

ASS. REC. BY:

REF:

U071

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop n/vs _____

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SPN 80086 Yr Regn: 11, 11

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

Truck / Trailer or

Make: M. E250 c.c. 1798

Colour: M. Black A/C: Insured / Std / NI / NA

Sp. Reading: 160053 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2120472A 519574

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 245/40 R18

R: 265/35 R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 27/12/17

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 28/12/17

Survey held at _____

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

FR o/s door

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

Date / Time Action / Instruction

28/12 File pass to Cathrine, CIA not ready

RECEIVED 1 JAN 2018

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 11/1 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S - RS \$

Photos

Others

TOTAL

| |
|-----|
| 130 |
| 50 |
| 50 |
| 14 |
| 244 |

Report Format :

TP

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

2200/-

Survey Department Check List (Case Handler)

Reference No.: CS/401 18000088/Kv6

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 | | Y-Date | N-Date | Y-Date | N-Date |
|-----------------------|---------------------------------------|--------|--------|--------|--------|
| 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 | | | | |

Surveyor (): Case handler to make sure the surveyor completed all required information.

| (1) Assignment Form | | Y-Date | N-Date | Y-Date | N-Date |
|---------------------|------------------------|--------|--------|--------|--------|
| 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 | ✓ | | | |
|---|-------------------------|---|--|--|--|

Check By: VERON 11/1/18
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

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI18000088/Kvb

3 ANSON ROAD #28-01
SPRINGLEAF TOWER SINGAPORE 079909

Date : 03-01-2018



Code : UOI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|-----------------|----------------|------------|
| Insured Veh. | SJP 7921T | Veh. Inspected | SFN 8008G |
| Policy No. | DHOM12006301501 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | FELIS | Assign Date | 03/01/2018 |

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 | 27/12/2017 | Inspection Date | 29/12/2017 |
| Survey held at | READY AUTO CARE PL BLK 10 #03-06, AMK AUTOPOINT, ANG MO KIO AVE 5, INDUSTRIAL PARK 2A, SINGAPORE 568047 | | |

5a. Remarks

| |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

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 | 28/12/2017 09:35 |
| Date Of Accident | 27/12/2017 13:55 |
| Exact Location Of Accident | FOOD COURT CARPARK BETWEEN PIONEER RD&TUAS W AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SFN8008G |
| Insured/Policyholder | |
| Name Of Registered Owner | NG SAN GUAN |
| NRIC No | S1336698E |
| Email Address | SANGUAN@SINGNET.COM.SG |
| Mobile Phone No | (LOCAL) +65-97320627 |
| Alternative Phone No | OTHERS-97320627 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E250 |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |
| 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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | A70216639QMY |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | NG SAN GUAN |
| NRIC No | S1336698E |
| Date Of Birth | 18/07/1958 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/10/1978 |
| Driving Experience | 39 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97320627 |
| Fax Number | |
| Contact Number | OTHERS-97320627 |
| Email Address | SANGUAN@SINGNET.COM.SG |

| | |
|---|-------------------|
| Address | 4 ETTRICK TERRACE |
| Postcode | 458568 |
| 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 | COLLIDED INTO PARKED VEHICLE |
| 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? | 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) | 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 ATTACHED SKETCH PLAN. WILL REPAIR & CLAIM AT READY AUTO CARE.

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 | SJP7921T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LAI CHANG KUAN |
| NRIC/Passport Number | S1828946F |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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:

27/12/12

Driver's Signature

(If driver is not the policyholder)

Date & Time:

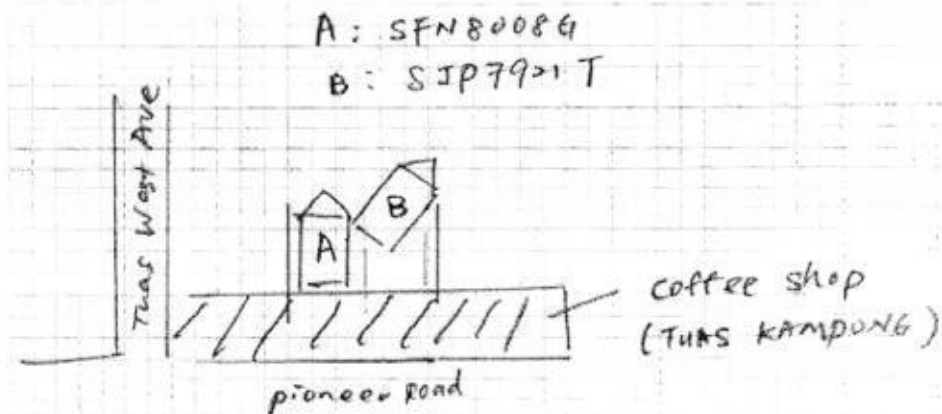
Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

84574

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/12/17 at 1.55 pm I parked my car at the carpark of a coffee shop between pioneer road & Tuas West Avenue.

