

Surveyor:

ASSIGNMENT (Office)

From (Person): Siti Athikah

of

EGI

Date/Time: 26/2/18 @ 10:20am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YN 9272C

Insured:

GBB 710A

at Workshop m/s

Koo Ah War

Tel:

97548055

of

5 Soon Lee Street #06-03

Policy No:

Claim No:

DSMCV 1800362 / RH / sa

Sum Insured:

Excess:

Make of Veh:

D.O.A.

15/2/18

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time: 10:59am @ 26/2/18

Person Contacted:

Mr. Khoo

Vehicle IN (OUT)

Date/Time	Action/Instruction (✓) Estimate
	YN 9272C - X
	GBB 710A - X
	After repair - 4/3/2018
	Disassemble - 4/3/18

Tanpin

FG

ASSIGNMENT

Date 2/3/18

YN9272C

15

Source Code

PR / MS / TP RES / CD RES / EVA / INV / MY

at Worksite

Insured

Policy No

Demands

Sum Insured

Excess

Claims Record

Make of Car

Make Mitsubishi

Color Red

SP Reading 125 293

Engine

CNO FEB21EA10301

Gen Code

Steering

Brake

Mod

NS	OS

Policy Condition

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

Est. or Market Value

ICAO Accident Report

GIA / PP Seen

Est. Repairs 7 days

Sum Sum

REV / REP / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Nelson

Tyre Size 185 / RU

BS / DUN / EXNOVA

TOYO / YOKO

Front

R.Ba

L.Ba

C.O.A

Surveyed at Koo Ah Whan / Penang

Des of Damages

Fit N/S, Fit O/S

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

2/3/18 @ 1730

NO GIA

* Repair Estimate 3 S\$ 8000 - 9000

* 7 days

RECEIVED 20 APR 2018

Date Time File Reason

Days Of Repair 7

Resurvey No of Times

Add Fee

Record Form

Sum Sum

Nivitha (LKK Auto)

From: Siti A Thikah AB Rahman <siti.rahman@ergo.com.sg>
Sent: Monday, 26 February 2018 10:20 AM
To: Catherine Chong (LKK Auto) (admin-d@lkkauto.com)
Cc: Survey Report (ERGO Insurance Pte. Ltd.)
Subject: OI: GBB 710A | TP: YN 9272C | LKK | DOA: 15.02.2018 - PRI | OUR REF: DSMCV1800362/RH/sa
Attachments: PRS FORM.pdf; 26022018100436-0001.pdf; GBB710A - OI SAS.PDF; YN9272C - TP SAS.PDF; GBC3491G - 1ST VEH SAS.PDF

Dear Catherine,

With reference to the above matter.

We have rejected to their PRS list, please assist to conduct this survey request from KSCGP, their client's vehicle can be survey at:-

Address: Koo Ah Whar
5 Soon Lee Street, #06-03 Pioneer Point
Singapore 627607
Contact Person / HP: Khoo Teck Kuan / 9754 8055

Attached are the necessary documents for your further actions (**Note: Reports not to be released to any Third Party**).

Note: To survey on without prejudice basis and inform the repairer in writing, that you are require to conduct a post-repair inspection before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.

Kindly acknowledge receipt of this email.

NOTE: Please assist to quote our ref as the subject matter, when forwarding the Preliminary Reports / Survey Reports.

Thank you.

Warmest regards
Siti A'thikah
Claims Department
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
Tel.: 65 6829 9170
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.

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ERGO

Date: 23.02.2018
Our Reference: DSMCV1800362/RH/sa
Your Reference: YN9272C/NL/jp/qh

To: KSCGP JURIS LLP

Sent via Fax
or
Email

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: YN 9272C
Insured's Vehicle: GBB 710A
Date Of Accident: 15.02.2018

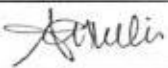
We acknowledge receipt of your request for PRS on: 23.02.2018

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked *.

*

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	LKK	LKK Auto Consultants Pte Ltd
JPK	JP Knights Pte Ltd	PS	Priority Services
		VAC	Vicom Ltd

<input checked="" type="checkbox"/>	Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
<input type="checkbox"/>	Your request for inspection does not have your client's GIA report, kindly forward a copy.
<input type="checkbox"/>	We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
<input type="checkbox"/>	Our Insured's driver has not reported the accident to us todate.
<input checked="" type="checkbox"/>	Others: <u>WORKSHOP DETAILS NOT PROVIDED</u>

Prepared by:		Siti	6829 9170	claims@ergo.com.sg
Signature:				FAX : 6829 9247

Assessor use only:

Assignment Date: _____
Assignment Time: _____

Remarks:

Workshop use only:

Assessor attended workshop on:

Date: _____
Time: _____
Inspector: _____

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job .

