ASS. REC. BY: | REF: cs3/EGI18010800/Dz1d3 Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Yu Pei Li of: EGI Date/Time: 13/6/18 @ 12.28pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGL 3021Z Insured: GQ 7073X

at Workshop m/s: Wahyu Automotive Tel: 6296 9939 / 97360862

of: 176 8in Ming Drive #05-09

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 08/06/2018
(Client's Record) 14/06/2018

CA / REV / REP. / REV 24 HRS (up)

Date/Time: 3.05pm @ 13/6/18 Person Contacted: Wahyu H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SGL 3021Z - X
	GQ 7073X - X
20/6/18	Dismantled.
22/6/18	After Repair

REF:

ASSIGNMENT

CUE Aug 2021

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.

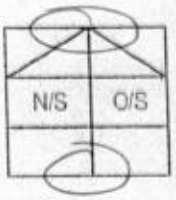
Sum Insured: Excess:

(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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 13 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGL3021Z Yr Regn: 2006 Sept

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

Make: Toyota Wish c.c 1794

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

Sp.Reading 200847 T/Radio: Insured / Std / NI / NA

Eng/No: 1ZZ2664572

C/No: ZNE100320683

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: 195/60R16

R: —11—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Bridgestone

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm

D.O.A. 08/06/2018 D.O.I. 14/06/2018 1.43pm

Survey held at Wahyu Sin Ming

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or.

Front & Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Ergo PRS GQ7073X
	MV 22K value below abt 3 yrs 2 mths.
	LTA 16.5K 38 mths. 7K / yr dep.
	NL 5.5K.
	Repr limit 5.5K with 13 days.
	If repr then repr range - 12K to 13K with 13 days for repr.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:

Transportation: $ + RS, SI

Photos

Others

TOTAL

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

ERGO INSURANCE PTE LTD

5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
SINGAPORE 038985

Ref : CS3/EGI18010800/Dz4d3

Date : 13-06-2018

Code : EGI

1. Policy Particulars :- (THIRD PARTY CLAIM)

	Insured Veh.	GQ 7073X	Veh. Inspected	SGL 3021Z
	Policy No.		Coverage ($)	0.00
	Claim No.		Excess ($)	0.00
	Assign From	YEE PEI LI	Assign Date	13/06/2018

2. Vehicle Particulars & Condition

	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			

3. Conditions of Tyres

		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm

4. Description of Damages

5. General Information

	Accident Date	08/06/2018	Inspection Date	14/06/2018
	Survey held at	WAH YU AUTOMOTIVE BODY WORK 176 SIN MING DRIVE #05-09 SINGAPORE 575721		

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.

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Wednesday, 13 June 2018 12:28 PM
To: 'admin-d@lkkauto.com'
Subject: OI : GQ7073X / TP : SGL3021Z/LKK / DOA : 08/06/2018
Attachments: SGL3021Z - sas.pdf; RE: YR REF: GQ7073X/RH/pl ACC. INVOLVING SGL3021Z/GQ7073X ON 08.06.20... (13.7 KB)

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey **CATHERINE LIM LLC**,

ADDRESS	:	**WAHYU AUTOMOTIVE** 176 SIN MING DRIVE #05-09 AUTOCARE SINGAPORE 575721
PERSON TO CONTACT	:	6296 9939
ERGO OFFICER-IN-CHARGE	:	STEVE LIM

Note: To survey on without prejudice basis. Please note that our insured/insured driver has yet to e-file their SAS for this accident. Please advise the consistency of damages to third party vehicle. Obtain estimate from workshop and inform the repairer in writing, 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 is 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

180627

M91160274962 / STA INSPECTION PTE LTD - Sin Ming
ENTRY DATE & TIME: 09/06/2018 12:23
SUBMITTED BY: Wong Lip Yong

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	09/06/2018 12:23
Date Of Accident	08/06/2018 17:10
Exact Location Of Accident	ANG MO KIO AVE 5 NEAR ITE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGL3021Z
Name Of Registered Owner	LIM BOON HOE @ TAN TIONG YAM
NRIC No	S01909768
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96399570
Alternative Phone No	OTHERS-96399570
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5083446703-01
Cover Note Number	
Name of Driver	LIM BOON HOE @ TAN TIONG YAM
NRIC No	S01909768
Date Of Birth	10/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96399570
Fax Number	
Contact Number	OTHERS-96399570
EMail Address	NOEMAIL

Address	BLK 628 HOUGANG AVE 8 #05-102 SINGAPORE
Postcode	530628
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
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 Report

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of Intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER ATTACHED

Attachments

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 :

Vehicle Registration Number	GQ7073X
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS1275A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM BOON HOE @ TAN TIONG YAM
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SGL3021Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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 to be 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.

