

INS. CASE OWNER:

CC 4/ EGI 1800 9160 / Gpa3

LKK:  
IDAC:

Surveyor:

XGQ

DOI:

ASSIGNMENT

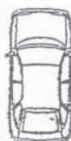
21/5/18

Date / Time:

21/5/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBG 7777K

Claim No.:

Name of Insured:

WINSTON MACHINE Laundry

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

19/5/18

Place of Accident:

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SEZ 3464H



INSRS:

WSP:

Tel:

Liability:

RMKS:

Allwell



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SEZ 3464H - X ; GBG 7777K - X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

22/03/2002

ASS. REC. BY:

REF:

CS/ECL18009160/G

Special Instruction:

Surveyor:

GR

ASSIGNMENT (Office)

From (Person):

Yee Pei Li

of

EGL

Date/Time:

21052018 428pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKZ 3464H

Insured:

GBG 7777K

at Workshop m/s

Allswell motor

Tel:

6679 1146

of

25 Deth Lane 9

Policy No:

Claim No:

GBG7777K / SL/pl

Sum Insured:

Excess:

Make of Veh:

D.O.A.

19052018

(Client's Record)

22052018 @ 1pm

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time:

22052018 442pm

Person Contacted:

Chai Yee

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SKZ 3464H - X

GBG 7777K - X

(08/11/13)

Surveyor:

bul

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. \_\_\_\_\_

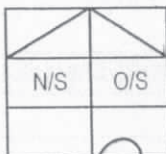
Claims No. \_\_\_\_\_

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 Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 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: \_\_\_\_\_

SKZ 34641 / Regn: 19 Jan 2016

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

Truck / Trailer or

Make: \_\_\_\_\_

Toyota AHS

C.C.

1598

Colour: \_\_\_\_\_

Silver

A/C: Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_

182038

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

MR053 REH 1045 40544

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 / Rim or

Tyre Size: F: \_\_\_\_\_

205/85ZR16

R: \_\_\_\_\_

11

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

TOYO / YOKO or

FIRENZA

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. \_\_\_\_\_

D.O.I.

22-05-18

Survey held at

w/s

12:00pm

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

18/4

Gao Wang confirmed final fig \$660.81 and 2 days with repairer. (Red 1020.19, 60%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech. Invs (\$ \_\_\_\_\_)

☐

: Weekend (\$ \_\_\_\_\_)



## Catherine Chong (LKK Auto)

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**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Monday, 21 May, 2018 4:28 PM  
**To:** 'admin-d@lkkauto.com'  
**Subject:** OI : GBG7777K / TP : SKZ3464H/LKK / DOA : 19/05/2018  
**Attachments:** GBG7777K - SAS.pdf; SKZ3464H - SAS.pdf; SKZ3464H - PRS FORM.pdf

Dear Catherine,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please assist to conduct this survey from **ALLSWELL MOTOR TRADERS**,

ADDRESS : 25 DEFU LANE 9  
SINGAPORE 6679 1146

PERSON TO CONTACT : CHAI YEE @ 6679 1146

ERGO OFFICER-IN-CHARGE : STEVE LIM

***Note: To survey on without prejudice basis. 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 fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via [Survey.Report@ergo.com.sg](mailto:Survey.Report@ergo.com.sg).

Attached are insured and TP's SAS (note: reports not to be released to any Third Party).

Kindly acknowledged 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](http://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.

# ERGO

Date: 21.05.2018  
Our Reference: GBG 7777K/SL/pl  
Your Reference: SKZ 3464H  
  
To: ALLSWELL MOTOR TRADERS

Sent via Fax ☐  
or ☐  
Email

## Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: SKZ 3464H  
Insured's Vehicle: GBG 7777K  
Date Of Accident: 19.05.2018

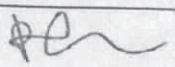
We acknowledge receipt of your request for PRS on: 21.05.2018

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked \*.

\* LKK

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
FTA	FormTeam Consultancy Pte Ltd	LKK	LKK Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	PS	Priority Services
JPK	JP Knights Pte Ltd	VAC	Vicom Ltd

- ☒ Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.  
☐ Your request for inspection does not have your client's complete GIA report, kindly forward a copy.  
☐ We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.  
☐ Our Insured's driver has not reported the accident to us todate.  
☒ Others: OFFICER-IN-CHARGE - STEVE LIM

Prepared by:		Pei Li	6829 9194	<u>claims@ergo.com.sg</u>
Signature:				FAX : 6829 9247

### Assessor use only:

Assignment Date: \_\_\_\_\_  
Assignment Time: \_\_\_\_\_

Remarks:

### Workshop use only:

#### Assessor attended workshop on:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Inspector: \_\_\_\_\_

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job .

Workshop Acknowledgement & Stamp.

Note: Our Inspection is on a without admission to liability basis.