Workshop Acknowledgement & Stamp.

Note: Our inspection is on a without admission to liability basis.

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	19/02/2018 18:15
Date Of Accident	15/02/2018 08:45
Exact Location Of Accident	SLE TOWARDS BKT EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9272C
Insured/Policyholder	
Name Of Registered Owner	RIO LOGISTICS (S) PTE LTD
Co Reg No	200603956H
Email Address	FLEET@RIOLOG.COM
Mobile Phone No	
Alternative Phone No	OFFICE-84486149

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEA01B (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5074900712-02
Cover Note Number	

Driver

Name of Driver	NANTHA KUMAR S/O NADARAJAN
NRIC No	S8106597G
Date Of Birth	12/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/05/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84486149
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 1 PENJURU LANE SINGAPORE 609217

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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
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? YES
If Yes, Please state which Police Station
Police Station Name BISHAN NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 196 BISHAN STREET 13 , POSTCODE: 570196 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2589999 - FAX NO: 63536659
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

Veh A was travelling along SLE Exit to BKE. Veh C collided into the rear of Veh B. Veh B lost control and collided into the right hand of my vehicle. The impact pushed my vehicle to the left and collided into the all of the exit.

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 GBB710A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBC3491G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NANTHA KUMAR S/O NADARAJAN
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **immediately** the details of the accident to speed up the claims process.
2. The form must be **completed** by the **Policyholder** and/or the **Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **reject** policy claims.
4. The cover and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insured or company.
5. **Not being reported may be referred to the Police for investigation.**

6. The report will be forwarded by the insurers of the GSA Security Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the copies of this report will 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 consent of the report being made available elsewhere.

B. 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 be permitted to collect, use, disclose and/or process my personal data/personal information (as 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/or use such Personal Information to all persons who have insured vehicles involved in this accident (all insureds who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers", the insurer's lawyers/law firms, the Motorway Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of

(i) investigating, 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 requesting for any enquiries by me.

(iv) administering my claims (including the making of correspondence, statements, reports or notices to me, which could involve disclosure of certain personal data about me to third third parties of the same as well as to the external cover of emergency/first responders) and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").

(b) As insurer(s) who have insured vehicles involved in this accident and the Insurer's lawyers/law firms, may be 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/has been disclosed by any of the Insurers and/or GIA to third third party service providers or agents (including their lawyers/law firms), which may be used outside of Singapore, for one or more of the above Purposes.

(d) my Personal Information will also be collected and used by computer (data storage) for the purposes of fraud detection, investigation and management or prevention and all future claims.

(e) the information is collected under the above may be shared / disclosed:

(i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, enquiries, 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.



Insured's Signature
Date & Time

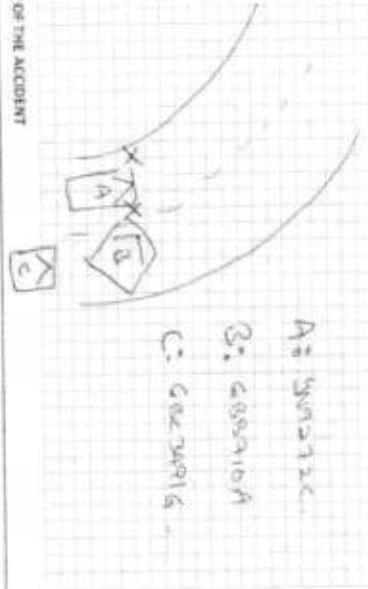
Insurer's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name
NRIC/ID No.

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



Vehicle A was travelling along sub east to Bkfr. Vehicle C collided into the rear of vehicle B. Vehicle B lost control & collided into the right hand of my vehicle. The impact pushed my vehicle to the left & collided into wall of the road.

DECLARATION

I/We declare the foregoing particulars are true to every particular.

