

ASS. REC. BY:

REF: CS/EQI18005186/Urd3ez Special Instruction:

Manus

ASSIGNMENT (Office)

From (Person): Joel Goh of EQI Date/Time: 19/3/18 @ 5-11pm  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SKS 4854X Insured: \_\_\_\_\_at Workshop m/s Jin Auto Services Tel: 6289 8126of BLK 14 # 01-412 Defu Lane 10Policy No: \_\_\_\_\_ Claim No: OMPPHQ17-001986Sum Insured: \_\_\_\_\_ Excess: \$500.00Make of Veh: \_\_\_\_\_ D.O.A. 18/03/18  
(Client's Record)CA / ☒ REV / REP. / REV 24 HRS

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 5.20pm @ 19/3/18 Person Contacted: Jouis Vehicle ☒ IN / OUT

Date/Time	Action/Instruction
	<u>SKS 4854X - X</u>
<u>21/3/18</u>	<u>Wls Estimate is list price. According Joel, if wls willing to use cost price they can hv cost plus 15%</u>
	<u>Sent preli through email</u>
<u>22/3/18</u>	<u>wls inform owner drive out the veh to another wls. Now back to Jin Auto</u>
<u>22/3/18</u>	<u>Francis inform authorise; Inform Jouis to proceed for repair.</u>

RECEIVED 09 APR 2018

REF: EQI

## ASSIGNMENT

From:

Date:

20/3/18

Estimated Cost:

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

To Inspect Vehicle No:

SKS 4854X

at Workshop m/s

Jin Auto

of

BLK 14 # 01-412 Defu June 10

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

\$500.00

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

Bal. or Market Value:

72k.

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res:

Yes or No

Lum Sum:

1.31

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKS 4854X

Yr Regn:

4, 15

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

Truck / Trailer or

Make:

Honda HRV

C.C.

1497

Colour:

Silver

A/C

Insured / Std / NI / NA

Sp. Reading

77581

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MRHRU1830FP000073

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

2.5-155-R17

R:

BS / DUN / EXNOYA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

6

mm

Rear

6

mm

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

18/3/18

D.O.I.

20/3/18

Survey held at

Des. 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

27A 54764

Rep 96.

check insurance use cost or list price. repairer document cost

6139.48

6/4/18 confirmed f.no1 by 6139.48 with Jones.

Red: \$718.80, 10%.

Date/Time: File Pass to?



Preli. Report



Final Report

1)

Date/Time: File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

1

Survey Fee:

160

Transportation

) S + RS, SI

) Photos

) Others

TOTAL

160

Report Format:

OD

Lump sum / I.B.I: (\$

6139.48

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Weekend (\$

## Nivitha (LKK Auto)

---

**From:** Shu Pei (LKKAuto) <shupe@lkkauto.com>  
**Sent:** Monday, 19 March 2018 5:11 PM  
**To:** assignments  
**Subject:** FW: Own damage claim survey for SKS4854X  
**Attachments:** SAS2375877.pdf

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: [shupe@lkkauto.com](mailto:shupe@lkkauto.com) | fax: 6741-4108

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

---

**From:** Joel Goh [mailto:[joel.goh@eqinsurance.com.sg](mailto:joel.goh@eqinsurance.com.sg)]  
**Sent:** Monday, 19 March 2018 5:08 PM  
**To:** jouis <[jouis@jinauto.com.sg](mailto:jouis@jinauto.com.sg)>  
**Cc:** Francis Ng <[francis.ng@eqinsurance.com.sg](mailto:francis.ng@eqinsurance.com.sg)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Subject:** RE: Own damage claim survey for SKS4854X

Dear Jouis

Kindly email all PRS request to [eqiprs@eqinsurance.com.sg](mailto:eqiprs@eqinsurance.com.sg)

Please be informed that the claim handler for this matter is my colleague, Francis Ng.

We will appoint LKK to conduct survey on our insured's vehicle.  
Kindly submit the repair estimates to us soonest.

Dear LKK

Kindly assist to arrange for OD survey.  
Excess: S\$500.00

Best Regards,

Joel Goh  
Executive | Claims

**eqinsurance**  
*Your Go-to Friend*

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190  
[www.eqinsurance.com.sg](http://www.eqinsurance.com.sg)

 A Member of Citystate

*Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately by email.*

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**From:** jouis [<mailto:jouis@jinauto.com.sg>]  
**Sent:** Monday, March 19, 2018 4:52 PM  
**To:** Joel Goh  
**Cc:** [jouis@jinauto.com.sg](mailto:jouis@jinauto.com.sg)  
**Subject:** Own damage claim survey for SKS4854X

Dear Joel .

