

SUN/31

Kalvin

ASSIGNMENT (Office)

From (Person):

Rachel Tan

of

GAI

Date/Time:

22/01/18 @ 4.44pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 8876G

Insured:

GBE 8030K

at Workshop no/s

Premier Automotive

Tel:

G214 6886

of

23 Changi South Ave 2 #01-02

Policy No:

Claim No:

GBE 8030K

Sum Insured:

Excess:

Make of Veh:

D.O.A.

18/01/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

1wp

R.O.D. Endorsement

Date/Time:

5.42pm @ 22/1/18

Person Contacted:

Vincent

Vehicle IN/OUT

Date/Time

Action/Inspection

✓

Inspector

SHB 8876G-CC4/AIG11012878/M1n/a3y2

D.O.A: 29/06/2011

GBE 8030K-x

21/1/18 @ 2.59pm revised to Rachel Tan by email.

Kalin

REF.

ASSIGNMENT

Page

Q. No.

SHB88766

27 Mar 2018

Estimated Cost

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime Mover

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

Truck / Trailer

To inspect vehicle No.

Make

kia optima

1605

at Workshop no.

Colour

silver

Inj / Std / NI / NA

Insured

Sp Reading

367390

Inj / Std / NI / NA

Insured

Engine

Policy No.

C No

KNAhm414ME5454597

Claims No.

Gen Cond: Good / Fair / Poor / Burnt

Sum Insured

Excess

Steering: Inj / Jammed / Leaked / Burnt

Client's Record

Brake: Inj / Jammed / Leaked / Burnt

Make of Veh

Mod: Nil / S/Rim / STD A/Rim

Policy Condition

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



Bal or Market Value

Tyre Size

205/65R16

IDAC Accident Report: Consistent? Yes or No

R

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

TOYO / YOKO or

Achika.

GLA / PR Seen: Consistent? Yes or No

Front

Rear

Est. Repairs: days: Res: Yes or No

R Bal

7

mm

R Bal

7

mm

Lum Sum: G Val: Yes or No

L Bal

7

mm

L Bal

7

mm

CA / REV / REP / 24 HRS

D O A

18/1/8

D O A

27/1/8

Date: Person Contacted:

Survey held at:

Pura

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

o/s minor

The U/O / Chassis frame / Body Structure affected due to collision

Date, Time: Action, Instruction

12/2/8 - Chk RP \$50/1 day. (Ref 681, 93%)

RECEIVED 23 FEB 2018

File Time File Pass



Prel. Report

Days Of Repair:

12/2/8 Pura



Final Report

Resurvey No. of Trip:

File Time File Return

Survey Fee

P

Add Fee:



Steel Ins: \$



Ins: \$



Tech: \$



JAG: \$

Report Format:

TP

Lump Sum (I.B.):

50

250



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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI18001368/K1qd3

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 23-01-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 8030K	Veh. Inspected	SHB 8876G
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	23/01/2018

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	18/01/2018	Inspection Date	
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

5a. Remarks

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

Survey Department Check List (Case Handler)

Reference No.: CG/GA11 800/368/Klg43
 Policy Type: OD / TP / TP RES / TL / EVA

SHB 88766

Case Handler

Typist

Admin (Nivitha): 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.	<input checked="" type="checkbox"/>			
C Customer Code	<input checked="" type="checkbox"/>			
N Assign From	<input checked="" type="checkbox"/>			
C Assign Date	<input checked="" type="checkbox"/>			
C Veh No (Inspected)	<input checked="" type="checkbox"/>			
C Veh No (Insured)	<input checked="" type="checkbox"/>			
C D.O.A	<input checked="" type="checkbox"/>			
C Policy No	<input checked="" type="checkbox"/>			
C Claim No	<input checked="" type="checkbox"/>			
C Insurance Authorisation (CA /REV/REP)	<input checked="" type="checkbox"/>			
C Report Type	<input checked="" type="checkbox"/>			
C Weekend Charges	<input checked="" type="checkbox"/>			
N Survey held at/Repairer	<input checked="" type="checkbox"/>			
C Excess	<input checked="" type="checkbox"/>			

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

(1) Assignment Form

C Vehicle No	<input checked="" type="checkbox"/>			
C Regn Month/Year	<input checked="" type="checkbox"/>			
N Vehicle Type	<input checked="" type="checkbox"/>			
N Make & Model	<input checked="" type="checkbox"/>			
C Engine Capacity. (C.C)	<input checked="" type="checkbox"/>			
N Colour	<input checked="" type="checkbox"/>			
C Odometer. (Sp.Reading)	<input checked="" type="checkbox"/>			
C Chassis No	<input checked="" type="checkbox"/>			
N General Condition	<input checked="" type="checkbox"/>			
N Steering	<input checked="" type="checkbox"/>			
N Brake	<input checked="" type="checkbox"/>			
N Modification (Modi)	<input checked="" type="checkbox"/>			
C Tyre Size	<input checked="" type="checkbox"/>			
N Tyre Make	<input checked="" type="checkbox"/>			
C Tyre Balance	<input checked="" type="checkbox"/>			
C Date of Inspection	<input checked="" type="checkbox"/>			
N Survey held	<input checked="" type="checkbox"/>			
N Des.of Damages	<input checked="" type="checkbox"/>			

