

ASS. REC. BY:

REF: CS3

LPC 18017729/R1VD3<sup>n2</sup>

Special Instruction:

Surveyor:

Parsul

ASSIGNMENT (Office)

From (Person):

Gerald poh

of

LPC

Date/Time:

11/10/18 @ 2:32pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDT 8209K

Insured:

SJR 2439S

at Workshop m/s

TMF Automotive

Tel:

6898 1533

of

7 Soon Lee St # 01-34

Policy No:

Claim No:

18/18/18 / VPOS / 020953

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

02/10/18 @ Moming

CA / REV / REP. / REV 24 HRS

'up'

H.O.D. Endorsement:

Date/Time:

2:43pm @ 11/10/18

Person Contacted:

Ah Kau

Vehicle ~~IN~~ OUT

Date/Time

Action/Instruction (x) Estimate

(Call Wuy bfr going)

SDT 8209K - NA/INC 11/01/18 61/jl

DOA: 15/6/2011

SJR 2439S - X

Repairer agreed survey on 2/10/18.

Taufik - 4/10/18, 8/10/18

10/10/18

Submit PRS report

REF: LPC  
 12224  
 COE XPRY: 2028/SEP  
 ASSIGNMENT  
 PLS call Repairer before going

From: Date: 02/10/18

Estimated Cost:

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

To inspect Vehicle No. SDT 8209K  
 at Workshop n/s TMF Automotive  
 of 7 Soon Lee Street # 01-34

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

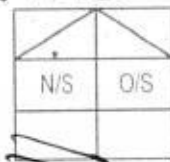
(Client's Record)

Make of Veh:

Morning  
 Ah Kaw @ 6898 1533

(Policy Condition) 9739 0213

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: days Res.: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SDT 8209K Yr Regn: 1990 APR

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

Truck / Trailer or

Make: MERCEDES BENZ 200E A G.G. 1996

Colour: BLACK A/C: Insured / Std / NI / NA

Sp. Reading: 720641 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDB1240 212 P 214 985

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: 195/65R15

R: 1.

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

TOYO / YOKO or FALKEN

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 27/09/18 D.O.I. 02/10/18 12.11 pm  
 Survey held at TMF

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear n/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 1 OCT 2018

Date/Time: File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time: File Return to?

2) 10/10 - typist

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation

) \$ + RS \$

) Photos

) Others

TOTAL

450

## Nivitha (LKK Auto)

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**From:** Shu Pei (LKKAuto) <shupeil@lkkauto.com>  
**Sent:** Monday, 1 October 2018 2:32 PM  
**To:** assignments  
**Subject:** FW: Notice to Conduct Pre-Repair Survey - Your insured vehicle: SJR2439S (2nd vehicle) Our ref: SDT 8209K/TMF/sy/ms

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: [shupeil@lkkauto.com](mailto:shupeil@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** GERALD POH WEE BIN <geraldpoh@lonpac.com>  
**Sent:** Monday, 1 October 2018 2:01 PM  
**To:** [accident@kscgp.com](mailto:accident@kscgp.com)  
**Cc:** MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Subject:** RE: Notice to Conduct Pre-Repair Survey - Your insured vehicle: SJR2439S (2nd vehicle) Our ref: SDT 8209K/TMF/sy/ms

WITHOUT PREJUDICE

Our Ref : 18/18/18/VP05/020953

Dear Myra,

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 : Ms Catherine/Nivitha,  
Kindly proceed accordingly.

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:** [accident@kscgp.com](mailto:accident@kscgp.com) [<mailto:accident@kscgp.com>]  
**Sent:** Monday, 1 October, 2018 1:37 PM  
**To:** GERALD POH WEE BIN  
**Cc:** MT\_Claim\_SG  
**Subject:** RE: Notice to Conduct Pre-Repair Survey - Your insured vehicle: SJR2439S (2nd vehicle) Our ref: SDT 8209K/TMF/sy/ms

Dear Gerald,

Workshop : TMF Automotive Pte Ltd  
Address : 7 Soon Lee Street, #01-34 I-Space Building, Singapore 627608  
Contact : Ah Kaw (tel: 6898 1533)  
even date.

We refer to the  
matter above and  
your email of

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:

Thank you.

Regards,  
Myra  
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](mailto:accident@kscgp.com)

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

**From:** GERALD POH WEE BIN [<mailto:geraldpoh@lonpac.com>]

**To:** [accident@kscgp.com](mailto:accident@kscgp.com)

**Cc:** [mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)

**Sent:** Mon, 1 Oct 2018 05:25:23 +0000

**Subject:**

WITHOUT PREJUDICE

Our Ref : 18/18/18/VP05/020953

Dear Myra,

Please see attached and revert.