Please appoint surveyor's to conduct survey at our workshop

Thank you & Best Regards,  
Jouis Seow  
Jin Auto Services Pte Ltd  
Blk 14 #01-412 Defu Lane 10  
Singapore 539195.

Tel : (65) 62898126  
Fax : (65) 62870590  
Email : [jouis@jinauto.com.sg](mailto:jouis@jinauto.com.sg)

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Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Date: 21 March 2018

Our Ref: CS/EQI18005186/Urd3

The Motor Claims Department  
EQ INSURANCE COMPANY LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO. SKS 4854X**

We thank you for the instruction on 19/03/2018

Please be informed that we had conducted the inspection of the abovementioned vehicle 20/03/2018 at the premises of m/s: JIN AUTO SERVICES PTE LTD and have the following to report:-

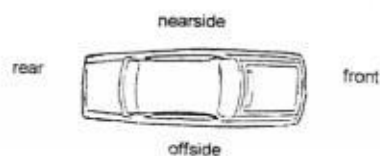
Repairer's Estimate (Gross)	: S\$ <u>6,858.28</u>
Revised Estimate Amount	: S\$ <u>4,578.20</u>
"Check" Items (Estimated)	: S\$ <u>1,588.80</u>
Total Repair Amount	: S\$ <u>6,167.00</u>
Pre-Accident Value	: S\$ <u>72,000.00</u>
COE/PARF value	: S\$ <u>54,764.00</u>
Nett Value	: S\$ <u>17,236.00</u>

Description of Damage:

The vehicle sustained damages  
at the front portion.

We have not authorize repair.

Repair Day: 5 days



Yours faithfully

MARCUS  
Automotive Assessor

## Janice Lee (LKKAuto)

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**From:** Janice Lee (LKKAuto)  
**Sent:** Wednesday, March 21, 2018 12:16 PM  
**To:** 'Joel Goh'  
**Cc:** SUR  
**Subject:** RE: Own damage claim survey for SKS4854X  
**Attachments:** SKS 4854X EQ OD.pdf

Dear Joel,

Enclosed herewith preliminary revised for **SKS 4854X**.  
We have NOT authorize repair.

Please note that the estimate are list price basis instead of cost price.

Kindly advise us the claim reference for the above mention vehicle

Kindly let us have your approval please.

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [janicelee@lkkauto.com](mailto:janicelee@lkkauto.com) | fax: 6256-4315

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

---

**From:** Admin-D (LKKAuto)  
**Sent:** Monday, March 19, 2018 5:23 PM  
**To:** 'Joel Goh' <[joel.goh@eqinsurance.com.sg](mailto:joel.goh@eqinsurance.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: Own damage claim survey for SKS4854X

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](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Joel Goh [<mailto:joel.goh@eqinsurance.com.sg>]  
**Sent:** Monday, 19 March 2018 5:08 PM

## Janice Lee (LKKAuto)

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**From:** Mei Kwan (LKKAuto)  
**Sent:** Thursday, March 22, 2018 9:30 AM  
**To:** Veron Chen (LKKAuto); Marcus Chua (LKKAuto); SUR  
**Cc:** Admin A  
**Subject:** FW: Own damage claim survey for SKS4854X

Hi,

FYI.

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

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

---

**From:** jouis [<mailto:jouis@jinauto.com.sg>]  
**Sent:** Thursday, 22 March, 2018 9:22 AM  
**To:** 'Francis Ng' <[francis.ng@eqinsurance.com.sg](mailto:francis.ng@eqinsurance.com.sg)>  
**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; 'Joel Goh' <[joel.goh@eqinsurance.com.sg](mailto:joel.goh@eqinsurance.com.sg)>  
**Subject:** RE: Own damage claim survey for SKS4854X

Without Prejudice

Dear Francis

Owner of SKS4854X had instruct another workshop to take over the conduct of his claim .

Thank you & Best Regards,

Jouis Seow

Jin Auto Services Pte Ltd

Blk 14 #01-412 Defu Lane 10

Singapore 539195.

