

SS. REC. BY:

REF: CS/GAL18009170/Kfb n2

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Rachel Tan of GAL Date/Time: 21052018 1002 am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJF 991P Insured: FBC 722K

at Workshop m/s Sin Motor Tel: 9181 1947

of 176 Sin Ming Drive #05-07

Policy No: Claim No: CLMOMVM000000269

Sum Insured: Excess:

Make of Veh: D.O.A. 18052018

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

25052018 @ 10am

H.O.D. Endorsement:

Date/Time: 21052018 1130am

Person Contacted:

Mr. Lim

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJF 991P - x
	FBC 722K - x
	Lump Sum \$(1950) - c Red: 3775.10 (95%)

REF: GAI

ASSIGNMENT

From: Date: 25/05/2018

Estimated Cost:

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

To Inspect Vehicle No: SJF 991P
at Workshop m/s Sin Motor
of 176 Sin Ming Drive #05-07
Insured:

Policy No.

Claims No.

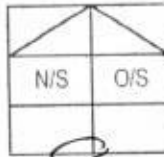
Sum Insured: Excess:

(Client's Record)

10 am

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 HRS¹wp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJF 991P Yr Regn: 2013
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: M C180 c.c. 1595

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 53300 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 204 0 312 A 850002

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: 225/45R17

R:

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A.

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 25/5/18

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

28/5 File pass to Catherine, GIA & est not ready

Inform Mr Lim Lou \$700 to be operate for bill.

RECEIVED 23 JUL 2018

Date/Time: File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time: File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) \$ + R\$ \$

) Photos

) Others:

250

TOTAL

Report Format:

Lump Sum / I.B.I.: \$ 1950/-

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Catherine Chong (LKK Auto)

From: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Sent: Monday, 21 May, 2018 10:02 AM
To: LKK Assignments
Subject: TP Survey - SJF991P (FBC722K - GA) on 18/5/18
Attachments: 21052018095100-0001.pdf; MRM35240922.PDF

Dear LKK

Please conduct TP survey, attached is TP PRI request from Sin Motor Repairs and our insured's GIA report.
Notice that TP has not submitted GIA report via Merimen.

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

*21 May 2018 @ 11:30am
Mr. Lim veh not in*

-----Original Message-----

From: ApeosPort-VI C5571 <SIN.International.Xerox5571-Claims@sg.gaig.com>
Sent: Monday, May 21, 2018 9:51 AM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Subject: Scan Data from FX-110081

Number of Images: 1
Attachment File Type: PDF

Device Name: ApeosPort-VI C5571
Device Location:

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

Denise Tay (LKKAuto)

From: Admin-D (LKKAuto)
Sent: Friday, 20 July 2018 8:11 AM
To: 'Tan, Rachel'; SUR
Cc: assignments
Subject: RE: TP Survey - SJF991P (FBC722K - GA) on 18/5/18

Dear Rachel,

Thank you for the email.

Dear Denise,

Kindly assist.

FYNA Our Ref : CS/GAI18009170/Ktb

BEST REGARDS,
G.Nivitha | Admin
LKK Auto Consultants Pte Ltd
Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Tan, Rachel [mailto:Rachel.Tan@sg.gaig.com]
Sent: Thursday, 19 July 2018 6:34 PM
To: LKK Assignments <assignments@lkkauto.com>
Subject: RE: TP Survey - SJF991P (FBC722K - GA) on 18/5/18

CLMOMVM000000269

Hi

Please send survey report. I received bill from Sin motor repair at \$3,970/-.

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

-----Original Message-----

From: Tan, Rachel
Sent: Monday, May 21, 2018 10:02 AM
To: LKK Assignments <assignments@lkkauto.com>
Subject: TP Survey - SJF991P (FBC722K - GA) on 18/5/18

Dear LKK

Please conduct TP survey, attached is TP PRI request from Sin Motor Repairs and our insured's GIA report. Notice that TP has not submitted GIA report via Merimen.

● Regards

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 05/06/2018 09:09
Date Of Accident 18/05/2018 08:30
Exact Location Of Accident BISHAN STREET 21
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF991P
Insured/Policyholder
Name Of Registered Owner DOMINIC HENG SWEE SAI
NRIC No S7073662D
Email Address DOMHENGSS@YAHOO.COM.SG
Mobile Phone No (LOCAL) +65-97990611
Alternative Phone No OFFICE-97990611
Vehicle Particulars
Manufacturer MERCEDES-BENZ
Model C180-1.8 BLUE EFFICIENCY (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? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR
Insurance Company
Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number P 28935207 DMV
Cover Note Number
Driver
Name of Driver DOMINIC HENG SWEE SAI
NRIC No S7073662D
Date Of Birth 03/09/1970
Occupation OUTDOOR
Date Of Driving Pass 28/06/1993
Driving Experience 24 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97990611
Fax Number
Contact Number OFFICE-97990611
Email Address DOMHENGSS@YAHOO.COM.SG

Address 110 LENTOR STREET
 Postcode 786820
 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 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? 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER ATTACHED STATEMENT.

