

ASS. REC. BY:

REF:

CS3/LPC/18015892/Urd302

Special Instruction:

Surveyor:

Manus

ASSIGNMENT (Office)

From (Person):

Gerald Poh

of

LPC

Date/Time:

30/8/18 @ 9:45am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

8LK 3042

Insured:

SJH 9353L

at Workshop m/s

Hup Jey Huat

Tel:

9677 3832

of

Blk 1 Keki Blk Ave 6 #01-35

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/08/18

CA / REV / REP. / REV 24 HRS

lup

Date/Time:

9:57am 30/8/18

Person Contacted:

Mr Ten

H.O.D. Endorsement:

Vehicle IN

OUT

| Date/Time | Action/Instruction (x) Estimate | |
|-----------|-----------------------------------|---------------|
| | 8LK 3042 - NA/INC18015732/K4 | DOA: 29/08/18 |
| | SJH 9353L - NA/INC18015732/K4 | DOA: 29/08/18 |
| 31/8/18- | VNI (Mr-Ten) | |
| 5/9/18- | vehicle not h yet | |
| 19/9/18- | vehicle still not in yet (Mr-Ten) | |

(08/11/13) wef.

ASS. REC. BY: Marcus

REF:

LPC**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLK 3042at Workshop m/s hy hy hy

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 HA 58032

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

No sep. hts.Submit PRS report

RECEIVED 15 OCT 2018

Veh No: SLK 3042 Yr Regn: 1.17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Toyota wish c.c. 1797Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 1.73046 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 26E206032170Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front 6 Rear 6

R/Bal. _____ mm R/Bal. _____ mm

L/Bal. 6 mm L/Bal. 6 mmD.O.A. 29/8/18 D.O.I. 20/9/18 @ 0509P

Survey held at _____

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, File Pass to?

☐ : Preli. Report☒ : Final Report1) typist

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 450

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

450Report Format: FP

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

Nivitha (LKK Auto)

From: GERALD POH WEE BIN <geraldpoh@lonpac.com>
Sent: Thursday, 30 August 2018 9:45 AM
To: Chris Tan
Cc: MT_Claim_SG; Catherine Chong (LKK Auto)
Subject: FW: PRE-REPAIR SURVEY -SLK304Z
Attachments: 80776.ltr.pdf

9.57am
est: X
VN1
Mr. Tan

WITHOUT PREJUDICE

Dear Chris,

We are not agreeable to your list of Single Joint Experts and shall appoint LKK Auto Consultants Pte Ltd for the pre-repair survey.

Aside to LKK – Attn : Catherine

Kindly proceed with the pre-repair survey

Best Regards

Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706

From: Chris Tan [mailto:mail@cheonghoh.sg]

Sent: Thursday, 30 August, 2018 9:35 AM

To: GERALD POH WEE BIN

Subject: Re: PRE-REPAIR SURVEY -SLK304Z

Dear Gerald

Enclosed pls see our letter dated 29 August 2018 for your information and reply.

Regards,

Chris Tan

Cheonghoh Law Corporation

Blk 53 Chin Swee Road #03-05

Singapore 160053

Tel: 63378700

Fax: 63373700

On 29 Aug 2018, at 3:42 PM, GERALD POH WEE BIN <geraldpoh@lonpac.com> wrote:

WITHOUT PREJUDICE

Our Ref : 18/18/18/VP05/020865

Dear Chris,

Please see attached letter and let us hear from you.

Best Regards

Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706

<29082018153850.pdf>

Cheonghoh

Law Corporation

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply, please quote our Reference Number

Our Ref: LCH.ct/2KB02-80776.18
Your Ref: 18/18/VP05/020876

29 August 2018

Lonpac Insurance Berhad
300 Beach Road #17-04/07
The Concourse
Singapore 199555
Attn: Gerald Poh

BY EMAIL ONLY
Fax No: 62962706

Dear Sirs

ACCIDENT INVOLVING VEHICLES NO SLK 304 Z AND SJH 9353 L ON 29 AUGUST 2018 AT/ALONG CHANGI AIRPORT TERMINAL 1, CARPARK LEVEL 1M - MC/MC

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

Pursuant to the NIMA protocol of the Practice Directions Amendment No. 1 of 2016, we have our client's instructions to reject your list of appointed surveyors as stated in your said email.

We are further instructed to append below our client's 10 proposed surveyors as follows:

- 1) Fong Kok Heng
- 2) Danny Yap
- 3) Willy Goh
- 4) Francis Ng
- 5) Dennis Yap
- 6) Louis Ng
- 7) Michael Yap
- 8) LimYong Tian
- 9) Patrick Ng
- 10) Philip Foo

If you are not agreeable to our list of surveyors above, kindly appoint your surveyor to proceed with the pre-repair survey of our client's vehicle at our client's repairer workshop as follows :-

Hup Ley Huat Motor Spray Painting Services
Blk 1 Kaki Bukit Avenue 6 #01-35
Singapore 417883

Person to contact : Mr Tan Boon Seng (contact no. 96773832)

Thank you.

