

22/03/2002

ASS. REC. BY:

REF: CS/EGT18003989/Arv3et

Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Yee pei Li

of

EGI

Date/Time:

11/3/18 @ 12:17pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YN20242

Insured:

YP8317D

at Workshop m/s

SM Automotive

Tel:

67479241

of

1 Kaki Bkt Ave 6 Blk C #01-43

Policy No:

Claim No:

YP8317D/SE/p1

Sum Insured:

Excess:

Make of Veh:

D.O.A.

27/2/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time:

12:19pm @ 11/3/18

Person Contacted:

Reena

Vehicle

IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	YN20242-X
	YP8317D-X
9/3/18	Sent pending Est from repair email to Pri Li Repairer inform case settled as private settlement
9/3/18	Submit LIS \$2500, 4 days

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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.**

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YN20242 Yr Regn: 2011 MarchType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mit Center c.c. 2977Colour: White A/C: Insured / Std / NI / NASp. Reading: 336042 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FE83BEA20549Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 7.00 R16R: 200 R16 / 185 R14CBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 01/03/18Survey held at SMDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP Ergo

RECEIVED 17 APR 2018

Date/Time. File Pass to?

☐

Preli. Report

☒

Final Report

1) typist

Date/Time. File Return to?

2) _____

Days Of Repair: 4Resurvey No. of Trip: 1Survey Fee: 350

Transportation

) S + RS. \$

) Photos

) Others

TOTAL

Report Format: TPLump Sum / H.B. (\$) 2560Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Invs (\$☐ Weekend \$350



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

ERGO INSURANCE PTE LTD

Ref : CS/EG18003989/Ard3

5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
SINGAPORE 038985

Date : 01-03-2018



Code : EGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 8317D	Veh. Inspected	YN 2024Z
Policy No.		Coverage (\$)	0.00
Claim No.	YP 8317D/SE/pl	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	01/03/2018

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

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5. General Information

Accident Date	27/02/2018	Inspection Date	01/03/2018
Survey held at	SM AUTOMOTIVE BLK C, 1 KAKI BUKIT AVENUE 6 #01-43 SINGAPORE 417883		

5a. Remarks

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

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Thursday, 1 March 2018 12:17 PM
To: 'admin-d@lkkauto.com'
Subject: OI : YP8317D / TP : YN2024Z/LKK / DOA : 27/02/2018
Attachments: YN2024Z - PRS FORM.pdf

Dear Catherine,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please assist to conduct this survey from **SM AUTOMOTIVE**.

ADDRESS : 1 KAKI BUKIT AVE 6
BLK C #01-43 AUTOBAY @ KAKI BUKIT
SINGAPORE 417883

PERSON TO CONTACT : SUKYI / REENA @ 6747 9241

ERGO OFFICER-IN-CHARGE : SITI

Note: To survey on without prejudice basis. Please note that our insured/insured driver has yet to e-file their SAS for this accident. 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 fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via Survey.Report@ergo.com.sg.

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.

Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Tuesday, March 06, 2018 10:15 AM
To: 'Survey Report (ERGO Insurance Pte. Ltd.)'
Cc: SUR; assignments
Subject: RE: YP8317D / TP : YN2024Z/LKK / DOA : 27/02/2018

Dear Sir,

Please be informed that we have inspected the vehicle **YN 2024Z** on 01/03/2018.

We are still pending estimate from repairer.

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Thursday, March 01, 2018 4:04 PM
To: 'Survey Report (ERGO Insurance Pte. Ltd.)' <Survey.Report@ergo.com.sg>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: YP8317D / TP : YN2024Z/LKK / DOA : 27/02/2018

Dear Sir/Mdm,

Thank you for the assignment.

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)

From: Survey Report (ERGO Insurance Pte. Ltd.) [<mailto:Survey.Report@ergo.com.sg>]
Sent: Thursday, 1 March 2018 12:17 PM
To: 'admin-d@lkkauto.com' <admin-d@lkkauto.com>
Subject: OI : YP8317D / TP : YN2024Z/LKK / DOA : 27/02/2018

Dear Catherine,

Janice Lee (LKKAuto)

From: sm automotive <sm_automotive@hotmail.com>
Sent: Friday, March 09, 2018 3:22 PM
To: steve.lim@ergo.com.sg
Cc: Chloe; geepl@singnet.com.sg
Subject: YP8317D/SE/PI YN2024Z CLAIMING AGAINST YP8317D DOA 27.02.18
Attachments: YN2024Z & YP8317D PRIVATE SETTLEMENT FORM.pdf

Without Prejudice

Hi Steve

Refer above mentioned matter, case settled as private settlement.

