

ASSIGNMENT BY:

REF: CS3/EGT18000848/Tid3er

1 day & days

claim

ASSIGNMENT (Office)

From (Person): Taufik Yee Pei Li of EGT Date/Time: 15/11/18 @ 2:21pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLL 5658P Insured: PC2540P

to Workshop name: Kok Wang Car Grooming Tel: 91839633

at 1 Soon Lee Street #06-40 Pioneer Centre

Policy No: _____ Claim No: DSM081800054

Sum Insured: _____ Excess: _____

Make of Veh: _____ Date: 11/11/18
(Client's Record)

CA / REV / REP. / REV 24 HRS ^{up} NCC Endorsement: _____

Date/Time: 2:47pm @ 15/11/18 Person Contacted: Mr. Kok Remarks: IN OUT

Date/Time: _____ Action Description: X _____

SLL 5658P - X

PC2540P - X

Tanjum

ERGO

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop No: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Ref No: SLL5658P Reg: 2008 Mach
 Type: Motor / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover
 Truck / Trailer: _____
 Make: Honda Civic MMA No: 1339
 Colour: Bronze Insured: Std / Nil / NA
 So Reading: 267213 TP Insured: Std / Nil / NA
 Eng No: _____
 Ch No: JHMFD362085206709
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In Order / Jammed / Leaked / Burnt or
 Brake: In Order / Jammed / Leaked / Burnt or
 Mod: 0 Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65X15
 R: M 9

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: \$13K
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Rest: Yes or No
 LHM Sum: _____ % 3 Vail: Yes or No
 CA / REV / REP. / 24 HRS WIP
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Front	Rear
R.Bal. <u>6</u> mm	R.Bal. <u>6</u> mm
L.Bal. <u>6</u> mm	L.Bal. <u>6</u> mm

 D.O.A. _____ D.O.I. 15/1/18 @ 04:26PM
 Surveyed at: Kok Way Motor
 Des. of Damages: Fr / Rear / O/S / N/S / U/O / Rooftop or
O/S Fr
 The U/O / Chassis frame / Body Structure affected due to collision

Date Time Action Instruction *check mv, Rebate, Cost

*Repair Estimate: \$ 5000 - 6000

* 4 days

Date/Time File Passed: : Prelim. Report
 : Final Report

Days Of Repair: 4
 Resurvey No. of Trip: -

Add Fee: Site Insp: \$
 Night: \$
 Tech: \$
 Rep: \$

Survey Fee	90
Transportation	
Other Fee	
Total	
90	

Record Format: PRS
 LHM Sum: 1.5

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Monday, 15 January 2018 2:21 PM
To: admin-d@lkkauto.com
Subject: OI : PC2540P/ TP : SLL5658P/LKK / DOA : 11/01/2018
Attachments: PC2540P - SAS.pdf; SLL5658P - SAS.pdf; RE: Our Ref: CY.SLL5658P.18.KWC.wp(Lh); Your Ref: PC 2540P/pl (10.5 KB); SLL5658P - PRI NOTICE.pdf

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey **C YOGARAJAH LLC**,

ADDRESS : **KOK WANG CAR GROOMING**
1 SOON LEE STREET
#06-40 PIONEER CENTRE
SINGAPORE 6297605

PERSON TO CONTACT : MR KOK @ 9183 9633

ERGO OFFICER-IN-CHARGE : STEVE LIM

Note: To survey on without prejudice basis. 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.

Attached are our insured's and TP's SAS (note: reports not to be released to any Third Party). No estimates was provided.

Please update the survey status via Survey.Report@ergo.com.sg.

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

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.

C. YOGARAJAH LLC

ADVOCATES & SOLICITORS

883 North Bridge Road
#19-05 Southbank
Singapore 198786
T: 6292 5838
F: 6292 5938
(UEN No. 201333127N)
(GST Reg No. 201333127N)

Our Ref : CY.SLL5658P.18.KWC.wp(Lh)

Your Ref : Your Insured vehicle PC 2540P

12 January 2018

FAR EAST MANAGEMENT (PRIVATE) LIMITED
c/o ERGO Insurance Pte Ltd
(Motor Claims Department)
302 Orchard Road #09-01
Singapore 238862

BY FAX (6829 9247) ONLY

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES SLL 5658P & PC 2540P ON 11.01.2018 @ 13:45HRS ALONG BATTERY ROAD - FULLERTON SQUARE

We are instructed by M/S LAY AUTO LEASING PTE LTD to notify you of a road traffic accident on 11.01.2018 @ 13:45hrs along Battery Road - Fullerton Square involving our client's customer's vehicle registration number SLL 5658P and vehicle registration number PC 2540P driven by you at the material time. A copy of the Singapore accident statement report is enclosed.