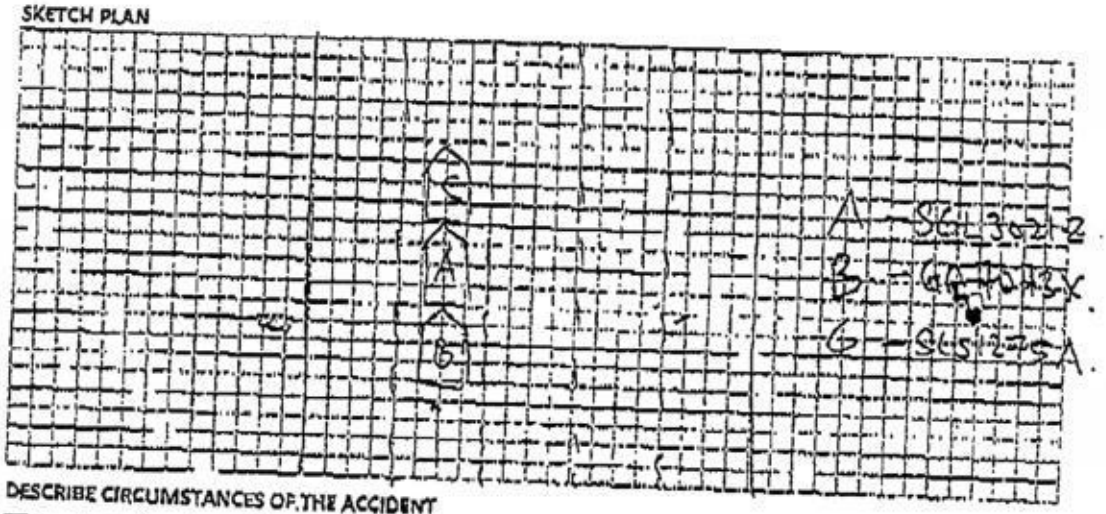
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

DECLARATION

I/We declare that the foregoing statements 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.:

SINGAPORE POLICE FORCE

T/20180609/2046

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180609/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
09/06/2018 11:45		58

Name of Informant: LIM BOON HOE			Address: APT BLK 628 HOUGANG AVENUE 8 #06-102 SINGAPORE 530628	
ID Type / ID No.: NRIC NO / S0190976B			Contact No.: Home/Office: Mobile: 96399570	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 65	Date of Birth: 10/08/1952	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2018 17:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ANG MO KIO AVENUE 5 BUANGKOK GREEN On Ang Mo Kio Avenue 5 towards Buangkok Green, beside ITE College Central.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

GQ7073X	Van				Slightly Damaged	2
SGL3021Z	Car	TOYOTA	WISH 1.8 A	Red	Seriously Damaged	0
SLS1275A	Car				Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20180609/2046

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

SGL3021Z	NTUC Income Insurance Co-Operative Limited	5083446703-01	11/09/2017	10/09/2018

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA

Name	LIM BOON HOE	ID No.	S0190976B
Related Vehicle	NIL	Contact No.	96399570
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

On 8/9/2018 at about 1710hrs, I was driving my vehicle SGL3021Z along Ang Mo Kio Avenue 5 towards Buangkok Green, beside ITE College Central. I was on the extreme left lane when I was approaching towards the traffic light. The traffic light turned red and I braked as such. Subsequently, a vehicle (GQ7073X) hit me from the back, and as a result my vehicle hit the vehicle (SLS1275A) in front as well. Drivers from both cars came down to take a look with regards to the accident and the van (GQ7073X) exchanged details with me. The vehicle (SLS1275A), did not exchange contact with me as he mentioned that he will be doing a report immediately after this.

The front of my car was dented and the rear of my car window was smashed and dented as a result because of this.

Subsequently, after I went home that day at about 1900hrs, I felt pain on my neck area and tightness in my chest. As such, I went to Tan Medicare Clinic Pte Ltd and the Dr Tan Yong Tong gave me 4 days of Medical Certificate.

I wish to state that my car has no CCTV installed and I did not get any driver's contact number. I am lodging this report for insurance purposes only.

Van driver's particulars:
Hor Teck Meng
S1701199E

SINGAPORE POLICE FORCE

T/20180609/2048

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180609/2048

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/06/2018 11:45

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

Classification Of Case:

Authentication Stamp

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

PRE-REPAIR INSPECTION REPORT

ERGO INSURANCE PTE LTD

5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVESINGAPORE 038985

Ref: CS3/EGI18010800/Dz4d3s2

Date: 27-08-2018

Code: EGI

1. Policy Particulars :- (THIRD PARTY CLAIM)

	Insured Veh.	GQ 7073X	Veh. Inspected	SGL 3021Z
	Policy No.		Coverage ($)	0.00
	Claim No.	GQ 7073X	Excess ($)	0.00
	Assign From	YEE PEI LI	Assign Date	13/06/2018

2. Vehicle Particulars & Condition

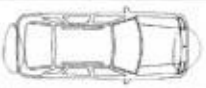
	Make & Model	TOYOTA WISH	c.c	1794
	Engine No.	HIDDEN	Year of Reg.	2006
	Chassis No.	ZNE100320633	Colour	RED
	Odometer	200847 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	Make	Balance
	R/H Front Tyre	195/60R16	BRIDGESTONE	5 mm
	L/H Front Tyre	195/60R16	BRIDGESTONE	5 mm
	R/H Rear Tyre	195/60R16	BRIDGESTONE	5 mm
	L/H Rear Tyre	195/60R16	BRIDGESTONE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.



5. General Information

	Accident Date	08/06/2018	Inspect Date / Time	14/06/2018 (01:43 PM)
	Survey held at	WAH YU AUTOMOTIVE BODY WORK 176 SIN MING DRIVE #05-09 SINGAPORE 575721		

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 $12,000- $13,000

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **13 Working Days**

Report Ref No. CS3/EGI18010800/Dz4d3s2

Inspected By

ANG BRYAN TANI

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser