

ASS. REC. BY:

REF: 033/LPC18009490 / Nvbe2

Special Instruction:

Surveyor: Naz.

ASSIGNMENT (Office)

From (Person): Eric Woo

of LPC

Date/Time: 23/05/2018 2:23pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: GV 13696

Insured: YL 98036

at Workshop m/s Cosmopolitan

Tel: 6546 7728 / 90264369

of 4 Loyang Walk

Policy No:

Claim No: 18/18/18/VC00/020628

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A. 09/04/2018

CA / REV / REP. / REV 24 HRS wpt

H.O.D. Endorsement:

Date/Time: 24/05/2018 2:01pm

Person Contacted: Michael

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	GV 13696 - X
	YL 98036 - X
1/6/18	Submit PRS report

NAZ

REF:

LPC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop no: _____

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.

N/S		O/S	

Sal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction

Job No: GV 1364A Page: 6 DEC 2001

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

Truck / Trailer or

Make: MITSUBISHI L300 No: 2977

Colour: WHITE Insured / Std / NI / NA

Sp. Reading: 361,014 Paco: Insured / Std / NI / NA

Eng No: _____

C No: JMAJNP15VYA001589

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: 185 R14 C

R: _____

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

TOYO / YOKO or FALKEN

Front Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 9/4/18 D.O.I. 24/1/18 @ 05:56 PM

Survey held at COSMOPOLITAN EN6 5

Des. of Damages: Frnt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

RECEIVED 0-1 JUN 2018

Date/Time File Pass no: Preli. Report

Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transporter

Add Fee: Site Insp \$

Inter. Insp \$

Tech. Insp \$

Vesp. Insp \$

Report Format: PRS

Lump Sum / I.B. \$

1450

1450

1/6- typist

Catherine Chong (LKK Auto)

From: ERIC WOO JUN KIAT <ericwoo@lonpac.com>
Sent: Wednesday, 23 May, 2018 4:56 PM
To: assignments@lkkauto.com
Cc: Sally; MT_Claim_SG
Subject: FW: Our Ref: 18/18/18/VC00/020628 Your Ref: CL/180533/T/COS.sg Accident involving YL9803G & GV1369G at Parkway Loading Bay on 9/4/18

Dear Catherine / Nivitha,

Please take note of the name of workshop for survey.

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

From: Sally [mailto:info@catherinelimllc.com]

Sent: Wednesday, 23 May, 2018 4:50 PM

To: ERIC WOO JUN KIAT

Subject: RE: Our Ref: 18/18/18/VC00/020628 Your Ref: CL/180533/T/COS.sg Accident involving YL9803G & GV1369G at Parkway Loading Bay on 9/4/18

Dear Eric

Name of workshop is – Cosmopolitan.

Regards

Sally Goh

Catherine Lim LLC

20 Havelock Road #03-01

Central Square

Singapore 059765

Email: info@catherinelimllc.com

From: ERIC WOO JUN KIAT [mailto:ericwoo@lonpac.com]

Sent: Wednesday, May 23, 2018 2:23 PM

To: Sally

Cc: assignments@lkkauto.com; MT_Claim_SG

Subject: RE: Our Ref: 18/18/18/VC00/020628 Your Ref: CL/180533/T/COS.sg Accident involving YL9803G & GV1369G at Parkway Loading Bay on 9/4/18

Dear Sally,

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: GV 1369G.

Please advise us the name of the workshop to conduct survey.

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

From: Sally [<mailto:info@catherinelimllc.com>]

Sent: Wednesday, 23 May, 2018 1:57 PM

To: ERIC WOO JUN KIAT

Subject: RE: Our Ref: 18/18/18/VC00/020628 Your Ref: CL/180533/T/COS.sg Accident involving YL9803G & GV1369G at Parkway Loading Bay on 9/4/18

Dear Eric (Without Prejudice)

We refer to your email.

Our client is not agreeable to your list of surveyor and wish to appoint Sebastien Lim as single joint expert.