Enclosed private settlement form for your reference.

Please do not hesitate to contact us or your insured should you have any advice or require further clarification.

Regards,

SM AUTOMOTIVE

1 Kaki Bukit Ave 6
Blk C #01-43
Singapore 417883
Tel: 6747 9241 Fax: 6741 7276

PRIVATE SETTLEMENT

(No Personal Injuries / Minor Damages)

Details of Accident:-

Date / Time

27/2/18 @ 1345hrs

Location

31 Bukit Batok Crescent atw unit #01-42 Singapore 730759

Motor-vehicle Registration No.

YN20247 Toyota Hiace

driven by

Tho Bok Soon S07239222

(Name & NRIC/Fin No.)

Motor-vehicle Registration No.

YP8317D

driven by

Choo Ah Chai F11933822

(Name & NRIC/Fin No.)

There are no personal injuries or death involved

The parties have agreed to settle this matter amicably as follows: *delete a) or b) as applicable.

*a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

*b. Without any admission of liability,

YP8317D

(paying party) has paid a sum of

\$ 2,000

(owner receiving compensation)

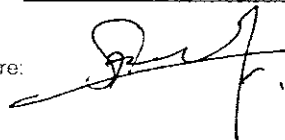
hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

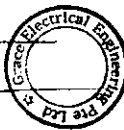
Both parties have not and will not make a police report of this accident.

Name : Lim Ah Woon (Paying Party)

Tel : 67413423

Signature:





NRIC/ Fin No:

S2659165A

Name : Tho Bok Soon (Owner Receiving Compensation)

Tel : 9763-1724

Signature:

SSTS 2000 WORLDWIDE PTE LTD

(Reg No. 200905988M)

31 Bukit Batok Crescent

#01-20 The Splendour

Singapore 658070

Tel: 6368 4988 Fax: 6368 2468

Tho

ERGO

Date: 01.03.2018
Our Reference: YP 8317D/SE/pl
Your Reference: YN 2024Z

To: SM AUTOMOTIVE

Sent via Fax

6741 7276

or

Email

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: YN 2024Z
Insured's Vehicle: YP 8317D
Date Of Accident: 27.02.2018

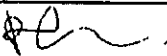
We acknowledge receipt of your request for PRS on: 28.02.2018

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 *.

* LKK

AIS	Automobile Inspection Services Pte Ltd	LBS	LB.S Auto Consultants Pte Ltd
FTA	FormTeam Consultancy Pte Ltd	LKK	LKK Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	PS	Priority Services
JPK	JP Knights Pte Ltd	VAC	Vicom Ltd

- ☒ Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
☒ Your request for inspection does not have your client's GIA report, kindly forward a copy.
☐ We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
☒ Our Insured's driver has not reported the accident to us to date.
☒ Others: OFFICER-IN-CHARGE - STEVE

Prepared by:		Pei Li	6829 9194	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.

ERGO

Date: 01.03.2018
Our Reference: YP 8317D/SE/pl
Your Reference: YN 2024Z

To: SM AUTOMOTIVE

Sent via Fax

6741 7276

or

Email

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: YN 2024Z
Insured's Vehicle: YP 8317D
Date Of Accident: 27.02.2018


We acknowledge receipt of your request for PRS on: 28.02.2018

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 *.

* LKK

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
FTA	FormTeam Consultancy Pte Ltd	LKK	LKK Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	PS	Priority Services
JPk	JP Knights Pte Ltd	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 checked="" 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 checked="" type="checkbox"/>	Our Insured's driver has not reported the accident to us to date.
<input checked="" type="checkbox"/>	Others: <u>OFFICER-IN-CHARGE - STEVE</u>

Prepared by:		Pei Li	6829 9194	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	28/02/2018 15:47
Date Of Accident	27/02/2018 13:45
Exact Location Of Accident	31 BUKIT BATOK CRESCENT AFTER UNIT 01-42
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2024Z
Insured/Policyholder	
Name Of Registered Owner	SSTS 2000 WORLDWIDE PTE LTD
Co Reg No	200905988M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97631724

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA166876/1
Cover Note Number	

Driver

Name of Driver	THO BOK SOON
NRIC No	S0723922Z
Date Of Birth	05/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	26/02/1982
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 759 WOODLANDS AVE 6 #10-24
Postcode 730759

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 - OPENING DOOR OF VEHICLE

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? 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) 3

Passenger 1
NAME: : LIM POH CHAI
GENDER: : MALE

Passenger 2
NAME: : CHEW YAN HAI
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