A car SJP7921T bashed on my right front door while reversing to park on the ~~park~~ car park lot on my right

I will repair & claim at "Ready Auto Care"

DECLARATION

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

Policyholder's Signature

Date & Time: 20/1/18

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No: Yus Jay

Ready Auto Care Pte Ltd - We Care For All Your Car Needs

Blk 10 # 03-06 AMK Auto Point, Ang Mo Kio Ind Park 2A, Ang Mo Kio Ave 5. Singapore 568047

Tel : 64810304 Fax : 64815587

Reg No : 200600989K

GST No : 200600989k

United Overseas Ins Ltd

Motorcar Claim Department

Attn Ms Katie Lee

Tel Felis 62227733 Ext 481

Not Authorised Estimate Repair

*11 Rep @ 2200
Runny Air Paint
3 days*

Date : 28/12/2017

Accident Involving SFN8008G & SJP7921T On 27/12/2017

| Item | Descriptions | Amount |
|----------------------------|-------------------------------------|------------------------------|
| 1 | Front Right Door | <i>Det/way</i> \$ 2,032.00 ✓ |
| 2 | Front Right Door Rivert @\$ 10 x 10 | \$ <i>100</i> 100.00 ✓ |
| <i>108</i> Total For Parts | | <u>\$ 2,132.00</u> |

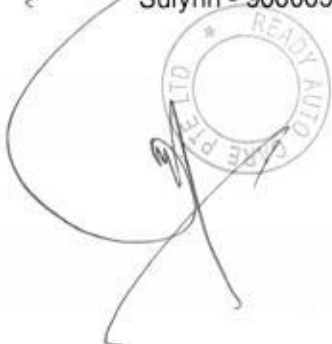
Labour & Misc

| | | |
|---|--|----------------------|
| 1 | To Remove All Damaged Parts, Knock Out Dents, Jack Out Damaged Panel | \$ 550.00 <i>300</i> |
| | Panel , Adjust, Replace, Reshape, Cut, Weld, Refix & Realign Body Structure | |
| 2 | Spray Painting For New And Repair Parts Including Supply Of Paints Materials | \$ 600.00 <i>300</i> |
| 3 | To Transfer Front Right Door Machanism & Component From Old To New | \$ 80.00 ✓ |
| 4 | Computerise Reset Door Lock False Memory | \$ 150.00 <i>120</i> |
| 5 | Check Wiring, For Proper Function | \$ 50.00 <i>20</i> |
| 6 | Cavity Preservation On All Affected Areas | \$ <i>30</i> 30.00 x |
| | | <u>\$ 1,460.00</u> |

Total For Parts & Labour \$ 3,592.00

Ready Auto Care Pte Ltd

Sulynn - 96606551



LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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Affiliated to Federation Internationale Des Experts En Automobile

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI18000088/Kvbn2

3 ANSON ROAD #28-01

SPRINGLEAF TOWER SINGAPORE 079909

Date : 16-01-2018



Code : UOI2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|-----------------|----------------|------------|
| Insured Veh. | SJP 7921T | Veh. Inspected | SFN 8008G |
| Policy No. | DHOM12006301501 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | FELIS | Assign Date | 03/01/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|--------------------|--------------|--------------------|
| Make & Model | MERCEDES E 250 (A) | c.c | 1796 |
| Engine No. | HIDDEN | Year of Reg. | 2011 |
| Chassis No. | WDD2120472A519574 | Colour | METALLIC BLACK |
| Odometer | 160053 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|----------|---------|
| R/H Front Tyre | 245/40 R18 | GOODYEAR | 8 mm |
| L/H Front Tyre | 245/40 R18 | GOODYEAR | 8 mm |
| R/H Rear Tyre | 265/35 R18 | GOODYEAR | 8 mm |
| L/H Rear Tyre | 265/35 R18 | GOODYEAR | 8 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S DOOR. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|---|-----------------|------------|
| Accident Date | 27/12/2017 | Inspection Date | 28/12/2017 |
| Survey held at | READY AUTO CARE PL BLK 10 #03-06, AMK AUTOPOINT, ANG MO KIO AVE 5, INDUSTRIAL PARK 2A, SINGAPORE 568047 | | |

5a. Remarks

| |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 3 Working Days |
|-------------------------------------|----------------|



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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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SFN 8008G

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|--|-----------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | FRONT RIGHT DOOR | DENTED / WARPED | 2,032.00 | 2,032.00 |
| 10 | FRONT RIGHT DOOR RIVERT @\$10.00 | NECESSARY | 100.00 | 100.00 |
| | LESS 10% DISCOUNT | | - | -213.20 |
| | | | 2,132.00 | 1,918.80 |
| | <u>LABOUR</u> | | | |
| | TO REMOVE ALL DAMAGED PARTS,KNOCK OUT DENTS,JACK OUT DAMAGED PANEL,ADJUST,REPLACE,RESHAPE,CUT,WELD,REFIX & REALIGN BODY STRUCTURE. | | 550.00 | 300.00 |
| | SPRAY PAINTING FOR NEW AND REPAIR PARTS INCLUDING SUPPLY OF PAINTS MATERIALS. | | 600.00 | 300.00 |
| | TO TRANSFER FRONT RIGHT DOOR MECHANISM & COMPONENT FROM OLD TO NEW. | | 80.00 | 80.00 |
| | COMPUTERISE RESET DOOR LOCK FALSE MEMORY. | | 150.00 | 120.00 |
| | CHECK WIRING,FOR PROPER FUNCTION. | | 50.00 | 20.00 |
| | CAVITY PRESERVATION ON ALL AFFECTED AREAS. | NOT NECESSARY | 30.00 | - |
| | | | 1,460.00 | 820.00 |
| | GRAND TOTAL | | 3,592.00 | 2,738.80 |
| | RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 2,200.00 |

Report Ref No. CS/UOI18000088/Kvbn2

KONG SENG CHEONG

Licensed Appraiser

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