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-	at Workshop m	/s	Ē	clipse	Auto			•	-	Tel:		8 8789	
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Catherine Chong (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sq>

Sent: Monday, 21 May, 2018 1:59 PM

To: 'JB GEM'; 'sur@lkkauto.com'; 'Catherine Chong (LKK Auto)'

Cc: Lalitha Krishnan - III

Subject: RE: LETTER TO CONDUCT THE PRE-REPAIR INSPECTION FOR VEH NO: SKV 9813R &

PA 9596T DOA: 17/5/18

Attachments: SKV 9813R FORM1.pdf; SKV 9813R GIA.PDF; LIST OF SURVEYORS.PDF

Dear Sir / Mdm

This Pre-Repair Survey is on Without Prejudice Basis.

THIRD PARTY VEHICLE NO. : SKV9813R III INSURED VEHICLE NO. : PA9596T DATE OF LOSS : 17.05.18

We acknowledge receipt of your email.

In compliance to Pre-Action Protocol for NIMA cases, we note that

We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor LKK AUTO CONSULTANTS to conduct the pre-repair survey.

This claim is handled by Lalitha.

Please let us have your client's <u>accident report and repair estimate</u> for our appointed surveyor to conclude his report.

**We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.

**Surveyor kindly upload this assignment to Merimen.

Thank You.

Best Regards,
Gabriel Wee
Motor Claims Dept.
India International Insurance Pte Ltd

64 Cecil Street | #05 IOB Building | Singapore 049711

Tel: 6347 6100, Ext - 248

From: JB GEM [mailto:vcssg01@gmail.com]

Sent: 21 May, 2018 1:54 PM

To: Gabriel Wee < Gabriel@iii.com.sg>

Subject: LETTER TO CONDUCT THE PRE-REPAIR INSPECTION FOR VEH NO: SKV 9813R & PA 9596T DOA: 17/5/18

WITHOUT PREJUDICE

SAVE AS TO COST

Dear Gabriel,

Please refer to the above attached and for your necessary action at your soonest.

Regards

VCS

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

DISCLAIMER:

This email is intended solely for the person to whom it has been addressed.

It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment. India International Insurance Pte Ltd.

Registration No. 198703792-K

VEHICLE CLAIMS SPECIALIST PTE LTD

UEN 201802773H

Date: 21st May 2018

Your ref: PA9596T BY EMAIL ONLY

Our ref: VCS/SKV 9813R/EA/PD

To: INDIA INTERNATIONAL INSURANCE PTE LTD

Attn: Motor Claims Dept

Dear Sirs,

<u>CORRESPONDANCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES.</u>

We refer to your email dated 21st May 2018.

Please note that the said vehicle can be inspected at:

ECLIPSE AUTO PTE LTD

155 KAKI BUKIT AVE 1 SHUNLI IND.PK SINGAPORE 416012

CONTACT NO: 8128 8789

Please note that the vehicle will be available for pre-repair inspection within the next 2 days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without further notice or reference to you. All our client's right are expressly reserved.

PLEASE REPLY BY EMAIL ONLY: <u>VCSSG01@GMAIL.COM</u> DO NOT REPLY BY FAX

Yours faithfully

VCS

Vehicle Claims Specialist Pte Ltd

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 witholding 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
 18/05/2018 14:54

 Date Of Accident
 17/05/2018 19:30

Exact Location Of Accident ALONG TAMPINES CENTRAL 4

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV9813R

Insured/Policyholder

Name Of Registered Owner LIEW TIAN SOON

NRIC No S1383582I Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96723514

Alternative Phone No OFFICE-96723514

Vehicle Particulars

Manufacturer NISSAN

Model QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

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 NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5084608467-01

Cover Note Number

Driver

Name of Driver LIEW TIAN SOON

 NRIC No
 \$1383582I

 Date Of Birth
 08/09/1959

 Occupation
 INDOOR

 Date Of Driving Pass
 22/05/1986

Driving Experience 31 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96723514

Fax Number

Contact Number OFFICE-96723514

EMail Address NOEMAIL

Address

BLK 230B TAMPINES STREET 24

#05-31

Postcode

525230

OWNER

Was driver an employee of the Insured's Company NO

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

COLLISION - CHANGE/CROSS LANE

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 NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

GENDER: : FEMALE

Passenger 2

NAME:

GENDER:

: FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 TAMPINES CENTRAL 4, SUDDENLY VEHICLE B CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PA9596T

