

ASS. REC. BY:

REF:

CS3/LPC18019307/GVD3⁵²

Special Instruction:

Surveyor:

Guo Qiang

ASSIGNMENT (Office)

From (Person):

Gerald Poh

of

LPC

Date/Time: 23/10/18 4:57pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLF 9289B

Insured:

SGW 166B

at Workshop m/s:

N-51 Automotive

Tel:

68420051

of

2 Kaki Bkt Ave 2 #01-17/18

Policy No:

Claim No:

18/18/18 / VPOS / 0210A9

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23/10/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

Lup

H.O.D. Endorsement:

Date/Time: 9:28am 24/10/18

Person Contacted:

Elaine

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SLF 9289B - X

SGW 166B - X

29/10/18

Submit PRS report

PRS
KRL

REF:

LPC

03548

ASSIGNMENT

From:

Date:

24/10/2018

Estimated Cost:

OD ☒ TP / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SLF 9289B

at Workshop m/s

N-SI Automotive

of

2 Kaki Bkt Ave 2 # 01-17/18

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:

7

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLF9289B

Yr Regn:

16 Sep 2016

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

Truck / Trailer or

Make:

Hyundai Glantra 1591

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading

25435

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH0841 CMH 4198625

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ STD A/Rim or

Tyre Size:

F:

R:

25/55 R16
11

BS / ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

6
6

mm

R/Bal.

6
6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

24-10-18

Survey held at

W/S

1pm

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

\$5000 - \$6000

RECEIVED 29 OCT 2018

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 24/10 - typist

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Nivitha (LKK Auto)

From: GERALD POH WEE BIN <geraldpoh@lonpac.com>
Sent: Tuesday, 23 October 2018 4:57 PM
To: Admin-D (LKKAuto)
Cc: MT_Claim_SG
Subject: FW: FW: SLF9289B & SGW166B - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS
Attachments: image003.jpg; 23102018165353.pdf

Hi Catherine,

FYI

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: Chin Hui Xin [mailto:huixin@n51.com.sg]
Sent: Tuesday, 23 October, 2018 4:55 PM
To: GERALD POH WEE BIN
Cc: Catherine Chong (LKK Auto)
Subject: Re: FW: SLF9289B & SGW166B - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam,

Please see attached.

Regards,
Melody Chin
N-51 Automotive Pte Ltd
Office : 6842 0051
Fax : 6741 0510
www.n51.com.sg



On Tue, Oct 23, 2018 at 4:52 PM GERALD POH WEE BIN <geraldpoh@lonpac.com> wrote:

Hi Melody

Our Ref should be 18/18/18/VP05/021049

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: GERALD POH WEE BIN

Sent: Tuesday, 23 October, 2018 4:49 PM

To: 'Chin Hui Xin'

Cc: MT_Claim_SG; 'Admin-D (LKKAUTO)'

Subject: FW: SLF9289B & SGW166B - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

WITHOUT PREJUDICE

Our Ref :18/18/18/VP05/021025

Dear Melody,

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 :Catherine/Nivitha

Kindly proceed to conduct the pre-repair survey.

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: Chin Hui Xin [mailto:huixin@n51.com.sg]

Sent: Tuesday, 23 October, 2018 4:21 PM

To: GERALD POH WEE BIN

Cc: MT_Claim_SG

Subject: Re: SLF9289B & SGW166B - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam,

We refer to your list of motor surveyors proposed.

We do not agree to your list of motor surveyors.

Please see attached.

Thanks

Regards,

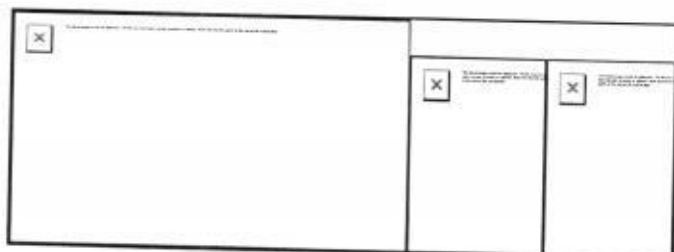
Melody Chin

N-51 Automotive Pte Ltd

Office : 6842 0051

Fax : 6741 0510

www.n51.com.sg



On Tue, Oct 23, 2018 at 4:16 PM GERALD POH WEE BIN <geraldpoh@lonpac.com> wrote:

WITHOUT PREJUDICE

Our Ref : 18/18/18/VP05/021049

Dear Melody,

Please see attached and revert to us.

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: Chin Hui Xin [mailto:huixin@n51.com.sg]

Sent: Tuesday, 23 October, 2018 4:11 PM

To: MT_Claim_SG

Subject: SLF9289B & SGW166B - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS

Dear Sir/Madam,

As per above subject,

Please refer attachment and:-

Kindly propose / provide your 10 surveyors.

Thank you...

