

ASS. REC. BY:

REF: CS3/EQ# 18016468/Gcd3<sup>92</sup> Special Instruction:

Surveyor: ASSIGNMENT (Office)

From (Person): Justin Wong of EOI Date/Time: 10/9/18 @ 3:56pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SLN 2072 M Insured: XD 6311H

at Workshop m/s SBL Motor Tel: \_\_\_\_\_

of Blk 3023A Ubi Rd 1 # 01-65

Policy No: \_\_\_\_\_ Claim No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ (Client's Record) D.O.A. 06/09/2018

CA / REV / REP. / REV 24 HRS wp H.O.D. Endorsement: 11/09/18 @ after 10:30am

Date/Time: 4:50pm @ 10/9/18 Person Contacted: Mr. Chuah Vehicle  IN  OUT

Date/Time	Action/Instruction (X) Estimate
	SLN 2072 M - X
	XD 6311 H - CS / FCI 17020466 / Utbn2 DOA: 15/10/17
	Demantle: 12/9/2018.

PR-3  
XNL

REF: EQ1

80716 /  
(2022)

ASSIGNMENT

From: \_\_\_\_\_ Date: 1109118  
Estimated Cost: \_\_\_\_\_  
OD /  TP / WS / TP RES / OD RES / EVA / INV / MV  
To inspect Vehicle No: SLN 2072M  
at Workshop n/s: SBL Motor  
of BLK 3023A ubi rd 1 # 01-65  
Insured: \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Claims No. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record) after 10-30am  
Make of Veh: \_\_\_\_\_

Veh No: SLN2072M Yr Regn: 15 Jun 2007  
Type:  M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Honda Civic C.C. 1595  
Colour: ~~Red~~ Black A/C: Insured / Std / NI / NA  
Sp. Reading: 187808 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: JHMFD46207S 200 883  
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: 205/55 R16  
R: 11

(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.  
Bal. or Market Value: \$25K  
IDAC Accident Rpt: Consistent? : Yes or No  
GIA / PR Seen: Consistent? : Yes or No  
Est. Repairs: 10 days Res.: Yes or No  
Lum Sum: % 3 Val.: Yes or No  
CA / REV / REP. 1-24 HRS <sup>hps</sup>  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO /  YOKO or  
Front Rear  
R/Bal. 5 mm R/Bal. 5 mm  
L/Bal. 5 mm L/Bal. 5 mm  
D.O.A. D.O.I. 11-09-18  
Survey held at w/s 11:50AM  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
N/S Frt , N/S Rear.  
The  Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
\$8000 9000 - \$10K

RECEIVED 13 SEP 2018

Date/Time, File Pass to?  : Prell. Report  : Final Report  
1) \_\_\_\_\_  
Date/Time, File Return to? \_\_\_\_\_  
2) \_\_\_\_\_  
Report Format : PRE.  
Lump Sum / I.B.I: (\$ \_\_\_\_\_)  
Days Of Repair: 10  
Resurvey No. of Trip: 1  
Add Fee:  Site Insp (\$ \_\_\_\_\_)  Interview (\$ \_\_\_\_\_)  Tech. Invs (\$ \_\_\_\_\_)  Weekend (\$ \_\_\_\_\_)  
Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
S + RS: \_\_\_\_\_  
Photos: \_\_\_\_\_  
Others: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

## Nivitha (LKK Auto)

---

**From:** Justin Wong <justin.wong@eqinsurance.com.sg>  
**Sent:** Monday, 10 September 2018 3:56 PM  
**To:** assignments  
**Cc:** SUR  
**Subject:** PRS REQUEST : Accident along Mandai Road Towards Sungei Kadut Cres Involving XD6311H & SLN2072M  
**Attachments:** 10092018154803-0001.pdf; OI GIA - XD6311H.PDF; TP GIA - SLN2072M.PDF

Dear LKK,

Kindly assist with PRS.

Workshop Location as follows:-

SBL Motor Services Pte Ltd  
Blk 3023A Ubi Road 1 #01-65, S'pore 408717

Take note that liability is conflicting and third-party's report sketch plan is not consistent with the said road.

Regards,  
**Justin Wong**  
Executive | Claims



**EQ Insurance Company Limited**  
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
did 65 6496 9115 | tel 65 6223 9433 ext 115 | fax 65 6223 4190  
[www.eqinsurance.com.sg](http://www.eqinsurance.com.sg)



*Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately.*

Attn: Motor Claim Dept.

