

ASS. REC. BY:

REF:

CS3/EQ118008487/S24507

Instruction:

Surveyor

Sebastien

ASSIGNMENT (Office)

From (Person):

Francis Ng

of

Z&I

Date/Time

01/05/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGV 818J

Insured:

SGF 5220J

at Workshop m/s

SAT Motors

Tel:

of

24 Defu Lane

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Vehl:

(Client's Record)

D.O.A.

01/05/18

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9/5.

Person Contacted:

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction () Estimate

14/5/18

After Repair

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

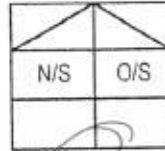
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SGV 818 J

Yr Regn:

20/7/2017

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

Truck / Trailer or

Make:

Honda Accord Euro-R

cc 1798

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

221913

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

CL71301223

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 225/45 R17

R:

11

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

TOYO / YOKO or

Goodyear

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

1/5/2018

D.O.I.

15/5/18 @ 05:44PM

Survey held at

Sat Motor

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

* Repair Estimate : S\$ 2500 - 3500

* 2 days

16/5/18 Submit PRS Report

RECEIVED 31 MAY 2018

Date/Time: File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) S + PS \$

) Photos

) Others

TOTAL

100

100

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Catherine Chong (LKK Auto)

From: Francis Ng <francis.ng@eqinsurance.com.sg>
Sent: Tuesday, 8 May, 2018 5:36 PM
To: assignments
Subject: FW: Pre-Repair Survey /Inspection; Your Ref: KK.SAT.SGV818J.2018.wen; EQ Ref: SGF5220J/TO BE ADVISED; Accident on 01-05-2018 involving SGF5220J & SGV818J ALONG STRAITS VIEW MARINA
Attachments: 08052018100142-0001.pdf

Dear Sirs,

Please conduct PRS as requested by the lawyer below.

Our insured has not reported the accident.

Regards,
Francis Ng
Executive | Claims



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



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

From: K Krishna & Partners [mailto:kkrishna@singnet.com.sg]
Sent: Tuesday, May 8, 2018 5:15 PM
To: Francis Ng <francis.ng@eqinsurance.com.sg>
Cc: Sean <sean@satmotors.com>; jonathan@satmotors.com; pakweng@satmotors.com
Subject: Re: Pre-Repair Survey /Inspection; Your Ref: KK.SAT.SGV818J.2018.wen; EQ Ref: SGF5220J/TO BE ADVISED; Accident on 01-05-2018 involving SGF5220J & SGV818J ALONG STRAITS VIEW MARINA

Dear Francis,

We refer to your email of even date.

Our client wish to appoint M/s LKK Auto Consultants Pte Ltd to conduct a pre-repair inspection of the vehicle.

K. KRISHNA & PARTNERS

UEN 53131210X
GST Regn. No. M90371530C
Advocates & Solicitors
Commissioner for Oaths
& Notary Public

101 Cecil Street #24-03/04 Tong Eng Building, Singapore 069533.
Tel: 6323 3038 Fax: 6323 2120 (Not for service of Court Documents)
Email: kkrishna@singnet.com.sg

K. Krishnamoorthi
LLB (Hons) (London)
Barrister-at-Law (Gray's Inn)
B.Sc(Hons)(Est.Man)(S'pore)

S. Manohar
LLB (Hons) (S'pore)



Vengadesh s/o Kumaravelu
LLB (Hons)

Our Ref : KK.SAT.SGV818J.2018.wen
Your Ref: SGF 5220J

7th May 2018

M/s EQ Insurance Company Ltd
5 Maxwell Road #17-00
Tower Block, MND Complex,
Singapore 069110

by fax only
IMMEDIATE ATTENTION

Dear Sirs

**PRE-REPAIR INSPECTION OF VEHICLE NO. SGV 818J
ACCIDENT ON 01/05/2018 INVOLVING SGV 818J & SGF 5220J ALONG STRAITS
VIEW MARINA**

We act for Mr Tay Seow Kheng, the owner and driver of SGV 818J which was involved in the abovecaptioned accident.

We are instructed that the accident was caused by the negligence of the driver of motor vehicle no. SGF 5220J. Our search shows that you are insurers of the motor vehicle no. **SGV 5220J**.

We are requested to inform you that our client's vehicle is available for pre-repair inspection at the following address:

M/s SAT Motors
24 Defu Lane 12
Singapore 539131

Please request your assessor to contact our **Mr Jonathan Lim of M/s SAT Motors at his mobile no. 91269987 within forty-eight (48) hours** from the receipt of this fax to arrange for the inspection.

Yours faithfully

K. Krishnamoorthi

cc client

9859 9677
H. W. W.

SINGAPORE ACCIDENT STATEMENT

Revised.

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	02/05/2018 15:21
Date Of Accident	01/05/2018 16:55
Exact Location Of Accident	ALONG STRAITS VIEW MARINA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV818J
Insured/Policyholder	
Name Of Registered Owner	TAY SEOW KHENG
NRIC No	S7624051E
Email Address	LIQUIDSKY76@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96388058
Alternative Phone No	OTHERS-96388058

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD EURO TYPE R

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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2100162013-08
Cover Note Number	20/09/2017 TO 19/09/2018

Driver

Name of Driver	TAY SEOW KHENG
NRIC No	S7624051E
Date Of Birth	14/08/1976
Occupation	INDOOR
Date Of Driving Pass	16/08/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96388058
Fax Number	
Contact Number	OTHERS-96388058
EMail Address	LIQUIDSKY76@HOTMAIL.COM

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAY SEOW KHENG / S7624051E
Approximate Age	
Injuries Sustain	SHENTON FAMILY MEDICAL CLINIC (TOWNER)
Injured person in which vehicle?	SGV818J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:


**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				
EQ INSURANCE COMPANY LTD		Ref: CS3/EQ118008487/Sz4be2		
5 MAXWELL ROAD #17-00 TOWER BLOCK MND		Date: 31-05-2018		
COMPLEX SINGAPORE 069110		Code: EQ1		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SGF 5220J	Veh. Inspected	SGV 818J	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	FRANCIS NG	Assign Date	01/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA ACCORD EURO-R	c.c	1998	
Engine No.	HIDDEN	Year of Reg.	2007	
Chassis No.	CL71301223	Colour	BLACK	
Odometer	221413 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/45 R17	GOODYEAR	6 mm	
L/H Front Tyre	225/45 R17	GOODYEAR	6 mm	
R/H Rear Tyre	225/45 R17	GOODYEAR	6 mm	
L/H Rear Tyre	225/45 R17	GOODYEAR	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	01/05/2018	Inspect Date / Time	09/05/2018 (05:44 PM)	
Survey held at	SAT MOTORS 24 DEFU LANE 12 SINGAPORE 539131			
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 \$2,500-\$3,500				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:			2 Working Days	

Report Ref No. CS3/EQ118008487/Sz4be2

Inspected By

YEANG WAI KEEN

Automotive Assessor

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

Address 38 MAR THOMA ROAD #25-03 RIVIERA 38 (S) 328712

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 COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING

Road Surface WET

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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

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 SGF5220J

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

B: SGF-5220J

- My car SUZUKI stationary along straits view parking

- suddenly was felt an impact from my car then realized was hit by a car opposite 22-

Insurance Co.	Ais Asia Insurance
Vehicle No.	SUZUKI
Date of Accident	1/5/2018
<input type="checkbox"/> Reporting Unit	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	
<input checked="" type="checkbox"/> Other Workshop	

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

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

