

22/03/2002

ASS. REC. BY:

REF:

CS3/LPC18006787 / Guber

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Eric Woo

of

LPC

Date/Time:

16042018 4:08pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

CB 6842B

Insured:

SIM 6694X

at Workshop m/s

Liem Heng Painter

Tel:

6453 5719

of

160 Sim ming Dlx #06-10

Policy No:

Claim No:

18/18/18 / VP05 / 020531

Sum Insured:

Excess:

Make of Veh:

D.O.A.

09042018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

17.04.2018 @ after 9.30am

H.O.D. Endorsement:

Date/Time: 16-04-2018 4:15 pm

Person Contacted:

Henry

Vehicle IN / OUT

Date/Time

Action/Instruction ( X ) Estimate

CB 6842B - X

SIM 6694X - X

Disassemble resurvey - 22/4/18 by MC

After paint - 02/5/18 by xax

31/5/18

Submit PRS



**Catherine Chong (LKK Auto)**

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**From:** ERIC WOO JUN KIAT <ericwoo@lonpac.com>  
**Sent:** Monday, 16 April, 2018 4:08 PM  
**To:** Serene Tan  
**Cc:** MT\_Claim\_SG; assignments@lkkauto.com  
**Subject:** RE: Our Ref: 18/18/18/VP05/020531 Your Ref: MN/IG/L1/1812343/st Accident involving SJM6694X & CB6824B along Cypress Ave on 9/4/18  
**Attachments:** 16042018160533.pdf

WITHOUT PREJUDICE  
SAVE AS TO COST

Dear Serene,

Thank you for your list of surveyors.

We regret we are not agreeable to your panel of surveyor as listed.

We shall be assigning to LKK Auto Consultants Pte Ltd to conduct the survey on your client's vehicle No: CB 6824B.

Dear Catherine / Nivitha,

FYA.

Thank you.

Best Regards,  
Eric Woo  
Claims Executive | Lonpac Insurance Bhd  
300 Beach Road, #17-04/07 The Concourse, Singapore 199555  
Tel: (65) 6279 9253 | Fax: (65) 6296 3767

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**From:** Serene Tan [mailto:serene.tan@mneduco.com.sg]  
**Sent:** Monday, 16 April, 2018 3:37 PM  
**To:** ERIC WOO JUN KIAT  
**Cc:** MT\_Claim\_SG  
**Subject:** RE: Our Ref: 18/18/18/VP05/020531 Your Ref: MN/IG/L1/1812343/st Accident involving SJM6694X & CB6824B along Cypress Ave on 9/4/18

Our Ref : MN.IG.L1.1812343.st

WITHOUT PREJUDICE  
SAVE AS TO COSTS

**NOTICE TO INSURERS OBJECTING TO THE LIST OF MOTOR SURVEYORS PROVIDED  
WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2.6 OF THE STATE COURTS  
PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)**

Dear Sir/Mdm,

1. We refer to your email/attachment below.

2. We are instructed by our client, KHL TRANSPORTATION CO PRIVATE LIMITED, the claimant and/or Lian Heng Painter Company, the motor workshop for **CB 6842B** that they are not agreeable to the appointment of the motor surveyors as stated in your said email.
3. **In compliance with The State Courts Practice Directions (Amendment No. 1 of 2016)**, we propose to use one of the below mentioned motor surveyor to conduct the joint pre-repair survey ("hereinafter referred to as PRS") as a Single Joint Expert ("hereinafter referred to as a SJE").

1. NICKY SEAH (Absolute Appraisal Services)	6. ANDREW HOW (Prominent Appraiser Services)
2. MICHAEL YAP TECK CHYE (MC-COY Appraiser Pte Ltd)	7. NG KONG BENG PATRICK (Carlink Consultancy)
3. DIXON YEO (Treasure Appraisal Services)	8. ANANDA KUMAR BISWAS S/O B N BISWAS (United Appraisal & Management Pte Ltd)
4. LOI BOON JUAN (PAR Automotive Consultancy)	9. DENNIS YAP TECK WEE (PAL's Appraiser Pte Ltd)
5. AMAS ONG (AEON Auto Consultants LLP)	10. ANDY YAP TECK LEE (LCW Appraiser Pte Ltd)

4. Please let us know **within two (2) working days** whether you agree to the appointment of any of the above motor surveyors as proposed by the claimant and/or the motor workshop as a Single Joint Expert ("hereinafter referred to as "SJE").