Regards,

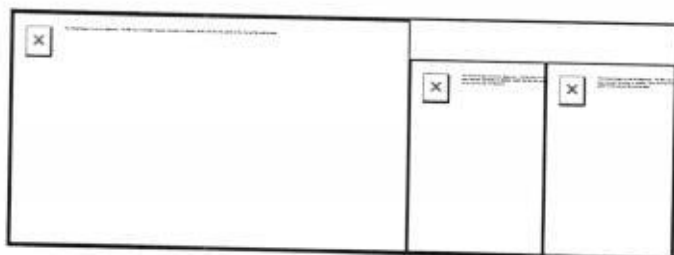
Melody Chin

TWINCAR Automotive Pte Ltd

Office : 6842 0051

Fax : 6741 0510

www.n51.com.sg



MSME16197543 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 23/10/2018 14:02
SUBMITTED BY: Ang Guo Bao

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 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. 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	23/10/2018 14:02
Date Of Accident	23/10/2018 08:05
Exact Location Of Accident	UBI AVE 2 TOWARDS CIRCUIT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9289B
Insured/Policyholder	
Name Of Registered Owner	SNG SOOK BOON
NRIC No	S7100354Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96728222
Alternative Phone No	OFFICE-96728222

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA

Exact Purpose for which vehicle was being 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	VPAP1642206
Cover Note Number	

Driver

Name of Driver	SNG SOOK BOON
NRIC No	S7100354Z
Date Of Birth	12/01/1971
Occupation	INDOOR
Date Of Driving Pass	26/09/1994
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96728222
Fax Number	
Contact Number	OFFICE-96728222
EMail Address	NOEMAIL

Address 42 CIRCUIT ROAD
#07-525

Postcode S370042

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 COLLISION - HEAD TO REAR

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? 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

ON 23/10/18 AT 0805HRS, I WAS TRAVELLING IN MY VEHICLE SLF9289B ALONG UBI AVE 2 TOWARDS CIRCUIT LINK BEFORE PAYA LEBAR JUNCTION ON THE LEFT LANE. I SAW A BUS COMING OUT FROM THE BUS STOP AND I SLOW DOWN AND STOPPED BEFORE THE YELLOW BOX TO GIVE WAY TO THE BUS. FEW SECONDS LATER, A CAR SGW166B FROM BEHIND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

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 SGW166B

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 SNG SOOK BOON
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

Sketch Plan Pg. 1

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 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.



Policyholder's Signature
Date & Time:

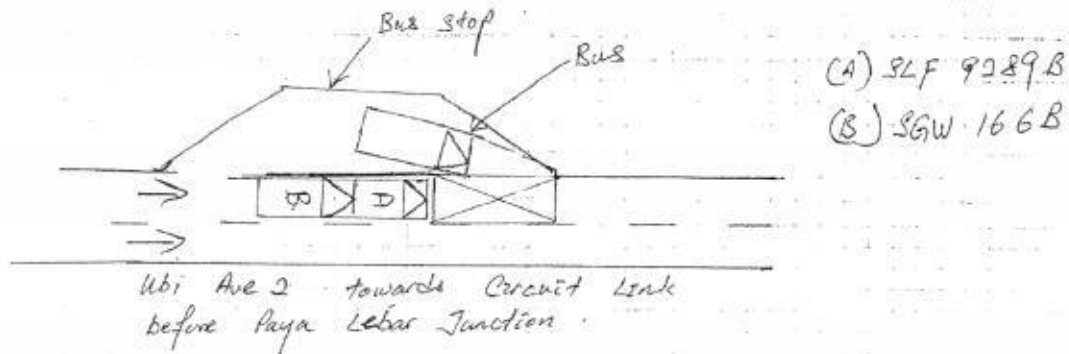


Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/10/18 at @ 0805 hrs, I was travelling in my vehicle (SLF 9289B) along Ubi Ave 2 towards Circuit Link before Paya Lebar junction on the left lane. I saw a bus coming out from the bus-stop and I slow down and stopped before the yellow box to give way to the bus. Few seconds later, a car (SGW 166B) from behind collided onto the rear portion of my vehicle.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0354Z
Vehicle Details	
Vehicle No.:	SLF9289B
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Oct 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	G4FGGU194701
Chassis No.:	KMHD841CMHU198625
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$12,975.00
Original Registration Date:	16 Sep 2016
First Registration Date:	16 Sep 2016
Transfer Count:	0
Actual ARF Paid:	\$12,975.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Sep 2026
PARF Rebate Amount:	\$9,731.00
Intended COE Rebate Details	
COE Expiry Date:	15 Sep 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,506.00
COE Rebate Amount:	\$40,644.00
Total Rebate Amount:	\$50,375.00

The information contained herein is correct as at 25 Oct 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			
LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Ref: CS3/LPC18019307/Gvd3s2 Date: 30-10-2018 Code: LPC2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SGW 166B	Veh. Inspected	SLF 9289B
Policy No.		Coverage (\$)	0.00
Claim No.	18/18/18/VP05/021049	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	23/10/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI ELANTRA	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHD841CMHU198625	Colour	WHITE
Odometer	25435 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/55R16	DUNLOP	6 mm
L/H Front Tyre	205/55R16	DUNLOP	6 mm
R/H Rear Tyre	205/55R16	DUNLOP	6 mm
L/H Rear Tyre	205/55R16	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	23/10/2018	Inspect Date / Time	24/10/2018 (01:00 PM)
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		
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.			

Report Ref No. CS3/LPC18019307/Gvd3s2

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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