

22/03/2002

ASS. REC. BY:

REF:

CS3/GAI18011716/K124d362

Special Instruction:

Surveyor:

Kalvin

ASSIGNMENT (Office)

From (Person):

Kelvyna Ngian

of

GAI

Date/Time:

26/6/18 @ 4pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBD 9174C

Insured:

GBA 9728X

at Workshop m/s

Michelin Engineering

Tel:

81810737

of

56 Loyang Way #06-07

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

19/05/2018

CA / REV / REP. / REV 24 HRS

'up'

H.O.D. Endorsement:

Date/Time:

9:24am @ 27/6/18

Person Contacted:

Nizam

Vehicle: ☒ IN ☐ OUT

Date/Time	Action/Instruction	Estimate
	GBD 9174C - NBA	GAI18009182/Y
	GBA 9728X - NBA	GAI18009182/Y

DOA: 19/05/2018

DOA: 19/05/2018

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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.

N/S	O/S

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

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

Veh No: GBD 9174C Yr Regn: 22th 2015

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

Truck / Trailer or

Make: Toyota ~~Pro~~ Have c.c. 2982Colour: White A/C: Insured / Std / NI / NASp. Reading: 100069 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P30451815

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 / Rim or

Tyre Size: F: 195 R15C

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 19/5/18 D.O.I. 27/6/18 @ 0731 amSurvey held at Michelin Engineering

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

Rear

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

Date / Time Action / Instruction

* Repair Estimate: \$ 5000 - 6000 GAZPR5

* 3 days

29/6/18 Submit PRS report

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 100

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

100

Report Format: _____

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

Nivitha (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Tuesday, 26 June 2018 4:00 PM
To: Catherine Chong (LKK Auto); SUR
Subject: FW: Great American Insured GBA9728X [EAL.2018.5695.MK.ya - GBD9174C]
Attachments: GBA9728X.pdf; GBD9174C.pdf

Importance: High

Hi team

Please conduct TP survey

Thanks
Kelvyna

From: Yvonne <yvonne@ealc.com.sg>
Sent: Monday, June 25, 2018 1:24 PM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>; General Claims <GeneralClaims@sg.gaig.com>
Subject: [External] FW: Great American Insured GBA9728X [EAL.2018.5695.MK.ya - GBD9174C]

Dear Kelvyna

We refer to our email dated 13 June 2018.

Please contact our client's representative as follows regard our client's vehicle **GBD9174C**

M/s Michelin Engineering Pte Ltd
56 Loyang Way,
#06-07 Loyang Enterprise Building,
Singapore 508775
Contact: Malcolm-81810737

Regards,
Yvonne Ang

East Asia Law Corporation
No. 133 New Bridge Road, #10-02 Chinatown Point, Singapore 059413
Tel: 63232565 Fax: 63232373

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged.
If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.
If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

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.

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 22/05/2018 12:31
Date Of Accident 19/05/2018 14:30
Exact Location Of Accident CTE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD9174C

Insured/Policyholder

Name Of Registered Owner PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No 201511635R
Email Address PANPACIFICLEASING22@YAHOO.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-64404428

Vehicle Particulars

Manufacturer TOYOTA
Model HIACE

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number 5074863750-02
Cover Note Number

Driver

Name of Driver THET NAING HTAY
Passport No/FIN G8281483W
Date Of Birth 11/01/1980
Occupation OUTDOOR
Date Of Driving Pass 22/11/2017
Driving Experience 0 YEAR AND 5 MONTH
Gender MALE
Mobile Number (LOCAL) +65-81831448
Fax Number
Contact Number
Email Address PANPACIFICLEASING22@YAHOO.COM.SG

Address	NOADDRESS
Postcode	
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	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?	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)	2
Passenger 1	NAME: : MAS
	GENDER: : MALE

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 REPORT

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	GBA9728X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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);
 - (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.

AN PACIFIC VAN & TRUCK LEASING PTE. LTD.
CO. REG. NO: 231511635R
NO. 52 JOO CHAY ROAD
SINGAPORE 427371
TEL: 6440 4423 FAX: 6345 0516

Policyholder's Signature:  22.05.2018
Date & Time:

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

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



Accident Sketch Plan Pg. 1

SKETCH PLAN

A. GBD9174C
B. GBA9728X

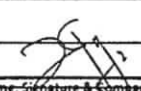


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle in front of me slow down & stopped.
I followed. All of a sudden, a m/vehicle
GBA 9728X hit my van from the back.
Nobody was injured.

DECLARATION
I, HEREBY DECLARE that:-

1. The reporting centre personnel has explained the above statement & sketch plan to me.
2. I fully understand and agree with the above statement.
3. The information given is true and correct to best of my/our knowledge and belief.


Name, Signature & Company
Stamp (if applicable)

DECLARATION

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

CO. REG. NO: 201511535F
NO. 52 JOO CHIAT ROAD
SINGAPORE 427371
TEL: 6440 4422 FAX: 6345 3518
Policyholder's Signature: [Signature]
Date & Time: 22.05.18 12:30 pm

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

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



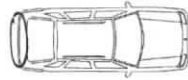
**LKK Auto Consultants Pte Ltd**

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				
GREAT AMERICAN INSURANCE COMPANY 3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Ref: CS3/GAI18011716/K1z4d3e2 Date: 02-07-2018 Code: GAI		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	GBA 9728X	Veh. Inspected	GBD 9174C	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	KELVYNA NGIAN	Assign Date	26/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA HIACE	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	JTFHT02P300151815	Colour	WHITE	
Odometer	100069 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15C	YOKOHAMA	8 mm	
L/H Front Tyre	195 R15C	YOKOHAMA	8 mm	
R/H Rear Tyre	195 R15C	YOKOHAMA	8 mm	
L/H Rear Tyre	195 R15C	YOKOHAMA	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	19/05/2018	Inspect Date / Time	27/06/2018 (07:31 AM)	
Survey held at	MICHELIN ENGINEERING PTE LTD 56 LOYANG WAY #06-07 LOYANG ENTERPRISE BUILDING SINGAPORE 508775			
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 \$5,000-\$6,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		

Report Ref No. CS3/GAI18011716/K1z4d3e2

Inspected By

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.