

INS. CASE OWNER:

CC 6 /EQI1800

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

05/01/18

Date / Time:

05/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGA 18810

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

14/12/17

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

GGB 7807J



INSRS:

WSP:

Tel:

Liability:

RMKS:

Cheng
Hoe

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

GGB 7807J - P

SGA 18810 - P

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others: EMAIL

3-9-18

NON-REPORTING

EQ REPUDIATED CLAIM
DUE TO NON-REPORTING.

RECEIVED 20 NOV 2018

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost:

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$220 160

COPY SENT
20/11/18

REPUDIATED

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

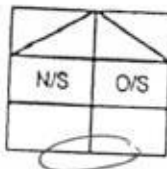
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

06 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: GBB 78077Yr Regn: 03, 10

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

Truck / Trailer or _____

Make: Toy Dynac.c. 2882Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 48001

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFA 735430K 201141

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: MT / S/Rim / STD A/Rim orTyre Size: F: Giti 185R15X8R: Pallan 155R12X P107

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 33 mmL/Bal. 7 mmL/Bal. 33 mmD.O.A. 14/12/17D.O.I. 5/1/18

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

11 file pass to Customer21 Log @ 28001 Customer E fileR(1) 1.152.60/2995

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) \$ - RS. \$

) Photos

) Others

TOTAL

Report Format :

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



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

511 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC6/EQI18000663/Kzb3

Date: 11.01.2018

The Motor Claims Department
M/s EQ INSURANCE COMPANY LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

GBB7807J

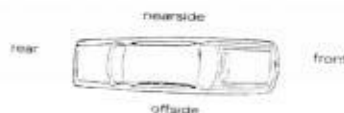
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 05.01.2018 at the premises of M/s Cheng Hoe Motor Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	3,952.60
Revised Estimate Amount	: S\$	3,181.40
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
Rear Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 6 days

Yours faithfully,

KENNETH KONG
Licensed Appraiser

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-4/382, Singapore 768761
TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg
GST:201001158E RCB NO:201001158E

GBB 7807J
TP/EO

M/S : EQ INSURANCE CO LTD
22 GEMMILL LANE
SINGAPORE 069257

TEL: 62239433 FAX: 62243903
ATTN: Motor Claim Department \ THE MOTOR CLAIMS

Claim No: ES1890025
Estimate No: ES1890025/YISHUN
Date: 09 Jan 2018
Policy No: MB010216
Veh Reg No: GBB7807J
Make/Model: TOYOTA TOYOTA
DYNA MANUAL
3SEATER
Chassis No: JTFAT35Y30K201141
Engine No: 1KD1986019
Reg. Date: 26/03/2010

WS Ref: TP/EQ/YS
Claim Type: Third Party
Accident Date: 14/12/2017
TP Veh Reg No: SGA1881D

Not Authored
L1 Reg & 2800
Repair After Painting
6 days

Estimate Repair Cost to Vehicle No : GBB7807J

Pages: 1/1

Description	U/Price	Quantity	Cost	Amount
			<u>SS</u>	<u>SS</u>
Cost Plus				
1 RH TAILLAMP	80.00	1 PC	80.00	—
2 RH TAILLAMP PANEL	30.00	1 PC	30.00	—
3 REAR NUMBER PLATE LAMP	15.00	1 PC	15.00	—
4 REAR NUMBER PLATE PANEL	65.00	1 PC	65.00	—
5 REAR EXHAUST PIPE	390.00	1 PC	390.00	—
6 REAR EXHAUST PIPE REAR HOLDER BUSH	18.00	1 PC	18.00	—
7 REAR SPARE TYRE HOLDER	130.00	1 PC	130.00	—
8 REAR SPARE TYRE HOLDER PLATE	170.00	1 PC	170.00	—
			898.00	
	Add 20%		179.60	1,077.60
Special Net				
9 REVERSE SENSOR	200.00	1 SET	200.00	—
10 REAR NUMBER PLATE	15.00	1 PC	15.00	—
				215.00
				252.60
Labour				
11 REMOVE & REFIX RH TAILLAMP ASSY, REAR NUMBER PLATE LAMP & PANEL, REAR SPARE TYRE HOLDER & PLATE, TO STRAIGHTEN, KNOCK & REPAIR REAR END MEMBER & REALIGN THE SAME	600.00	1 LA	600.00	500
12 SUPPLY 1 PCE REAR END ALUMINIUM COVER, REPAIR REAR BOTH TAILGATE & REALIGN THE SAME	800.00	1 LA	800.00	700
13 PUTTY & RESPRAY ON REAR AFFECTED AREAS	400.00	1 LA	400.00	350
14 REMOVE & REFIX REAR EXHAUST & CHECK LEAKING	60.00	1 LA	60.00	—
15 TO REWRITE ADVERTISEMENT	800.00	1 LA	800.00	650
				2,660.00

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: _____

Total SS 3,990.20
Add GST @ 7% 279.31
Total Amount payable SS 4,269.51

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

Your Ref : SGA1881D
Our ref : DM18HO00105/JG
Date : 29 August 2018

RODRIGUES JOHN PATRICK
BLK 157B TAMARIND ROAD
#02-04
SINGAPORE 806106

A.R REGISTERED & NORMAL POST

Dear Sirs,

ACCIDENT ON 14/12/2017 1020HRS ALONG CTE TOWARDS CITY INVOLVING SGA1881D AND GBB7807J

We are the insurers of SGA1881D.

