

ASS. REC. BY:

REF:

CS3/GAI18605017/R1d301

Special Instruction:

Surveyor:

Rasul

ASSIGNMENT (Office)

From (Person):

Rachel Tan

of

GAI

Date/Time:

16/3/18 @ 10:27am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC 9060L

Insured:

PC 4815J

at Workshop m/s

MSM Logistics

Tel:

94896649

of

Blk 160, Sin Ming Drive #03-08

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/03/2018

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement:

Date/Time:

1:44pm @ 16/3/18

Person Contacted:

Mr Cheong

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction

(X)

Estimate

PC 9060L - X

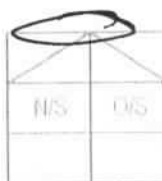
PC 4815J - X

Pass

REF:

Page 1 of 1

Form: **PC90601**
Estimated Cost: **MSM LOGISTICS**
To inspect Vehicle No: **160, SIN MINH AT #03-08**
at Workshop no: **CAI/TP**
Insured: **CAI/TP**
Policy No:
Claims No:
Sum Insured: **Excess**
(Client's Record)
Make of Veh:



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

Date of Market Value:
IDAC Accident Report: Consistent? Yes or No
GIA / PR: Seen: Consistent? Yes or No
Est. Repair: **5** days Res: Yes or No
Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Vehicle: **PC90601** 2017 May 24
Type: M/Car / H/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer:
Make: **TOYOTA HILUX 30(A)** 2982.
Colour: **WHITE** A/C Insured / Std / NI / NA
Sp Reading: **66948** T/Brake: Insured / Std / NI / NA
Eng/No: **KOH 2230030491**
C/No:
Gen. Cond: Good / Fair / Poor / Burnt
Steering: **Order** / Jammed / Leaked / Burnt or
Brake: **Order** / Jammed / Leaked / Burnt or
Mod: **NI** / S/Rim / STD A/Rim or
Tyre Size: F: **195R15C**
R:
BS / DUN / EXNOVA / GY / FS / LIZA / **MI** / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front: **6** mm Rear: **6** mm
R/Bal: **6** mm L/Bal: **6** mm
D.O.A: **14/03/18** D.O.I: **16/03/18 @ 0246pm**
Survey held at: **MSM LOGISTICS**
Des. of Damage: **Order** / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

Estimated repair range \$4,500 - \$5,300.

18/6/2018

RECEIVED 21 JUN 2018

Check/Date File/Pass:

☐

Preli. Report

Check/Date File/Pass:

☐

Final Report

Check/Date File/Pass:

S:

Add Fee: ☐ Site Insp. 15

☐ Int. Insp. 15

☐ Test Insp. 15

☐ Rep. Insp. 15

Copy of Form:

PRE

Lump Sum / L.B. / L.R.

Days Of Repair: **5**

Resurvey No. of Trip: **1**

Survey Fee:

Rep. person:

Rep. person:

Rep. person:

Rep. person:

Rep. person:

Rep. person:

100

100



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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS3/GAI18005017/R1d3

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 16-03-2018



Code : GAI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	PC 4815J	Veh. Inspected	PC 9060L
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	16/03/2018

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	14/03/2018	Inspection Date	16/03/2018
Survey held at	160 SIN MING DRIVE #03-08		
Repairer	MSM LOGISTICS PTE LTD		

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.

Nivitha (LKK Auto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Friday, 16 March 2018 10:27 AM
To: Riaz LLC
Cc: Ngian, Kelvyna; LKK Assignments
Subject: RE: ***SPAM*** RE: ACCIDENT INVOLVING MOTOR VEHICLES NO: PC 9060L AND PC 4815J (GA) ON 14.03.2018
Attachments: 16032018092928.pdf

Without Prejudice

Dear Huiling
Contents of your email noted. LKK will conduct survey for us.

Dear LKK
Please accept assignment for TP survey. Attached is Third party's request. Thank you.

