

ASS. REC. BY:

REF: CS/SM018013384/ Atd3 02

Special Instruction:

Surveyor

## ASSIGNMENT (Office)

From (Person): Gruel TEO

of

SMO

Date/Time: 23/7/18 @ 4.25pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGH 4700L

Insured:

SKT7560T

at Workshop m/s

T3C Automotive

Tel:

9007 5148

of

Ikaki Bkt Ave 6 #01-49

Policy No:

Claim No:

CMTD1802480/NSW

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

8/06/2018

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

558pm 23/7/18

Person Contacted:

Ah zai

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SGH 4700L - CC4/ASM18010807/Kwa3

DOA: 8/6/2018

SKT7560T - CC4/ASM18010807/Kwa3

DOA: 8/6/2018

26/07/18-

vehicle not in yet

27/07/18

called Ah zai vehicle still not in yet

16/11/2018

Ready for finalise.

ASS. REC. BY: Adrian Ling

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.

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SGH 4700L Yr Regn: 2006 / Jne.  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Chervolet Aveo C.C. 1399.  
 Colour: Black. A/C: Insured / Std / NI / NA  
 Sp. Reading: 140228. T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
 C/No: KLISA48716B588322

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: 195/50R15  
 R: 195/50R15

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

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 01/08/18

Survey held at T and C

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

TP Somp.

4/1 - lumpsum \$350/- (Red 348: 49%)

RECEIVED 15 JAN 2019

Date/Time, File Pass to?

1) 15/1 Typist ☐ : Prel. Report ☒ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.E. (%)

TP  
350/-

Days Of Repair: 1

Resurvey No. of Trip: -

Add Fee: ☐ : Site Insp. (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

☐ : S + RS. \$

☐ : Photos

☐ : Others

TOTAL

250

## Nivitha (LKK Auto)

---

**From:** Teo, Grace <grace.teo@sompo.com.sg>  
**Sent:** Monday, 23 July 2018 4:25 PM  
**To:** Ong & Shan LLC; admin-d@lkkauto.com; assignments@lkkauto.com  
**Cc:** Ngo, Sau Wei Shawn; Ye, Yong Kang Melvin  
**Subject:** CMTD1802480/NSW - SUV(LKK)/ SKT7560T & SGH4700L ACC ON 08.06.18  
**Attachments:** SRSTP.8204.18.pdf

Our Reference: CMTD1802480/NSW

Dear LKK AUTO,

Please make arrangement to conduct the survey for SGH4700L.

Please submit with your report to my colleague, Mr. Shawn Ngo.

Best Regards

**Grace Teo**

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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**From:** Ong & Shan LLC [mailto:ongshanllc@gmail.com]

**Sent:** Monday, July 23, 2018 4:12 PM

**To:** Teo, Grace

**Cc:** Ngo, Sau Wei Shawn; Ye, Yong Kang Melvin

**Subject:** Re: CMTD1802480/NSW - PRI/ SKT7560T & SGH4700L ACC ON 08.06.18

Dear Sirs,

We refer to the above matter.

Kindly find enclose of our client's reply for your necessary action.

Warmest Regards,

CM Chen  
M/s Ong & Shan LLC  
Block 184 Toa Payoh Central  
#02-364 Singapore 310184

Tel: 6224 9847 Fax : 6254 7261  
Email: [ongshanllc@gmail.com](mailto:ongshanllc@gmail.com)

On Mon, Jul 23, 2018 at 2:04 PM, Teo, Grace <[grace.teo@sompo.com.sg](mailto:grace.teo@sompo.com.sg)> wrote:

Our Reference: CMTD1802480/NSW  
Your Reference: [SRSTP.8204.18.CM](#)

Date: 23<sup>rd</sup> July 2018

**Without Prejudice**  
**EMAIL ONLY**

**Attention:**  
**M/S ONG & SHAN LLC**

Dear CM Chen,

**ACCIDENT INVOLVING SKT7560T & SGH4700L ON 08.06.2018**

We refer to your Notice of Accident dated 23/07/2018 via fax.

Kindly re-direct your future motor claims survey request to [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)

Please be informed that Shawn Ngo the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor 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.

**Pre-Repair Survey**

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	

		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffrey Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

**Grace Teo**

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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<sup>1</sup> For Travel, Personal Accident & Home Insurance | <sup>2</sup> For Travel, Personal Accident, Home & Private Motor Insurance

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# ONG & SHAN LLC

ADVOCATES & SOLICITORS  
COMMISSIONERS FOR OATHS  
NOTARIES PUBLIC

Our Counter-Signatory's Email Notifications:  
Lawyer : [ongshanllc@gmail.com](mailto:ongshanllc@gmail.com)  
Secretary :

Please send all correspondences to:

- ☐ 2 Kallang Avenue #08-19 Singapore 339407  
Tel: 6444 7845 | Fax: 6444 5847
- ☐ 101 Upper Cross Street #06-15B Singapore 058357  
Tel: 6536 7991 | Fax: 6536 7995
- ☒ 184 Toa Payoh Central #02-364 Singapore 310184  
Tel: 6224 9847 | Fax: 6254 7261

