

22/03/2002

ASS. REC. BY:

GA

REF: C83 / GA118003902 / 17/02/21

Special Instruction:

range & dem

Surveyor:

ASSIGNMENT (Office)

From (Person):

Kelvynna

of

GA1

Date/Time:

28/02/2018 10:05am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

XD 6682L

Insured:

YP 6488

at Workshop m/s

Sincere Road

Tel:

9815 9858

of

38 Woodlands Ind Park E1 #05-13

Policy No:

Claim No:

YP6488

Sum Insured:

Excess:

Make of Veh:

D.O.A.

24/02/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

29/02/2018 12:07pm

Person Contacted:

Xiao Fong

Vehicle ~~IN~~ OUT

Date/Time	Action/Instruction (X) Estimate
	XD 6682L - x
	YP 6488 - x
	Dismantle: 2/3/2018
	After repair: 5/3/2018

PRS XMR.

GAI

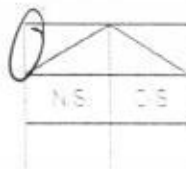
4177N

ASSIGNMENT

Page: _____ Date: 01/03/18
 Estimated Cost: _____
 OD: ☒ TP WS / TP RES / OD RES / EVA / INV / MV
 To: ☒ Repaired Vehicle No. XD 6682
 at: ☒ Vehicle No. Sincere Lead Automotive
 at: 38 Woodlands Ind. Pk. E1 #05-13
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 Clients Record: _____
 Make of Van: _____

(Policy Condition)

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



Ball or Waver Value: _____
 IDAC Accident Report: _____ Consistent? (Yes or No)
 G/A / PR Seen: _____ Consistent? (Yes or No)
 Est. Repairs: 6 days Res: Yes or No
 Cum Sum: _____ \$ Val: Yes or No

CA / REV / REP. / 24 HRS / up

Date: _____ Person Contacted: _____ Vehicle IN / OUT

Ref No: XD 6682 L Page: 15 Jan 2013
 Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Private Motor
 Truck / Trailer: 4x2 M58
 Make: SCANIA P3604 12742
 Colour: white
 St. Reading: 183959
 Eng No: YS2P4X2000 2082 110
 Gen. Cond: ☒ Fair / Poor / Burnt
 Steering: ☒ Jammed / Leaked / Burnt or
 Brake: ☒ Jammed / Leaked / Burnt or
 Mod: ☒ STD / STD A / R / R
 Tyre Size: 315 / 80 R22.5 (10)
 SS: ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / HTSL / PR / S.W.
 TOYO / YOKO or
 Body: _____
 Ribs: 6 mm Ribs: 6/6
 Lbs: 6 mm Lbs: 6/6
 C.O.F: _____
 Survey held at: WLS 01-03-18 3:30pm
 Des of Damages: Pt. Res. O/S N/S U/O Referred to:
 N/S 14
 The U/O / Chassis frame / Body Structure affected due to collision

Estimated repair range \$8,500 - \$9,500

RECEIVED 18 JUN 2018

18/6/2018

Date/Time File Pass to: ☐ Prel. Report
☐ Final Report

Days Of Repair: 6
 Resurvey No. of Trip: 2

Date/Time File Return to:

Add Rep: ☐ Stamped: 6
☐ Stamped: 6
☐ Stamped: 6
☐ Stamped: 6

Report Form: PRS
 Cum Sum: 1.3

Catherine Chong (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Wednesday, 28 February, 2018 10:05 AM
To: SUR; Catherine Chong (LKK Auto)
Subject: FW: PRE-REPAIR SURVEY - TP XD 6682L
Attachments: XD6682L.pdf; YP648B.pdf

Hi team

Please liaise with Sincerelead Garage to conduct TP survey:

Raymond/ Xiao Fong
Tel: 98158858
38 WOODLANDS INDUSTRIAL PARK E1
#05-13

28022018 @ 12:07 pm
Xiao Fong van in
Sobir Khan

Thanks
Kelvyna

From: Ngian, Kelvyna
Sent: Wednesday, February 28, 2018 9:57 AM
To: 'Serene Tan' <serene.tan@mneduco.com.sg>
Subject: RE: PRE-REPAIR SURVEY - XD 6682L

WITHOUT PREJUDICE

Dear Serene

We will appoint LKK for the inspection.

Thanks
Kelvyna

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.

