

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

		ationale Des Experts En Automo	bile				
JNITED OVERSEAS	INSURANCE LTD	Ref : CS3/UOI18000430/R1d3					
3 ANSON ROAD #28- SPRINGLEAF TOWER	01 R SINGAPORE 079909	Date: 08-01-2018					
		Code: UOI2	4 : 1 4 10 21 21 21 21 14 18 14 18 21 21				
	Policy Particular	rs :- (THIRD PARTY CLAIM					
Insured Veh.	GBC 1445D	Veh. Inspected	SKW 1216L				
Policy No.		Coverage (\$)	0.00				
Claim No.		Excess (\$)	0.00				
Assign From	JENNY LEW	Assign Date	08/01/2018				
	Vehicle Pa	rticulars & Condition					
Make & Model		c.c	0				
Engine No.	HIDDEN	Year of Reg.					
Chassis No.		Colour					
Odometer	_	Steering Modification					
Brakes							
General			······································				
Line Was a	Cond	litions 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				
	Ve Descrip	ption:of Damages ানুন					
	HNDD Gene	ral Information					
Accident Date	03/01/2018	Inspection Date	09/01/2018				
Survey held at	N-51 AUTOMOTIVE PL	opouton bato	, , , , , , , , , , , , , , , , , , , ,				
	2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHU SINGAPORE 417921	IB					
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Nivitha (LKK Auto)

From:

Chin Hui Xin <huixin@n51.com.sg>

Sent:

Monday, 8 January 2018 4:04 PM

To:

LEW JENNY

Cc: Subject:

SUR; assignments
Re: SKW1216L & GBC1445D - NOTICE TO INSURER TO CONDUCT PRE-REPAIR

INSPECTION WITHIN 3 WORKING DAYS

Attachments:

08012018160242.pdf

Dear Sir / Madam,

Please see attached.

Regards, Melody Chin N-51 Automotive Pte Ltd

Office : 6842 0051 Fax : 6741 0510

www.n51.com.sg









On Mon, Jan 8, 2018 at 3:51 PM, LEW JENNY < jennylew@uoi.com.sg > wrote:

WITHOUT PREJUDICE

Dear Melody,

We are not agreeable to your proposed motor Surveyors as a "Single Joint Expert" from your list.

Our Surveyors from M/s LKK Auto Consultants Pte Ltd will proceed to conduct the Pre-Repair Inspection (PRI) on without prejudice basis under the Protocol.

•	In addition, our Surveyors will also conduct a Post-Repair Survey/Inspection under the Protocol.
	We reserve all our rights in this matter.
	Thank you.
	Warmest Regards
	Jenny Lew
	Claims Department
	United Overseas Insurance Limited
	3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
	Main • (65) 6222 7733 DID • (65) 6490 9329 Fax • (65) 6327 3869 Email • jennylew@uoi.com.sg
	UOB EMAIL DISCLAIMER
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	From: Chin Hui Xin [mailto:huixin@n51.com.sg] Sent: Monday, 8 January, 2018 3:49 PM To: LEW JENNY < iennylew@uoi.com.sg> Subject: Re: SKW1216L & GBC1445D - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS
	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,

Melody Chin

N-51 Automotive Pte Ltd

Office: 6842 0051

Fax: 6741 0510

www.n51.com.sg







On Mon, Jan 8, 2018 at 3:11 PM, LEW JENNY < jennylew@uoi.com.sg > wrote:

WITHOUT PREJUDICE

Dear Meoldy,

We refer to your email dated 8.1.2018.

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case, we propose to appoint M/s LKK Auto Consultants Pte Ltd.

Please revert to the undersigned within two (2) working days whether you have any objections to the appointment of any of our Surveyors, failing which we shall proceed to carry out the survey of your client's vehicle by our appointed Surveyors.

Please forward us a copy of the estimated cost of repair.

Please seek your client's instruction for the repair after the inspection has been completed and inform our Surveyors to carry out a Post-Repair Inspection.

We reserve all our rights in this matter.

Thank You.