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>			
--	-------------------------------------	--	--	--

(3) Workshop Estimate/Assignment Form

N ALL Parts condition	<input checked="" type="checkbox"/>			
C Market Value for OD cases	<input checked="" type="checkbox"/>			
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)	<input checked="" type="checkbox"/>			
C Days of repair	<input checked="" type="checkbox"/>			
C Finalised Amount	<input checked="" type="checkbox"/>			
C Re-inspection Cases to Finalize within 5 Days	<input checked="" type="checkbox"/>			

(4) System - (Views/Merimen)

C Resurvey photo Uploaded	<input checked="" type="checkbox"/>			
---------------------------	-------------------------------------	--	--	--

Check By:

[Signature] 23/2/18
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014

Nivitha (LKK Auto)

From: Shiau Chan (LKKAuto) <siewsc@lkkauto.com>
Sent: Monday, 22 January 2018 4:44 PM
To: assignments
Subject: FW: Pre-inspection between SHB8876G & GBE8030K on 18.01.18
Attachments: 18012018134657-0001.pdf

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Tan, Rachel [<mailto:Rachel.Tan@sg.gaig.com>]
Sent: Monday, 22 January 2018 1:57 PM
To: Vincent Chua <vincent.chua@premiertaxi.com>; SUR <sur@lkkauto.com>
Cc: Goh Wee Dek <weedek.goh@premiertaxi.com>; Gary Shi <gary.shi@premiertaxi.com>
Subject: RE: Pre-inspection between SHB8876G & GBE8030K on 18.01.18

Without Prejudice

Dear LKK

Please accept assignment to conduct PRI. Attached is the PRI request. Thank you.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Vincent Chua [<mailto:vincent.chua@premiertaxi.com>]
Sent: Thursday, January 18, 2018 2:32 PM
To: General Claims <GeneralClaims@sg.gaig.com>
Cc: Goh Wee Dek <weedek.goh@premiertaxi.com>; Gary Shi <gary.shi@premiertaxi.com>
Subject: Pre-inspection between SHB8876G & GBE8030K on 18.01.18

Dear all,

We refer to the vehicles mentioned above.

Please kindly arrange for survey.

Vehicle not yet available for survey

Thank you.

Regards

Vincent Chua
Operations Assistant
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 066 | DID: 6544 6689 | Fax: 6214 1511
Visit us at: www.premiertaxi.com.sg

Confidentiality Notice | This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential or proprietary information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, immediately contact the sender by reply e-mail and destroy all copies of the original message.



Please Consider Your Environmental Responsibility Before Printing This E-mail. SAVE OUR TREES and REDUCE POLLUTION

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

PREMIER TAXIS PTE LTD

23 CHANGI SOUTH AVE 2 #03-02
SINGAPORE 486443
TEL:65446676, 65446689 FAX:62141511

Our Ref: SHB8876G

WITHOUT PREJUDICE

Date: 18 Jan 2018

Attn: The Motor Claims Department
Great American Insurance Company
3 Temasek Avenue
#16-01 Centennial Tower
Singapore 039190

(BY EMAIL ONLY)

**ACCIDENT INVOLVING SHB8876G & GBE8030K ALONG SLIP ROAD OF
KALLANG BAHRU ROAD INTO BENDEEMER ROAD ON 18.01.18**

We are the registered owner of vehicle number of **SHB8876G** which was involved on the above mentioned accident between **GBE8030K**.

Investigation reveals that the motor vehicle number **GBE8030K** was insured with you at the material time of the said accident.

As a result of the accident was caused solely and completely by the negligence of your insured vehicle number **GBE8030K**. Therefore, we are holding you liable for the repair costs and other consequential loss which was sustained by us.

Kindly arrange your representative to survey our vehicle at **23 Changi South Ave 2 #01-02 Singapore 486443** within two (2) days from the date hereof as to avoid further LOR/I incur. We enclosed hereby the GIA report of **SHB8876G** for your kind attention.

Failing which, we have no alternative but to proceed with the necessary repairs and the bill will be forward to you for reimbursement.

