

BY:

REF:

CS3/EG718011831/G24622

Special Instruction:



Survivor

GQ

ASSIGNMENT (Office)

From (Person):

Yee Pei Li

of

EG7

Date/Time:

27062018 457pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJU 4297E

Insured:

XD 4251K

at Workshop m/s

Eclipse Auto

Tel:

8128 8789

of

155 Kaki Bukit Ave 1 #01-00

Policy No:

Claim No:

DSMCV1801287

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23062018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wpi

H.O.D. Endorsement:

Date/Time:

28062018 9:59am

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

SJU 4297E - NA/EG717002233/K4

DUA: 030217

XD 4251K - X

27/18

Dismantled

ASSIGNMENT

From: Date: 28062018

Estimated Cost:

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

To Inspect Vehicle No: SJU 4797E

at Workshop m/s

of

Eclipse Auto  
155 Kaki Bukit Ave 1

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:

\$20K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

12 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SJU4297E Yr Regn: 07 Dec 2009

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

Truck / Trailer or

Make:

Honda Jazz 1.3 c.c 1339

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

23/259

T/Radio: Insured / Std / NI / NA

Eng/No:

JHMGE68509S 242 408

C/No:

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: 185/60R15

R: 11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

28-06-18

Survey held at

w/s

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

\$7000 - \$8000

29/6/18

Submit PRS Report

Date/Time, File Pass to?

☐

: Preli. 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:

Transportation:

S + RS, SI

Photos

Others

TOTAL

50

50

100

Report Format :

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

**Catherine Chong (LKK Auto)**

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**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Wednesday, 27 June, 2018 4:57 PM  
**To:** 'admin-d@lkkauto.com'  
**Cc:** 'ASSIGNMENTS@LKKAUTO.COM'  
**Subject:** OI : XD4251K / TP : SJU4297E/LKK / DOA : 23/06/2018  
**Attachments:** XD4251K - SAS.pdf; SJU4297E - SAS.pdf; SJU4297E - PRI NOTICE.pdf

Dear Catherine/Nivitha,

We have rejected to their PRS list, please assist to conduct this survey from **VEHICLE CLAIMS SPECIALIST PTE LTD,**

ADDRESS : ECLIPSE AUTO PTE LTD  
15 KAKI BUKIT AVE 1  
SINGAPORE 416012

PERSON TO CONTACT : 8128 8789

ERGO OFFICER-IN-CHARGE : ROHAINI

***Note: To survey on without prejudice basis. Please advise the consistency of damages to third party vehicle. Try to 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 update the survey status via [Survey.Report@ergo.com.sg](mailto:Survey.Report@ergo.com.sg).

Attached are insured's and third party's SAS (note: reports not to be released to any Third Party). No estimates was provided.

**Kindly acknowledge 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](http://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.



# 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

Ref : CS3/EGI18011831/Gz4b

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

Date : 28-06-2018



Code : EGI

## 1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	XD 4251K	Veh. Inspected	SJU 4297E
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	27/06/2018

## 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

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## 5. General Information

Accident Date	23/06/2018	Inspection Date	28/06/2018
Survey held at	ECLIPSE AUTO PTE LTD 155 KAKI BUKIT AVENUE 1 #01-00 SHUN LI INDUSTRIAL PARK SINGAPORE 416012		

## 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.
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## 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	25/06/2018 11:28
Date Of Accident	23/06/2018 12:00
Exact Location Of Accident	JUNCTION OF RIVERVALE DRIVE AND PUNGGOL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU4297E
Name Of Registered Owner	DREAM CAR LEASING PTE LTD
Co Reg No	201420013Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67489747

Manufacturer	HONDA
Model	JAZZ-1.3 (A)
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

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000151
Cover Note Number	

### Driver

Name of Driver	IRFAN KHAN BIN JOHAN KHAN SURATTEE
NRIC No	S9007088F
Date Of Birth	01/03/1990
Occupation	INDOOR
Date Of Driving Pass	02/06/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83286098
Fax Number	
Contact Number	
EMail Address	IRFANKHANSURATTEE1990@GMAIL.COM

Address BLK 143 TAMPINES ST 12 #03-410  
Postcode 520143  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - HIRED  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information

Type Of Accident COLLISION - HEAD TO REAR  
Weather Conditions CLEAR  
Road Surface DRY

#### Driver 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? YES  
Was any injured conveyed to hospital by ambulance? YES  
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) 4  
Passenger 1

NAME: : ALIMAH BINTE KAMAK  
GENDER: : FEMALE

Passenger 2

NAME: : ZAUyah BTE DOLMAT  
GENDER: : FEMALE

Passenger 3

NAME: : AHMAD ADNAN BIN DOLMAT  
GENDER: : MALE

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

EUNOS NPP

Police Station Address

ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 ,  
COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### REFER TO POLICE REPORT

