

22/03/2002

ASS. REC. BY:

REF:

CS3 / EGT 18016634 / Tichap

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Yee Pei Li

of

EGL

Date/Time:

12/09/2018 2.11pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBH 3027M

Insured:

SHF 3898S

at Workshop m/s

TJ Car Care

Tel:

9757 5155.

of

Blk 1010 Bukit Merah Lane 3 # 01-115

Policy No:

Claim No:

CDMPG18000461

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

08092018

CA / REV / REP. / REV 24 HRS 'wpi'

13.09.2018

H.O.D. Endorsement:

Date/Time:

12/09/2018 2.21pm

Person Contacted:

Mr. Lim

Vehicle: ~~IN~~ OUT

Date/Time	Action/Instruction ( X ) Estimate	
	GBH 3027M - NBA / LIP 18016534 / Y	DOA: 08092018
	SHF 3898S - CS3 / AGL 11016609 / UMN	DOA: 16032011

ASSIGNMENT

From: Date: 13092018

Estimated Cost:

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

To Inspect Vehicle No: 66H 3027M

at Workshop m/s

of Tj Car Care

Insured:

Policy No.

Claims No.

Sum Insured:

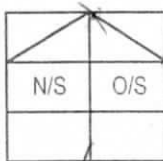
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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:

66H 3027M

Yr Regn:

2018 / April

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

Truck / Trailer or

Make:

Nissan NV200

C.C

1461

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

16202

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VS KYRAM 202057552

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

175/70R14

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

0

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

13/9/100 B4

Survey held at

Tj Car Care

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 \$4,000 - \$5,000

Repair days #5

TG Lim

lin

8/10/18

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: -

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Report Format : PRS

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

50

50

**Catherine Chong (LKK Auto)**

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**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Wednesday, 12 September, 2018 2:11 PM  
**To:** admin-d@lkkauto.com  
**Cc:** ASSIGNMENTS@LKKAUTO.COM  
**Subject:** OI : SGF3898S / TP : GBF3898S/IAS / DOA : 08/09/2018  
**Attachments:** GBH3027M - SAS.pdf; GBH3027M - PRI NOTICE.pdf; RE: 2nd Notice to Conduct Pre-Repair Survey - ERGO Ref: SGF 3898S Our Re... (15.9 KB)

Dear Nivitha/Catherine,

We have rejected to their PRS list, please assist to conduct this survey **KSCGP JURIS LLP**,

ADDRESS : **TJ CAR CARE SERVICES**  
BLOCK 1010 BUKIT MERAH LANE 3  
#01-115  
SINGAPORE 159724

PERSON TO CONTACT : LIM BOON LEONG @ 9757 5155

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](mailto:Survey.Report@ergo.com.sg).

Attached is 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

**ERGO**

[www.ergo.com.sg](http://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

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	0651D
<b>Vehicle Details</b>	
Vehicle No.:	GBH3027M
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Oct 2018
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5 MT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	K9KE628D430474
Chassis No.:	VSKYBAM20Z0157552
Maximum Power Output:	-
Open Market Value:	\$20,486.00
Original Registration Date:	14 Apr 2018
First Registration Date:	14 Apr 2018
Transfer Count:	0
Actual ARF Paid:	\$1,025.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	13 Apr 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$33,955.00
COE Rebate Amount:	\$32,370.00
<b>Total Rebate Amount:</b>	<b>\$32,370.00</b>

The information contained herein is correct as at 01 Oct 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 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	11/09/2018 14:10
Date Of Accident	08/09/2018 14:25
Exact Location Of Accident	ALONG CHOA CHU KANG STREET 62
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3027M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	
Mobile Phone No	
Alternative Phone No	

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME FROM 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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00032/V CZ/R03
Cover Note Number	

#### Driver

Name of Driver	AHMAD AIDEIYL BIN AMIR
NRIC No	
Date Of Birth	
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	

Address

Postcode

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 CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

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

PLEASE REFER TO SKETCH PLAN

#### 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 SGF3898S

Vehicle Make/Model/Colour NISSAN SYLPHY

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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLV8197E

Vehicle Make/Model/Colour	MERCEDES BENZ
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