I WAS TRAVELLING ALONG THE DRIVE WAY OF 31 BUKIT BATOK CRESCENT. WHEN I WAS TRAVELLING STRAIGHT, I NOTICED ONE M/LORRY (B) YN8317D WAS STATIONARY STOPPED OUTSIDE UNIT #01-42 AND ONE UNKNOWN M/LORRY PARKED AT THE CARPARK LOT. I THEREFORE TRAVELLED SLOWLY FORWARD. I NOTICED ONE MAN WALKING TOWARDS THE STATIONARY PARKED LORRY (YP8317D). AFTER MY VEHICLE A FRONT PORTION HAD PASSED VEHICLE B, THE SAID MAN WITHOUT CHECKING AND SUDDENLY OPENED THE RIGHT DOOR OF VEHICLE B AND COLLIDED ONTO THE LEFT SIDE OF MY LORRY. I WOULD LIKE TO STATE THAT WHEN MY VEHICLE FRONT DRIVE PASSED VEHICLE B, THE DOOR OF VEHICLE B WAS CLOSED AND WHEN SAFE FOR ME TO DRIVE THROUGH. THE SAID MAN WAS WALKING FROM THE REAR OF VEHICLE B AND HE SUDDENLY OPENED THE DOOR OUTWARDS THUS RESULTING IN THE ACCIDENT.

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 YP8317D

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

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)

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 end/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 (a) 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.

8885 2000 WORLDWIDE PTE LTD

Reg No. 2003065884

21 Davis Drive, Crescent

Room 20 The Splendour

Singapore 669071

Tel: 6698 4923 Fax: 6698 2486

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

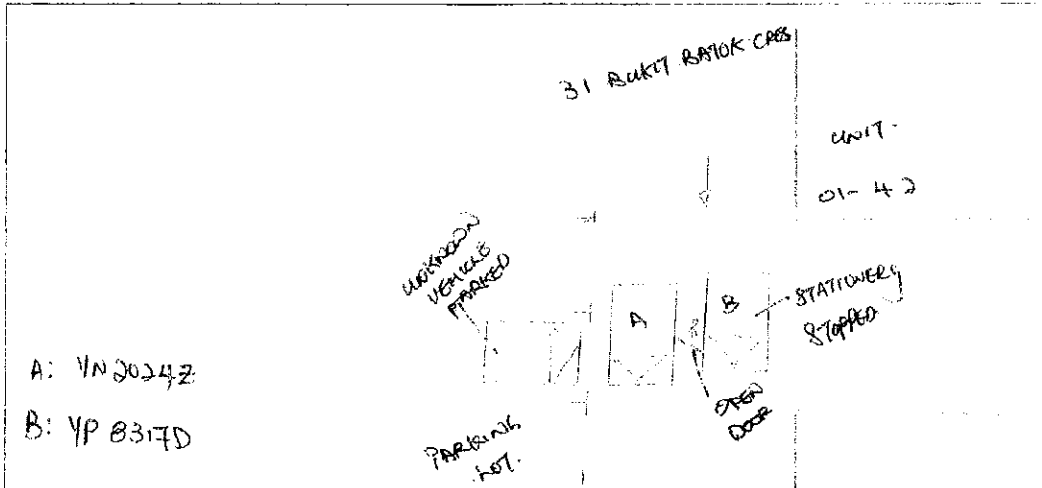
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG THE DRIVE WAY OF 31 BUKIT BATOK CRESCENT. WHEN I WAS TRAVELLING STRAIGHT, I NOTICED THAT ONE M/LORRY (B) YP 8317D WAS STATIONERY STOPPED OUTSIDE UNIT #01-42 AND ONE UNKNOWN M/LORRY PARKED AT THE CARPARK LOT. I THEREFORE TRAVELLING SLOWLY FORWARD. I NOTICED ONE MAN WALKING TOWARDS THE STATIONERY PARKED M/LORRY (B) YP 8317D. AFTER MY VEHICLE (A) FRONT PORTION HAD PASSED VEHICLE (B), THE SAID MAN WITHOUT CHECKING AND SUDDENLY OPENED THE RIGHT DOOR OF VEHICLE (B) AND COLLIDED ONTO THE LEFT SIDE OF MY LORRY. I WOULD LIKE TO STATE THAT WHEN MY VEHICLE FRONT DRIVE PASSED VEHICLE (B), THE DOOR OF VEHICLE (B) WAS CLOSED AND WHEN SAFE FOR ME TO DRIVE THROUGHT, THE SAID MAN WAS WALKING FROM THE REAR OF VEHICLE (B) AND HE SUDDENLY OPENED THE DOOR OUTWARD THIS RESULTING IN THE ACCIDENT.

DECLARATION

I declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature
Date & Time:

[Signature]

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

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



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	5988M


Vehicle Details

Vehicle No.:	YN2024Z
Vehicle to be Exported:	No
Intended De-registration Date:	01 Mar 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	FE83BEOSRDEA
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	4M42A86760
Chassis No.:	FE83BEA20549
Maximum Power Output:	-
Open Market Value:	\$33,381.00
Original Registration Date:	23 Mar 2011
First Registration Date:	23 Mar 2011
Transfer Count:	0
Actual ARF Paid:	\$1,670.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details



COE Expiry Date:	22 Mar 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$28,589.00
COE Rebate Amount:	\$8,738.00
Total Rebate Amount:	\$8,738.00

The information contained herein is correct as at 01 Mar 2018

OK

Adrian - ER60

SM AUTOMOTIVE

Block C, 1 Kaki Bukit Avenue 6 #01-43 Singapore 417883

Email: SM_AUTOMOTIVE@HOTMAIL.COM

Tel: (65) 6747 9241 Fax: (65) 6741 7276

RCB No.: 53231488C

SSTS 2000 WORLDWIDE PTE LTD

02/03/2018

Blk 1 Kaki Bukit Ave 6

01-43

Singapore 417883

Accident date: 27/02/2018

Estimated repair cost for vehicle no: YN2024Z MITSUBISHI FE83BEOSRDEA 300 M '11

S/N	QTY	Items / Special Nett	U/PRICE	AMOUNT
1	1	Rear L/H Box Front Side Aluminium <i>Repair</i>		\$800.00 +
2	1	Rear L/H Box Side Sliding Door Aluminium <i>Detent</i>		\$2,500.00 / SWB
3	1	Rear L/H Box Sliding Door Inner Plywood <i>new</i>		\$800.00 +
4	1	Rear L/H Box Sliding Door Lower Member <i>new</i>		\$950.00 +
5	1	Rear L/H Box Step Panel Bracket		\$380.00 +
6	1	Rear Body Logo <i>new</i>		\$2,000.00 / SWB
SN 2300			Subtotal:-	\$7,430.00

Labour charges

To remove & refit body logo		\$480.00 2w
To remove & refit plywood	9w	\$380.00 1w
Panel beating		\$1,800.00 4w
Spray painting		\$800.00 2w

Subtotal:- \$3,460.00

Total:- \$10,890.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

total: 32w
1/8' 2.5K.
040y



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

ERGO INSURANCE PTE LTD

Ref : CS/EG18003989/Ard3e2

5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
SINGAPORE 038985

Date : 26-03-2018



Code : EGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 8317D	Veh. Inspected	YN 2024Z
Policy No.		Coverage (\$)	0.00
Claim No.	YP 8317D/SE/pl	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	01/03/2018

2. Vehicle Particulars & Condition

Make & Model	MITSUBISHI CANTER	c.c	2977
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	FE83BEA20549	Colour	WHITE
Odometer	336042	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	7.00 R16	BRIDGESTONE	6 mm
L/H Front Tyre	7.00 R16	BRIDGESTONE	6 mm
R/H Rear Tyre	185 R14C	BRIDGESTONE	6 mm
L/H Rear Tyre	185 R14C	BRIDGESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	27/02/2018	Inspection Date	01/03/2018
Survey held at	SM AUTOMOTIVE BLK C, 1 KAKI BUKIT AVENUE 6 #01-43 SINGAPORE 417883		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 2024Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR L/H BOX FRONT SIDE ALUMINIUM	TO REPAIR SEE LABOUR	800.00	-
1	REAR L/H BOX SLIDING DOOR INNER PLYWOOD	NOT NECESSARY	800.00	-
1	REAR L/H BOX SLIDING DOOR LOWER MEMBER	NOT NECESSARY	950.00	-
1	REAR L/H BOX STEP PANEL BRACKET	NOT NECESSARY	380.00	-
			2,930.00	-
SPECIAL NETT ITEMS				
1	REAR L/H BOX SIDE SLIDING DOOR ALUMINIUM (SN)	DENTED	2,500.00	1,500.00
1	REAR BODY LOGO (SN)	NECESSARY	2,000.00	800.00
			4,500.00	2,300.00
LABOUR				
	TO REMOVE & REFIT BODY LOGO.		480.00	200.00
	TO REMOVE & REFIT PLYWOOD.		380.00	100.00
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR L/H BOX FRONT SIDE ALUMINIUM.		1,800.00	400.00
	SPRAY PAINTING.		800.00	200.00
			3,460.00	900.00
GRAND TOTAL			10,890.00	3,200.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,500.00

Report Ref No. CS/EG118003989/Ard3e2

ADRIAN LING WAI PING

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

Licensed Appraiser

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