

22/03/2018

ASS. REC. BY:

REF: CS3/EGT/18004082/Wd3⁵⁷

Special Instruction:

Surveyor: Wilson

ASSIGNMENT (Office)

From (Person): Yee Pei Li

of

EGTDate/Time: 2/3/18 2:05pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKJ 2510Z

Insured:

SLV5439C

at Workshop m/s

JEC Auto Service

Tel:

92327457

of

1 Kaki Bukit Ave 6 # 2-11 Autobay

Policy No:

Claim No:

DSMPL1800446

Sum Insured:

Excess:

Make of Veh:

D.O.A.

28/02/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

!wp!

H.O.D. Endorsement:

Date/Time:

2:10pm @ 2/3/18

Person Contacted:

Ah XianVehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SKJ 2510Z - X</u>
	<u>SLV 5439C - X</u>
	<u>After repair = 15/3/2018</u>

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV: _____
 To inspect Vehicle No: SKJ 2510 Z
 at Workshop no: IBC Auto
 of: Kellogg's Auto Bay #02-11
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record): _____
 Make of Van: _____

(Policy Condition)

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

N/S	OS

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: _____ 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKJ 2510 Z Reg: 14/3/2006
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Toyota Wish CC: 1794
 Colour: Black Insured / Std / NI / HA
 Sp Reading: 154792 Res: Insured / Std / NI / HA

Eng No: _____
 C No: 2NE10-0289355

Gen Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt

Brake: Inorder / Jammed / Leaked / Burnt
 Mod: Nil / S/Rim / STD A/Rim or

Tyre Size F: 205/60R16
 R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Michellie

Front: _____ Rear: _____
 R/Bal: 4 mm R/Bal: 3 mm
 L/Bal: 4 mm L/Bal: 3 mm
 D.O.A: 28/2/2018 D.O: 2/3/2018

Survey held at: At Above 3:28pm

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time Action / Instruction

Range \$4,000 - \$5,000
6 Days

5/4/2018

RECEIVED 13 APR 2018

Date Time File Pass: ☐ : Preli. Report
☐ : Final Report

Days Of Repair: 6
 Resurvey No. of Trip: 1

Survey Fee

Add Fee: ☐ Site Insp: \$
☐ Interview: \$
☐ Technician: \$
☐ Weekend: \$

Report Format: PRE
 Lump Sum / I.B.I: \$

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Friday, 2 March 2018 2:05 PM
To: 'admin-d@lkkauto.com'
Subject: OI : SLV5439C / TP : SKJ2510Z/LKK / DOA : 28/02/2018
Attachments: SKJ2510Z - PRI NOTICE.pdf; RE: SLV 5439C/SA/pl Oref: KSG/4597/2018/K/ct (14.8 KB)

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey from **KANNAN SG**,

ADDRESS : JEC AUTO SERVICE
1 KAKI BUKIT AVENUE 6
#2-11 AUTOBAY @ KAKI BUKIT
SINGAPORE 417883

PERSON TO CONTACT : AH XIAN @ 9232 7457

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. 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.

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.

KANNAN SG

**ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS**

50 Chin Swee Road
#08-03 Thong Chai Building
Singapore 169874
Telephone: (65) 6429 0252
Facsimile: (65) 6223 1660
Email: kannansg@singnet.com.sg

UEN No. : 53130977X

SERVICE OF COURT DOCUMENTS BY FACSIMILE IS NOT ACCEPTED

S. GOGULAKANNAN
LL.B. (HONS)
BARRISTER-AT-LAW (LINCOLN'S INN)

Secretary: Cindy Tan
Contact: 6429 0253
Email: cindy.tan@kannansg.com.sg

CONFIDENTIALITY CAUTION

This message is intended only for the use of the named recipient and contains information that is privileged and confidential. If you are not the intended recipient, please do not copy or disclose this message to anyone. If you have received this message by mistake, please notify us immediately by telephone and return the original message to us. Thank you.

Please quote our reference when replying

Your Reference: SLV 5439C
Our Reference: KSG/4597/2018/KJct

1-1 MAR 2018

Motor Claims Department
M/s Ergo Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower 5
Singapore 038985

WITHOUT PREJUDICE
By fax 6829 9247 & Post

Dear Sirs

RE: **PROPERTY DAMAGE CLAIM**
CLAIMANT: KONG WOEI TARNG (NRIC NO. S80633451)
ACCIDENT INVOLVING VEH NO. SKJ 2510Z & SLV 5439C ALONG MALAYSIA
CUSTOM ON 28 FEBRUARY 2018 AT 0630 HRS
PRE-REPAIR INSPECTION NOTICE

We act for Mr Kong Woei Tarng, the owner of motor vehicle No. SKJ 2510Z.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle at our clients' workshop. The details are as follows:-

Place: M/s JEC Auto Service
1 Kaki Bukit Avenue 6
#02-11 Autobay@Kaki Bukit
Singapore 417883

Contact Person: Ah Xian - 9232 7457

If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Kindly revert.

