

range 2 days

ASS. REC. BY:

REF: CS3/EGT18004632/ND3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Yee Pei Li

of

EGT

Date/Time:

12/3/18 @ 11:29am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

GX1942R

Insured:

GU1598S

at Workshop m/s

Motor Intel

Tel:

8838 3318

of

13 Kaki Bkt Rd 4 #01-20

Policy No.:

Claim No.:

DSMEV1800488

Sum Insured:

Excess:

Make of Veh.
(Client's Record)

D.O.A.

08/03/2018

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time:

12:09pm @ 12/3/18

Person Contacted:

Wilson

Vehicle- IN / OUT

| Date/Time | Action/Instruction (X) Estimate |
|-----------|-----------------------------------|
| | GX1942R - X |
| | GU1598S - X |
| | Dismantle: 2/4/2018 (GR) |
| | After repair: 6/4/2018 (GR) |
| | |
| | |

REF: EGI

ASSIGNMENT

From: Date: 26/3/18

Veh No: GX 1942R Yr Regn: 04

Estimated Cost:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

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

To Inspect Vehicle No: GX 1942R

Make: TOYOTA DYNA CC: 2986

at Workshop m/s: Motor Intel

Colour: BLUE A/C: Insured Std / NI / NA

of: 13 Kaki Bkt Rd 4 # 01-20

Sp. Reading: 537,426 T/Radio: Insured Std / NI / NA

Insured.

Eng. No:

Policy No:

C.No:

Claims No:

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

wilson @ 8838 3318

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

| | | | |
|-----|--|-----|--|
| N/S | | O/S | |
| | | | |

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

Tyre Size: F: YOKOHAMA 185 R14 C
R: FALKEN 155 R12 C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO (YOKO) or FALKEN

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. 5 mm

R/Bal. 5,5 mm

GIA / PR Shen: Consistent? : Yes or No

L/Bal. 5 mm

L/Bal. 5,5 mm

Est. Repairs: days Res: Yes or No

D.O.A. D.O.I. 26/03/18 4-14pm

Lum Sum: % 3 Val: Yes or No

Survey held at: MOTOR INTEL

CA / REV / REP. / 24 HRS (wp)

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

Date: Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction

\$5000 - \$6000, 7 days

RECEIVED 20 APR 2018

Date/Time File Pass to?

: Preli. Report

Days Of Repair: 7.

1:

: Final Report

Resurvey No. of Trip: 2

Survey Fee:

Date/Time File Return to?

Transportation

2:

Add Fee: Site Insp. \$

3-PC \$

Interview \$

Photos

Report Format: PRS

Tech. Insp. \$

Other

Lump Sum / I.B.I. \$

Weekend \$

TOTAL

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Monday, 12 March 2018 11:29 AM
To: 'admin-d@lkkauto.com'
Subject: OI : GU1598S / TP : GX1942R/LKK / DOA : 08/03/2018 (DSMCMV1800488)
Attachments: GU1598S - SAS.pdf; GX1942R - SAS.pdf; GX1942R - PRI NOTICE.pdf; RE: Our Ref: 2018.1114.PD.MIA (GX1942R); Your Ref: DSMCMV1800488/SE/pl (12.7 KB)

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey from **AMY LIM LAW PRACTICE**,

ADDRESS : **MOTOR INTEL AUTOMO PTE LTD**
13 KAKI BUKIT ROAD 4
#01-20 BARTLEY BIZ CENTRE
SINGAPORE 417807

PERSON TO CONTACT : WILSON ONG @ 8838 3318

ERGO OFFICER-IN-CHARGE : STEVE LIM

Note: To survey on without prejudice basis. 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.

Attached are insured and Third Party SAS (**note: reports not to be released to any Third Party**). No estimates was provided.

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.



AMY LIM LAW PRACTICE

High Street Centre
1 North Bridge Road
#08-08
Singapore 179094
T: 9625 8742 / 9639 3110
F: 6491 5638
UEN: 53361230J
We do not accept service by fax

Our Ref: 2018.1114.PD.MIA (GX1942R)
Your Ref: GU1598S

CV 1800408

10 March 2018

Ergo Insurance Pte. Ltd.
(Motor Claims Dept)
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
Attn: Motor Claims Department

BY FAX ONLY (6829 9247)

Dear Sirs

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION
CLAIMANT: SENG HUP SECOND HAND AUTO PARTS
TRAFFIC ACCIDENT ON 8 MARCH 2018 AT 15:15 HRS ALONG 51 PAYA UBI
INDUSTRIAL #01-09 INVOLVING VEHICLES NO. GX1942R & GU1598S**

We are instructed by Seng Hup Second Hand Auto Parts to notify you of a road accident on 8 March 2018 at about 15:15 hrs along 51 Paya Ubi Industrial #01-09 involving our client's vehicle registration number GX1942R and vehicle registration number GU1598S driven by your insured at the material time. A copy of the 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 proceed to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you 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 shall proceed to repair the vehicle without further reference to you.