Warmest Regards
Jenny Lew
Claims Department
United Overseas Insurance Limited
3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: Chin Hui Xin [mailto: huixin@n51.com.sg]

Sent: Monday, 8 January, 2018 11:47 AM To: LEE KATIE <katielee@uoi.com.sg>

Subject: SKW1216L & GBC1445D - NOTICE TO INSURER TO CONDUCT PRE-REPAIR

INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam, As per above subject, Please refer attachment and:-Kindly propose / provide your 10 surveyors. Thank you...

Regards, Melody Chin N-51 Automotive Pte Ltd Office: 6842 0051

Fax: 6741 0510 www.n51.com.sg

Kaki Bukit Autohub, 2 Kaki Bukit Ave 2, #01-18 Singapore 417921

Tel No.: +65 6842 0051 / 6744 0510 Fax No.: +65 6741 0510

Company Reg. No.: 200616038C GST Registration No.: 200616038C

Our Ref:

SKW 1216 L

Your ref:

GBC 1445 D

08 January 2018

UNITED OVERSEAS INSURANCE LTD

BY EMAIL jennylew@uoi.com.sg ONLY

3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909 Attn: Motor Claims Department

Dear Sir/Madam,

NAME OF CLAIMANT: CHEW BUSINESS SERVICES

VEHICLE NUMBER: SKW 1216 L

YOUR INSURED VEHICLE NUMBER: GBC 1445 D

ACCIDENT ON 03 Jan 2018 ALONG RAFFLES AVE TOWARDS STAMFORD RD

AT ABOUT 09:15 HOURS

We refer to your email dated **08 Jan 2018** wherein there is no agreement to the appointment to the appointment of Single Joint Expert for this matter.

Please be informed that the said vehicle can be inspected at:

N-51 AUTOMOTIVE PTE LTD

Kaki Bukit Autohub 2 Kaki Bukit Avenue 2 #01-18 Singapore 417921

Contact Person:

6842 0051 / 6744 0510 (Melody)

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully,

FOR SURVEYOR:

Please initial here after completion of pre-repair inspection. Thank you!
Appointed surveyor:

(Name & Signature):

Date & Time of Inspection:

N-51 AUTOMOTIVE PTE LTD

Survey Department Check List (Case Handler)

		Case H	Handler	Tve	pist
Admin (): Case handler to ma	sure all Information created			
·	Assign Form	Y-Date		Y-Date	
Ć	Reference No.	1-Date	IN-Date	1-Date	N-Date
С	Customer Code				
N	Assign From		 	· · · ·	
С	Assign Date		 		
Ċ	Veh No (Inspected)				
č	Veh No (Insured)		-		
c	D.O.A	V	+		
c	Policy No				
c	Claim No				
c	Insurance Authorisation (CA /REV/F) · · · · · · · · · · · · · · · · · · ·	<u> </u>		
c	Report Type	· ——			
С	Weekend Charges	<u> </u>			
N	Survey held at/Repairer	<u> </u>	 		
C .	Excess				
urveyo	(): Case handle	o make sure the surveryor c	ompleted a	ll required	information
l) Assign	ment 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)				
	Chassis No				
N	General Condition	 	+		
N	Steering				
	Brake			-	
N	Modification (Modi)				
'\`	Tyre Size				
	Tyre Make		+		
N			-		
<u>c</u>	Tyre Balance		 		
C	Date of Inspection	V V		1	
N	Survey held	- · · · · · · · · · · · · · · · · · · ·			<u> </u>
. N	Des.of Damages	. L			
2) Systen	n - (Views/Merimen)				
С	Damaged Vehicle Photographs Uplo	ded 🗸			
3) Works	hop Estimate/Assignment Form				
N	ALL Parts condition				
. ' <u>:</u> .	Market Value for OD cases		 		
C	Estimate Repair Cost for PRI (RSI, T	MSIG)	+		
	· · · · · · · · · · · · · · · · · · ·	, וטופועו	+		
C	Days of repair				
C C	Finalised Amount Re-inspection Cases to Finalize with	5 Days	-		
_	Re-inspection Cases to Finalize with 1 - (Views/Merimen)	Days			·]
+) systen	Resurvey photo Uploaded				

*C: Critical *N: Non-Critical

Case Handler

Date

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 witholding 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.