Regards

Sally Goh

Catherine Lim LLC

20 Havelock Road #03-01

Central Square

Singapore 059765

Email: info@catherinelimllc.com

From: ERIC WOO JUN KIAT [<mailto:ericwoo@lonpac.com>]

Sent: Wednesday, May 23, 2018 12:20 PM

To: Sally

Cc: MT_Claim_SG

Subject: Our Ref: 18/18/18/VC00/020628 Your Ref: CL/180533/T/COS.sg Accident involving YL9803G & GV1369G at Parkway Loading Bay on 9/4/18

WITHOUT PREJUDICE

SAVE AS TO COST

Dear Sir / Madam,

We refer to your fax of 23 May 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

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1891K
Vehicle Details	
Vehicle No.:	GV1369G
Vehicle to be Exported:	No
Intended De-registration Date:	28 May 2018
Vehicle Make:	MINISUBISHI
Vehicle Model:	L300 P/VAN
Primary Colour:	White
Manufacturing Year:	2001
Engine No.:	4D56KG4647
Chassis No.:	JMAJNP15VYA001584
Maximum Power Output:	-
Open Market Value:	\$14,172.00
Original Registration Date:	06 Dec 2001
First Registration Date:	06 Dec 2001
Transfer Count:	0
Actual ARF Paid:	\$709.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Nov 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$33,017.00
COE Rebate Amount:	\$11,574.00
Total Rebate Amount:	\$11,574.00

The information contained herein is correct as at 28 May 2018

OK

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	09/04/2018 16:29
Date Of Accident	09/04/2018 12:35
Exact Location Of Accident	PARKWAY LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV1369G
Insured/Policyholder	
Name Of Registered Owner	COSMOPOLITAN ENGINEERING SVCS PTE LTD
Co Reg No	00 <u>198401891K</u>
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98431735
Alternative Phone No	OFFICE-87811478

Vehicle Particulars

Manufacturer	mitsubishi
Model	L300-2.5 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD17V12593/VCZ/R10
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AZHAR BIN MISPAN
NRIC No	S8318979G
Date Of Birth	29/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98431735
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 212A PUNGGOL WALK #08-731
Postcode	821212
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 TO ATTACHED SKETCH PLAN.

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	YL9803G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

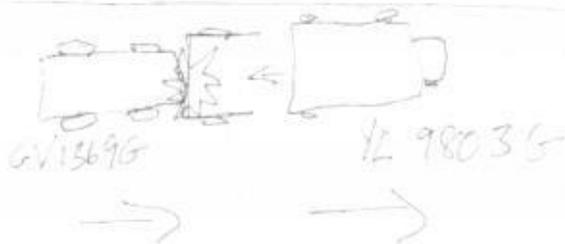


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/4/18, at around 12:35. My vehicle GV1369G was parked parkway loading bay. Suddenly, I heard a bang & saw a lorry YL9803G reverse into my vehicle & hit the front area. Nobody injured. No pain. Nobody in my vehicle.

DECLARATION

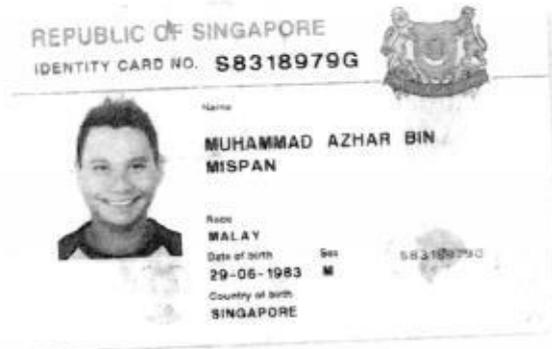
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 3



