12	22/03/2002 -	1	1	. 1 :	•	
	ASS. REC. BY:	REF:CS3 S	MO18004056/T	032 Special Instructi	io <u>n:</u>	
	ASSIGNMENT (Office)					
	From (Person): Grace			Date/Time	1/3/16/3 4.25pm	
	Estimated Cost:		Bill to:		101100	
	OD (TP)/WS/TP RES/C	DD RES / EVA / INV /	MV7CS			
	To Inspect Vehicle No:	SGU :	2614V	Insured: YN	55301	
	at Workshop m/s	One 7000	Automotive	Tel: 62		
	of 7 Soon lu	Street # 01	-05		220116	
	Policy No			CMTNIRO	ogag lysw	
•	Sum Insured:		Excess:	71.42.60	0.10-11.1300	
	Make of Veh:		Excess		nelalia	
	(Client's Record)			D.O.A	28/2/18	
	CA / REV / REP. / REV	1 24 HRS / Wp		HOD E	ndorsement:	
_	Date/Time: 9:350mB	alalle P.	sand Signal			
		Person Con	racted: Olutin	Astrojacija	OUT	
	Date/Time Action/Instru	uction (J) Est	imate			
	Saus		15613715/HIVb,	12 \	0 A : 3/8/15	
	YN 55 3	301-2			· · · · · · · · · · · · · · · · · · ·	
		J				
	Dismav	He part: 05.03	. 2018			
		repair : 09.03				
•	MINU	- 15/10/11 : 10/1.V2	- NO LO			

Nivitha (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Thursday 1 March 2018 4:25 PM

ent: Thursday, 1 March 2018 4:25 PM

To: Riaz LLC; admin-d@lkkauto.com; assignments@lkkauto.com

Cc: Ngo, Sau Wei Shawn

Subject: CMTD1800929/NSW - ACCIDENT INVOLVING YN5530J & SGU2614Y ON

28.02.2018

Attachments: OZA.pdf

Our Reference : CMTD1800929/NSW Your Reference: SGU 2614Y (V) AUTOCARE

Without Prejudice

Date: 1st March 2018

Attention: M/S RIAZ LLC

Dear HUILING,

ACCIDENT INVOLVING YN5530J & SGU2614Y ON 28.02.2018

We refer to your email reply dated 01/03/2018.

We do not agree to your list of surveyors.

As such, we will be appointing our motor surveyor, **LKK AUTO** 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



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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From: Riaz LLC [mailto:riaz@justice.com.sg]
Sent: Thursday, March 01, 2018 3:58 PM

To: Teo, Grace

Cc: Ngo, Sau Wei Shawn

Subject: RE: ***SPAM*** CMTD1800929/NSW - ACCIDENT INVOLVING YN5530J & SGU2614Y ON 28.02.2018

WITHOUT PREJUDICE

Dear Grace.

We refer to your below email.

We disagree with your list of surveyor and shall appoint independent surveyor for this matter.

The state of the second section of the section of the second section of the section of the second section of the secti

Please assist to ask the surveyor who appointed by your side to liaise with the repairer.

Thanks.

Regards, HUILING RIAZ LLC

From: Teo, Grace [mailto:grace.teo@sompo.com.sg]

Sent: Thursday, 1 March 2018 3:25 PM

To: RIAZ@JUSTICE.COM.SG

Cc: Ngo, Sau Wei Shawn < Shawn. Ngo@sompo.com.sg>

Subject: ***SPAM*** CMTD1800929/NSW - ACCIDENT INVOLVING YN5530J & SGU2614Y ON 28.02.2018

Our Reference : CMTD1800929/NSW

Your Reference: SGU 2614Y (V) AUTOCARE

Date: 1st March 2018

Without Prejudice
EMAIL ONLY

Attention: M/S RIAZ LLC

Dear Sir/ Madam,

ACCIDENT INVOLVING YN5530J & SGU2614Y ON 28.02.2018

We refer to your Notice of Accident dated 01/03/2018.