Yours faithfully



Lee Cheong Hoh
CHEONGHOH LAW CORPORATION



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

LONPAC INSURANCE BHD

Ref : CS3/LPC18015892/Urd3

300 BEACH ROAD

#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 31-08-2018



Code : LPC2

1. Policy Particulars :- (THIRD PARTY CLAIM)

| | | | |
|--------------|------------|----------------|------------|
| Insured Veh. | SJH 9353L | Veh. Inspected | SLK 304Z |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | GERALD POH | Assign Date | 31/08/2018 |

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

| |
|--|
| |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 29/08/2018 | Inspection Date | 20/09/2018 |
| Survey held at | HUP LEY HUAT MOTOR SPRAY PAINTING SVS BLK 1 KAKI BUKIT AVE 6, #01-35 AUTOBAY 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. |
|--|

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 | 29/08/2018 13:20 |
| Date Of Accident | 29/08/2018 00:50 |
| Exact Location Of Accident | CHANGI AIRPORT T 1 (CARPARK LEVEL 1M) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SLK304Z |
| Insured/Policyholder | |
| Name Of Registered Owner | H & H CAR RENTAL & LEASING |
| Co Reg No | 53331980C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-85007178 |
| Alternative Phone No | OFFICE-85007178 |

Vehicle Particulars

| | |
|--|------------------------------------|
| Manufacturer | TOYOTA |
| Model | WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | NO |
| Policy Number | 5078818993-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LAY TIEN HUR |
| NRIC No | S7137668J |
| Date Of Birth | 19/10/1971 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/12/1989 |
| Driving Experience | 28 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85007178 |
| Fax Number | |
| Contact Number | OTHERS-85007178 |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 54 CHAI CHEE STREET #04-877 |
| Postcode | 460054 |
| 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 | 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) | 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

PLS REFER TO THE ATTACHED STATEMENT.

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 Witness 1

| | |
|---------------|-----------|
| Name | JACK CHEW |
| Phone Number | 92999369 |
| Email Address | - |

Details of Witness 2

| | |
|---------------|-------------|
| Name | JEFFREY KOH |
| Phone Number | 92396538 |
| Email Address | - |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SJH9353L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| 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.

B. 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:

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

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

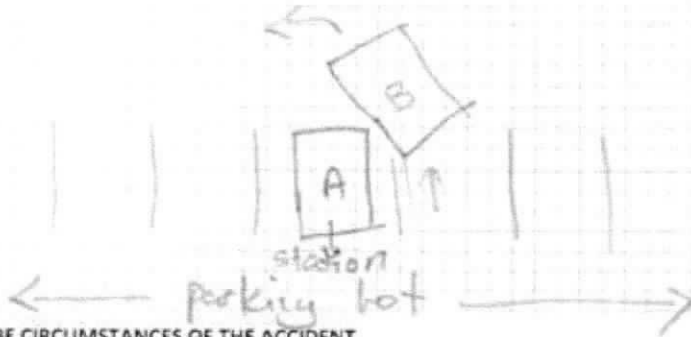
Sketch Plan #2

SKETCH PLAN

CAANGI Airport T1 CARPARK
LEVEL 1 M

Vehicle A SFR304Z

Vehicle B 5TH B53L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was parked at parking lot at Changi Airport T1
Carpark at ~~lot~~ Level 1.41.

Vehicle B was park on vehicle A right side parking lot while vehicle B was coming out from parking lot and turn left, vehicle B hit vehicle A right side bumper while turning left.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

29/8/2018

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

| | |
|-------------------------------------|---------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Business |
| Owner ID: | 1980C |
| Vehicle Details | |
| Vehicle No.: | SLK304Z |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 20 Sep 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR |
| Primary Colour: | Black |
| Manufacturing Year: | 2016 |
| Engine No.: | 2ZR1772485 |
| Chassis No.: | ZGE206032170 |
| Maximum Power Output: | 105.0 kW (140 bhp) |
| Open Market Value: | \$19,628.00 |
| Original Registration Date: | 03 Jan 2017 |
| First Registration Date: | 03 Jan 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$19,628.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 02 Jan 2027 |
| PARF Rebate Amount: | \$14,721.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 02 Jan 2027 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$53,001.00 |
| COE Rebate Amount: | \$43,911.00 |
| Total Rebate Amount: | \$58,632.00 |

The information contained herein is correct as at 20 Sep 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 | | | | |
|--|--|---|---|--|
| LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555 | | Ref: CS3/LPC18015892/Urd3e2 Date: 17-10-2018 Code: LPC2 | | |
|  | | | | |
| 1. Policy Particulars :- (THIRD PARTY CLAIM) | | | | |
| Insured Veh. | SJH 9353L | Veh. Inspected | SLK 304Z | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | 18/18/18/VP05/020865 | Excess (\$) | 0.00 | |
| Assign From | GERALD POH | Assign Date | 30/08/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | TOYOTA WISH (A) | c.c | 1797 | |
| Engine No. | HIDDEN | Year of Reg. | 2017 | |
| Chassis No. | ZGE206032170 | Colour | BLACK | |
| Odometer | 173046 KM | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | NIL | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 195/65 R15 | PIRELLI | 6 mm | |
| L/H Front Tyre | 195/65 R15 | PIRELLI | 6 mm | |
| R/H Rear Tyre | 195/65 R15 | PIRELLI | 6 mm | |
| L/H Rear Tyre | 195/65 R15 | PIRELLI | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. | | |  | |
| 5. General Information | | | | |
| Accident Date | 29/08/2018 | Inspect Date / Time | 20/09/2018 (05:09 PM) | |
| Survey held at | HUP LEY HUAT MOTOR SPRAY PAINTING SVS BLK 1 KAKI BUKIT AVE 6, #01-35 AUTOBAY 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. | | | | |

Report Ref No. CS3/LPC18015892/Urd3e2

Inspected By



CHUA KANG SENG

Licensed Appraiser



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 relying on this Report, in whole or in part, does so at his or her own risk.