

22/03/2003

ASS. REC. BY:

REF:

083/EG18010045/V240362

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Yee Pei Li

of

EGT

Date/Time:

31/5/18 @ 3:47pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBT 938 R

Insured:

GBC 5810G

at Workshop m/s

Bluwel Automotive

Tel:

67452088

of

1 Kaki Bukit Ave 6 # 01-55 Blkc, Autobay

Policy No:

Claim No:

DSMcv1800595

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

01/05/2018

CA / REV / REP. / REV 24 HRS

Cap?

H.O.D. Endorsement:

Date/Time:

9:18am @ 4/6/18

Person Contacted:

sally

Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SBT 938 R - X
	GBC 5810G - X
5/6/18	Disassembled
8/6/18	After repair

0007-1-13
Surveyor

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: _____

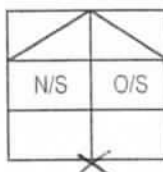
Excess: _____

(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: SBT 938R Yr Regn: NOV / 2007

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

Truck / Trailer or

Make: Toyota Picnic C.C. 1998

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

Sp. Reading: 201326 T/Radio: Insured / Std / NI / NA

Eng/No: 1A25674409

C/No: JTEGH23B000024469

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: 215/55 R17

R: 215/55 R17

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 4/5/2018 D.O.I. 4/6/2018 @0459

Survey held at Blunel @ Auto Bay

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\$ 3500 - 4500
	* 3 days
12/6/18	Submit PRS Report.
	RECEIVED 13 JUN 2018

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation

\$ + RS. \$

Photos

Others

TOTAL

50

50

50

150

Report Format :

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

Catherine Chong (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Thursday, 31 May, 2018 3:47 PM
To: 'admin-d@lkkauto.com'
Subject: OI : GBC5810G / TP : SBT938R/LKK / DOA : 04/05/2018 (DSMCV1800895)
Attachments: GBC5810G - SAS.pdf; SBT938R - SAS.pdf; RE: (DSMCV1800895) PRE-REPAIR SURVEY - SBT 938R (31.6 KB)

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey **M NEDUMARAN & CO,**

ADDRESS : **BLUWEL AUTOMOTIVE SERVICE PTE LTD**
1 KAKI BUKIT AVENUE 6
#01-55 BLK C AUTOBAY@KAKI BUKIT
SINGAPORE 417883

PERSON TO CONTACT : SALLY @ 6745 2088

ERGO OFFICER-IN-CHARGE : ROHAINI

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.

Attached are insured's 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

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.

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	05/05/2018 11:17
Date Of Accident	04/05/2018 18:30
Exact Location Of Accident	PIE FILTER TO LORNIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBT938R
Insured/Policyholder	
Name Of Registered Owner	ALAN TAN GEOK LIAN
NRIC No	S1842183F
Email Address	ALAN.GL.TAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94560209
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA072587/1
Cover Note Number	

Driver

Name of Driver	ALAN TAN GEOK LIAN
NRIC No	S1842183F
Date Of Birth	26/06/1958
Occupation	INDOOR
Date Of Driving Pass	09/10/1981
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94560209
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	ALAN.GL.TAN@GMAIL.COM

Address	10A PARRY AVE
Postcode	547236
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO ATTACHED

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	GBC5810G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAM CHOONG UNG
NRIC/Passport Number	G8248305K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 4.5/5/2018
11.00 am

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

Accident Date: 4 May 2018

Time: 6:30pm

Location:

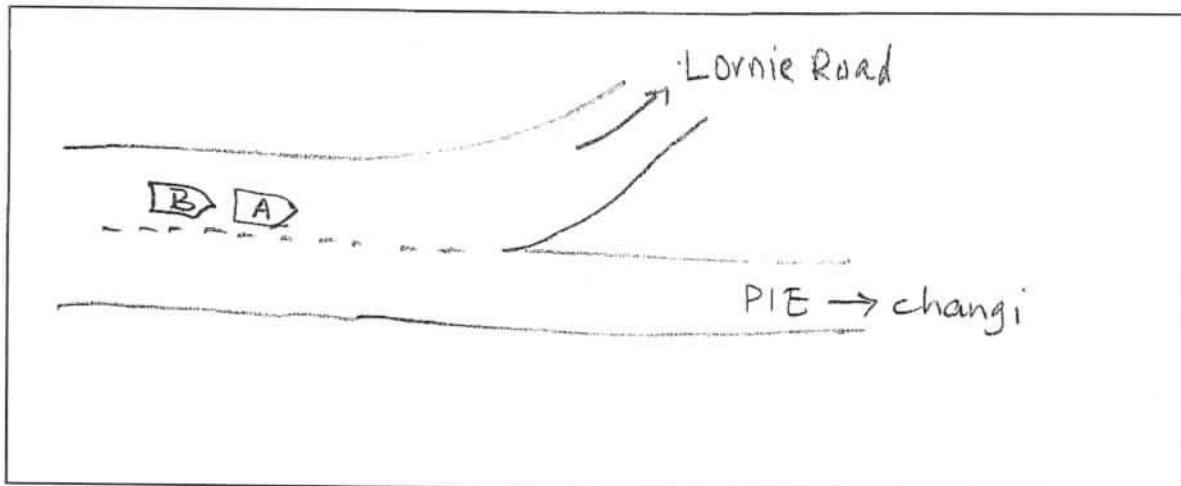
Hung PIE

Filter to Lornie Rd

My Vehicle A : SBT 938R

Vehicle B : GBC5810 G

Vehicle C/Others



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic on filter lane to Lornie was heavy, as usual. We were driving at 5 Kph. It was move-stop, move-stop condition. The car behind suddenly knocked into me, resulting in my bumper being knocked in and slightly out of alignment. The car boot door was also dented.

() Claim OD / TP at Ah Lim Motor ~~()~~ Claim OD / TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop :

Email Address

& Myself

Email Address

alan.g.l.tan@gmail.com

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

11-01am

Driver's Signature (If driver is not the policyholder)

Date & Time

Witnessed by Reporting Centre

Personnel



**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				
ERGO INSURANCE PTE LTD		Ref: CS3/EGI18010045/Vz4d3e2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 14-06-2018		
FIVE SINGAPORE 038985				
Code: EGI				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	GBC 5810G	Veh. Inspected	SBT 938R	
Policy No.		Coverage (\$)	0.00	
Claim No.	DSMCV1800895	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	31/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PICNIC	c.c	1998	
Engine No.	HIDDEN	Year of Reg.	2007	
Chassis No.	JTEGH23B000024469	Colour	SILVER	
Odometer	201326 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/55 R17	TOYO	6 mm	
L/H Front Tyre	215/55 R17	TOYO	6 mm	
R/H Rear Tyre	215/55 R17	TOYO	6 mm	
L/H Rear Tyre	215/55 R17	TOYO	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	04/05/2018	Inspect Date / Time	04/06/2018 (04:59 PM)	
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883			
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 \$3,500-\$4,500				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		

Report Ref No. CS3/EGI18010045/Vz4d3e2

Inspected By

SATHYA SAI KATHIRASEN

Asst. Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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