Please be informed that Shawn Ngo 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)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
_ 3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	
			<u> </u>

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards **Grace Teo**Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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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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ADVOCATES AND SOLICITORS COMMISSIONER FOR OATHS

ACRA NUMBER | 200911678H

GST REGISTRATION NUMBER: 200911678H

01/03/2018 Our Ref: SGU Z614Y (V) AUTOCARE Your Ref: YN 5530J

TO: SOMPO INSURANCE SINGAPORE PTE LTD

50 Raffles Place

#05-01/06 Singapore Land Tower

Singapore 048623

Attn: Motor Claims Dept

RIAZ QAYYUM (LLE HONS) NUS (DIRECTOR)

TAN KOK SIANG (LLB HONE) LON (ASSOCIATE)

ABDUL HALIM BIN ROSABXAFAX DALLE LITAS (ASSOCIATE) 6221-3147

MUHD RICHWAN ABDUL RAHIM (LLB HONS) LEEDS (ASSOCIATE)

> Sempe Insurunce Singapera Pia. i.id. Claims

> > TELL MAR 2618

NOTICE OF ACCIDENT

Dear Sir

We are instructed by our client to notify you of a road traffic accident on 28 February 2018 at about 1835 hours along Ploneer Road involving our client's vehicle registration number SGU 2614Y and vehicle registration number YN 55301 driven by you or your authorized driver at the material time. A copy of Singapore accident statement / traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client /we shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Name of workshop

ONE ZONE AUTOCARE

Address

7 Soon Lee Street #01-05 | Space Building

Singapore 627608

Telephone no.

6252 0118 / 9230 8294 (Eric)

Fax No. 6252 0113

Please let us hear from you by the stipulated time.

Yours faithfully

K142_.

enc

cc Client

FOR SURVEYOR

Please initial here after completion of pre-

repair inspection. Thank you. Appointed surveyor

(Name & signature)

Date & time of inspection



MSAT19928770 : Sing An Tee Motor & Panel Service Pte Lto - Pioneer ENTRY DATE & TIME 01/03/2018 09 41 GUBMITTED BY: To Be Confirmed]

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 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 habitity 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 Insurence 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

Date Of Report 01/03/2018 09:41 Date Of Accident 28/02/2018 18:35 **Exact Location Of Accident**

PIONEER RD NORTH BEFORE JURONG WEST ST 63 JUNCT Country/State of Loss

NO

SINGAPORE

Vehicle Registration Number SGU2614Y

Insured/Policyholder

Name Of Registered Owner WONG SIEW FONG NRIC No

S7126801B

Email Address CHRIS_PDCO@YAHOO.COM Mobile Phone No (LOCAL) +65-92303070 Alternative Phone No. Office-NOPHONE

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS-1.6 (A)

Exact Purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE Fleet Policy

NO Policy Number

GA192546/1

Cover Note Number

Driver

Name of Driver WONG SIEW FONG

NRIC No S7126801B Date Of Birth 31/07/1971 Occupation INDOOR Date Of Driving Pass 14/04/2008

Driving Experience 9 YEARS AND 10 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-92303070 Fax Number

Contact Number

OFFICE-NOPHONE

EMail Address CHRIS_PDCO@YAHOO.COM Address

BLK 692B CHOA CHU KANG CRESCENT #17-24

Postcode 682692

Was driver an employee of the Insured's Company NO If No. Relationship of the Driver with the Insured OWNER Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

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
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (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
- 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:

Reporting Centre Personnel's Signature

Name:

I AM AWARED THAT MY IN SURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY, I WILL

General Information of the Accident

Type Cf Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

RAINING

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 ambulance? Was any other material or property damaged?

NO

YES

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

Number of Passengers (Including Driver)

NO

4

Passenger 1

Name:

N/A

Gender

Female

Passenger 2

Name.