Signature of Driver
Date & Time

Driver's Signature
Date & Time

Reporting Officer's Signature
Date & Time

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report directly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to terminate policy benefits.
4. The name and address of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any claim requiring may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the G.A. Security Management Centre established by The General Insurance Association of Singapore (GIA) for advice and that copies of this report will for a fee be made available upon application by interested parties.
7. By the signature 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 interested.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I, the insured, acknowledge, agree and consent that:
 - (i) processing, transfer 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 requests by me;
 - (iv) administering my claims (including the making of correspondence, statements, notices, requests or orders to me, which could involve disclosure of certain personal data about me to third third delivery of the same as well as the external cover of my personal data) and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, including the "purpose".
 - (b) I, the insured, who have insured vehicles involved in the accident and the insurer's lawyers/law firms, may have permitted to collect, store, disclose and/or process my personal information for one or more of the above purposes; and
 - (c) my personal information may have been disclosed by any of the insurers and/or G.A. to third third party service providers or agents/consultants (other than my lawyer/law firm), which may be used outside of Singapore for one or more of the above purposes.
 - (d) my personal information will also be collected and used to complete claims history for the purpose of fraud detection, investigation and management to prevent and all further claims.
 - (e) the information is collected under all above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, settlement, law enforcement and government agencies as reasonably required for the purposes stated; for
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
(Date & Time)



[Signature]

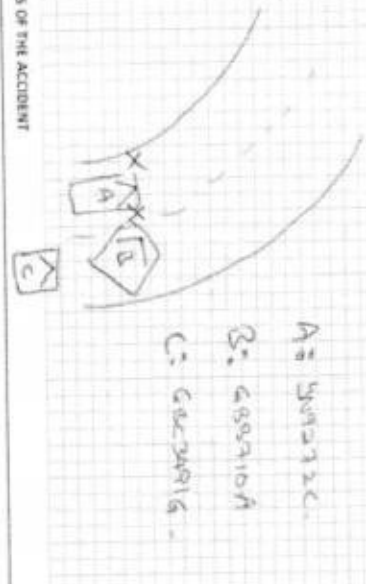
Driver's Signature
(If driver is not the policyholder)
(Date & Time)

Reporting Centre Insurance's Signature
Name: _____
MNC/ID No.: _____

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



Veh A was travelling along 240 East to Bk P. Veh C
 collided into the rear of veh B. Veh D lost control
 & collided into the right hand & my vehicle. The
 impact pushed my car to the left & collided into
 wall of the exit

DECLARATION

I have checked the reporting particulars and find them correct.



Signature of Driver

Driver's Signature
 of driver in each jurisdiction
 Date & Time

Reporting Centre Personnel's Signature
 Name
 Position No.

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	YN9272C
Vehicle Type :	B30 - Goods (Open) Lorry (Wooden Body)
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	MITSUBISHI
Vehicle Model :	CANTER FEB21ER4SDEB
Chassis No. :	FEB21EA10301
Propellant :	Diesel
Engine No. :	4P10B38900
Engine Capacity :	2998 cc
Maximum Power Output :	-
Maximum Laden Weight :	5000 kg
Unladen Weight :	2220 kg
Year Of Manufacture :	2015
Original Registration Date :	03 Sep 2015
Lifespan Expiry Date :	02 Sep 2035
COE Category :	C - Goods Vehicle & Bus
Quota Premium :	\$49,302.00
COE Expiry Date :	02 Sep 2025
Road Tax Expiry Date :	02 Sep 2018
Inspection Due Date :	02 Sep 2018
Intended Transfer Date :	25 Apr 2018
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

Message

This vehicle has a road tax Over Payment of \$43.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

You may print this page for reference.

OK

Print


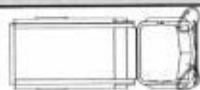
**LKK Auto Consultants Pte Ltd**

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/EG18003691/T1d3s2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 02-05-2018		
FIVESINGAPORE 038985		Code: EGI		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	GBB 710A	Veh. Inspected	YN 9272C	
Policy No.		Coverage (\$)	0.00	
Claim No.	DSMCV1800362/RH/sa	Excess (\$)	0.00	
Assign From	SITI ATHIKAH	Assign Date	26/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI	c.c	2998	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	FEB21EA10301	Colour	RED	
Odometer	125293 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185 R16	HANKOOK	6 mm	
L/H Front Tyre	185 R16	HANKOOK	6 mm	
R/H Rear Tyre	185 R16 (D)	HANKOOK	6/6 mm	
L/H Rear Tyre	185 R16 (D)	HANKOOK	6/6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION AND FRONT O/S PORTION.				
5. General Information				
Accident Date	15/02/2018	Inspect Date / Time	02/03/2018 (05:30 PM)	
Survey held at	5 SOON LEE STREET #06-03			
Repairer	KOO AH WHAR			
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 \$8,000- \$9,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		7 Working Days		

Report Ref No. CS3/EG18003691/T1d3s2

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

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