A Third Party property damage claim has been lodged against you arising out of an accident involving SGA1881D that occurred on 14/12/2017.

Despite repeated reminder letters on 29/03/2018, 06/06/2018 (AR Registered & Normal Post) and Traffic Police letter on 26/07/2018 requesting for you to report the above-captioned accident, you have failed to notify our office.

In light of the above, you have breached Condition 4 of the Policy and we are entitled to repudiate liability against you under Policy No. DMPPHQ17-001553.

Specifically, we rely on the following condition in the said Policy:-

CONDITIONS

4. Notification of Accidents

- (a) *In the event of any accident involving the Motor Vehicle, irrespective of whether it would give rise to a claim, the Insured shall, together with the Motor Vehicle, call at the Company's Approved Reporting Centre and report the accident within 24 hours of the accident or by the next working day thereof.*

This condition in its entirety is a condition precedent to liability and the failure to comply with any of the above requirements in respect of an accident and/or occurrence with result in the Insured being denied indemnity under both Section I and Section II of the Policy in respect of that particular accident and/or occurrence."

TAKE NOTICE that we are repudiating policy liability against you for all claims arising out of the said accident on the grounds that you have so clearly breached Condition 4 of the Policy.





For the sake of good order and for the avoidance of doubt, all our rights against you are hereby expressly reserved.

Yours faithfully

Joel Goh

Claims Department

DID: 6500 6772 / Fax: 6223 4190 / Email: joel.goh@eqinsurance.com.sg

cc. MDivine Insurance Agency (by email only to: sales@mdivineinsurance.com)

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel (65) 6223 9433 | fax (65) 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N



A Member of Citystate





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

EQ INSURANCE COMPANY LTD

Ref : CC6/EQI18000663/Kjb3s2

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Date : 03-12-2018



Code : EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGA 1881D	Veh. Inspected	GBB 7807J
Policy No.		Coverage (\$)	0.00
Claim No.	DM18HO00105-JG	Excess (\$)	0.00
Assign From		Assign Date	05/01/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA DYNA	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	JTFAT35Y30K201141	Colour	SILVER
Odometer	480121	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15X8	GITI	7 mm
L/H Front Tyre	195 R15X8	GITI	7 mm
R/H Rear Tyre	155 R12X8 (D)	FALKEN	3/3 mm
L/H Rear Tyre	155 R12X8 (D)	FALKEN	3/3 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	14/12/2017	Inspection Date	05/01/2018
Survey held at	CHENG HOE MOTOR PL BLK 1019 YISHUN IND. PARK A #01-374/382 SINGAPORE 768761		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	6 Working Days
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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBB 7807J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	RH TAILLAMP (WCP)	CRACKED	80.00	80.00
1	RH TAILLAMP PANEL (WCP)	BENT	30.00	30.00
1	REAR NUMBER PLATE LAMP (WCP)	SERVICEABLE	15.00	-
1	REAR NUMBER PLATE PANEL (WCP)	BENT	65.00	65.00
1	REAR EXHAUST PIPE (WCP)	BENT	390.00	390.00
1	REAR EXHAUST PIPE REAR HOLDER BUSH (WCP)	TORN	18.00	18.00
1	REAR SPARE TYRE HOLDER (WCP)	BENT	130.00	130.00
1	REAR SPARE TYRE HOLDER PLATE (WCP)	BENT	170.00	170.00
	COST PLUS 20%		179.60	176.60
			1,077.60	1,059.60
SPECIAL NETT ITEMS				
1	SET REVERSE SENSOR (SN)	DENTED	200.00	200.00
1	REAR NUMBER PLATE (SN)	BENT	15.00	15.00
			215.00	215.00
LABOUR				
	REMOVE & REFIX RH TAILLAMP ASSY, REAR NUMBER PLATE LAMP & PANEL, REAR SPARE TYRE HOLDER & PLATE, TO STRAIGHTEN, KNOCK & REPAIR REAR END MEMBER & REALIGN THE SAME.		600.00	500.00
	SUPPLY 1 PCE REAR END ALUMINIUM COVER, REPAIR REAR BOTH TAILGATE & REALIGN THE SAME.		800.00	700.00
	PUTTY & RESPRAY ON REAR AFFECTED AREAS.		400.00	350.00
	REMOVE & REFIX REAR EXHAUST & CHECK LEAKING.		60.00	60.00
	TO REWRITE ADVERTISEMENT.		800.00	650.00
			-	-
			-	-
			-	-
			2,660.00	2,260.00
GRAND TOTAL			3,952.60	3,534.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,800.00



Report Ref No. CC6/EQI18000663/Kjb3s2

A handwritten signature in black ink, appearing to be 'KSC'.

KONG SENG CHEONG

Licensed Appraiser

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