Vehicle Make/Model/Colour **Details Of Properties**

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident 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 Oriver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any will in misrepresentation or withholding of material facts may allow insurance companies to <u>repudints agilty liability</u>.
- The issue and acceptance of this form by insurance companies is not an admission of policy flability 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 ladgment 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 eforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)
 - i understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Interrance 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 insurers) 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
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 exercigations 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, involces, reports or notices to mr, 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:
 - (4) 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

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Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centra Perpenning's S

Name:

NRIC/FIN No :

Accident Sketch Plan

SKETCH PLAN		TINTER ENGLISHMENT
		572 572
DESCRIBE CIRCUMSTANCES OF TI	HE ACCIDENT	
selor to totament		
/		
	. <u> </u>	
DECLARATION I/Wie declare the foregoing particulars	are true in every respect	70
Policyholder's Signature Dath & Time	Oriver's Signature (If driver is not the policyholder) Oate & Time:	Reporting Centre Personnel's Signature Harne: NRIC/FIN No.:

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Merimen e-Claims Page 1 of 1

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING Est Submitted Case Notified Adj Assigned Adj Rpt Adj Submitted Ins Auth'ed Status Pending for Survey 21 May 2018 23 May 2018 S\$0.00 \$\$0.00 00:00 Report Main Edit Reg Edit Estimates View Rpt Edit Adj Rpt Cancel Case Show All Main Reference Claim Details **Documents** CLAIM SUBFOLDER DETAILS [Created by adjuster] Insured: Co. Reg. No.: Main LIEW TIAN SOON, ID: S1383582I Claimant: 17/05/2018 19:00 - :59 Vehicle Reg. SKV9813R Date of Loss: [30 Months and 21 Days From LTA Reg Date (Man Yr)] Policy/Cover Claim Type: TP Note No.: Vehicle Reg. Policy No. PA9596T (Claimant): (Insured): Excess: Repairer: Eclipse Auto Pte Ltd (HQ) 155 Kaki Bukit Avenue 1, Shun Li Industrial Park #01-01, 416012 Kaki Bukit - Tel: Handling India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Lalitha Krishnan - 6347 6139] Insurer: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 01/06/2018] Adjuster: ASSOCIATED MAIL RECEIVED Compose Case Mail View All There are no mail for this case. ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete

Handler

Assigned By

Due Date

No results.

Priority Type

Task Group

Subject

Created On

Done?

Completed On

Page 1 of 1 Merimen e-Claims

Claim Documents

*SKV9813R [PA9596T] LIEW TIAN SOON May 17 2018 7:00PM [-] Eclipse Auto Pte Ltd

Up	Upload Documents Upload Photos Compose New Letter View in Browser							
Doc	umentation		1 per p	oage 🔽	V			
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print			
1	23/05/18 17:24	LKKPhotosIn6-1.pdf	0	Load PDF				
2	23/05/18 17:24	LKKPhotosIn6-2.pdf	0	Load PDF				
No	Finalized On	India International Insurance Pte Ltd (HQ)		Thumbnail	Print			
1	23/05/18 08:40	Singapore Accident Statement	0	Load PDF				

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
			^
			~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/III18009214/R1Z4BE2

Date:

24/05/2018

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No:

Claimant Vehicle

SKV9813R

Insured Vehicle No:

PA9596T

Date of Loss:

17/05/2018

Nature of Claim:

Claim No:

N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKV9813R

Make & Model:

NISSAN QASHQAI, 1.2 (A) 26/10/2015 (Man. Year: 2015) Engine No:

HRA2190027A

Reg. Date: Colour:

Brown

Chassis No: Odometer:

SJNFEAJ11U1487876 18857 km

Engine Capacity:

1197 cc

Market Value/New Car Price: N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Engine Modification: Yes

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

215/60 R17

Rear Tyre Size:

215/60 R17

Front Left Side:

Continental 6 mm

Rear Left Side:

Continental 6 mm

Front Right Side:

Continental 6 mm

Rear Right Side:

Continental 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	7 111 11 111 111
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

21/05/2018

Date Inspected:

21/05/2018 Inspected At:

Eclipse Auto Pte Ltd (HQ)

155 Kaki Bukit Avenue 1, Shun Li

Industrial Park #01-01 Singapore 416012

Estimated Period of Repair:

0.0 days

Adjuster:

MOHD RASUL

Manager:

Ho Zhao Tian

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_... 24/5/2018

Adjuster Report Page 2 of 4

- 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.

Adjuster Report Page 3 of 4

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 22 May 2018)

Parts:

M1-SUV

NISSAN QASHQAI 1.2 (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SKV9813R)

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Adjuster Report Page 4 of 4

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >