190

TOTAL



# 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

	<b>"我们是这样?"</b>		tion Internationale Des Experts En Auto	mobile			
ΞR	GO INSURANCE	PTE LTD	Ref : CS3/EGI1801				
404	EMASEK BOULE\ I-01 SUNTEC TOV IGAPORE 038985	VER FIVE	Date: 05-09-2018  Code: EGI				
		Policy Pa	articulars :- (THIRD PARTY CLA	IM)			
	Insured Veh.	YM 2268S	Veh. Inspected	SJZ 1416Y			
	Policy No.		Coverage (\$)	0.00			
	Claim No.		Excess (\$)	0.00			
	Assign From	YEE PEI LI	Assign Date	05/09/2018			
		Vel	hicle Particulars & Condition				
	Make & Model		c.c	0			
	Engine No.	HIDDEN	Year of Reg.				
	Chassis No.		Colour	Colour			
	Odometer	<b>:</b> ■	Steering	Steering			
	Brakes		Modification	Modification			
	General						
			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			
	Description of Damages						
	Engine No. 10	HIDDEN	General Information				
	Accident Date	01/09/2018	Inspection Date	05/09/2018			
	Survey held at	SYNERGY MOTOR	spoulon bato	30.00.2010			
	53 UBI AVE 1 #01-45 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934						
a.			Remarks				
	THE REPAIR ES	STIMATE WAS NOT PE AS TOLD TO PREPAR	O ON A "WITHOUT PREJUDICE" BAS RESENTED AT THE TIME OF INSPE RE THE ESTIMATE. D VEHICLE PHOTOGRAPHS.	SIS. CTION.			

### Catherine Chong (LKK Auto)

From:

Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>

Sent:

Wednesday, 5 September, 2018 4:09 PM

To:

admin-d@lkkauto.com

Cc:

ASSIGNMENTS@LKKAUTO.COM

Subject:

OI : YM2268S / TP : SJZ1416Y/LKK / DOA : 01/09/2018

Attachments:

YM2268S - SAS.pdf; SJZ1416Y - SAS.pdf; RE: Your ref : TKS/S743-ACC-

SJZ1416Y.18/cc / ERGO ref: YM2268S ....09/2018 (29.1 KB)

Dear Nivitha/Catherine,

We have rejected to their PRS list, please assist to conduct these survey from **TEO KENG SIANG LLC**,

**ADDRESS** 

: SYNERGY MOTOR PTE LTD

53 UBI AVENUE 1

#01-45 PAYA UBI INDUSTRIAL ESTATE

SINGAPORE 408934

PERSON TO CONTACT

: GARY @ 9109 4728

ERGO OFFICER-IN-CHARGE

: STEVE LIM

Note: To survey on without prejudice basis. Try to obtain estimate and advise the consistency of damages to third party vehicle 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 <a href="mailto:Survey.Report@ergo.com.sg">Survey.Report@ergo.com.sg</a>.

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

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

www.ergo.com.sg

**ERGO** 

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

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	apida.	
Owner ID:	2930J		
Vehicle Details	2700)	400	
Vehicle No.:	SJZ1416Y	4	
Vehicle to be Exported:	No		
Intended Deregistration Date:	05 Sep 2018		
Vehicle Make:	TOYOTA		
Vehicle Model:	CAMRY 2.0 AUTO ABS AIRBAG		
Primary Colour:	White		
Manufacturing Year:	2010		
Engine No.:	1AZE166614		
Chassis No.:	MR053BK4107056105		
Maximum Power Output:	108.0 kW (144 bhp)		
Open Market Value:	\$26,443.00		
Original Registration Date:	02 Sep 2010	_	
First Registration Date:	02 Sep 2010	_	
Transfer Count:	1	-	
Actual ARF Paid:	\$26,443.00	_	
ntended PARF Rebate Details		7 F	
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	01 Sep 2020		
PARF Rebate Amount:	\$14,543.00		
ntended COE Rebate Details		W <sup>2</sup> z	
COE Expiry Date:	01 Sep 2020		
COE Category:	B - Car (1601cc & above)		
COE Period(Years):	10		
QP Paid:	\$43,334.00		
COE Rebate Amount:	\$8,620.00		
Total Rebate Amount:	\$23,163.00		

The information contained herein is correct as at 05 Sep 2018

OK

#### 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.			
	ACCIDENT STATEMENT		
Date Of Report	01/09/2018 12:51		
Date Of Accident	01/09/2018 11:30		
Exact Location Of Accident	JUNCTION OF UBI AVE 2 & UBI ROAD 1		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJZ1416Y		
Insured/Policyholder			
Name Of Registered Owner	KOH KIAN HONG (XU JIANFENG)		
NRIC No	S7512930J		
Email Address	KENNYKOH075@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-91259151		
Alternative Phone No	OTHERS-91259151		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	CAMRY-2.0 (A)		
Exact Purpose for which vehicle was being utime of accident	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

GA372071/1

Cover Note Number

Driver

Name of Driver KOH KIAN HONG (XU JIANFENG)

 NRIC No
 S7512930J

 Date Of Birth
 15/05/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 04/07/2001

17 VE

Driving Experience 17 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91259151

Fax Number

Contact Number OTHERS-91259151

EMail Address KENNYKOH075@GMAIL.COM

Address

BLK 734 YISHUN AVENUE 5 #03-418

SINGAPORE

Postcode

760734

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YM2268S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL 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

- Please report <u>correctly</u> 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 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 a
  - (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
- 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.
- 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

Demly

Name:

NRIC/FIN No.:

SKETCH PLAN				
	V	Kampolg Hundra 3017 USI RDI	ubi U estate.	Vehicle A - 53214(67 B - YM 2263)
HEI AVY	8 A			Legend  Wehicle Motorcycle
DESCRIBE CIRCUMSTANCES OF TI	HE ACCIDENT			
lone followites my	Type into	11:28 am, as 161 RD I. 161 PU Lan 161 Ay 161 Side	y 4 n 22 ces	HBI FEED PYLLED DOWN IS MY LLOWRY I CLOSE &
DECLARATION  I/We declare the foregoing particulars Please be achised that your insurer may have from the day of occurrence. Kindly check your	a fourteen (14) days claus	pect. e whereby the claim against o	we policy must be made with	in the stipulated timeframe
Policyholder's Signature Date & Time: /2-57PM	Driver's Signature (If driver is not the Date & Time:	policyholder)	Reporting Centre Pe Name: NRIC/FIN No.:	rsonnel's Signature



### LKK Auto Consultants Pte Ltd

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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 CS3/EGI18016233/R1cbe2 20-09-2018 5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER Date: **FIVE SINGAPORE 038985** Code: EGI Policy Particulars :- (THIRD PARTY CLAIM) 1. SJZ 1416Y Insured Veh. YM 2268S Veh. Inspected 0.00 Policy No. Coverage (\$) Claim No. CDMCG18000263 0.00 Excess (\$) 05/09/2018 YEE PEI LI **Assign From Assign Date** Vehicle Particulars & Condition 2. Make & Model TOYOTA CAMRY 2.0 A 1998 C.C HIDDEN Year of Reg. 2010 Engine No. MR053BK4107056105 WHITE Chassis No. Colour 166780 KM IN ORDER Odometer Steering SPORTS RIM IN ORDER Modification **Brakes** FAIR General Conditions of Tyres Make Balance Size BRIDGESTONE 6 mm R/H Front Tyre 225/50 R17 BRIDGESTONE 6 mm L/H Front Tyre 225/50 R17 BRIDGESTONE 6 mm 225/50 R17 R/H Rear Tyre L/H Rear Tyre 225/50 R17 BRIDGESTONE 6 mm **Description of Damages** THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. **General Information** 5. **Accident Date** 01/09/2018 Inspect Date / Time 05/09/2018 ( 06:05 PM ) SYNERGY MOTOR Survey held at 53 UBI AVE 1 #01-45 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 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: 5 Working Days

Report Ref No. CS3/EGI18016233/R1cbe2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

K.K.LAU CPT(RET)

Automotive Assessor

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

REGD Auto Consultant-SAE, Licensed Appraiser

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