As the 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 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.

Yours faithfully,

C. Yogarajah LLC
Enc

cc: M/s. Kok Wang Car Grooming
1 Soon Lee Street #06 - 40 Pioneer Centre (S) 627605
Mr. Kok (9183 9633)
By fax 6694 4864

WP (NEADR)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 0521C

Vehicle Details

Vehicle No.: SLL5658P
Vehicle to be Exported: No
Intended De-registration Date: 16 Jan 2018
Vehicle Make: HONDA
Vehicle Model: CIVIC IMA A
Primary Colour: Grey
Manufacturing Year: 2008
Engine No.: LDA23023104
Chassis No.: JHMFD36208S206709
Maximum Power Output: 70.0 kW (93 bhp)
Open Market Value: \$27,609.00
Original Registration Date: 14 Mar 2008
First Registration Date: 14 Mar 2008
Transfer Count: 1
Actual ARF Paid: \$19,327.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 13 Mar 2018
PARF Rebate Amount: \$9,663.00

Intended COE Rebate Details

COE Expiry Date: 13 Mar 2018
COE Category: A - Car (1600cc & below)
COE Period(Years): 10

QP Paid:	\$14,052.00
COE Rebate Amount:	\$216.00
Total Rebate Amount:	\$9,879.00

The information contained herein is correct as at 16 Jan 2018

OK

Home » [Used Cars](#) » [Motor-Way Credit Pte Ltd](#) » [Honda Civic Hybrid 1.3A](#)

Tools & Tips

[Car Buying](#)

[Car Selling](#)

[Car Aftermarket](#)

[Car Ownership](#)

[On The Move](#)

[Lifestyle](#)

Commercial Vehicle

PAN PACIFIC
ALL FRANCHISES PLUS

YEAR END PROMOTION

BRAND NEW VEHICLES FOR LEASE

\$1200 **\$1300**

92385150 68288520
87972000 90103844

Honda Civic Hybrid 1.3A

[Overview](#) [Financial](#) [Accessories](#) [Similar](#) [Research](#) [Photos](#) [Map](#)

[Add to Shortlist](#) [Add to Compare](#) [Add a Note](#) [Report Error](#) [More Actions](#)

Car Details

Price	\$13,800	
Depreciation	-	?
Reg Date	15-Apr-2008 (2mths 29days COE left)	
Manufactured	2008	?
Mileage	-	
Transmission	Auto	
Engine Cap	1,339 cc	
Curb Weight	1,290 kg	?
Fuel type	Petrol-Electric	
Features	4-cylinder Inline, Auto CVT Transmission, BHP: 93, Torque: 123 Nm	
Accessories	Multi-function Steering Wheel Steering Wheel, Leather Seats, Reverse Sensor	
Description	Well Maintained. Easy In House Financing Available. Call Our Friendly Sales Consultant For Viewing.	
COE	\$12,856	?
OMV	\$28,069	?
ARF	\$19,649	?
Dereg Value	\$10,134 as of today (change)	?
No. of Owners	3	?
Type of Veh	Mid-Sized Sedan	
Category	PARF Car, Hybrid Cars	
Availability	Available	

[Add to Shortlist](#) [Add to Compare](#) [Add a Note](#)



Seller Informat

Company

Address

Location

Office No

Useful Services

[Compare](#)

MS18005850 / STA INSPECTION PTE LTD - Boon Lay
 ENTRY DATE & TIME: 12/01/2018 10:38
 SUBMITTED BY: Woodford Richard Vincent

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	12/01/2018 10:38
Date Of Accident	11/01/2018 13:45
Exact Location Of Accident	BATTERY ROAD - FULLERTON SQUARE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL5658P
Insured/Policyholder	
Name Of Registered Owner	LAY AUTO LEASING PTE LTD
Co Reg No	201310521C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98781995
Alternative Phone No	OFFICE-98781995
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088404545-01
Cover Note Number	

