ASS. REC. BY		1 18615 333/G2	10302 Special Instruction:
* Surveyor : From (Person	Eduna Najanos	GNMENT (Office)	Date/Time: 23/8/18-0 10-36cm
Estimated Cos	st:	Bill to: MV 7 CS	•
To Inspect Ve at Workshop	chicle No: SLA 8 Ci Blcf Ave 6 # 01-	788K	Insured: SGW 797E Tel: 6844 1555
Policy No: Sum Insured:	Sic 1/1/20 77 01-2		CTWOM ND 00 00 08 53
Make of Veh: (Client's Record		Excess.	D.O.A. 16/08/2018
CA / REV /	REP. / REV 24 HRS (Up) OSCIMO 23 8 18 Person Contr	acted: Shir	H.O.D. Endorsement:
Date/Time	Action/Instruction (x) Esti SLA8788K-NBA G SGW 797E-NBA GA:	A118015006/4	DOA: 16/8/18 DOA: 16/8/18
348/18.	Dismanfled.		

ASSIGNMENT

From:	Date:	Veh No: S/A 87	881 C Yr Regn: 13 Jul 2016
Estimated Cost:			an / Lorry / Taxi / Prime Mover /
OD I P WS I TP RES I OD RE	S/EVA/INV/MV	Truck / Trailer or	
To Inspect Vehicle No:		Make: Honda	Vezel 0.0 1496
at Workshop m/s Yan L	ee Motar	Colour Black	* (,
of (a)		Sp.Reading 48579	
Insured:		Eng/No:	
Policy No.		C/No: RUILL	2914
Claims No.		Gen. Cond: Good / Fair / Poor /	. /
Sum Insured:	Excess:	Steering: Ino@er / Jammed / Le	eaked / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Le	eaked / Burnt or
Make of Veh:		Modi: Nil / S/Rim / STD A/F	Rim or
	**	Tyre Size: F: 7/	5/60 R/6
(Policy Condition)		Ř:	5/60R16
Remark: The veh had commen	ced its N/S		LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of in	nspection.	TOYO / YOKO or	
Bal. or Market Value:		Front	Rear
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal. 6 mm	R/Bal. 6 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 6 mm	L/Bal. 6 mm
Est. Repairs: Ψ d	ays Res.: Yes or No	D.O.A.	D.O.I. 23-08-18
Lum Sum: 20 %	3 Val.: Yes or No	Survey held at	NB
CA I DEV I DED I MIL	IDC		O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 H	Vehicle: IN /		
Date: Person C	Contacted:	The U/C / Chassis frame /	Body Structure affected due to collision.
Date / Time Action / Instru			
4 Zee	co - & 400c		
28/8/18 Julmiy PRS			
28/8/18 Julmiy PRS	regory.		
	1		
	γ-		
Date/Time, File Pass to?	Preli. Report	Days Of Repair:	
1)	Final Report	Resurvey No. of Trip:	Survey Fee: 100
Date/Time, File Return to?		,	Transportation:
2)	Add	Fee: Site Insp (\$)S + RSSI
		: Interview (\$) Photos
Report Format :		: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$)	: Weekend (\$)
		Security of	TOTAL 100

Nivitha (LKK Auto)

From:

Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>

Sent:

Thursday, 23 August 2018 10:36 AM

To:

Nivitha (LKK Auto); 'Admin A'

Subject:

PRS - SLA8788K v SGW797E (GA) [OUR REF. TCL.GCN.RO.50303.18.YLM]

(CLMOMVP000000823)

Attachments:

SLA8788K (NTUC).pdf; SGW797E (OI).pdf

Hi team

TP survey

Thanks Kelvyna

From: Ngian, Kelvyna

Sent: Thursday, August 23, 2018 10:34 AM To: 'Ruby Ong' <ruby@htapartners.com.sg>

Subject: RE: [External] RE: PRS - SLA8788K v SGW797E (GA) [OUR REF. TCL.GCN.RO.50303.18.YLM]

(CLMOMVP000000823)

