	UNISUA.	ASSIGNM			M-1520010 219
From (Person):	You for Li	of	E61.	Date/Tim	06022018 3.Bpm
0	TP RES / OD R	ES/EVA/INV/MV/	CS In	nsured:	3kc 66567
at Workshop m	ls	Gfbree Autotech		Tel: 913	7 1448
of		10 Kaki Bukit	Rd > # 01-314		
			Claim No:		5.79 49 57
Sum Insured;			Excess:		
Make of Veh:				D.O.A.	02022018
(Client's Record	REP. / REV 2	inks wh	07-122018 @ al	Her 3pm H.O.D Vehicle	Endorsement:
	06-03-2018 31	reison comacic			2001
		on (X) Estima			
Date/Time:	Action/Instruction	on (X) Estimo	te		DCA: 070417

-3.31	2.1.112.11
7/2/18	SLA 41240 = 12/2/2010
Estimated Cost	Type (MC) I M Cypla (Bus I Van I Lorry / Taxi i Prima Meyer)
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck Trelier or
To inspect Verticle No. STA 4R4C	Marie M.+ Lance :: 1499.
as Workshop ms Gforce Autotech	Cool Delle Cala, RC Insured Std NI NA
10 kaki Bkf Rd 2 # 01-34	Sp Reading 114338 Trade Insured Std NI/NA
Inaured	Eng/No:
PolicyNo	ONO JMYSRCYZHAUDD237
Claims No	Gen Cond (Good) Fair / Poor / Burnt
Sum Insured Excess	Steering Inorder / Jammed / Leaked / Burnt or
Clerita Record After 3pm.	Brake Inorder Jammed / Leaked / Burnt or
Make of Ven	Medi Nii / StRfm / STD A/Rim or
	Tyre Size F 225 452R17
(Palley Condition)	R 225/45ZR14
Remark: The yeh had commenced its N.S. O.S.	BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
repair at the time of inspection.	LOAOLAOKO & NEXEN.
Ball or Market Value	Eroni Beat
IDAC Accident Room: Consistent? Yes or No.	RBa. 2 mm RBa 5 m-
GIA / PR Seen: Consistent? : Yes or No	Libal 2 mm Libal 3 mm
Est Repairs: 5 days Res.: Yes or No	004 2/2/2018 00 7/2/2018
Lum Sumi % 3 Val.: Yes or No	Survey heid as Alang 2:05 pm
CA / REV / REP. / 24 HRS WP/	Des. of Damages Frt. Rear O/S N/S U/C Rooftop of
Venicle: IN / OUT Date Person Contacted:	The 1900 of Character States of Company of Character States of Cha
Date Time Action Instruction	The U/O / Chassis frame / Body Structure affected due to collision
Robert	#3900 - # 4900
7	
	- July Sever
	And the
*	/ humile
	44/2018
RECEIVED 0 9 APR 2018	1(1)
Cata-Time File Pass to* : Prelli, Report	Days Of Repair: 5
Final Report	Resurvey No. of Trip: Some, Fee
Care Time. File Ratum to 7	Transportation .
Add Fee	s: Site insc \$
	The first of the second of the
Report Format : PRA ·	Teprin s & State S
Lump Sum / LB // S	Western P

Catherine Chong (LKK Auto)

From:

Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>

Sent:

Tuesday, 6 February, 2018 3:03 PM

To:

'admin-d@lkkauto.com'

Subject:

OI: SKC6656Y / TP: SLA4124C/LKK / DOA: 02/02/2018

Attachments:

SKC6656Y - SAS.pdf; SLA4124C - SAS.pdf; SLA4124C - PRI NOTICE.pdf; RE:

YREF:SKC6656Y OREF:STC201814GF (16.7 KB)

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey S.T. CHELVAN & CO,

ADDRESS

: GFORCE AUTOTECH PRIVATE LIMITED

10 KAKI BUKIT ROAD 2

#01-34

SINGAPORE 417868

PERSON TO CONTACT

: MR DERRICK @ 8299 5578

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.

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

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

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.

MVA318016961 / VAC - Koki Buki ENTRY DATE & TIME; 03:02:2018 10:54 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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

03/02/2018 10:54

Date Of Accident

02/02/2018 16:20

Exact Location Of Accident

SLIP RD ST ANDREW ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLA4124C

insured/Policyholder

Name Of Registered Owner

MUHAMMAD HASBI BIN JAMAL

NRIC No

S9426586Z

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-81867214

Alternative Phone No.