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

Venue: Motor Intel Automo Pte Ltd
Address: 13 Kaki Bukit Road 4,
#01-20, Bartley Biz Centre
Singapore 417807
Contact: Wilson Ong @ 8838 3318

Please liaise with the above workshop directly.

Yours faithfully


Esther Moey
Email: claims@esthermoey.com
encs

**PLEASE LET US KNOW THE DATE
OF THE PRE-REPAIR INSPECTION**
.....

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 | 09/03/2018 17:28 |
| Date Of Accident | 08/03/2018 15:15 |
| Exact Location Of Accident | 51 PAYA UBI INDUSTRIAL #01-09 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | GX1942R |
| Insured/Policyholder | |
| Name Of Registered Owner | SENG HUP SECOND HAND AUTO PARTS |
| Co Reg No | 0 |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-96826466 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | DYNA 150-3.0 D (M) |
| Exact Purpose for which vehicle was being used at time of accident | DELIVERY |
| 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 | ETIQA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | M0004217 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | MOHAMMED RAFIT BIN KARIM |
| NRIC No | S6926165E |
| Date Of Birth | 31/07/1969 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/04/2008 |
| Driving Experience | 9 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93635154 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 12 MARSILING LANE #03-29 |
| Postcode | 730012 |
| 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 - HEAD TO REAR |
| 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? | 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO THE ATTACHED REPORT.

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 | GU1598S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | RAYMOND LAU |
| NRIC/Passport Number | S6820534D |
| Contact Number | 98277721 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|-----------------|--------------------------|
| Name | MOHAMMED RAFIT BIN KARIM |
| Approximate Age | |

Injuries Sustain

Injured person in which vehicle?

GX1942R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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 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 revoke 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 to be 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:

[Handwritten Signature]

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

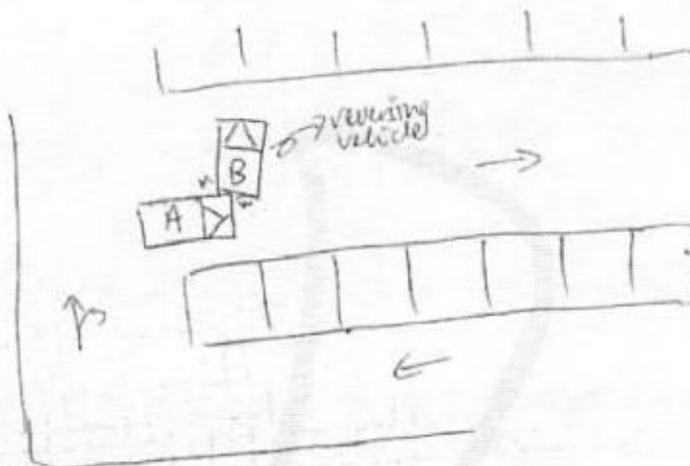
[Handwritten Signature]



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

Sketch Plan #2

SKETCH PLAN



51, Paya Ubi Industrial

Veh A : GX 1942R
Veh B : GU 1598S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the driveway of 51, Paya Ubi Industrial Park on a single lane road. Somewhere before unit #01-09, I was driving straight when vehicle B suddenly reversed and hit into the front and front left portion of my vehicle. After the accident, I stopped to see that vehicle B had collided into the front left portion of my vehicle when he was reversing. The driver of the vehicle B signed a letter admitting his mistake and reversing into my vehicle.