WITHOUT PREJUDICE

Dear Ruby,

LKK will survey

Thanks Kelvyna

From: Ruby Ong <<u>ruby@htapartners.com.sg</u>>
Sent: Monday, August 20, 2018 5:51 PM
To: Tan, Rachel <<u>Rachel.Tan@sg.gaig.com</u>>
Cc: Ngian, Kelvyna <<u>Kelvyna.Ngian@sg.gaig.com</u>>

Subject: [External] RE: PRS - SLA8788K v SGW797E (GA) [OUR REF. TCL.GCN.RO.50303.18.YLM]

(CLMOMVP000000823) Importance: High

Dear Sirs

WITHOUT PREJUDICE

We refer to your email of even date informing that you wish to conduct a pre-repair survey and to your List of Motor Surveyors.

TAKE NOTICE that we object to all your surveyors stated in your said List, for appointment as the Single Joint Expert.

Pursuant to Pre-Action Protocol for NIMA cases, we now propose for appointment as Single Joint Expert the following List of Motor Surveyors for your consideration:-

1. Andrew How

Prominent Appraiser Services Pte Ltd

2. Alan

CL Appraiser Pte Ltd

Please make the necessary arrangements with the contact person on the survey of our client's vehicle. The details are as follows:

Venue

Yap Lee Motor

1 Kaki Bukit Avenue 6

#01-26 Autobay@Kaki Bukit (417883)

Contact Person:

Mrs Chua / Shirley: 6844 1555

In the event that the pre-repair survey was not conducted during the prescribed time or already conducted at your end previously, we reserve our client's right to claim for compensation for loss of use for your current request for re-survey.

Best regards,
Ruby Ong
Secretary
M/s Hin Tat Augustine & Partners
20 Upper Circular Road
#02-10/12 The Riverwalk
Singapore 058416

:

Tel: 6533 0212 ext 278 Fax: 6338 3536 / 6533 0313

www.htapartners.com.sg

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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

		Affiliated to Federation Intern	ationale Des Experts En Autom	obile
GRI	EAT AMERICAN IN	ISURANCE COMPANY	Ref : CS3/GAI18015	333/Gz4d3
#16	EMASEK AVENUE -01 CENTENNIAL GAPORE 039190	TOWER	Date: 23-08-2018 Code: GAI	
1.		Policy Particula	rs :- (THIRD PARTY CLAI	M)
	Insured Veh.	SGW 797E	Veh. Inspected	SLA 8788K
	Policy No.		Coverage (\$)	0.00
	Claim No.	CLMOMVP00000823	Excess (\$)	0.00
	Assign From	KELVYNA NGIAN	Assign Date	23/08/2018
2.		Vehicle Pa	articulars & Condition	
Make & Model c.c 0		0		
	Engine No. HIDDEN Year of Reg.			
	Chassis No. Colour			
	Odometer - Steering			
Brakes Modification				
	General			
3.		Con	ditions of Tyres	AND ASSESSED TO A SECOND
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm
4.		Descri	ption of Damages	
5.	Francisco	Gene	eral Information	
	Accident Date	16/08/2018	Inspection Date	23/08/2018
	Survey held at	YAP LEE MOTOR	•	
		BLK 1 KAKI BUKIT AVE 6 #01-26 AUTOBAY@KAKI BU SINGAPORE 417883	KIT	
5a.		Con	Remarks	
		ON WAS CONDUCTED ON A"\ CE TO YOUR INSTRUCTIONS		

MVA118106320 / VAC - Bukit Betok ENTRY DATE & TIME: 17/08/2018 08:37 SUBMITTED BY: SUSAN SEAH SOH ENG

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 witholding 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.

ACI	חוח	ENT	CTA	TEAM	CNIT
AU		ENI	SIM	I CIAI	EIA I

Date Of Report 17/08/2018 08:37

Date Of Accident 16/08/2018 17:45

Exact Location Of Accident PIE TOWARDS CHANGI (AFTER THOMSON EXIT)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA8788K

Insured/Policyholder

Name Of Registered Owner KOH KENG SWEE, DANSEN (XU QINGRUI)

NRIC No S8726388F Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-91062641

Alternative Phone No OFFICE-91062641

Vehicle Particulars

Manufacturer HONDA

Model VEZEL-1.5 (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?