	ACCIDENT STATEMENT
Date Of Report	03/01/2018 12:42
Date Of Accident	03/01/2018 09:15
Exact Location Of Accident	RAFFLES AVE TWDS STAMFORD RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW1216L
nsured/Policyholder	
Name Of Registered Owner	CHEW BUSINESS SERVICES
Co Reg No	53287712L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90270858
Vehicle Particulars	

Vehicle Particulars

TOYOTA Manufacturer Model **HARRIER**

Exact Purpose for which vehicle was being used at

time of accident

WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5089443877 Policy Number

Cover Note Number

Driver

CHEW SIANG HOCK Name of Driver

S7005043I NRIC No 22/02/1970 Date Of Birth Occupation **OUTDOOR Date Of Driving Pass** 24/11/2006

11 YEARS AND 1 MONTH **Driving Experience**

Gender MALE

(LOCAL) +65-90270858 Mobile Number

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 59 TAMPINES CENTRAL 7 Address

#12-16

Postcode 528594

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 SIDE SWIPE

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

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : GAYA

GENDER: : FEMALE

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

Details of Witness 1

GAYA Name

Phone Number 98635766

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBC1445D**

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any widul misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 (POPA)

I understand, acknowledge, agree and consent that

- (a) My-insuter my workshop and the General Insurance Association of Singapore (1GEA), may/are permitted to collect, whe 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 insurers) who have insured schicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyors/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the colice), for the purposels) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) investigating the accident and/or my claims,
 - (ii) carrying out and/or dealing with my instructions or responding to any enduries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me.

 Abich 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
 - (a) complying with applicable law in administering processing, handling end for dealing with the airis (collectively the "Purposes")
- (b) All insurer(s) who have insured setticle(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/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (c) my Personal information will also be collected and used to compile claims history for the purpose of fraudidetection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed
 - 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
 - (iii) for complying with requirements under any regulations, have or court orders

Percyholder's Signatura

Driggris Signature
of driver is not the policyholder)
Date & Time:

NAICENING

SKETCH PLAN

KARALINA MIGLIOTE PARIS COLORANA MARI

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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offen 08/01/18

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## **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

Mary and the second	PRE-REPAIR INS	PECTION REPORT	
UNITED OVERSEAS	/ 1 1000/2011 / 2/201	Ref: CS3/UOI18000430/F	R1d3e2
3 ANSON ROAD #28- SPRINGLEAF TOWER	01 R SINGAPORE 079909	Date: 07-02-2018	
Tables of Maries of Society Confe		Code: UOI2	
		(THIRD PARTY CLAIM)	
Insured Veh.	GBC 1445D	Veh. Inspected	SKW 1216L
Policy No.		Coverage (\$)	0.00
Claim No.	M11D02791801	Excess (\$)	0,00
Assign From	JENNY LEW	Assign Date	08/01/2018
2.	Vehicle Par	ticulars & Condition	
Make & Model	TOYOTA HARRIER ELEGANCE 2.0 A	c.c	1986
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	ZSU600059549	Colour	BLACK
Odometer	117888 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3.	Cond	tions of Tyres	
	Size	Make	Balance
R/H Front Tyre	235/55 R18	PIRELLI	6 mm
L/H Front Tyre	235/55 R18	PIRELLI	6 mm
R/H Rear Tyre	235/55 R18	PIRELLI	6 mm
L/H Rear Tyre	235/55 R18	PIRELLI	6 mm
	<b>Des</b> crip	ion of Damages	
THE VEHICLE SU	STAINED DAMAGES AT THE N/S	S FRONT PORTION.	
5, 200	Gener	al Information	
Accident Date	03/01/2018	Inspect Date / Time	09/01/2018 ( 03:31 PM )
Survey held at	2 KAKI BUKIT AVE 2 #01-18		
Repairer	N-51 AUTOMOTIVE PL		
5a.	a and a superior of the superi	Remarks ***	\$100000 PC\$\$\$
A) THE INSPECTS B) THE REPAIR E THE REPAIRER V	ON WAS CONDUCTED ON A "W STIMATE WAS NOT PRESENTE VAS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE	ITHOUT PREJUDICE" BASIS. D AT THE TIME OF INSPECTI STIMATE.	ON.

Report Ref No. CS3/UOI18000430/R1d3e2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

**Automotive Assessor** 

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

REGD Auto Consultant-SAE, Licensed Appraiser

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