Regards
Rachel Tan
Executive, Motor Claims, Great American Insurance Company
Tel: 6804 7846

From: Riaz LLC [mailto:riaz@justice.com.sg]
Sent: Friday, March 16, 2018 10:16 AM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Cc: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Subject: RE: ***SPAM*** RE: ACCIDENT INVOLVING MOTOR VEHICLES NO: PC 9060L AND PC 4815J (GA) ON 14.03.2018

WITHOUT PREJUDICE

Dear Rachel,

We refer to your below email.

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

Thanks

Regards,
HUILING
RIAZ LLC

From: Tan, Rachel [mailto:Rachel.Tan@sg.gaig.com]
Sent: Friday, 16 March 2018 10:09 AM
To: Riaz LLC <riaz@justice.com.sg>
Cc: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Subject: ***SPAM*** RE: ACCIDENT INVOLVING MOTOR VEHICLES NO: PC 9060L AND PC 4815J (GA) ON 14.03.2018

Without Prejudice

Dear Sir

We refer to your PRI request on 16 March 2018. We append the following list of our panel surveyors:-

1. AJAX Adjusters & Surveyors Pte Ltd
2. L.B.S. Automotive Appraisal Pte Ltd
3. Priority Services
4. RT Appraisal Pte Ltd
5. LKK Auto Consultants
6. JP KNIGHTS PTE LTD

Kindly let us know which SJE is selected and furnish the estimates for the survey to be carried out.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

From: Riaz LLC [<mailto:riaz@justice.com.sg>]

Sent: Friday, March 16, 2018 9:32 AM

To: Tan, Rachel <Rachel.Tan@sg.gaig.com>; Ng, Sharon <Sharon.Ng@sg.gaig.com>; Tan, Angela <Angela.Tan@sg.gaig.com>

Cc: msmts@singnet.com.sg

Subject: ACCIDENT INVOLVING MOTOR VEHICLES NO: PC 9060L AND PC 4815J ON 14.03.2018

WITHOUT PREJUDICE

Dear sirs,

We refer to the above captioned matter.

Please find the enclosed notice of accident for your immediate action.

Thanks

Regards,
HUILING
RIAZ LLC

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RIAZ

L.L.C

ADVOCATES AND SOLICITORS
COMMISSIONER FOR OATHS

ACRA NUMBER : 200911678H

GST REGISTRATION NUMBER : 200911678H

16/03/2018

Our Ref: Pc 9060l (v) MSM

Your Ref: pc 4815j

TO: Great America Insurance Company
3 Temasek Avenue
#16-01 Centennial Tower
Singapore 039190
Attn: Motor Claims Department

RIAZ QAYYUM (LLB HONS) NUS
(DIRECTOR)

TAN KOK SIANG (LLB HONS) LON
(ASSOCIATE)

ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS
(ASSOCIATE)

MUHAMMAD ABDOUL KADAR (LLB HONS) LEEDS
(ASSOCIATE)

BY FAX ONLY 6235 2616

NOTICE OF ACCIDENT

Dear Sir

We are instructed by our client to *notify* you of a road traffic accident on 14 March 2018 at about 1515 hours along Jalan Sultan involving our client's vehicle registration number PC 9060L and vehicle registration number PC 4815J 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 : MSM LOGISTIC PTE LTD
Address : BLK 160, SIN MING DRIVE, SIN MING AUTOCITY,
#03-08
SINGAPORE 575722
Telephone no. : 9489 6649 / 9107 4212 Mr. Siew

Please let us hear from you by the stipulated time.

Yours faithfully

Riaz

encs

cc. Client

FOR SURVEYOR

Please Initial here after completion of pre-repair inspection. Thank you.

