

ASS. REC. BY:

REF:

CS3/EGF18014546/712403⁵² of Instruction:

Surveyor:

Tunrich

ASSIGNMENT (Office)

From (Person):

Yee pei Li

of

EGF

Date/Time:

8/8/18 @ 3:56pm

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SFT510T

Insured:

GT 8633H

at Workshop n/s:

Xin Yun Auto

Tel:

9839 1666

of

No.8 Kelai Bkt Ave 4 #05-23

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

06/05/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

/up

H.O.D. Endorsement:

Date/Time:

9:26am @ 10/8/18

Person Contacted:

Fabian

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SFT510T - NA/INC/2009211/wel DOA: 8/8/12
	GT 8633H - X
10/8/18 -	Vehicle still not in yet. (Fabian)
15/8/18 -	Vehicle still not in yet (Fabian)
17/8/18 -	called Fabian 20/8/18 say after 12 can sunny.
	Disassemble: 23/8/2018
	After repair: 28/8/2018.

Barcode

Tanji

REF:

EG1

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: 5 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: SFT510T Yr Regn: 2016 / June

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

Truck / Trailer or

Make: Mercedes Benz 1250 C.C. 1796

Colour: Black, A/C: Insured / Std / NI / NA

Sp Reading: 198417 T/Radio: Insured / Std / NI / NA

Eng/No:

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: 245/45R7.
R:

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

TOYO / YOKO or Continental.

Front

Rear

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

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

D.O.A. D.O.I. 21/8/18 @ 7.45pm

Survey held at Xin Jun Auto

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

Estimated repair range \$4,800 - \$6,000. 8 Lohi Buh 7 Ave 4 #05-23

Range + No. of days.

Date/Time. File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time. File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 2.

Survey Fee:

Transportation

\$ + PS. SI

Photot

Other

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

Report Format: PRG

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



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/EGI18014546/T1z4d3

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

Date : 10-08-2018



Code : EGI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GT 8633H	Veh. Inspected	SFT 510T
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	10/08/2018

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	06/08/2018	Inspection Date	21/08/2018
Survey held at	XIN YUN AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-59 AUTOBAY @ KAKI BUKIT 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.

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Wednesday, 8 August 2018 3:56 PM
To: 'admin-d@lkkauto.com'
Cc: 'ASSIGNMENTS@LKKAUTO.COM'
Subject: OI : GT8633H / TP : SFT510T/LKK / DOA : 06/08/2018
Attachments: SFT510T - PRI NOTICE.pdf

Dear Catherine / Nivitha,

We have rejected to their PRS list, please assist to conduct these survey from **BONNIE KWOK LLC**,

ADDRESS : **XIN YUN AUTO PRIVATE LIMITED**
NO 8 KAKI BUKIT AVENUE 4
#05-23 PREMIER @ KAKI BUKIT
SINGAPORE 415675

PERSON TO CONTACT : 9839 1666 / 9839 1555

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 update the survey status via Survey.Report@ergo.com.sg.

Kindly acknowledge receipt of this email.

Regards,
Yee Pei Li
Claims Assistant (Motor)

ERGO Insurance Pte. Ltd.

5 Temasek Boulevard, #04-01 Suntec Tower Five
Singapore 038985
DID : +65 6829 9194
Tel : +65 6829 9199
Fax : +65 6829 9247

ERGO

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.

BONNIE KWOK LLC
Advocates & Solicitors

101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358

Tel : (65) 6536 6026
Fax : (65) 6536 2279
(Not for service of court documents)
GST Reg No. 2012035472

Your Ref: GT 8633 H
Our Ref: Xinyun-SFT 510 T

7 August 2018

M/s ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower 5
Singapore 038985

By Fax 6829 9247 only

Dear Sirs

ACCIDENT INVOLVING SFT 510 T & GT 8633 H ON 6 AUGUST 2018

We refer to the above matter.

We hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle SFT 510 T at M/s Xin Yun Auto Private Limited, No. 8 Kaki Bukit Avenue 4 #05-23 Premier @ Kaki Bukit Singapore 415675.

