

ASS. REC. BY

REF: CS3/SMO18002043/Tid301

Surveyor

taufik

ASSIGNMENT (Office)

From (Person)

Grace Teo

of

SMO

Date/Time

01/02/18 @ 12:48pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKM 4572R

Insured:

SJE 6681A

at Workshop n/o:

Gold Autoworks

Tel:

87789382

of

48 Toh Guan Rd East, #01-119

Policy No:

Claim No:

CMTD1800526/GPL

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 31/01/2008

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time:

12:52pm @ 1/2/18

Person Contacted:

jass

Vehicle ~~IN~~ OUT

Date/Time

Action/Instruction

(X) Estimate

SKM 4572R - X

SJE 6681A - X

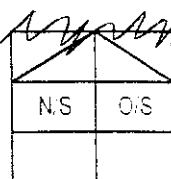
Tanph

REF:

SMO

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: _____



(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: 8 days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS PR WP
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Vehicle: SLC 4572R Reg: 2014 North
 Type: ☒ M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover
 Truck / Trailer or
 Make: Volkswagen Jetta 1340
 Colour: white A/C Insured / Std / NI / NA
 Sp. Reading: 40854 T. Radio: Insured / Std / NI / NA
 Eng No: _____
 C No: WVW ZZZ 16713M 058857
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size F: 235/40R18
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Confidential
 Front _____ Rear _____
 R.Bal. 6 mm R.Bal. 6 mm
 L.Bal. 6 mm L.Bal. 6 mm
 D.O.A. _____ D.O.I. 1/2/18 @ 630.
 Survey held at: Gold Autoworks, Toh Guan
 Des. of Damages: ☒ Fr / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision

Date: _____ Time: _____ Action / Instruction: \$9,800 - \$12,000

4/4/2018

RECEIVED

Date/Time: File Pass to: ☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3-PS: \$

Phone: _____

Direct: _____

TOTAL: _____

Add Fee: ☐ Site Insp: \$

☐ Inter. E: \$

☐ Tech. Insp: \$

☐ Assessment: \$

Report Format: _____

Lump Sum / IE: \$



Nivitha (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Thursday, 1 February 2018 12:48 PM
To: claims@goldautoworks.com.sg; admin-d@lkkauto.com; assignments@lkkauto.com
Cc: Gnoh, Pau Loong; Henry, Irene James
Subject: CMTD1800526/GPL - ACCIDENT INVLG SJE6681A & SKM4572R ON 31.01.18
Attachments: img-131155403.pdf

Our Reference : CMTD1800526/GPL
Your Reference: 2018-01-020

Without Prejudice

Date: 1st February 2018

Attention:
M/S GOLD AUTOWORKS PTE LTD

Dear Jess,

ACCIDENT INVOLVING SJE6681A & SKM4572R ON 31.01.18

We refer to your email reply dated 01/02/2018.

We do not agree to your list of surveyors.

As such, we will be appointing our motor surveyor, **LKK AUTO CONSULTANTS** to conduct the pre-repair survey of your client's vehicle.

The pre-repair survey will include a survey of the vehicle when its damaged parts are being dismantled prior to the commencement of repairs.

We would like our motor surveyor to conduct a post repair inspection once your client's vehicle has been repaired.

The survey is conducted on a without Prejudice basis and without any admission of liability.

Yours faithfully,

Best Regards
Grace Teo
Claims Division
D: 6329 5170 | T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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-----Original Message-----

From: claims@goldautoworks.com.sg [mailto:claims@goldautoworks.com.sg]

Sent: Thursday, February 01, 2018 12:36 PM

To: Teo, Grace

Cc: Gnoh, Pau Loong; Henry, Irene James

Subject: Re: ***SPAM*** CMTD1800526/GPL - ACCIDENT INVLG SJE6681A & SKM4572R ON 31.01.18

Hi Grace,

We refer to your email below.

We regret to inform you that we shall reject your list of nominated surveyors.