Veh A : GX 1942R
Veh B : GU 1598S

DECLARATION
I/We declare the following particulars are true in every respect:



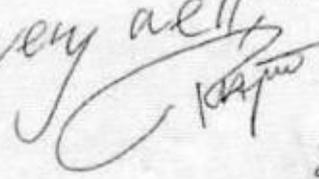
Policyholder's Signature
Date & Time:

[Handwritten Signature]

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



Reporting Centre Personnel's Signature
Name:
SRIC/Fix No.:

I Raymond LAU IC 6820534D
~~accident~~ was actually reversing my
 vehicles to the workshop, ~~usually~~
~~intent~~ then accidentally when i
 slowly reversing my vehicles & the Lorry
 turn in & got hit, so we both
 will be settled to it other for this
 matter. I'm sorry hope can be
~~settled~~ settled with you, im an artist so
 not doing it very well, Thanks Sir,

 98277721 8/3/2018

eTiQa

Insurance

INTERVIEW FORM

Name (Driver) : Mohamed Rafiq Bin Karim

Policy No : M000217

Vehicle No : GA 1942R

Place of Accident : 51 Paya Lbi Industrial #01-09

Insured Driver's relationship with Insured : Company's Driver

Drink Driving of Insured and/or Insured Driver : NIL

No of passenger(s) in Insured vehicle : NIL

Injury to Insured and/or Insured driver, please indicate which hospital:
Outpatient treatment, Silver cross

Third Party Vehicle No (if any) : GU 1598S

No of passenger(s) in Third Party Vehicle : NIL

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NIL

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Rear (crushing) to front (own vehicle)

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
No.

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

[Signature]
 Driver (Name & Signature) / Date
 I, affirmed the above information is given to
 my best knowledge

[Signature]
 Attended by (Name & Signature) / Date 9/2/18
 Workshop Name: Motor Intel Arano P/L

eTiQa Insurance Pte Ltd
 One Raffles Quay
 #21-01 North Tower
 Singapore 048583
 T +65 63360477
 F +65 63392109
 www.etiqa.com.sg
 Company Reg. No. 201209001K

Member of Maybank Group

Sketch Plan #5



Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|--|-------------------------|
| Owner ID Type: | Business |
| Owner ID: | 0100E |
| Vehicle Details | |
| Vehicle No.: | GX1942R |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 26 Apr 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | DYNA 150 D |
| Primary Colour: | Blue |
| Manufacturing Year: | 2004 |
| Engine No.: | 5L5420210 |
| Chassis No.: | JTFUF34Y603002231 |
| Maximum Power Output: | - |
| Open Market Value: | \$23,715.00 |
| Original Registration Date: | 01 Mar 2004 |
| First Registration Date: | 01 Mar 2004 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$1,186.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 28 Feb 2019 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 5 |
| PQP Paid: | \$25,709.00 |
| COE Rebate Amount: | \$4,315.00 |
| Total Rebate Amount: | \$4,315.00 |
| Message | |
| Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle. | |

The information contained herein is correct as at 26 Apr 2018

OK

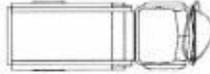
**LKK Auto Consultants Pte Ltd**

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 | | | |
|---|---|-----------------------|---|
| ERGO INSURANCE PTE LTD | | Ref: | CS3/EG18004632/Nd3s2 |
| 5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER | | Date: | 03-05-2018 |
| FIVESINGAPORE 038985 | | Code: | EGI |
| 1. Policy Particulars :- (THIRD PARTY CLAIM) | | | |
| Insured Veh. | GU 1598S | Veh. Inspected | GX 1942R |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | DSMCV1800488 | Excess (\$) | 0.00 |
| Assign From | YEE PEI LI | Assign Date | 12/03/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | TOYOTA DYNA | c.c | 2986 |
| Engine No. | HIDDEN | Year of Reg. | 2004 |
| Chassis No. | JTFUF34Y603002231 | Colour | BLUE |
| Odometer | 537426 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | FAIR | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 185 R14C | YOKOHAMA | 5 mm |
| L/H Front Tyre | 185 R14C | YOKOHAMA | 5 mm |
| R/H Rear Tyre | 155 R12C (D) | FALKEN | 5/5 mm |
| L/H Rear Tyre | 155 R12C (D) | FALKEN | 5/5 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. | | |  |
| 5. General Information | | | |
| Accident Date | 08/03/2018 | Inspect Date / Time | 26/03/2018 (04:14 PM) |
| Survey held at | MOTOR INTEL - 13 KAKI BUKIT RD 4 #01.20 | | |
| Repairer | - | | |
| 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 \$5,000- \$6,000 | | | |
| 5b. Estimate Days of Repair | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 7 Working Days | |

Report Ref No. CS3/EG18004632/Nd3s2

Inspected By

MUHAMMAD NAZRIL BIN ABDULLAH

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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