Tel : (65) 62898126

Fax : (65) 62870590

Email : [jouis@jinauto.com.sg](mailto:jouis@jinauto.com.sg)

---

**From:** Joel Goh [<mailto:joel.goh@eqinsurance.com.sg>]  
**Sent:** Monday, 19 March 2018 5:08 PM  
**To:** jouis  
**Cc:** Francis Ng; Admin A  
**Subject:** RE: Own damage claim survey for SKS4854X

Dear Jouis

Kindly email all PRS request to [egiprs@eqinsurance.com.sg](mailto:egiprs@eqinsurance.com.sg)

Please be informed that the claim handler for this matter is my colleague, Francis Ng.

We will appoint LKK to conduct survey on our insured's vehicle.  
Kindly submit the repair estimates to us soonest.

Dear LKK

Kindly assist to arrange for OD survey.  
Excess: S\$500.00

Best Regards,

Joel Goh  
Executive | Claims



**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190  
[www.eqinsurance.com.sg](http://www.eqinsurance.com.sg)



A handwritten signature in black ink, appearing to be 'Jouis', with a long horizontal line extending to the right.

*Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender.*

---

**From:** jouis [<mailto:jouis@jinauto.com.sg>]  
**Sent:** Monday, March 19, 2018 4:52 PM  
**To:** Joel Goh  
**Cc:** [jouis@jinauto.com.sg](mailto:jouis@jinauto.com.sg)  
**Subject:** Own damage claim survey for SKS4854X

Dear Joel ,

Please appoint surveyor's to conduct survey at our workshop

Thank you & Best Regards,  
Jouis Seow  
Jin Auto Services Pte Ltd  
Blk 14 #01-412 Defu Lane 10  
Singapore 539195.



## Janice Lee (LKKAuto)

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**From:** Mei Kwan (LKKAuto)  
**Sent:** Thursday, March 22, 2018 11:16 AM  
**To:** SUR; Janice Lee (LKKAuto)  
**Subject:** FW: Own damage claim survey for SKS4854X

Hi,

FYI.

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

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

---

**From:** jous [mailto:[jous@jinauto.com.sg](mailto:jous@jinauto.com.sg)]  
**Sent:** Thursday, 22 March, 2018 11:13 AM  
**To:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Subject:** RE: Own damage claim survey for SKS4854X

Dear Janice ,

SKS4854X owner decided to return to us and let handle back his claim.

Sorry for the inconvenience cause .

Thank you & Best Regards,  
Jouis Seow  
Jin Auto Services Pte Ltd  
Blk 14 #01-412 Defu Lane 10  
Singapore 539195.

Tel : (65) 62898126  
Fax : (65) 62870590  
Email : [jous@jinauto.com.sg](mailto:jous@jinauto.com.sg)

---

**From:** jous [mailto:[jous@jinauto.com.sg](mailto:jous@jinauto.com.sg)]  
**Sent:** Thursday, 22 March 2018 9:22 AM  
**To:** 'Francis Ng'  
**Cc:** 'Admin A'; 'Joel Goh'  
**Subject:** RE: Own damage claim survey for SKS4854X

Without Prejudice

**Janice Lee (LKKAUTO)**

---

**From:** Francis Ng <francis.ng@eqinsurance.com.sg>  
**Sent:** Thursday, March 22, 2018 11:07 AM  
**To:** SUR; Janice Lee (LKKAUTO)  
**Subject:** RE: Own damage claim survey for SKS4854X; EQ Ref: DMPPHQ17-001986  
**Attachments:** SKS 4854X EQ OD.PDF

Dear Janice,

We authorize repair.

Excess: \$500/-

Regards,  
**Francis Ng**  
Executive | Claims

*\$ 50/day*



**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
did 65 6496 9115 | tel 65 6223 9433 ext 115 | fax 65 6223 4190  
[www.eqinsurance.com.sg](http://www.eqinsurance.com.sg)



*Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender.*

---

**From:** Joel Goh  
**Sent:** Wednesday, March 21, 2018 1:11 PM  
**To:** Francis Ng <francis.ng@eqinsurance.com.sg>  
**Cc:** SUR <sur@lkkauto.com>; Janice Lee (LKKAUTO) <JaniceLee@lkkauto.com>  
**Subject:** RE: Own damage claim survey for SKS4854X

Dear Francis

Please assist.

Best Regards,

**Joel Goh**  
Executive | Claims

**Janice Lee (LKKAuto)**

---

**From:** Janice Lee (LKKAuto)  
**Sent:** Thursday, March 22, 2018 11:21 AM  
**To:** 'jouis@jinauto.com.sg'  
**Cc:** SUR  
**Subject:** SKS 4854X EQ OD

Dear Jouis,

As instructed by our client, please proceed to repair the insured vehicle **SKS 4854X (excess \$500/-)**.