Driver

Name of Driver	SOH CHEOW CHONG , FANCY
NRIC No	S7937119Z
Date Of Birth	19/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2013
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98781995
Fax Number	
Contact Number	OFFICE-98781995
Email Address	NOEMAIL

Address BLK 176 BOON LAY DRIVE #08-350
 Postcode 640176
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 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? 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 ATTACHED

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 PC2540P
 Vehicle Make/Model/Colour BUS
 Details Of Properties REAR PORTION
 Vehicle Category BUS
 Name of Driver MOHAMED NAZIM BIN MOHAMED ALI
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SOH CHEOW CHONG , FANCY
 Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

WAIST AREA

SLL5658P

YES

NO

BLK 176 BOON LAY DRIVE #08-350

640176

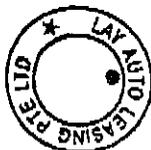
SKETCH PLAN**IMPORTANT NOTICE**

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.

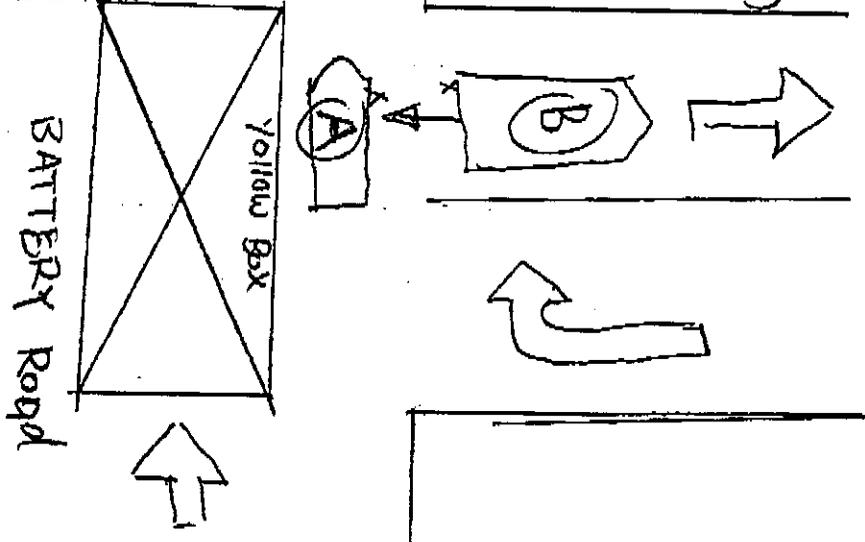


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Battery Road going straight. Upon reaching the yellow box, veh B which was facing towards Fullerton Hotel suddenly reversed and hit my veh. The driver apologize to me and informed me that he did not lock his handbrake. I am feeling pained around my waist area. I will be seeking medical attention.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

[Signature]
 Reporting Centre Personnel's Signature
 Name: *PULMAN*
 NRIC/PIN 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/EGI18000848/T1d3e2	
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 22-05-2018	
FIVE SINGAPORE 038985		Code: EGI	
1. Policy Particulars - (THIRD PARTY CLAIM)			
Insured Veh.	PC 2540P	Veh. Inspected	SLL 5658P
Policy No.		Coverage (\$)	0.00
Claim No.	DSMOB1800054	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	15/01/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA CIVIC	c.c	1339
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JHMF36208S206709	Colour	BRONZE
Odometer	267213 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	KAPSEN	6 mm
L/H Front Tyre	195/65 R15	KAPSEN	6 mm
R/H Rear Tyre	195/65 R15	KAPSEN	6 mm
L/H Rear Tyre	195/65 R15	KAPSEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.			
5. General Information			
Accident Date	11/01/2018	Inspect Date / Time	15/01/2018 (04:26 PM)
Survey held at	KOK WANG CAR GROOMING (HQ) 1 SOON LEE STREET #06-40 PIONEER CENTRE SINGAPORE 627605		
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 \$5,000-\$6,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	

Report Ref No. CS3/EGI18000848/T1d3e2

Inspected By

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,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 relying on this Report, in whole or in part, does so at his or her own risk.