We will recommend the following surveyor(s) for your reference;-

- 1) Appraisal VP Pte Ltd - Victor Png
- 2) Appraisal VP Pte Ltd - Jaclyn Loh
- 3) Allied Auto Appraisal - H C NG
- 4) Pro-Options Services - Liew Leong San
- 5) Prominent Appraisal - Hon Andrew

Hope to receive your reply soonest possible.

Thank you.

Yours Faithfully,

Jess Chua

Gold Auto Works Pte Ltd

Quoting "Teo, Grace" <grace.teo@sompo.com.sg>:

> Our Reference : CMTD1800526/GPL

> Your Reference: 2018-01-020

>

>

> Without Prejudice

> Date: 1st February 2018

>

>

> Attention:

> M/S GOLD AUTOWORKS PTE LTD

>

>

> Dear Jess,

>
 >
 > ACCIDENT INVOLVING SJE6681A & SKM4572R ON 31.01.18
 >
 > We refer to your Notice of Accident dated 31/01/2018.
 >
 > Please be informed that Gnoh Pau Loong the handler of this case.
 >
 > We intend to conduct a pre-repair survey of the damage to your
 > client's/your customer's vehicle jointly with your client/your motor
 > workshop. We propose to use one of the motor surveyors named in the
 > attached list to conduct the joint pre-repair survey as a single
 > joint expert.
 >
 >
 >
 > Pre-Repair Survey
 >
 >
 >
 > Motor Surveyor
 >
 > Surveyor
 >
 > Selection (Indicate as tick)
 >
 > 1
 >
 > Raleigh Services
 >
 > Andrew Ow Yong
 >
 >
 >
 >
 >
 >
 > Vincent Ng
 >
 >
 >
 > 2
 >
 > LKK Auto Consultants
 >
 > Kenneth Kong (North area)
 >
 >
 >
 >
 >
 >
 >
 > Marcus Chua (East area)
 >

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>
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>
> Mohd Rasul (West area)
>
>
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>
> Mohd Taufikh (West area)
>
>
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> 3
>
> Priority Services
>
> Jimmy Lee
>
>
>
>
>
>
>
> Lawrence Ng
>
>
>
>
>
>
>
> Jeffery Ong
>
>
>
> 4
>
> JP Knights Adjusters & Surveyors
>
> Jason Lek
>
>
>
> 5
>
> In House surveyor
>
> Teo See Ling
>

> in our Privacy Policy. This may include disclosure to holding and
> associated companies, credit bureau, parties to whom disclosure is
> permitted/required by laws, our third party service providers and
> agents (acting on our behalf). Please click
> here<<https://www.sompo.com.sg/Privacy/PrivacyPolicy.aspx>> for our
> Privacy Policy
>
>
>
> -----Original Message-----
> From:
> claims@goldautoworks.com.sg<mailto:claims@goldautoworks.com.sg>
> [mailto:claims@goldautoworks.com.sg]<mailto:[mailto:claims@goldautoworks.com.sg]>
> Sent: Wednesday, January 31, 2018 4:39 PM
> To: Claims - Motor Survey
> Subject: Requesting Pre-Repair Inspection for Vehicle no.: SKM4572R
>
>
>
> Our Ref : 2018-01-020
>
>
>
> Date : 31/1/2018
>
>
>
> Attention Motor Claims Department
>
>
>
> Dear Sir/Mdm,
>
>
>
> NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING
> DAYS PURSUANT TO PARAGRAPHS 6.2 OF PRE-ACTION FOR NIMA CASES.
>
>
>
> Accident involving SKM4572R and SJE6681A at/along Junction of Upper
> Thomson Rd & Ang Mo Kio Ave 1 on 31.1.2018; 07:50H.
>
>
>
> We act for motor vehicle no. SKM4572R with instruction to repair the same.
>
>
>
> Please be informed that the said vehicle can be inspected at the
> following address;-
>
>
>
> Venue: 48 Toh Guan Rd East
>

> Enterprise Hub

> 01-119, Gold Auto Works

> Singapore 608586

> Contact Person : Mr Zoron Koh (HP: 9619-9144) and/or myself at 8778-9382.