Shah.
98431735 - 8 7811478



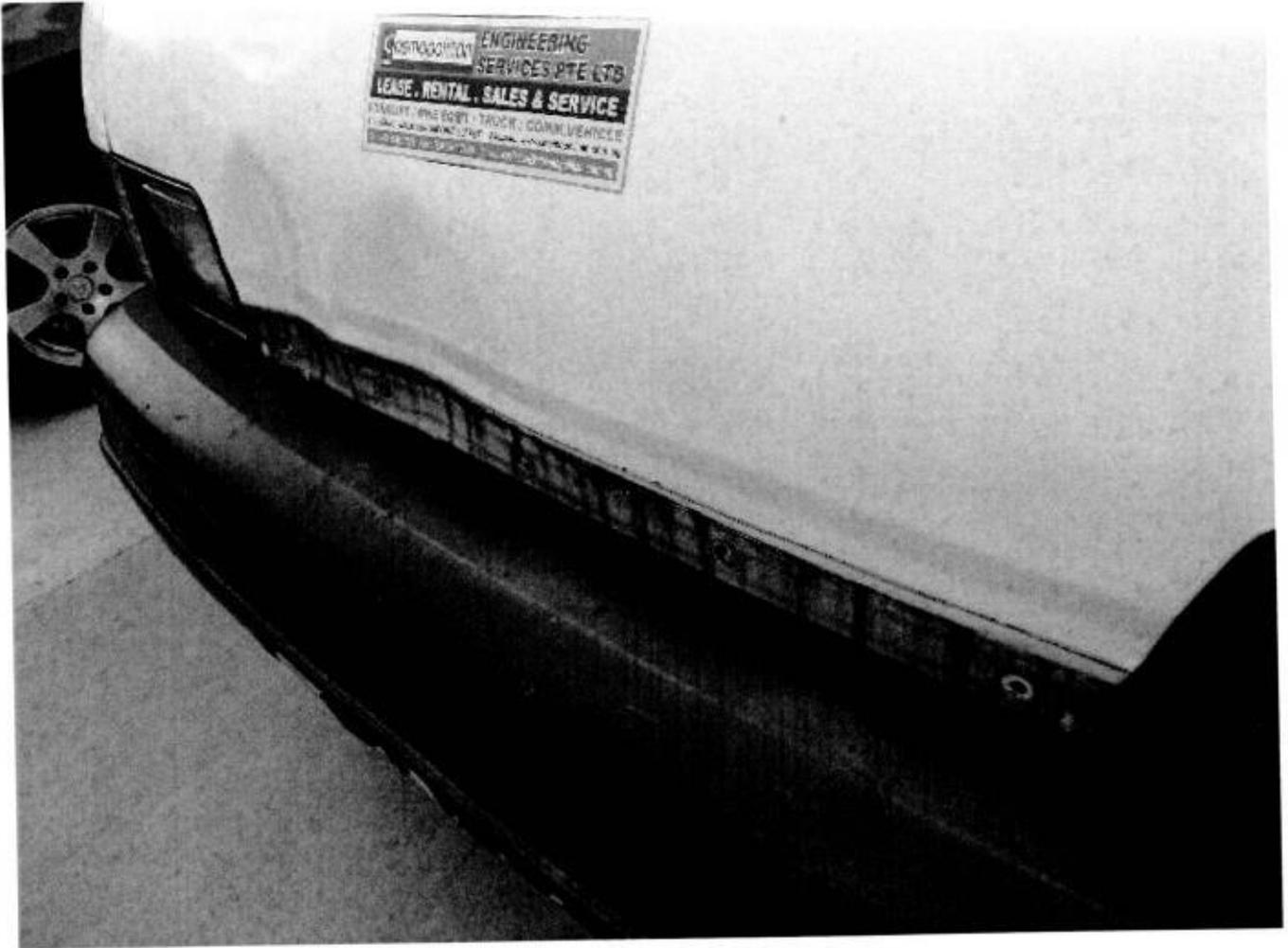
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