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

XD4251K

Vehicle Make/Model/Colour

MIT FUSO TIPPER TRUCK/WHITE

Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO LAI WHATT
NRIC/Passport Number	S1336466D
Contact Number	98484561 (VINCENT)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	IRFAN KHAN BIN JOHAN KHAN SURATTEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJU4297E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	ALIMAH BTE KAMAK
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJU4297E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	ZAUYAH BTE DOLMAT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJU4297E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy benefits.
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 report 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 lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to release of this report being made available elsewhere.
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 have permission 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 provided 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' Insolvency Scheme, the Monetary Authority of Singapore and any relevant government agency (initially such as the police, for the purposes of:
  - (i) assessing, 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 would involve disclosure of certain personal data about me to bring about delivery of the items to me or to the relevant carrier of correspondence/postage); 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' Insolvency Scheme, may have permission to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers or subcontracting their lawyers/law firms, which may be based 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, regulatory, 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: \_\_\_\_\_

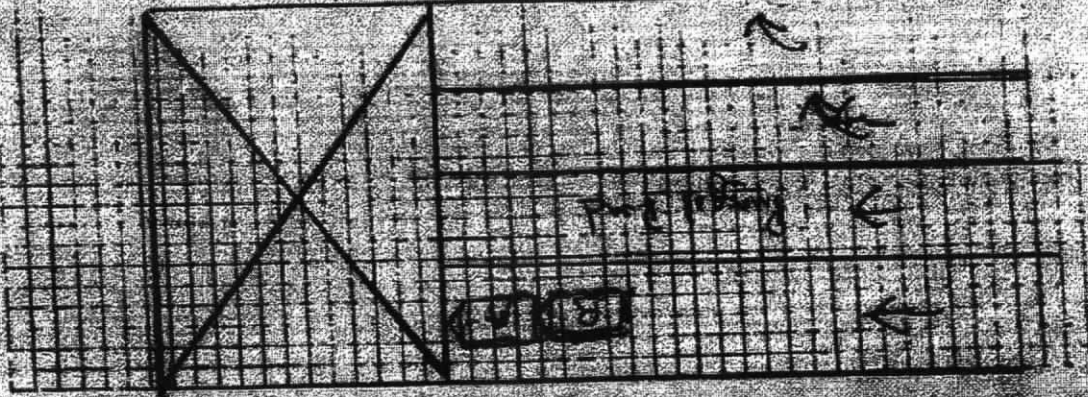
  
 Reporting Centre Personal Information  
 Name: \_\_\_\_\_  
 NRIC/IN No.: \_\_\_\_\_



### Sketch Plan #2

### SKETCH PLAN

3 - K042512



### DESCRIBE ONE INSTANCES OF THE ACCIDENT

Refer to the police report No T/20170623/2009

## DESCRIPTION

Everything that we say and do is true in every respect.

\_\_\_\_\_

1997

[illegible]

THE UNIVERSITY OF CHICAGO

**Date & Time:**

\_\_\_\_\_

1997

**THE**

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	0013Z

### Vehicle Details

Vehicle No.:	SJU4297E
Vehicle to be Exported:	No
Intended De-registration Date:	29 Jun 2018
Vehicle Make:	HONDA
Vehicle Model:	JAZZ 1.3L AT
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	L13Z11042444
Chassis No.:	JHMGE68509S242408
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$19,332.00
Original Registration Date:	07 Dec 2009
First Registration Date:	07 Dec 2009
Transfer Count:	1
Actual ARF Paid:	\$19,332.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Dec 2019
PARF Rebate Amount:	\$10,632.00

### Intended COE Rebate Details

COE Expiry Date:	06 Dec 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$14,310.00
COE Rebate Amount:	\$2,054.00
<b>Total Rebate Amount:</b>	<b>\$12,686.00</b>

The information contained herein is correct as at 29 Jun 2018

OK


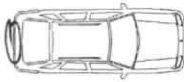
**LKK Auto Consultants Pte Ltd**

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/EGI18011831/Gz4be2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 09-07-2018		
FIVE SINGAPORE 038985				
Code: EGI				
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	XD 4251K	Veh. Inspected	SJU 4297E	
Policy No.		Coverage (\$)	0.00	
Claim No.	DSMCV1801287	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	27/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HONDA JAZZ 1.3	c.c	1339	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JHMGE68509S242408	Colour	SILVER	
Odometer	231259 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185/60 R15	MICHELIN	5 mm	
L/H Front Tyre	185/60 R15	MICHELIN	5 mm	
R/H Rear Tyre	185/60 R15	MICHELIN	5 mm	
L/H Rear Tyre	185/60 R15	MICHELIN	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
<b>5. General Information</b>				
Accident Date	23/06/2018	Inspect Date / Time	28/06/2018 ( 04:00 PM )	
Survey held at	ECLIPSE AUTO PTE LTD 155 KAKI BUKIT AVENUE 1 #01 00 SHUN LI INDUSTRIAL PARK SINGAPORE 416012			
<b>5a. Remarks</b>				
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 \$7,000-\$8,000				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		12 Working Days		

Report Ref No. CS3/EGI18011831/Gz4be2

**Inspected By**

XING GUO QIANG

M.MATAI, AMSAE-A

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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