Your faithfully


BONNIE KWOK
c.c. Client

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	08/08/2018 08:24
Date Of Accident	06/08/2018 20:10
Exact Location Of Accident	ALONG ROAD 1 / KEMPAS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT510T
Insured/Policyholder	
Name Of Registered Owner	PREMIUM LIMOUSINE SERVICE
Co Reg No	53294219A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97928999
Alternative Phone No	OFFICE-97928999

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250-1.8 CGI (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

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA234471/1
Cover Note Number	

Driver

Name of Driver	LIU WENLI
NRIC No	S7568533E
Date Of Birth	05/02/1975
Occupation	INDOOR
Date Of Driving Pass	12/04/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97928999
Fax Number	
Contact Number	OTHERS-97928999
Email Address	NOEMAIL

Address	658A JURONG WEST STREET 65 #10-638 SPORE 641658
Postcode	
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

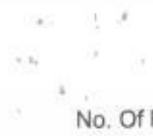
REFER TO SKETCH PLAN/POLICE REPORT

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	GT8633H
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



No. Of Passenger (Including Driver)

Sketch Plan

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.

24
Policyholder's Signature
Date & Time



24
Driver's Signature
(If driver is not the policyholder)
Date & Time

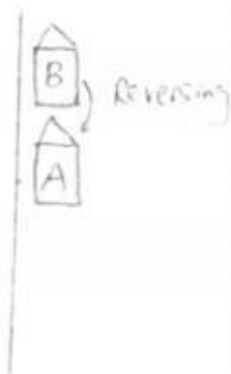


Reporting Centre Personnel's Signature
Name: Su Hui M

NRIC/FIN No: S8040177A

Sketch Plan #2

SKETCH PLAN



A SET 510T → Stationary
B. GT863H → reversing

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report

DECLARATION

✓ We declare the foregoing statements to be true in every respect.

Handwritten signature: *any*



Driver's Signature _____
If driver is not the policyholder
Date & Time _____



Reporting Centre Personnel's Viewpoint

Name: Suehy, M.
 NPA: SP040377A

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	4219A
Vehicle Details	
Vehicle No.:	SFT510T
Vehicle to be Exported:	No
Intended De-registration Date:	27 Aug 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E250 CGI A
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	27186030060005
Chassis No.:	WDD2120472A211430
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$54,469.00
Original Registration Date:	21 Jun 2010
First Registration Date:	21 Jun 2010
Transfer Count:	3
Actual ARF Paid:	\$54,469.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jun 2020
PARF Rebate Amount:	\$29,957.00
Intended COE Rebate Details	
COE Expiry Date:	20 Jun 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$36,089.00
COE Rebate Amount:	\$6,554.00
Total Rebate Amount:	\$36,511.00

The information contained herein is correct as at 27 Aug 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/EG18014546/T1z4d3s2

5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER Date: 07-09-2018

FIVE SINGAPORE 038985



Code: EGI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GT 8633H	Veh. Inspected	SFT 510T
Policy No.		Coverage (\$)	0.00
Claim No.	GT 8633H	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	08/08/2018

2. Vehicle Particulars & Condition

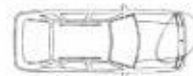
Make & Model	MERCEDES BENZ E250	c.c	1796
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	WDD2120472A211430	Colour	BLACK
Odometer	198414 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	245/45R17	CONTINENTAL	6 mm
L/H Front Tyre	245/45R17	CONTINENTAL	6 mm
R/H Rear Tyre	245/45R17	CONTINENTAL	6 mm
L/H Rear Tyre	245/45R17	CONTINENTAL	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.

**5. General Information**

Accident Date	06/08/2018	Inspect Date / Time	21/08/2018 (07:45 PM)
Survey held at	8 KAKI BUKIT AVE 4 #05-23		
Repairer	XIN YUN AUTO PTE LTD		

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 \$4,800- \$6,000

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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Report Ref No. CS3/EG18014546/T1z4d3s2

Inspected By

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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