10<sup>th</sup> Sept. 2018

RECEIVED  
10 SEP 2018

EQ INSURANCE CO. LTD.

The Claims Executive,  
EQ Insurance Company Ltd,  
5, Maxwell Road, #17-00  
Tower Block,  
MND Complex,  
Singapore 069110

Dear Sirs, Re: Third Party Claims Against XD 6311H  
Accid with SLN 2072 M On 6/9/18  
At About 22:10hrs

With reference to the above, please kindly arrange for  
your surveyor to survey the above vehicle at  
Buk. 3023A, #01-65 Ubi Rd 1 Singapore as soon as  
possible before we proceed to repair accordingly.  
Thank you.

Yours faithfully,



Boyd Stuart,  
9088387,  
6744-3514



Alvin Upfor Claim Dept.

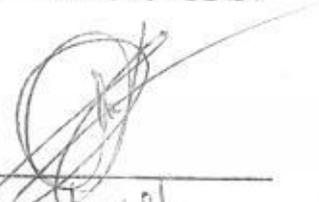
10<sup>th</sup> Sept 2018

The Claims Executive  
EA Insurance Company Ltd,  
5, Maxwell Road, #17-00  
Tower Block,  
MND Complex,  
S'pore 069110

Dear Sirs, Re: Third Party Claims Against XD 6311 H  
Accdt with SLN 20F2 M On 6/9/18  
At About 22:10hrs

With reference to the above, please kindly arrange for your surveyor to survey the above vehicle at  
Buk. 3023A, #01-65 Ubi Rd 1 S'pore 408717 as soon as  
possible before we proceed to repair accordingly.  
Thank you.

Yours faithfully,

  
Raymond Chan, AFT,  
9008387,  
6744-3514



## 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 Authorized 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 07/09/2018 13:45  
Date Of Accident 06/09/2018 22:10  
Exact Location Of Accident MANDAI ROAD FILTERING TOWARDS CITY  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN2072M  
Insured/Policy No. [REDACTED]  
Name Of Registered Owner WONG WAI KEONG  
NRIC No S1568071G  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-90026598  
Alternative Phone No OFFICE-90026598  
Vehicle Particulars [REDACTED]  
Manufacturer HONDA  
Model CIVIC-1.6 (A)  
Exact Purpose for which vehicle was being used at time of accident PRIVATE HIRE SERVICE  
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 [REDACTED]  
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number S100505570  
Cover Note Number [REDACTED]  
Driver [REDACTED]  
Name of Driver WONG WAI KEONG  
NRIC No S1568071G  
Date Of Birth 04/04/1962  
Occupation INDOOR  
Date Of Driving Pass 24/10/1983  
Driving Experience 34 YEARS AND 10 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-90026598  
Fax Number  
Contact Number OFFICE-90026598  
EMail Address NOEMAIL

Address BLK 96 LORONG 3 TOA PAYOH #16-22  
 Postcode 310096  
 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 -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident COLLISION - CHANGE/CROSS LANE  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident 2  
 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) 3  
 Passenger 1 NAME: : NA  
 GENDER: : MALE

Passenger 2

NAME: : NA  
 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**

ON THE 6/9/18 I WAS TRAVELING ALONG MANDAI ROAD ON THE OUTER TURNING LEFT LANE GOING TOWARDS SLIP ROAD TO BKE CITY. THIS TIPPLE TRUCK (XD6311H) WAS ON MY LEFT ALSO TRAVELLING IN THE TURN LEFT INNER SLIP LANE ROAD TO BKE CITY. BUT THEN SUDDENLY INSTEAD OF TURNING LEFT, IT THEN GOES STRAIGHT CRASHED ON MY REAR LEFT AND CAUSED MY VEHICLE TO SPIN TO THE LEFT AND THEN (XD6311H) AGAIN CRASHED ONTO MY FRONT OF MY CAR CAUSING MY CAR TO HIT ONTO THE ROAD RAILING AND MY CAR WAS BADLY DAMAGED. INSTEAD OF FOLLOWING THE ROAD ARROW TURNING LEFT, THE DRIVER GO STRAIGHT. THAT'S HOW HE CRASHED ON MY REAR THEN MY FRONT.