OTHERS-81867214

Vehicle Particulars

Manufacturer

MITSUBISHI

Model

LANCER 1.5EX MIVEC A/T ELEGANCE 2WD 4DR

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

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

5094685387

Cover Note Number

Driver

Name of Driver

MUHAMMAD HASBI BIN JAMAL

NRIC No

S9426586Z

Date Of Birth

24/07/1994

Occupation

INDOOR

Date Of Driving Pass

22/04/2014

Driving Experience

3 YEARS AND 9 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-81867214

Fax Number

Contact Number

OTHERS-81867214

EMail Address

NOEMAIL

Address

BLK 482 #06-381 PASIR RIS DRIVE 4

Postcode

510482

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

DRIZZLING

Road Surface

WET

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

NO

ambulance?

110,500

Was any other material or property damaged?

YES

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

NO

4

Number of Passengers (Including Driver)

Passenger 1

NAME:

: TUNG JIA WEI

GENDER:

: MALE

Passenger 2

NAME:

: MARK

GENDER:

: MALE

Passenger 3

NAME:

: HAZIQ

GENDER:

: MALE

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 TO BELOW STATEMENT/SKETCH PLAN:

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKC6656Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Sketch Plan Pg. 1

SKETCH PLAN

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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:
 - 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;
 - (fill) 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:
 - 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.

B 3 FEB 2010

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4

Reporting Cooke Remonagly, Signature Name: Tel: 67416697

NRIC/FIN No.: Fax: 67492305 Ernail: vackb@singnet.com.ag. Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Change NDC
Owner ID Type:	Singapore NRIC
Owner ID:	6586Z
Vehicle Details	SLA4124C
Vehicle No.:	No.
Vehicle to be Exported:	09 Apr 2018
Intended De-registration Date:	MITSUBISHI
Vehicle Make:	LANCER 1.5EX MIVEC A/T ELEGANCE 2WD 4DR
Vehicle Model:	
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	4A910126391
Chassis No.:	JMYSRCY2AAU000372
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$18,060.00
Original Registration Date:	12 Feb 2010
First Registration Date:	12 Feb 2010
Transfer Count:	3
Actual ARF Paid: Intended PARF Rebate Details	\$18,060.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Feb 2020
PARF Rebate Amount: Intended COE Rebate Details	\$9,933.00
COE Expiry Date:	11 Feb 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
OP Paid:	\$13,658.00
COE Rebate Amount:	\$2.511.00
Total Rebate Amount:	\$12,444.00

The information contained herein is correct as at 09 Apr 2018

ОК



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 CS3/EGI18002390/Wbs2 ERGO INSURANCE PTE LTD Ref: 5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER Date: 26-04-2018 FIVESINGAPORE 038985 Code: EGI Policy Particulars :- (THIRD PARTY CLAIM) 1. **SLA 4124C** SKC 6656Y Veh. Inspected Insured Veh. 0.00 Coverage (\$) Policy No. 0.00 Claim No. DSMPC1800255 Excess (\$) 06/02/2018 YEE PELLI Assign Date Assign From Vehicle Particulars & Condition 2. 1499 MITSUBISHI LANCER Make & Model C.C 2010 HIDDEN Engine No. Year of Reg. JMYSRCY2AAU000372 Colour DARK GREY Chassis No. Odometer 114338 KM Steering IN ORDER IN ORDER SPORTS RIM Modification **Brakes** GOOD General Conditions of Tyres Size Make Balance 2 mm 225/45ZR17 NEXEN R/H Front Tyre L/H Front Tyre 225/45ZR17 NEXEN 2 mm NEXEN 225/45ZR17 3 mm R/H Rear Tyre 3 mm NEXEN 225/45ZR17 L/H Rear Tyre **Description of Damages** 4. THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION 5. **General Information** 07/02/2018 (02:03 PM) Inspect Date / Time **Accident Date** 02/02/2018 GFORCE AUTOTECH PRIVATE LIMITED Survey held at 10 KAKI BUKIT ROAD 2 #01-34 FIRST EAST CENTRE SINGAPORE 417868 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 \$3,900-\$4,900 Estimate Days of Repair 5b.

Report Ref No. CS3/EGI18002390/Wbs2

Inspected By

WILSON TEO CHENG MING

ESTIMATED NORMAL PERIOD FOR REPAIR:

Automotive Assessor

KKLAUCE

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

5 Working Days

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No. liability of responsibility whatsoeses, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.