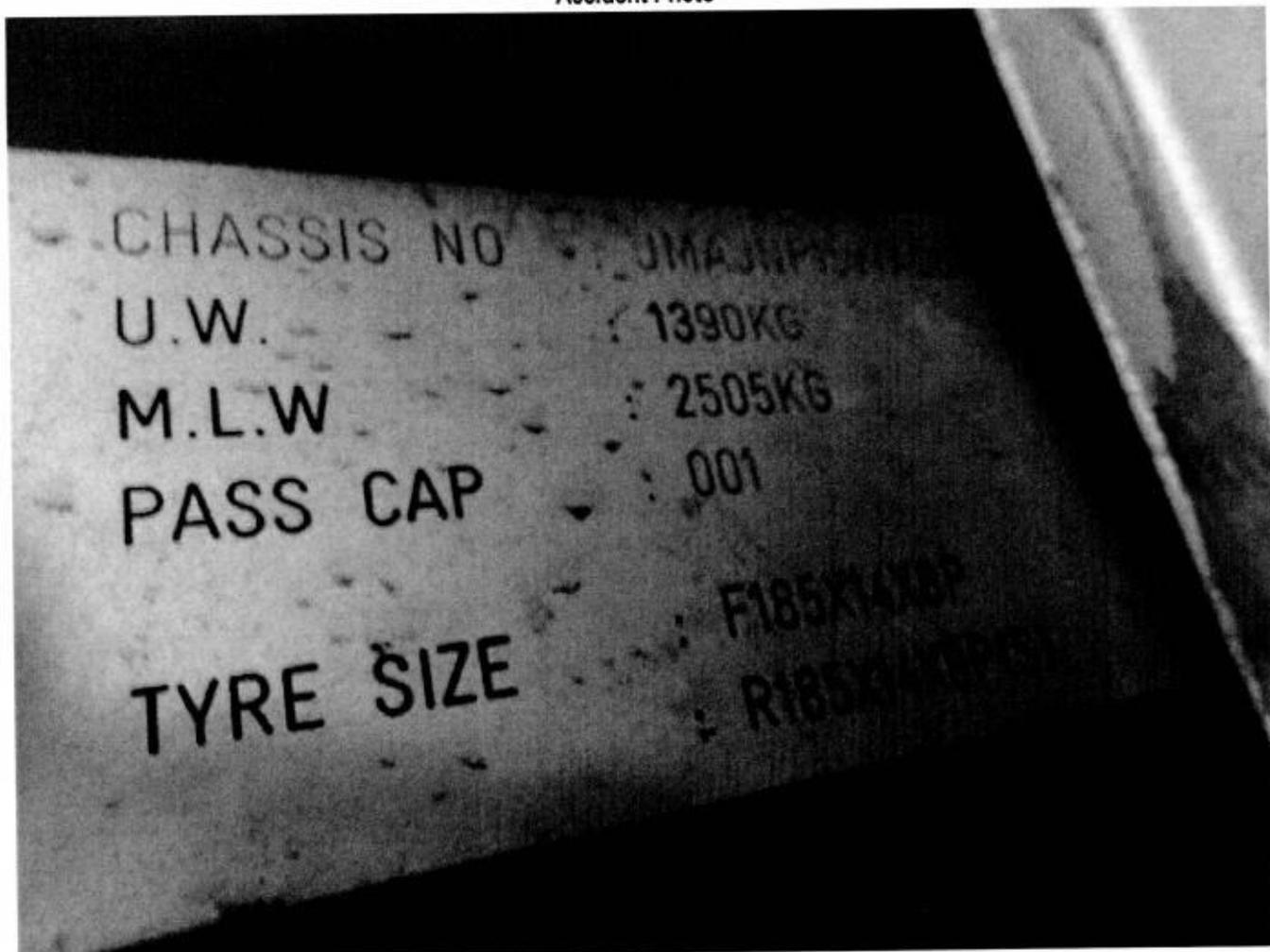


Accident Photo



CHASSIS NO : JMAJNP15V
L.W. : 1390KG
L.W. : 2505KG
ASS CAP : 001
RE SIZE : F185X14X8
: R185X14X8

Accident Photo





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/LPC18009490/Nvbe2 Date: 04-06-2018	
Code: LPC2			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	YL 9803G	Veh. Inspected	GV 1369G
Policy No.		Coverage (\$)	0.00
Claim No.	18/18/18/VC00/020628	Excess (\$)	0.00
Assign From	ERIC WOO	Assign Date	23/05/2018
2. Vehicle Particulars & Condition			
Make & Model	MITSUBISHI L300	c.c	2477
Engine No.	HIDDEN	Year of Reg.	2001
Chassis No.	JMAJNP15VYA001584	Colour	WHITE
Odometer	361014 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185 R14C	FALKEN	4 mm
L/H Front Tyre	185 R14C	FALKEN	4 mm
R/H Rear Tyre	185 R14C	FALKEN	4 mm
L/H Rear Tyre	185 R14C	FALKEN	4 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.			
5. General Information			
Accident Date	09/04/2018	Inspect Date / Time	24/05/2018 (05:54 PM)
Survey held at	COSMOPOLITAN ENGRG. SERVICES PTE. LTD. 4 LOYANG WALK SINGAPORE 508787		
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.			

Report Ref No. CS3/LPC18009490/Nvbe2

Inspected By

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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