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 FBC722K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver LU YIHUI
 NRIC/Passport Number S7688115D
 Contact Number
 Address 213 GUILLEMARD ROAD
 #03-34
 Postcode 389733
 Insurance Company Name
 Nature Of Damago
 No. Of Passenger (Including Driver)

Sketch Plan

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:

17-01-2010

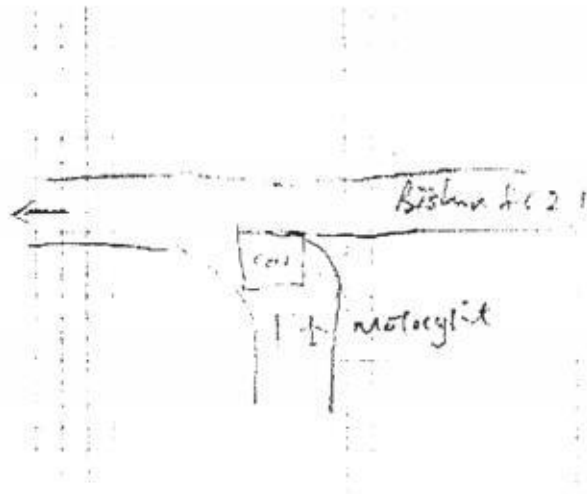
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

ANG WEI GUANG
S8410708E

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/5/18 time @ 8:30 am. I was heading to work at Juhua Pharmacy. My car was stopped at the slip road for at Bishan Ave 21. the motorcyclist from back hit my car.

DECLARATION

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

Policyholder's Signature
Date & Time:

05 JUN 2018

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

Reporting Centre Personnel's Signature
Name: ANG WEI GUANG
NRIC/FIN No: S8410708E

ATTN: MR. Kenneth



SIN MOTOR REPAIRS

SJF991P 204/C180

Lin 91811947

Not Notified
 21 Dec @ 1950h
 Resurvey After Paint

2 days

1 pc Rear bumper reinforcement
 1 pc Rear bumper sensor
 1 pc Rear bumper
 1 pc Rear bumper trim

R 730.00 X
 Ad/ln 165.00 ✓
 Bur/Ad 1850.00 ✓
 CNT 145.00 ✓

108

Loss of use (3 days)

Subject to insurance
 approval 300.00 X

Labour charge to replace the above parts

380.00 25d

Labour charge to spray the rear bumper including the damaged parts

400.00 28d

3970.00

3670

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:

BLOCK 176, SIN MING DRIVE, SIN MING AUTO CARE #05-07, SINGAPORE 575721.

TEL: 4533908, 4596902, 4536602 • FAX: 4536602

Reg. No. 07683000D

勝摩哆修理 SIN MOTOR REPAIRS

BLOCK 176, #05-07 SIN MING DRIVE
SINGAPORE 575721
TEL: 6453 3908, 6459 6902, 6453 6602 • FAX: 6453 6602

INVOICE

85698

M/S Great American Insurance Co.

Address

Regn.

JSP 941P

Type

2041C180

Date

23/7/18

Quantity	PARTICULARS	\$	cts.
1pc	Rear bumper sensor 165 less 10% 10%	148	50
1pc	Rear bumper 1850 less 10% 10%	1665	00
1pc	Rear bumper trim 145 less 10% 10%	130	50
	loss of use (2 days)	200	00
	labour charges to replace the above parts	250	00
	labour charges to spray the rear bumper and damaged parts	280	00
TOTAL \$		2674	00

Received By

12/02/18

02-4112



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 : CS/GAI18009170/Ktbn2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 23-07-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBC 722K	Veh. Inspected	SJF 991P
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVM000000269	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	21/05/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES C180 (A)	c.c	1595
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2040312A850002	Colour	WHITE
Odometer	53300	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/45 R17	MICHELIN	7 mm
L/H Front Tyre	225/45 R17	MICHELIN	7 mm
R/H Rear Tyre	225/45 R17	MICHELIN	7 mm
L/H Rear Tyre	225/45 R17	MICHELIN	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	18/05/2018	Inspection Date	25/05/2018
Survey held at	SIN MOTOR REPAIRS BLK 176 SIN MING DRIVE #05-07 SINGAPORE 575721		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJF 991P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	730.00	-
1	REAR BUMPER SENSOR	DENTED / CUT	165.00	165.00
1	REAR BUMPER	BUCKLED / DENTED	1,850.00	1,850.00
1	REAR BUMPER TRIM	CRACKED	145.00	145.00
	LESS 10% DISCOUNT		-	-216.00
			2,890.00	1,944.00
	<u>LABOUR</u>			
	LABOUR CHARGE TO REPLACE THE ABOVE PARTS.INCLUSIVE OF THE REPAIR OF REAR BUMPER REINFORCEMENT.		380.00	250.00
	LABOUR CHARGE TO SPRAY THE REAR BUMPER INCLUDING THE DAMAGED PARTS.		400.00	280.00
			780.00	530.00
	GRAND TOTAL		3,670.00	2,474.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,950.00

Report Ref No. CS/GAI18009170/Ktbn2

KONG SENG CHEONG

Licensed Appraiser

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