> Note: Kindly contact us to arrange for Pre-Repair Inspection.

> If you fail to conduct the Pre-Repair Inspection within the next 2
> working days excluding any intervening Saturday, Sunday and Public
> Holiday, the said workshop will commence repairs thereafter without
> further notice to you.

> Warmest Regards,

> jess Chua

> Gold AutoWorks Pte Ltd

MVA118016363 / VAC - Bukit Batok
 ENTRY DATE & TIME: 31/01/2018 15:05
 SUBMITTED BY: SUSAN SEAH SOH ENG

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	31/01/2018 15:05
Date Of Accident	31/01/2018 07:50
Exact Location Of Accident	JUNCTION OF UPPER THOMSON ROAD & ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM4572R
Insured/Policyholder	
Name Of Registered Owner	VANESSA RAJ KUMAR
NRIC No	S9000744J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90685265
Alternative Phone No	OFFICE-90685265

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 (A)

Exact Purpose for which vehicle was being used at time of accident

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097033287 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	VANESSA RAJ KUMAR
NRIC No	S9000744J
Date Of Birth	09/01/1990
Occupation	INDOOR
Date Of Driving Pass	22/10/2009
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90685265
Fax Number	
Contact Number	OFFICE-90685265
EMail Address	NOEMAIL

Sketch Plan Pg. 1

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.

31 JAN 2018

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg



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.:

Accident reporting

Page 1 of 1

Accident					
Policy No.	5097033287	Vehicle No.	SKM4572R	GST Registration No.	
Policyholder Name	VANESSA RAJ KUMAR			Policyholder NRIC	S9000744J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile) *		Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark	Please Select	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire *	Please Select
Accident Details					
Report Date	31/01/2018 15:04	Accident Report Within 24 hrs	<input checked="" type="checkbox"/> Yes	Accident Type *	Please Select
Date of Accident	31/01/2018	Time of Accident hh:mm *		Country of Accident *	Please Select
Reporting Centre		Orange Force		ICM No.	
Accident Location *					
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore DO Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Policyholder Mailing Address					
Address 1	BLK 511B #02-429	Address 2	YISHUN STREET 51	Address 3	SINGAPORE 762511
Address 4		Address Type	Singapore address	Post Code	762511
Unit No.	02-429	Related Policy Number	5097033287		
Q1 Driver Info					
Driver Name	Please Select	Driver Type	Please Select	Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Save					


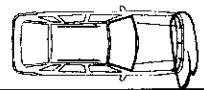


LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT				
SOMPO INSURANCE SINGAPORE PL		Ref: CS3/SMO18002043/T1d3e2		
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date: 05-04-2018		
Code: SMO				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SJE 6681A	Veh. Inspected	SKM 4572R	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1800526/GPL	Excess (\$)	0.00	
Assign From	GRACE TEO	Assign Date	01/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	VOLKSWAGEN JETTA	c.c	1390	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	WVWZZZ16ZDM058657	Colour	WHITE	
Odometer	40854 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/40 R18	CONTINENTAL	6 mm	
L/H Front Tyre	235/40 R18	CONTINENTAL	6 mm	
R/H Rear Tyre	235/40 R18	CONTINENTAL	6 mm	
L/H Rear Tyre	235/40 R18	CONTINENTAL	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.				
5. General Information				
Accident Date	31/01/2018	Inspect Date / Time	01/02/2018 (04:30 PM)	
Survey held at	GOLD AUTOWORKS PTE LTD 48 TOH GUAN ROAD EAST #01-119 ENTERPRISE HUB SINGAPORE 608586			
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 \$9,800-\$12,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		8 Working Days		

Report Ref No. CS3/SMO18002043/T1d3e2

Inspected By



MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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