**Attachments**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: WITH OWNER  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number XD6311H  
 Vehicle Make/Model/Colour: TIPPLE TRUCK  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver: RAJA MANICKAM KUPPUSAMY

NRIC/Passport Number

0-3277721-

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.
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:

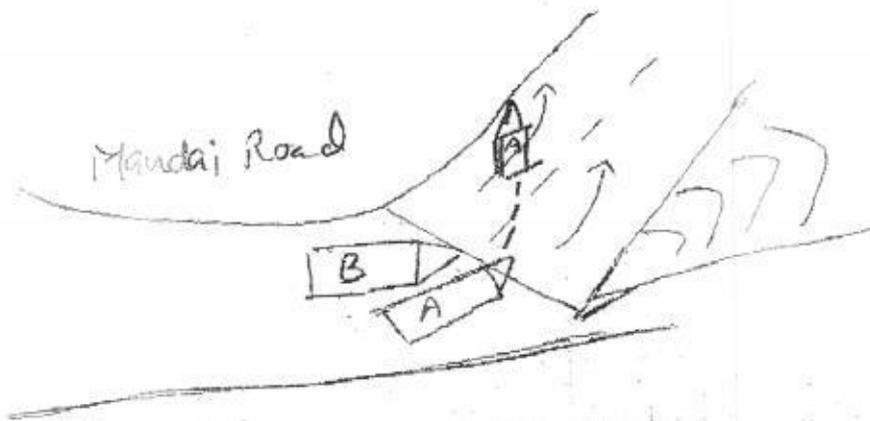
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

*[Signature]*  
 Policyholder's Signature  
 Date & Time: 07/9/18 11.45am

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

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





A: SLN 2872M

B: XD 6311H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 6/9/18 I was travelling along Maudai Road on the outer turning left lane going towards Slip Road to BCE City. This tipple truck (XD6311H) was on my left also travelling in the turn left inner slip lane road to BCE - City. But then suddenly instead of turning left, it then goes straight crashed on my rear left and caused my vehicle to spin to the left and then (XD6311H) spin crashed into the front of my car causing my car to hit onto the road railing and my car was badly damaged. Instead of following the road away turning left, the driver go straight, that's how he crashed on my rear then my front.

DECLARATION

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

 07/9/18  
11.45am  
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.:

## &gt; Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8071G
Vehicle Details	
Vehicle No.:	SLN2072M
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Sep 2018
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 1.6L VTI AUTO
Primary Colour:	Beige
Manufacturing Year:	2007
Engine No.:	R16A12001585
Chassis No.:	JHMF46207S200883
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$17,935.00
Original Registration Date:	15 Jun 2007
First Registration Date:	15 Jun 2007
Transfer Count:	1
Actual ARF Paid:	\$19,729.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$25,333.00
COE Rebate Amount:	\$18,822.00
<b>Total Rebate Amount:</b>	<b>\$18,822.00</b>
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 13 Sep 2018

OK



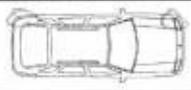
# LKK Auto Consultants Pte Ltd

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			
EQ INSURANCE COMPANY LTD		Ref:	CS3/EQ18016468/Gcd3s2
5 MAXWELL ROAD #17-00 TOWER BLOCK		Date:	14-09-2018
MND COMPLEXSINGAPORE 069110			
		Code:	EQI
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	XD 6311H	Veh. Inspected	SLN 2072M
Policy No.		Coverage (\$)	0.00
Claim No.	XD 6311H	Excess (\$)	0.00
Assign From	JUSTIN WONG	Assign Date	10/09/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA CIVIC	c.c	1595
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	JHMFD46207S200883	Colour	BLACK
Odometer	187608 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/55R16	YOKOHAMA	5 mm
L/H Front Tyre	205/55R16	YOKOHAMA	5 mm
R/H Rear Tyre	205/55R16	YOKOHAMA	5 mm
L/H Rear Tyre	205/55R16	YOKOHAMA	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT AND N/S REAR PORTION. THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.			
5. General Information			
Accident Date	06/09/2018	Inspect Date / Time	11/09/2018 ( 11:50 AM )
Survey held at	SBL MOTOR SERVICES PL BLK 3023A UBI ROAD 1 #01-65 SINGAPORE 408717		
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 \$9,000-\$10,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		10 Working Days	

Report Ref No. CS3/EQ18016468/Gcd3s2

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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