· N/A

Passenger 3

Gender:

Female

Name: Gender:

N/A : Female

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

ON 28/02/2018 AT AROUND 1835HRS, I WAS TRAVELLING ALONG PIONEER RD NORTH TOWARDS PIE. WHILE DRIVING STRAIGHT ON MY LANE, SUDDENLY I FEEL AN IMPACT FROM MY REAR THEN I WENT DOWN TO SEE AND NOTICES THAT VEHICLE B HAD COLLIDED ONTO MY REAR RIGHT Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

Vehicle Registration Number

YN5530J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ONG TECK GUAN

NRIC/Passport Number

S0202192G 98894268

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



- Ф заизычуВ чипьяют

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Accident		
		☐ Claim own policy
		Claim third party Dictaim OD TP at other works hop DN1 70V.
CLARATION		D For record purpose
LLAKATION e declare the foregoing particulars	are true in every respect	D Claim OD TP at other works hop DM1 VVV. For record purpose Policy No GA 197446 Insurer AXA: Ven No SANVO
The second particulars	will to the mile very respect.	Insurer AXX Ven.No.SAXVIb
ers drutay.		
yholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
& Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:



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 INSI	PECTI	ON REPORT			
SOM	PO INSURANCE	SINGAPORE PL	Ref:	CS3/SMO18004056/	T1d3e2		
	AFFLES PLACE (ERSINGAPORE (#05-01/06 SINGAPORE LAND 048623	Date:	05-04-2018			
			Code:	SMO			
1.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Policy Particulars	:- (THIF	D PARTY CLAIM)			
	Insured Veh.	YN 5530J	Veh. lı	nspected	SGU 2614Y		
	Policy No.		Cover	age (\$)	0.00		
	Claim No.	CMTD1800929/NSW	Exces	s (\$)	0.00		
	Assign From	GRACE TEO	Assig	n Date	01/03/2018		
2.		Vehicle Part	culars	& Condition			
	Make & Model	TOYOTA ALTIS	c.c		1598		
	Engine No.	HIDDEN	Year o	f Reg.	2007		
	Chassis No.	MR053ZEC107130375	Colou	7	BEIGE		
	Odometer	157158 KM	Steeri	ng	IN ORDER		
	Brakes	IN ORDER	Modifi	cation	SPORTS RIM		
	General	GOOD					
3.		Condit	ions of	Tyres	**************************************		
		Size	Make		Balance		
	R/H Front Tyre	185/70 R14	BRIDG	ESTONE	6 mm		
	L/H Front Tyre	185/70 R14	BRIDG	ESTONE	6 mm		
	R/H Rear Tyre	185/70 R14	BRIDG	ESTONE	6 mm		
	L/H Rear Tyre	185/70 R14	BRIDG	ESTONE	6 mm		
4.		Descript	on of C	lamages 😥 - 🚉 🖮	2. 全人 居民 总成广 国社		
	THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.						
5.		Genera	ıl Infort	mation			
	Accident Date	28/02/2018	Insped	t Date / Time	02/03/2018 (05:40 PM)		
	Survey held at	7 SOON LEE STREET # 01-05					
	Repairer	ONE ZONE AUTOMOTIVE LLP					
5a.			emark	的性分 点。它是			
	B) THE REPAIR E THE REPAIRER V C) ENCLOSED PL	ON WAS CONDUCTED ON A "WI STIMATE WAS NOT PRESENTED WAS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE ED REPAIR COST OF THE DAMA	AT THI TIMATE PHOTO	E TIME OF INSPECTIO GRAPHS.			
m L	1431 - 1	Estimate	Days o	f Repair	45元 特 第 43.41		
5b.	360.						

Report Ref No. CS3/SMO18004056/T1d3e2

Inspected By

profine

MOHAMAD TAUFIKH

K.K.LAU CPT(RET)

M.MATAI, AMSAE-A

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

Automotive Assessor

REGD Auto Consultant-SAE, Licensed Appraiser

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