Yours Faithfully,



PREMIER TAXIS PTE LTD

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Thursday, 25 January 2018 2:59 PM
To: 'Tan, Rachel'; Admin-D (LKKAUTO)
Cc: SUR
Subject: RE: Pre-inspection between SHB8876G & GBE8030K on 18.01.18
Attachments: CSGAI18001368K1qd3.pdf

Dear Rachel,

Enclosed herewith preliminary advice of SHB 8876G.
Kindly provide us the claim number.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Tan, Rachel [<mailto:Rachel.Tan@sg.gaig.com>]
Sent: Tuesday, 23 January 2018 2:15 PM
To: Admin-D (LKKAUTO) <admin-d@lkkauto.com>
Subject: RE: Pre-inspection between SHB8876G & GBE8030K on 18.01.18

Hi

There is no claim number yet

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Nivitha (LKK Auto) [<mailto:admin-d@lkkauto.com>]
Sent: Tuesday, January 23, 2018 2:14 PM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Subject: RE: Pre-inspection between SHB8876G & GBE8030K on 18.01.18

Dear Rachel,

Kindly provide the claim number for the vehicle SHB8876G.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: GBE 8030K

Date: 25th January 2018

Our Ref: CS/GA118001368/K1qd3

The Motor Claims Department
Great American Insurance Company

Attn: Rachel

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SHB 8876G

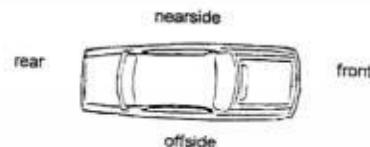
We thank you for the instruction on 22/01/2018.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 24/01/2018 at the premises of M/s PREMIER and have the following to report:-

Workshop Estimate Amount	: S\$ <u>731.00</u>
Revised Estimate Amount	: S\$ <u>50.00</u>
"Check" Items Amount	: S\$ <u>-</u>
Market Value	: S\$ <u>-</u>
Salvage Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:

The vehicle sustained damages at the o/s mirror.



Comments/ Present Status:

Damages consistent.

We have NOT authorise repair.

Yours faithfully

Kalvin Ang
Automotive Assessor

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	27 Mar 2014 / 09:14:16	Receipt No.:	AACCK001-AX239-140327-000004
Asset Type:	Vehicle	Transaction Amount:	\$71,081.00
Asset ID:	SHB8876G	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140327091416815008		
Vehicle No.:	SHB8876G		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	27 Mar 2014		
Original Registration Date:	27 Mar 2014		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414ME5454597		
Engine No.:	D4FDDH308928		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2013		
Open Market Value:	\$19,696.00		
Minimum PARF Benefit:	\$7,317.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	27 Mar 2014 09:14:16		
COE No.:	2014032701001152Z		
COE Expiry Date:	26 Mar 2022		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$58,745.00		
Lifespan Expiry Date:	26 Mar 2022		
Owner ID Type:	Company		

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 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	18/01/2018 10:43
Date Of Accident	18/01/2018 09:30
Exact Location Of Accident	KALLANG BAHRU ROAD INTO BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8876G
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	YAP BENG HUAT
NRIC No	S2618306E
Date Of Birth	16/02/1947
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1976
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96207996
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 951 #15-506 HOUGANG AVE 9
Postcode	530951
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	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	2
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)	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

VEH. A - NO PAX VEH. B - 2 PAX

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	GBE8030K
Vehicle Make/Model/Colour	LORRY
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

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:
NRIC/FIN No.:

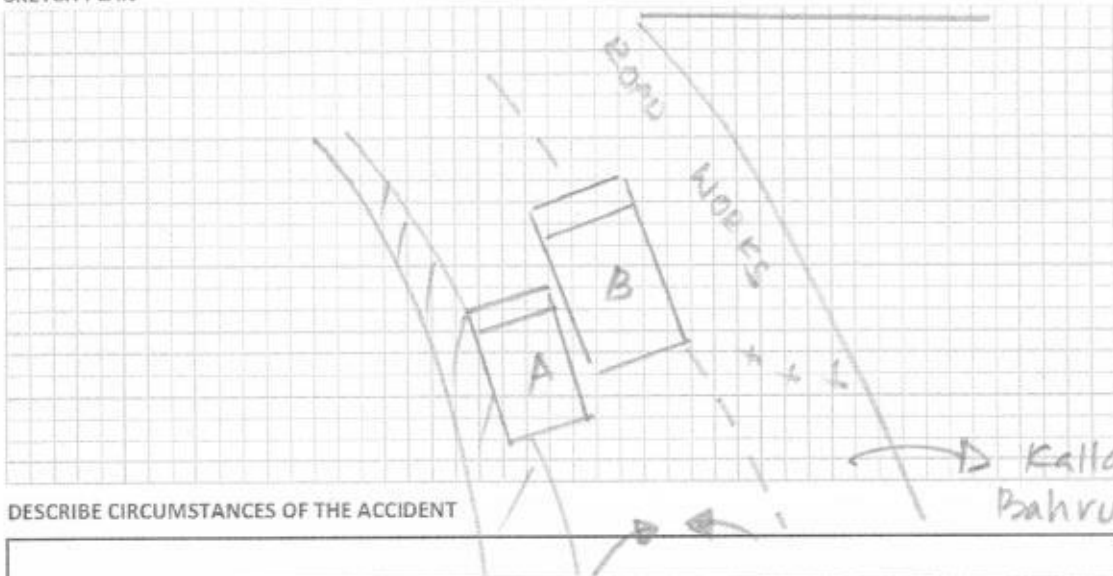
[Signature] 18 JAN 2018
SAB 88766
9.30 am 18/1/18
11C 26183065