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	24/02/2018 14:14
Date Of Accident	24/02/2018 11:20
Exact Location Of Accident	BENOI ROAD / GUL CIRCLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6682L
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	HEAN NERNG LOGISTICS PTE LTD
Co Reg No	NA
Email Address	KAIXIAN.LIN@LHNGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-94382332
Alternative Phone No	OFFICE-62697466

Vehicle Particulars

Manufacturer	SCANIA
Model	PRIME MOVER ATTACHED WITH CHASSIS
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5075297796-02
Cover Note Number	

Driver

Name of Driver	QUEK SWEE CHOON
NRIC No	S1596460Z
Date Of Birth	24/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1984
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94382332
Fax Number	
Contact Number	OFFICE-94382332
Email Address	NOEMAIL

Address	BLK 456 CHOA CHU KANG AVE 4 #05-95
Postcode	680456
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	COLLISION - CHANGE/CROSS LANE
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

REFER ATTACHED

Attachment(s)

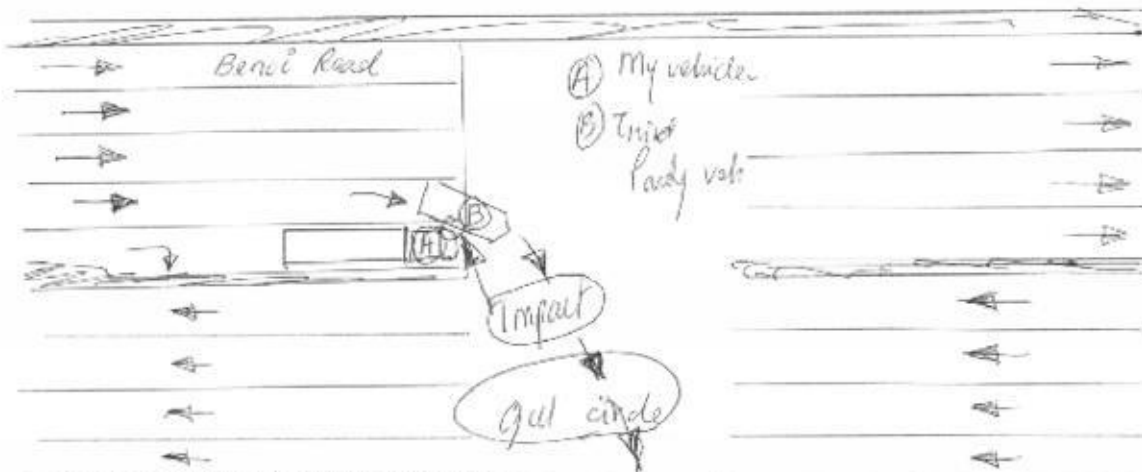
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO MEMORY CARD WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP648B
Vehicle Make/Model/Colour	LORRY
Details Of Properties	RIGHT SIDE PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PAZHANIVEL VASANTH
NRIC/Passport Number	G8493161L
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the stop sign, please date & time. I was in my lane to turn Right when suddenly a vehicle 'B' cut into my lane and collected onto my vehicle left-front corner causing damages on both vehicles. I took photos at the scene.

DECLARATION

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

Policyholder's Signature:
Date & Time:

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

24/02/18
1340

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

Sketch Plan #2

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 if needed.
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 nerve boxes/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

Quick

24/02/18

1340

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4177N
Vehicle Details	
Vehicle No.:	XD6682L
Vehicle to be Exported:	No
Intended De-registration Date:	05 Mar 2018
Vehicle Make:	SCANIA
Vehicle Model:	P360LA4X2MSZ
Primary Colour:	Multi-Colour
Manufacturing Year:	2012
Engine No.:	6744345
Chassis No.:	YS2P4X20002082110
Maximum Power Output:	-
Open Market Value:	\$106,326.00
Original Registration Date:	15 Jan 2013
First Registration Date:	15 Jan 2013
Transfer Count:	0
Actual ARF Paid:	\$5,317.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Jan 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$62,201.00
COE Rebate Amount:	\$30,214.00
Total Rebate Amount:	\$30,214.00

The information contained herein is correct as at 05 Mar 2018

OK



**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			
GREAT AMERICAN INSURANCE COMPANY		Ref: CS3/GAI18003902/Gbs2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWERS SINGAPORE 039190		Date: 26-06-2018	
		Code: GAI	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	YP 648B	Veh. Inspected	XD 6682L
Policy No.		Coverage (\$)	0.00
Claim No.	YP 648B	Excess (\$)	0.00
Assign From	KELVYNA	Assign Date	28/02/2018
2. Vehicle Particulars & Condition			
Make & Model	SCANIA P360LA	c.c	12742
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	YS2P4X20002082110	Colour	WHITE
Odometer	183959 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	315/80 R22.5	BRIDGESTONE	6 mm
L/H Front Tyre	315/80 R22.5	BRIDGESTONE	6 mm
R/H Rear Tyre	315/80 R22.5 (D)	BRIDGESTONE	6/6 mm
L/H Rear Tyre	315/80 R22.5 (D)	BRIDGESTONE	6/6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.			
5. General Information			
Accident Date	24/02/2018	Inspect Date / Time	01/03/2018 (03:30 PM)
Survey held at	38 WOODLANDS IND PARK E1 #05-13		
Repairer	SINCERE LEAD AUTOMOTIVE		
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- \$9,800			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days	

Report Ref No. CS3/GAI18003902/Gbs2

Inspected By



XING GUO QIANG

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

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 replying on this Report, in whole or in part, does so at his or her own risk.