Yours faithfully


KANNAN SG
Cc client

WP (NE & NA)

MSME10028073 / SME Motor Pte Ltd - Kaki Bukit.
ENTRY DATE & TIME: 28/02/2018 17:42
SUBMITTED BY: Chia Pei Ying

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 17:42
Date Of Accident	28/02/2018 06:30
Exact Location Of Accident	MALAYSIA KASTAM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ2510Z
Insured/Policyholder	
Name Of Registered Owner	KONG WEI TARNG
NRIC No	S8063345I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98880011
Alternative Phone No	OFFICE-98880011

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B28907769QMX
Cover Note Number	

Driver

Name of Driver	KONG WEI TARNG
NRIC No	S8063345I
Date Of Birth	17/03/1980
Occupation	INDOOR
Date Of Driving Pass	28/04/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98880011
Fax Number	
Contact Number	OFFICE-98880011
Email Address	NOEMAIL

Address BLK 523 CANBERRA DRIVE #02-57
 Postcode 768135
 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 -
 -
 -

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
 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) 6
 Passenger 1 NAME: WEI CHEN
 GENDER: MALE
 Passenger 2 NAME: SEAN
 GENDER: MALE
 Passenger 3 NAME: JOANE
 GENDER: FEMALE
 Passenger 4 NAME: CARMEN
 GENDER: FEMALE
 Passenger 5 NAME: WYNNIE
 GENDER: 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

MY VEHICLE WAS STATIONARY IN THE QUEUE WHEN VEHICLE B FROM LEFT SUDDENLY CUT INTO MY LANE AND HIT ONTO MY LEFT SIDE.

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 SLV5439C

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

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

PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKJ2510Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

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 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:
 - (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.

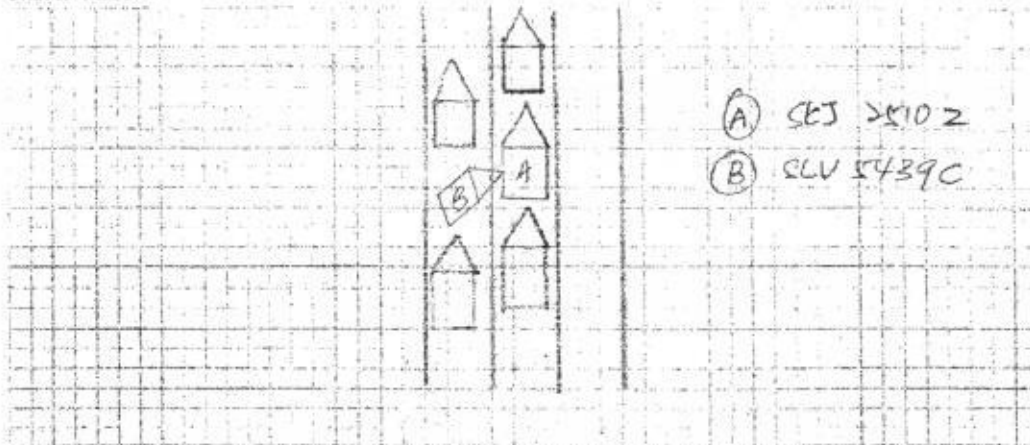
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY ~~IN~~ IN THE QUEUE. VEHICLE B FROM
LEFT SUDDENLY CUT ~~IN~~ INTO MY LANE AND HIT OVER MY
LEFT SIDE.

DECLARATION

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

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.:

G:\NWC SketchPlanForm_V4



**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/EGI18004082/Wd3s2	
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 11-04-2018	
FIVESINGAPORE 038985		Code: EGI	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SLV 5439C	Veh. Inspected	SKJ 2510Z
Policy No.		Coverage (\$)	0.00
Claim No.	DSMPC1800446	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	02/03/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA WSH	c.c	1794
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	ZNE100289005	Colour	BLACK
Odometer	104792 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60R16	MICHELIN	4 mm
L/H Front Tyre	205/60R16	MICHELIN	4 mm
R/H Rear Tyre	205/60R16	MICHELIN	3 mm
L/H Rear Tyre	205/60R16	MICHELIN	3 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.			
5. General Information			
Accident Date	28/02/2018	Inspect Date / Time	02/03/2018 (03:28 PM)
Survey held at	JEC AUTOMOTIVE 1 KAKI BUKIT AVENUE 6 #02-11 AUTOBAY SINGAPORE 417883		
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 \$4,000- \$5,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days	

Report Ref No. CS3/EGI18004082/Wd3s2

Inspected By



WILSON TEO CHENG MING

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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