[Signature]

Sketch Plan Pg. 2

SKETCH PLAN

BENDEMEER ROAD ←



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8876 G

B: GBE 8030F

DECLARATION

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

18 JAN 2018



Policyholder's Signature
Date & Time:

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

18 JAN 2018 8:30 AM

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

Describe Circumstance of the Accident.

ON 18/01/2018 @ 0930HRS, I WAS DRIVING MY TAXI (SHB 8876 G)
TRAVELLING ALONG THE SLIP ROAD OF KALLANG BAHRU ROAD INTO BENDEMEER
ROAD IN THE LEFT LANE.

WHILE I WAS MOVING AHEAD TOWARDS THE MERGING LANE, SUDDENLY VEHICLE
B (GBE 8030 K – LORRY) WHICH WAS ON MY RIGHT – FAILED TO KEEP FOR
PROPER LOOK OUT, HAD COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

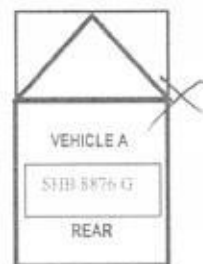
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT WING MIRROR AND I
WAS NOT AWARE OF DAMAGES TO VEHICLE B.

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD MY TAXI & VEHICLE B HAD 2 PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE

 26183066

Driver's Signature & NRIC Number

Thursday, January 18, 2018 @ 10:52:49 AM

(attended by )

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

19-Jan-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8876 G

1 pc	o/s mirror Assy	<i>X repair</i>	\$	590.00
			Less 10%	\$ 59.00
				<u>\$ 531.00</u>

Sundry

\$ ~~50.00~~ *X 20*

To putty and spray painting on the o/s side mirror

\$ ~~150.00~~ *50*

\$ 731.00

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE
ANY UNFORESEEN DAMAGES.

Kelvin LKK

24/1/18 0940 hr.

1 Day

After Repair photo

P/P

12/1/18
CH P/P \$50/1 Day

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting.
- To display damage before/after during resurvey.
- Parts prices and quality.
- Third party survey.
- No illegal modification allowed.
- Supplemental survey must be resurveyed.
- is subject to the approval of the 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

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI18001368/K1qd3n2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 26-02-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 8030K	Veh. Inspected	SHB 8876G
Policy No.		Coverage (\$)	0.00
Claim No.	GBE8030K	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	22/01/2018

2. Vehicle Particulars & Condition

Make & Model	KIA OPTIMA	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KNAGM414ME5454597	Colour	SILVER
Odometer	367390	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	ACHILLES	7 mm
L/H Front Tyre	205/65 R16	ACHILLES	7 mm
R/H Rear Tyre	205/65 R16	ACHILLES	7 mm
L/H Rear Tyre	205/65 R16	ACHILLES	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S MIRROR. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	18/01/2018	Inspection Date	24/01/2018
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

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:	1 Working Days
-------------------------------------	----------------

**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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 8876G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	O/S MIRROR ASSY	TO REPAIR SEE LABOUR	590.00	-
	LESS 10% DISCOUNT		-59.00	-
			531.00	-
	<u>SPECIAL NETT ITEMS</u>			
1	SUNDRY (SN)	NOT NECESSARY	50.00	-
			50.00	-
	<u>LABOUR</u>			
	TO PUTTY AND SPRAY PAINTING ON THE O/S SIDE MIRROR.		150.00	50.00
			150.00	50.00
	GRAND TOTAL		731.00	50.00
RECOMMENDED COST OF REPAIRS				50.00

Report Ref No. CS/GAI18001368/K1qd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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.



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 8876G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	O/S MIRROR ASSY	TO REPAIR SEE LABOUR	590.00	-
	LESS 10% DISCOUNT		-59.00	-
			531.00	-
	<u>SPECIAL NETT ITEMS</u>			
1	SUNDRY (SN)	NOT NECESSARY	50.00	-
			50.00	-
	<u>LABOUR</u>			
	TO PUTTY AND SPRAY PAINTING ON THE O/S SIDE MIRROR.		150.00	50.00
			150.00	50.00
	GRAND TOTAL		731.00	50.00
RECOMMENDED COST OF REPAIRS				50.00

Report Ref No. CS/GAI18001368/K1qd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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.