WE DO NOT ACCEPT SERVICE BY FAX

Our Ref : SRSTP.8204.18.CM  
Your Ref : Your insured vehicle SKT 7560T

23<sup>rd</sup> July 2018

**Golden Wheel Industries Pte Ltd**  
**c/o Sompoo Insurance Singapore Pte Ltd**  
80, Raffles Place  
#05-01/06, Singapore Land Tower  
Singapore 048623

BY FAX 6-221.3147

Dear Sir,

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS  
PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES  
(NIMA) ROAD TRAFFIC ACCIDENT INVOLVING SGH 4700L & SKT 7560T ON 08.06.2018  
ALONG HEARTLAND MALL CARPARK @ 1915 HRS**

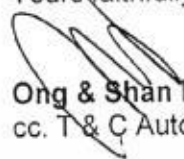
We refer to the above matter and your email on the even date.

Our client confirmed appointed of M/s LKK Auto Consultants Pte Ltd Adrian Ling as the Single Joint Expert for this matter.

Name of workshop : M/s T & C Automotive  
Address : 1 Kaki Bukit Ave 6 #01-49  
Singapore 417883  
Contact person : Mr. Ah Zai  
Telephone no : 9-007-5148  
Fax no : 6-7415197

If you fail to conduct the pre-repair inspection within the next two(2) working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully,

  
**Ong & Shan LLC**  
cc. T & C Automotive

**For Surveyor**

Please initial here after completion of pre-repair inspection.  
Thank you.

Name:

Signature:

Date & Time of Pre-repair inspection: /

**ONG & SHAN LLC**

A LIMITED LIABILITY CORPORATION | COMPANY REGISTRATION NUMBER 201408968D

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY & MAY CONTAIN CONFIDENTIAL INFORMATION &/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

## 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	21/06/2018 16:01
Date Of Accident	08/06/2018 19:15
Exact Location Of Accident	HEARTLAND MALL CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH4700L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG BEE BEE
NRIC No	S7520669J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97370224
Alternative Phone No	OFFICE-97370224

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	AVEO
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	GA218508
Cover Note Number	

### Driver

Name of Driver	NG BEE BEE
NRIC No	S7520669J
Date Of Birth	24/06/1975
Occupation	INDOOR
Date Of Driving Pass	03/07/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97370224
Fax Number	
Contact Number	OFFICE-97370224
Email Address	NOEMAIL



Address	BLK 55 CHAI CHEE DRIVE #09-174
Postcode	460055
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	SIDE SWIPE
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)	4
Passenger 1	NAME: : MOK FENG FANG GENDER: : FEMALE
Passenger 2	NAME: : SHERVINCE TEO GENDER: : MALE
Passenger 3	NAME: : JOY GENDER: : FEMALE

#### 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

I CHECK THAT TRAFFIC IS CLEAR. THUS, I PROCEED TO REVERSE TO PARK INTO THE LOT. HALFWAY THROUGH, VEHICLE B EXIT THE PARKING LOT AND SCRATCH ONTO MY LH SIDE MIRROR. VEHICLE B IS A FEMALE DRIVER.

#### 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	SKT7560T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	





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:

21/6/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

TP Sampo  
Donise.

SGH4700L. 2006 June.  
Chevrolet Aveo. 1399cc  
KL1SA48716 B588322

Door Wing Mirror. 298. ✓  
Painted

Labour to replace wing mirror ~~200~~ 100  
Spray Painting ~~200~~ 100

list : 298.

Labour : 200.

less 10% : 268.20

Total : 468.20

4/5 : 350.

01 Day.

698

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and  
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



# 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

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO18013384/Atd3n2

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERS SINGAPORE 048623

Date : 16-01-2019



Code : SMO

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

Insured Veh.	SKT 7560T	Veh. Inspected	SGH 4700L
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1802480/NSW	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	23/07/2018

### 2. Vehicle Particulars & Condition

Make & Model	CHEVROLET AVEO	c.c	1399
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	KL1SA48716B588322	Colour	BLACK
Odometer	140228	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/50 R15	KUMHO	6 mm
L/H Front Tyre	195/50 R15	KUMHO	6 mm
R/H Rear Tyre	195/50 R15	KUMHO	6 mm
L/H Rear Tyre	195/50 R15	KUMHO	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	08/06/2018	Inspection Date	01/08/2018
Survey held at	T & C AUTOMOTIVE NO.1 KAKI BUKIT AVENUE 6 #01-71 AUTOBAY SINGAPORE 417883		

### 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	1 Working Days
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# 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

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGH 4700L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<b>REPLACEMENT OF PARTS</b>	DAMAGED		
	DOOR WING MIRROR		298.00	298.00
	LESS 10% DISCOUNT		-	-29.80
			298.00	268.20
	<b>LABOUR</b>			
	LABOUR TO REPLACE WING MIRROR.		200.00	100.00
	SPRAY PAINTING.		200.00	100.00
			400.00	200.00
GRAND TOTAL			698.00	468.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				350.00

Report Ref No. CS/SMO18013384/Atd3n2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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