Appointed surveyor
(Name & signature)

Date & time of 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	15/03/2018 16:37
Date Of Accident	14/03/2018 15:15
Exact Location Of Accident	JALAN SULTAN(INFRONT ENTRANCE OF HOTEL BOSS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9060L
Insured/Policyholder	
Name Of Registered Owner	FLY LINK'S HOLIDAYS PRIVATE LIMITED
Co Reg No	201212659K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91188044

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091032473
Cover Note Number	

Driver

Name of Driver	JEEVAANANTHAN LOGANATHAN
NRIC No	S7342863G
Date Of Birth	29/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91440118
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 909 HOUGANG STREET 91 #05-104
Postcode	530909
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 - MAJOR/MINOR RD
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?	
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 WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC4815J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	CHEE WEE YONG
NRIC/Passport Number	S2577451E
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 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:

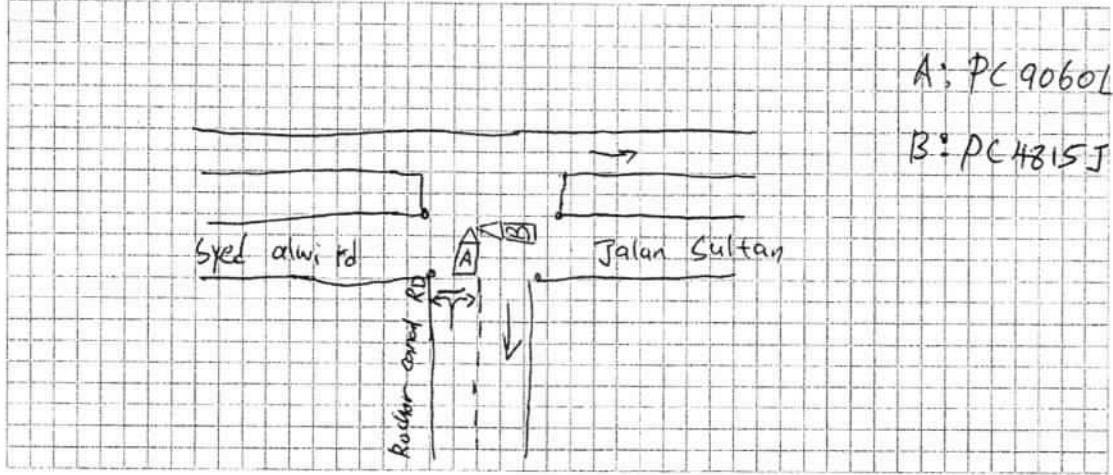
Driver's Signature
(If driver is not the policyholder)

Date & Time: 15/03/2018 & 14:58hrs

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

SKETCH PLAN

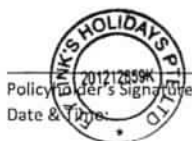


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while the traffic light is turn green on my flower,
 Vehicle B beating the ~~the~~ traffic light, and crashed to my
 vehicle.

DECLARATION

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



GIARMAC SketchPlanForm_V3

R. Lini
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 15/03/2018 & 1458 hrs

[Signature]
 Reporting Centre Personnel's Signature
 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 INSPECTION REPORTGREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVENUE #16-01 CENTENNIAL
TOWER SINGAPORE 039190

Ref: CS3/GAI18005017/R1d3e2

Date: 28-06-2018



Code: GAI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	PC 4815J	Veh. Inspected	PC 9060L
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	16/03/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA HIACE 3.0 (A)	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KDH2230030491	Colour	WHITE
Odometer	66948 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15C	MICHELIN	6 mm
L/H Front Tyre	195 R15C	MICHELIN	6 mm
R/H Rear Tyre	195 R15C	MICHELIN	6 mm
L/H Rear Tyre	195 R15C	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.	
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5. General Information

Accident Date	14/03/2018	Inspect Date / Time	16/03/2018 (02:46 PM)
Survey held at	160 SIN MING DRIVE #03-08		
Repairer	MSM LOGISTICS PTE LTD		

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 \$4,500-\$5,300

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
-------------------------------------	----------------

Report Ref No. CS3/GAI18005017/R1d3e2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

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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