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

\*Our client reserve their right not to pay if there is no valid approval obtained before repair.

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [janicelee@lkkauto.com](mailto:janicelee@lkkauto.com) | fax: 6256-4315

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

## 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	19/03/2018 10:25
Date Of Accident	18/03/2018 14:15
Exact Location Of Accident	LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS4854X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO SIEW HIANG LAWRENCE (YANG XIUXIAN LAWRENCE)
NRIC No	S7120002G
Email Address	YLAWRENCE02@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92390854
Alternative Phone No	OTHERS-92390854
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	HR-V-1.5 LX (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-001986
Cover Note Number	17/04/2017 TO 16/04/2018
<b>Driver</b>	
Name of Driver	YEO SIEW HIANG LAWRENCE (YANG XIUXIAN LAWRENCE)
NRIC No	S7120002G
Date Of Birth	16/06/1971
Occupation	INDOOR
Date Of Driving Pass	24/03/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92390854
Fax Number	
Contact Number	OTHERS-92390854
Email Address	YLAWRENCE02@HOTMAIL.COM

Address

Postcode

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 CHAIN COLLISION

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?

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) 2

Passenger 1 NAME: : BENJAMIN YEO (SON)

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

refer with attach.

### 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 SJK565K

Vehicle Make/Model/Colour

Details Of Properties

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC4705M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident 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.: 19/3/2018

# Accident Sketch Plan Pg. 1

## SKETCH PLAN



A: SKS 4854X

B: SJK 565K

C: SHC 4705M.

Date: 18/3/18

Time: 1415 hr.

Place: Lower Delta Rd.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/3/18 @ 1415 hr, I was travelling Lower Delta Road, Upon seeing SJK 565 K applied E-brake I follow suit, unfortunately my vehicle still collided onto it's rear portion. Upon checking I was involved in a 3 cars chain collision.

## DECLARATION

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

*X* *Angus*

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.: 19/3/2018



# Jin Auto Services Pte Ltd

Blk 14 Defu Lane 10 #01-412

Singapore 539195

Tel:62898126 Fax :62870590

Company Reg No:200704370C GST Reg No ::200704370C

not about  
claim  
merant  
take photo before party.  
5 day.  
express \$500  
receipt?

## ESTIMATE REPAIR COST FOR SKS 4854X HONDA HRV

S/N	QTY	DESCRIPTION		
1	1 PC	BONNET	Buc S	785.20 ✓
2	1 PC	BONNET LOCK	buy S	87.70 ✓
3	2 PCS	FRONT HEADLAMP	holder S	925.00 ✓
4	1 PC	GRILLE	one S	173.30 ✓
5	1 PC	GRILLE LOGO	new S	39.00 ✓
6	2 PCS	GRILLE CHROME	scr S	114.40 ✓
7	1 PC	GRILLE BADGE	scr S	24.70 ✓
8	1 PC	GRILLE BASE	one S	256.30 ✓
9	2 PCS	GRILLE BRACKET	at S	34.40 ✓
10	1 PC	FRONT BUMPER	do/da S	466.20 ✓
11	1 PC	FRONT BUMPER CLIPS (1 set)	new S	39.00 ✓
12	1 PC	FRONT BUMPER REINFORCEMENT	buy S	305.30 ✓
13	2 PCS	FRONT BUMPER SIDE RETAINER	buy S	36.20 ✓
14	2 PCS	FRONT BUMPER BEAM	one S	41.30 ✓
15	1 PC	FRONT SUPPORT PANEL	buy S	496.20 ✓
16	1 PC	FRONT SUPPORT PANEL GARNISH	at S	51.60 X
17	1 PC	FRONT BUMPER LOWER LIP	do/da S	206.30 ✓
18	1 PC	BUMPER GRILLE	buy S	107.30 ✓
19	1 PC	TOW HOOK COVER	new S	21.10 ✓
20	1 PC	AIRCON CONDENSER	buy/da S	568.10 ✓
21	1 PC	RADIATOR	buy/da S	1,100.50 ✓
			S	5,879.10
		LESS 20%	S	(1,175.82)
			S	4,703.28
22		NUMBER PLATE	buy S	40.00 355.~
23		FRONT LABOUR:		
24		CHECK WIRING	S	35.00 20
25		LABOUR CHARGE TO REMOVE AND RENEW FRONT PARTS	S	920.00 600
26		SPRAY PAINTING	S	1,000.00 750
27		REMOVE AND REFIX AIRCON PARTS REFILL FREON GAS	S	160.00 100
			S	6,858.28

