

ASS. REC. BY:

REF: 083/20218016713/7124602 | Special Instruction:

Survivor

ASSIGNMENT (Office)From (Person): Joel Goh of EGL Date/Time: 29082018 9:19am

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY / CSTo Inspect Vehicle No: SJZ 5998M Insured: SHY 3228Bat Workshop m/s Thiam Heng Motor Tel: 9855 9158of 1 Bukit Batok Crescent #03-17Policy No: _____ Claim No: DM18H1002191-J6

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 21092018
(Client's Record)

13-09-2018

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

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SJZ 5998M - X</u>
	<u>SHY 3228B - X</u>

Carryover

Tanpin

REF: EQ1

ASSIGNMENT

From: Date: 13/9/18

Estimated Cost:

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

To Inspect Vehicle No:

SGY 3228B

at Workshop m/s

Thiam Heng Motor

of

7A Jalan Papan

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Morning

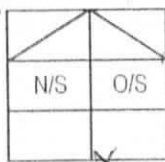
Make of Veh:

Mr. Ang @ 9838 9479

(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:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. 1-24 HRS ^{up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

5JZ 5898M

Yr Regn:

2010 Oct.

Type:

M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Lexus GS300

C.C 2995

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTHB 1965105068.985

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:

275 / 50 R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

13/9/18 @ 230pm

Survey held at

Thiam Heng Motor

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 \$ 2,800 - \$ 3,300

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Report Format :

PRE.

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

) Photos

) Others

TOTAL

100

100

17/10/2018

Catherine Chong (LKK Auto)

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Sent: Wednesday, 29 August, 2018 9:19 AM
To: Admin-D (LKKAuto)
Subject: FW: 2nd Notice to Conduct Pre-Repair Survey - Your ref: SGY 3228B | Our ref: SJZ 5898M/TH/jp/wl (DM18HO02191-JG)
Attachments: SJZ5898M.pdf; SGY3228B.pdf

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Joel Goh <joel.goh@eqinsurance.com.sg>
Sent: Tuesday, 28 August, 2018 4:24 PM
To: Admin A <admin-a@lkkauto.com>
Subject: RE: 2nd Notice to Conduct Pre-Repair Survey - Your ref: SGY 3228B | Our ref: SJZ 5898M/TH/jp/wl (DM18HO02191-JG)

Dear LKK

Attached both accident reports for your attention.

Best Regards,

Joel Goh

Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190
www.eqinsurance.com.sg



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

From: Joel Goh
Sent: Tuesday, August 28, 2018 4:24 PM
To: 'accident@kscgp.com'
Cc: jjapei@kscgp.com; Admin A

Subject: RE: 2nd Notice to Conduct Pre-Repair Survey - Your ref: SGY 3228B | Our ref: SJZ 5898M/TH/jp/wl (DM18HO02191-JG)

Without Prejudice

Dear Wei Lin

We do not agree with your surveyors and will appoint LKK to conduct PRS.
Our insured did not report any other vehicles behind his vehicle.

Dear LKK

Please assist on this PRS.

Best Regards,

Joel Goh

Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190

www.eqinsurance.com.sg

 A Member of Citystate

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

From: accident@kscgp.com [<mailto:accident@kscgp.com>]

Sent: Tuesday, August 28, 2018 2:23 PM

To: Joel Goh

Cc: jiapei@kscgp.com

Subject: 2nd Notice to Conduct Pre-Repair Survey - Your ref: SGY 3228B | Our ref: SJZ 5898M/TH/jp/wl

Dear Sirs,

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

Please see enclosed our 2nd Notice to Conduct Pre-Repair Survey. Our client is not agreeable to your proposed motor surveyors.

The workshop details are as follows:

Address: Thiam Heng Motor

1 Bukit Batok Crescent WCEGA Plaza

#03-17/18

Singapore 658064

Contact: Johnny / 9855 8158

Please also forward us a copy of the accident statement of your assured, urgently. Otherwise, please let us have the vehicle registration numbers of the two vehicles that were behind your assured's vehicle when the accident happened on 21 August 2018.

Regards,
Wei Lin
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708
Email: accident@kscgp.com

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----- Original Message -----

From: Joel Goh [<mailto:joel.goh@eqinsurance.com.sg>]
To: accident@kscgp.com
Cc: jiapei@kscgp.com
Sent: Tue, 28 Aug 2018 04:39:50 +0000
Subject:

Without Prejudice
Save As To Costs

Dear Sirs,

We shall be appointing our surveyor to attend to the pre-repair survey of your client's vehicle.

Below is a list of motor surveyors in our panel. Please revert within 2 working days if you agree or have any objections to the appointment of any of the motor surveyors. If we do not hear from you, you are deemed to have agreed to the appointment of any of the motor surveyors listed by us. Alternatively, please specify one or more of our proposed motor surveyors to the said assignment.