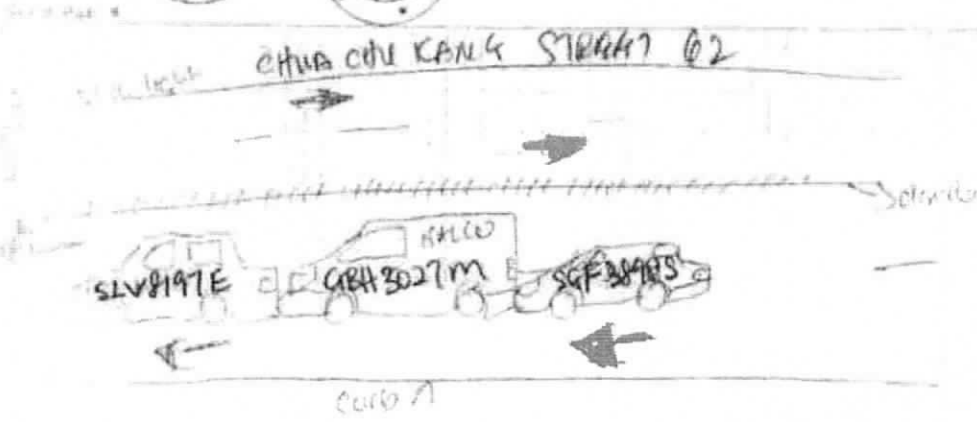
## SKETCH PLAN

### NOTICE

1. This Form is intended to assist in the investigation of the accident in order to speed up the claims process.
2. It should be completed by the Policyholder and/or the Authorized Driver.
3. The information provided must be as truthful and accurate as possible. Any useful misrepresentation or withholding of material facts may affect the entitlement to appropriate policy benefits.
4. The completion of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. It is suggested that the report be referred to the Traffic Police Department for investigation.
6. The report will be forwarded to 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 limited period be made available upon application by interested parties.
7. By completing and submitting this report to the Traffic Police, you hereby consent to the archiving of this report at the centre and to copies of the report being made available to the relevant parties.
8. I understand the Personal Data Protection Act (PDPA).
9. I hereby acknowledge, agree and consent that:
  - a. The Traffic Police and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and transfer personal data (including information set out in this Form) and any other personal information provided by me or my company/vehicle (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers/insured vehicles involved in this accident (all insurers/insured vehicles) who have insured vehicle(s) involved in this accident who are licensed to do so by the Insurers' Law Enforcement Unit, the Monetary Authority of Singapore and any relevant regulatory authority for the purpose(s) of:
    - i. conducting, handling and/or dealing with the claims including the settlement of the claims and any necessary investigations relating to the claims.
    - ii. settling the accident and/or my claims.
    - iii. assisting in dealing with my instructions or responding to any enquiries by me.
    - iv. facilitating the claims (including the making of interim payments, statements, brochures, reports or notices to me, which could involve the use of personal data about me to bring about delivery of the same as well as on the external power of attorney/mandate).
    - v. assisting in processing the law in administering, processing, handling and/or dealing with my claims.
  - b. The Insurers (including vehicle(s) involved in this accident and the Insurers' Law Enforcement Unit) may be permitted to collect, use, disclose and transfer my Personal Information for one or more of the above purposes, and that such information may also be disclosed by any of the insurers and/or GIA to their third party service providers or agents.
  - c. The Insurers' Law Enforcement Unit may be used outside of Singapore for one or more of the above purposes.



11/09/2018  
Completed by Responding Claims Procedures





Sketch Plan #2

STATE OF MISSISSIPPI

On the 1st day of January 2018, I was driving home  
on I-55 at the exit for the highway driven by a body  
of the vehicle made me hit the rear bumper  
of the truck as it was not injured. My front bumper  
and plate was bent and my rear door area was damaged.

A car crash collision. The body driving the vehicle  
and she saw me brake allowing her when a car in a  
lane suddenly cut in just in front of her car and  
she had to jammed brake. Unfortunately the car behind  
did not stop on time and hit my rear. It spoken by the  
company SLUBIGTE she do not want any claim since we

do not agree. The other not change particulars from above  
the body in the Nissan pickup 5G F 38985 asked  
what she has to do. I told her we exchange particulars  
and the insurance come in the also received the  
insurance and she did not. Finally we all drove away  
without further delay. I was lucky that the car had  
insurance and back cover. If both the parties did not have



1/1/2018


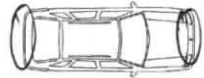
**LKK Auto Consultants Pte Ltd**

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/EGI18016634/T1cbe2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 08-11-2018		
FIVE SINGAPORE 038985				
Code: EGI				
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SGF 3898S	Veh. Inspected	GBH 3027M	
Policy No.		Coverage (\$)	0.00	
Claim No.	CDMPG18000461	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	12/09/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	NISSAN NV200	c.c	1461	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	VSKYBAM20Z0157552	Colour	WHITE	
Odometer	16002 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	175/70 R14	GOODYEAR	6 mm	
L/H Front Tyre	175/70 R14	GOODYEAR	6 mm	
R/H Rear Tyre	175/70 R14	GOODYEAR	6 mm	
L/H Rear Tyre	175/70 R14	GOODYEAR	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.				
<b>5. General Information</b>				
Accident Date	08/09/2018	Inspect Date / Time	13/09/2018 ( 01:40 PM )	
Survey held at	TJ CAR CARE SERVICES BLK 1010, BUKIT MERAH LANE 3 #01-115 SINGAPORE 159724			
<b>5a. Remarks</b>				
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 \$4,000-\$5,000				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		

Report Ref No. CS3/EGI18016634/T1cbe2

**Inspected By**

MOHAMAD TAUFIKH

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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