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) 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:

\$793.1  
4634.48  
P/P \$6139.48

**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

EQ INSURANCE COMPANY LTD

Ref : CS/EQI18005186/Urd3e2

5 MAXWELL ROAD  
#17-00 TOWER BLOCK  
MND COMPLEXSINGAPORE 069110

Date : 12-04-2018



Code : EQI

**1. Policy Particulars :- OWN DAMAGE**

Insured Veh.		Veh. Inspected	SKS 4854C
Policy No.	DMPPHQ17-001986	Coverage (\$)	0.00
Claim No.		Excess (\$)	500.00
Assign From	JOEL GOH	Assign Date	20/03/2018

**2. Vehicle Particulars & Condition**

Make & Model	HONDA HRV (A)	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	MRHRU1830FP000073	Colour	SILVER
Odometer	77581	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	215/55 R17	YOKOHAMA	6 mm
L/H Front Tyre	215/55 R17	YOKOHAMA	6 mm
R/H Rear Tyre	215/55 R17	YOKOHAMA	6 mm
L/H Rear Tyre	215/55 R17	YOKOHAMA	6 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.
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**5. General Information**

Accident Date	18/03/2018	Inspection Date	20/03/2018
Survey held at	JIN AUTO SERVICES PTE LTD BLK 14 DEFU LANE 10 #01-412 SINGAPORE 539195		

**5a. Remarks**

A)THE MARKET VALUE IS S\$72,000.00(EST. AVERAGE) B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.
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**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	<b>5 Working Days</b>
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51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKS 4854C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BONNET	BUCKLED	785.20	785.20
1	BONNET LOCK	TWISTED	87.70	87.70
2	FRONT HEADLAMP	HOLDER CRACKED	925.00	925.00
1	GRILLE	CRACKED	173.30	173.30
1	GRILLE LOGO	NECESSARY	39.00	39.00
2	GRILLE CHROME	SCRATCHED	114.40	114.40
1	GRILLE BADGE	SCRATCHED	24.70	24.70
1	GRILLE BASE	CRACKED	256.30	256.30
2	GRILLE BRACKET	NOT NECESSARY	34.40	-
1	FRONT BUMPER	DENTED / DEFORMED	466.20	466.20
1	SET FRONT BUMPER CLIPS	NECESSARY	39.00	39.00
1	FRONT BUMPER REINFORCEMENT	BENT	305.30	305.30
2	FRONT BUMPER SIDE RETAINER	BENT	36.20	36.20
2	FRONT BUMPER BEAM	CRACKED	41.30	41.30
1	FRONT SUPPORT PANEL	BENT	496.20	496.20
1	FRONT SUPPORT PANEL GARNISH	NOT NECESSARY	51.60	-
1	FRONT BUMPER LOWER LIP	DEFORMED / TWISTED	206.30	206.30
1	BUMPER GRILLE	TWISTED	107.30	107.30
1	TOW HOOK COVER	MISSING	21.10	21.10
1	AIRCON CONDENSER	BENT / TWISTED	568.10	568.10
1	RADIATOR	BENT / PUNCTURE	1,100.50	1,100.50
	LESS 20% DISCOUNT		-1,175.82	-1,158.62
			4,703.28	4,634.48
<b><u>SPECIAL NETT ITEMS</u></b>				
1	NUMBER PLATE (SN)	BENT	40.00	35.00
			40.00	35.00
<b><u>LABOUR</u></b>				
	CHECK WIRING.		35.00	20.00
	LABOUR CHARGE TO REMOVE AND RENEW FRONT PARTS.		920.00	600.00
	SPRAY PAINTING.		1,000.00	750.00

Report Ref No. CS/EQI18005186/Urd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE AND REFIX AIRCON PARTS REFILL FREON GAS.		160.00	100.00
			2,115.00	1,470.00
GRAND TOTAL			6,858.28	6,139.48
RECOMMENDED COST OF REPAIRS				6,139.48
LESS EXCESS				-500.00
NETT LIABILITY				5,639.48

Report Ref No. CS/EQ18005186/Urd3e2

CHUA KANG SENG

Licensed Appraiser

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