1) AJAX Inspection Services Pte Ltd Tel: 6255 0808 Fax: 6849 9155	2) Automobile Inspection Services Pte Ltd Tel: 6286 0155 Fax: 6284 1539 Contact Person: Sophia
3) LBS Automotive Appraisal Pte Ltd L.B.S. Auto Consultants Pte Ltd	4) Priority Services Tel: 62934822

Tel: 6281 6690 / 62832866 Fax: 6281 8748 Contact Person: Amy/ Grace	Fax: 62963283 Contact Person: Sharon
5) RT Appraisal Pte Ltd Tel: 67486076 Fax: 67480361 Contact Person: Elson/Elgene	6) LKK Auto Consultants Pte Ltd Tel: 6256-3561 Fax: 6741-4108
7) Kelvin Automotive Appraising Services Tel: 81825263 Fax: 67461148 Contact Person: Kelvin	8) Automotive Appraiser & Surveying Services Tel: 96623655 Fax: 67655662 Contact Person: Mr Chee
9) JP Knights Pte Ltd Tel: 63450068 Fax: 63445328	10) Appraisals Associates Pte Ltd Tel : 67472822 Fax: 67470070
11) Infiniti Appraisal Service Tel: 96684818 / 90099001 Fax: 64587432	

If you object to all the motor surveyors as proposed by us, please provide a list of at least 10 motor surveyors whom you consider as suitable to appoint for our consideration. We shall revert to you within 2 working days.

Meanwhile, we reserve our rights on Post-Repair Inspection, kindly contact us or our appointed surveyor before you return your client's vehicle to him/her.

Best Regards,

Joel Goh

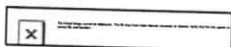
Executive | Claims



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did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190
www.eqinsurance.com.sg



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From: accident@kscgp.com [mailto:accident@kscgp.com]

Sent: Tuesday, August 28, 2018 11:20 AM

To: EQI PRS

Cc: jiapei@kscgp.com

Subject: Notice to Conduct Pre-Repair Survey - Your insured's vehicle: SGY 3228B Our ref: SJZ 5898M/TH/jp/wl

Dear Sirs,

Please find enclosed herein the 1st Notice to Conduct Pre-Repair Survey, for your attention.

Thank you.

Regards,

KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708
Email: accident@kscgp.com

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0226I
Vehicle Details	
Vehicle No.:	SJZ5898M
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Oct 2018
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS GS300 AUTO
Primary Colour:	Grey
Manufacturing Year:	2010
Engine No.:	3GR0283923
Chassis No.:	JTHBH96S105068985
Maximum Power Output:	183.0 kW (245 bhp)
Open Market Value:	\$54,324.00
Original Registration Date:	04 Oct 2010
First Registration Date:	04 Oct 2010
Transfer Count:	1
Actual ARF Paid:	\$54,324.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Oct 2020
PARF Rebate Amount:	\$29,878.00
Intended COE Rebate Details	
COE Expiry Date:	03 Oct 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$42,501.00
COE Rebate Amount:	\$8,333.00
Total Rebate Amount:	\$38,211.00

The information contained herein is correct as at 17 Oct 2018

OK

MSI318108280 / STA INSPECTION PTE LTD - Boon Lay
ENTRY DATE & TIME: 23/08/2018 16:34
SUBMITTED BY: Woodford Richard Vincent

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 23/08/2018 16:34
Date Of Accident 21/08/2018 14:55
Exact Location Of Accident PIE (TUAS) ENG NEO / LORNIE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ5898M
Insured/Policyholder
Name Of Registered Owner LEE CHENG LING
NRIC No S8540226I
Email Address BELLING28@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-98414147
Alternative Phone No OTHERS-98414147

Vehicle Particulars

Manufacturer LEXUS
Model GS300
Exact Purpose for which vehicle was being used at time of accident PRIVATE USE
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5084101570-01
Cover Note Number

Driver

Name of Driver LEE CHENG LING
NRIC No S8540226I
Date Of Birth 31/12/1985
Occupation INDOOR
Date Of Driving Pass 03/01/2005
Driving Experience 13 YEARS AND 7 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-98414147
Fax Number
Contact Number OTHERS-98414147
Email Address BELLING28@HOTMAIL.COM

Address 2 WESTWOOD CRESCENT
 Postcode 648730
 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 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? YES
 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 ATTACHED

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 SGY3228B
 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number NA
 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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number NA
 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)

DETAILS OF INJURED PERSON 1

Name LEE CHENG LING
 Approximate Age
 Injuries Sustain
 Injured person in which vehicle? SJZ5898M
 Were seat belts worn?
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

Sketch Plan

SKETCH PLANIMPORTANT 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 reassess 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.

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.:

$P1 \in (T_{has})$



(A) SJZ 5898M (C) NA
(B) SGY 3228B (D) NA

6-7 car chain collision
A car behind hit me. I didn't hit anyone, jam brake
in time.

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

Reporting Center Personnel's Signature _____

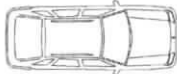
**LKK Auto Consultants Pte Ltd**

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/EQI18016713/T1z4be2		
5 MAXWELL ROAD #17-00 TOWER BLOCK MND		Date: 22-10-2018		
COMPLEX SINGAPORE 069110		Code: EQI		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SGY 3228B	Veh. Inspected	SJZ 5898M	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM18HO02191-JG	Excess (\$)	0.00	
Assign From	JOEL GOH	Assign Date	29/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA LEXUS GS300	c.c	2995	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	JTHBH96S105068985	Colour	GREY	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/50 R17	MICHELIN	6 mm	
L/H Front Tyre	225/50 R17	MICHELIN	6 mm	
R/H Rear Tyre	225/50 R17	MICHELIN	6 mm	
L/H Rear Tyre	225/50 R17	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	21/08/2018	Inspect Date / Time	13/09/2018 (02:30 PM)	
Survey held at	THIAM HENG AUTO (S) PTE LTD 1 BUKIT BATOK CRESCENT #03-17/18 WCEGA PLAZA SINGAPORE 658064			
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 \$2,800-\$3,300				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		

Report Ref No. CS3/EQI18016713/T1z4be2

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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