Thanks & Best Regards,  
 (For and on behalf of Mr Nedumaran Muthukrishnan)  
**Serene Tan (Ms)**  
**M NEDUMARAN & CO**  
 Advocates & Solicitors  
 Commissioner for Oaths

**Branch Office:**  
 11 Sin Ming Road  
 #B2-09 (Unit 2), Thomson V Two  
 Singapore 575629  
 Tel: 6509-8480 / 6509-8481  
 Fax: 6509-8482  
**Email : [serene.tan@mneduco.com.sg](mailto:serene.tan@mneduco.com.sg)**

**IMPORTANT NOTE:** This electronic mail transmission (including any attachments) is private and confidential and may contain legally privileged information. If you are not the intended recipient, you may not use, copy or disseminate the information contained herein. Please delete this message and its attachments immediately and contact us at (65) 6509 8480, if you have received this message in error. Thank you.

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**From:** ERIC WOO JUN KIAT [<mailto:ericwoo@lonpac.com>]  
**Sent:** Monday, April 16, 2018 3:02 PM  
**To:** Igene Lim <[igene.lim@mneduco.com.sg](mailto:igene.lim@mneduco.com.sg)>; Serene Tan <[serene.tan@mneduco.com.sg](mailto:serene.tan@mneduco.com.sg)>  
**Cc:** MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>  
**Subject:** Our Ref: 18/18/18/VP05/020531 Your Ref: MN/IG/L1/1812343/st Accident involving SJM6694X & CB6824B along Cypress Ave on 9/4/18

WITHOUT PREJUDICE  
SAVE AS TO COST

Dear Sir/Madam,

We refer to your fax of 16 April 2018.

We will proceed to conduct a pre-repair survey of the damage to your client's vehicle jointly with your 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. (Please see attached).

Please let us know within 2 working days whether you are agreeable to the appointment of any of the motor surveyors provided to you as a single joint expert. You may select one of the listed motor surveyors.

Thank you.

Best Regards,  
Eric Woo

Claims Executive | Lonpac Insurance Bhd  
300 Beach Road, #17-04/07 The Concourse, Singapore 199555  
Tel: (65) 6279 9253 | Fax: (65) 6296 3767

MSNH18047531 / B & H Motor Pte Ltd - Sin Ming  
 ENTRY DATE & TIME: 10/04/2018 11:14  
 SUBMITTED BY: Wong Kze Nyuk

## 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 10/04/2018 11:14  
 Date Of Accident 09/04/2018 12:25  
 Exact Location Of Accident ALONG OLD HOLLAND RD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6842B  
**Insured/Policyholder**  
 Name Of Registered Owner KHL TRANSPORT CO. PRIVATE LIMITED  
 Co Reg No -  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-96221226  
 Alternative Phone No OFFICE-96221226  
**Vehicle Particulars**  
 Manufacturer TOYOTA  
 Model -  
 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 COMMERCIAL VEHICLE  
**Insurance Company**  
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5097352116  
 Cover Note Number  
**Driver**  
 Name of Driver ROSMAN BIN ANWAR  
 NRIC No S68074471  
 Date Of Birth 17/03/1968  
 Occupation OUTDOOR  
 Date Of Driving Pass 10/05/1988  
 Driving Experience 29 YEARS AND 10 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-96221226  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address -  
 Postcode -  
 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 SIDE SWIPE  
 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? 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: : PASSENGER  
 GENDER: : FEMALE

