personnel's Signature  
Name:  
NRH/RIN No.:


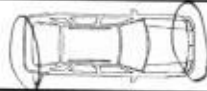
**LKK Auto Consultants Pte Ltd**

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/EGI17024680/R1d3e2	
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 20-04-2016	
FIVE SINGAPORE 038985		Code: EGI	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	GV 5222U	Veh. Inspected	GP 7P
Policy No.		Coverage (\$)	0.00
Claim No.	DAMCV1703120/SL	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	29/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA DYNA	c.c	2986
Engine No.	HIDDEN	Year of Reg.	2005
Chassis No.	JTFUF34YX03010185	Colour	WHITE
Odometer	362119 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	185 R14C	YOKOHAMA	7 mm
L/H Front Tyre	185 R14C	YOKOHAMA	7 mm
R/H Rear Tyre	155 R12C (D)	YOKOHAMA	5/5 mm
L/H Rear Tyre	155 R12C (D)	YOKOHAMA	5/5 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.			
<b>5. General Information</b>			
Accident Date	27/12/2017	Inspect Date / Time	29/12/2017 ( 05:54 PM )
Survey held at	EXCEL MOTOR BLK 5032 ANG MO KIO INDUSTRIAL PARK 2 #01-297 SINGAPORE 569535		
<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 \$10,000-\$12,000			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		10 Working Days	

Report Ref No. CS3/EGI17024680/R1d3e2

Inspected By



MOHAMMED RASUL BIN MOHD YUNUS

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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