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

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

**Sent:** Monday, 1 October, 2018 1:09 PM

**To:** MT\_Claim\_SG

**Cc:** [motor@kscgp.com](mailto:motor@kscgp.com)

**Subject:** Notice to Conduct Pre-Repair Survey - Your insured vehicle: SJR 2439S (2nd vehicle) Our ref: SDT 8209K/TMF/sy/ms

Dear Sirs,

Please find enclosed herewith the Notice to Conduct Pre-Repair Survey.

Thank you.

Regards,

Myra

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](mailto:accident@kscgp.com)

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> [Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	1222H
<b>Vehicle Details</b>	
Vehicle No.:	SDT8209K
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Oct 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	200E AUTO
Primary Colour:	Blue
Manufacturing Year:	1990
Engine No.:	10296322016866
Chassis No.:	WDB1240212B214985
Maximum Power Output:	-
Open Market Value:	\$42,753.00
Original Registration Date:	28 Apr 1990
First Registration Date:	28 Apr 1990
Transfer Count:	4
Actual ARF Paid:	\$74,818.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	30 Sep 2028
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$33,377.00
COE Rebate Amount:	\$33,339.00
<b>Total Rebate Amount:</b>	<b>\$33,339.00</b>

The information contained herein is correct as at 04 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	28/09/2018 13:54
Date Of Accident	27/09/2018 15:00
Exact Location Of Accident	ALONG SLE TOWARDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT8209K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAUL KENNY LIM KOON YEW
NRIC No	S8121222H
Email Address	WCP.ENGINEERING@ICCP-MGPS.COM.SG
Mobile Phone No	(LOCAL) +65-97551998
Alternative Phone No	OFFICE-68977577

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5051969106-06
Cover Note Number	

### Driver

Name of Driver	DAVID LIM YONG KEONG
NRIC No	S0168657G
Date Of Birth	06/06/1951
Occupation	INDOOR
Date Of Driving Pass	25/06/1973
Driving Experience	45 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97551998
Fax Number	
Contact Number	OFFICE-97551998
Email Address	WCP.ENGINEERING@ICCP-MGPS.COM.SG

Address	BLK 248 COMPASSVALE ROAD #08-618
Postcode	540248
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	2
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)	2
Passenger 1	NAME: : PAUL KENNY LIM KOON NYEW GENDER: : MALE

#### 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

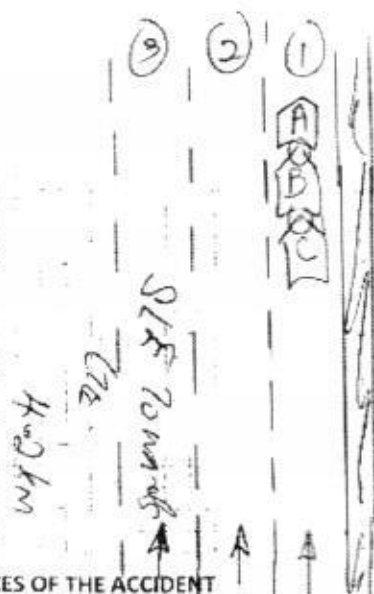
Vehicle Registration Number	SJR2439S
Vehicle Make/Model/Colour	NA
Details Of Properties	FRONT AND REAR PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	93374002
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKV8930S
Vehicle Make/Model/Colour	NA
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan



- (A) DT820K
- (B) SJR24398
- (C) SKV89308

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am the Driver and driving at the first lane suddenly I felt a big bang on my vehicle. I stop and come out and saw two vehicles behind me. Total 3 vehicles were involved and damaged to 3 vehicles

## DECLARATION

We declare the foregoing particulars are true in every respect

*David Lim*

*28/9/2018*

## Sketch Plan #2

### 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 Securus 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  
and A Time



Driver's Signature  
If driver is not the policyholder, please print  
name & phone

  
28/9/2018

Reporting Centre Person's Signature  
Name:  
Date:


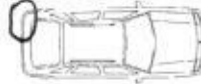
**LKK Auto Consultants Pte Ltd**

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/LPC18017729/R1vd3n2 Date: 15-10-2018 Code: LPC2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SJR 2439S	Veh. Inspected	SDT 8209K
Policy No.		Coverage (\$)	0.00
Claim No.	18/18/18/VP05/020953	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	01/10/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ 200E A	c.c	1996
Engine No.	HIDDEN	Year of Reg.	1990
Chassis No.	WDB1240212B214985	Colour	BLACK
Odometer	720641 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	FALKEN	6 mm
L/H Front Tyre	195/65 R15	FALKEN	6 mm
R/H Rear Tyre	195/65 R15	FALKEN	6 mm
L/H Rear Tyre	195/65 R15	FALKEN	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.			
<b>5. General Information</b>			
Accident Date	27/09/2018	Inspect Date / Time	02/10/2018 ( 12:11 PM )
Survey held at	TMF AUTOMOTIVE PTE. LTD. 7 SOON LEE STREET #01-34 ISPACE SINGAPORE 627608		
<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.			

Report Ref No. CS3/LPC18017729/R1vd3n2

Inspected By



MOHAMMED RASUL BIN MOHD YUNUS

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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