Passenger 2 NAME: : PASSENGER  
 GENDER: : FEMALE

Passenger 3 NAME: : PASSENGER  
 GENDER: : MALE

Passenger 4 NAME: : PASSENGER  
 GENDER: : MALE

Passenger 5 NAME: : PASSENGER  
 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 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 SJM6694X  
 Vehicle Make/Model/Colour

## Details Of Properties

Vehicle Category	PRIVATE CAR
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Name of Driver	
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NRIC/Passport Number	
----------------------	--

Contact Number	93884231
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Address	
---------	--

Postcode	
----------	--

Insurance Company Name	
------------------------	--

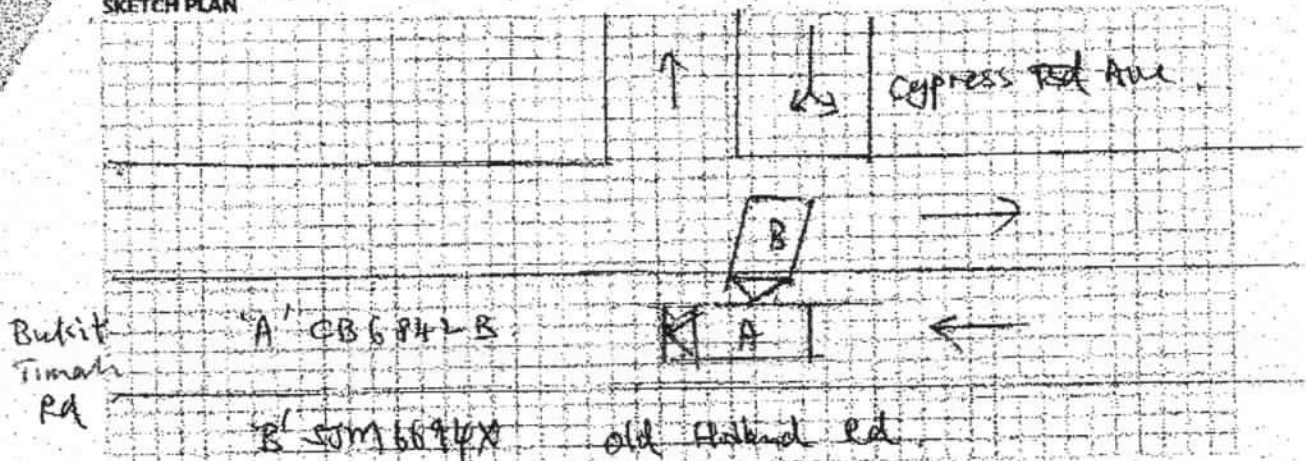
Nature Of Damage	
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No. Of Passenger (Including Driver)	
-------------------------------------	--



## Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along old Holland Rd towards Bukit Timah Rd. I was hit by vehicle SM6694X which came out from small junction Rd of Cypress Ave. My RH side of my vehicle was badly damaged. No one was injured.

## 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:

10/04/2018

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

## Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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  
Date & Time:

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

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 REPORT				
LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Ref: CS3/LPC18006987/Gqbe2 Date: 04-06-2018 Code: LPC2	
				
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SJM 6694X	Veh. Inspected	CB 6842B	
Policy No.		Coverage (\$)	0.00	
Claim No.	18/18/18/VP05/020531	Excess (\$)	0.00	
Assign From	ERIC WOO	Assign Date	16/04/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA HIACE	c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.	JTFST22P800012622	Colour	SILVER	
Odometer	329165 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195 R15	MICHELIN	6 mm	
L/H Front Tyre	195 R15	MICHELIN	6 mm	
R/H Rear Tyre	195 R15	MICHELIN	6 mm	
L/H Rear Tyre	195 R15	MICHELIN	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.				
<b>5. General Information</b>				
Accident Date	09/04/2018	Inspect Date / Time	17/04/2018 ( 03:30 AM )	
Survey held at	160 SIN MING DRIVE #06-10			
Repairer	LIAN HENG PAINTER CO.			
<b>5a. Remarks</b>				
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.				

Report Ref No. CS3/LPC18006987/Gqbe2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

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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