.0

If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5082198468-02 (CLASSIC)

Cover Note Number

Driver

Name of Driver KOH KENG SWEE, DANSEN (XU QINGRUI)

 NRIC No
 \$8726388F

 Date Of Birth
 04/09/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 27/09/2006

Driving Experience 11 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91062649

Fax Number

Contact Number OFFICE-91062649

EMail Address NOEMAIL

Address

890A TAMPINES AVENUE 1

#11-313

Postcode

S521890

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

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?

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 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

PLEASE SEE ATTACHED SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

SENT TO WORKSHOP

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGW797E

Vehicle Make/Model/Colour

HONDA CIVIC

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

EN BEY HOCK

NRIC/Passport Number

S1105856F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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.

17 AUG 2010

IDAC BUKIT BATOK (VAC) 511 Bukit Batok Street 23 Singapore 659545 Tel: 6560 3312 Fax: 6569 0722 Email: vacbb@singnet.com.sg

1954B

Policyholder's Signature Date & Time: 17/8/18

0840

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	After	P18-Changi	Thomson	Flywer
				CARIDSLA87884 VEZEL
				CARZ -3 SGUITA-
DESCRIBE CIRCUMSTA	INCES OF THE ACCI	DENT		
		Ke in time	à hit th	e back of
	deo & photo	0 for more in	£a.	
PECLARATION We declare the foregoing	particulars are true in	every respect. 1 7 AUG 2010	Tel:	C BUKIT BATOK (VAC) 11 Bukit Batok Street 23 Singapore 659545 6560 3312 Fax: 6569 0722 il: vacbb@singnet.com.sg
olicyholder's Signature ate & Time: 17/8/19	Driver's S	ignature is not the policyholder)		entre Personnel's Signature

0840

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	6388F
Vehicle Details	
Vehicle No.:	SLA8788K
Vehicle to be Exported:	No
Intended De-registration Date:	24 Aug 2018
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X A
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	L15B4032920
Chassis No.:	RU11112914
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$20,776.00
Original Registration Date:	13 Jul 2016
First Registration Date:	13 Jul 2016
Transfer Count:	0
Actual ARF Paid:	\$11,087.00
ntended PARF Rebate Details	The first the state of the stat
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Jul 2026
PARF Rebate Amount:	\$8,315.00
ntended COE Rebate Details	
COE Expiry Date:	12 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,301.00
COE Rebate Amount:	\$41,224.00
otal Rebate Amount:	\$49,539.00

The information contained herein is correct as at 24 Aug 2018

ОК



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 CS3/GAI18015333/Gz4d3e2 GREAT AMERICAN INSURANCE COMPANY Ref: Date: 29-08-2018 3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190 Code: GAI Policy Particulars :- (THIRD PARTY CLAIM) **SLA 8788K** Insured Veh. SGW 797E Veh. Inspected 0.00 Policy No. Coverage (\$) CLMOMVP00000823 0.00 Claim No. Excess (\$) KELVYNA NGIAN 23/08/2018 Assign From **Assign Date** Vehicle Particulars & Condition HONDA VEZEL 1496 Make & Model c.c 2016 HIDDEN Year of Reg. Engine No. RU11112914 BLACK Chassis No. Colour 48579 KM IN ORDER Odometer Steering SPORTS RIM **Brakes** IN ORDER Modification GOOD General 3. **Conditions of Tyres** Size Make **Balance** DUNLOP 6 mm R/H Front Tyre 215/60 R16 DUNLOP L/H Front Tyre 215/60 R16 6 mm DUNLOP 6 mm R/H Rear Tyre 215/60 R16 DUNLOP 215/60 R16 6 mm L/H Rear Tyre 4. **Description of Damages** THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. 5. **General Information Accident Date** 16/08/2018 Inspect Date / Time 23/08/2018 (01:00 PM) YAP LEE MOTOR Survey held at BLK 1 KAKI BUKIT AVE 6 #01-26 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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000-\$4,000 5b. **Estimate Days of Repair** ESTIMATED NORMAL PERIOD FOR REPAIR: 4 Working Days

Report Ref No. CS3/GAI18015333/Gz4d3e2

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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