

ASS. REC. BY:

REF: CS3 / LPC18019875 / R1sd3

Special Instruction:

Surveyor:

Rasul

## ASSIGNMENT (Office)

From (Person):

Ong Hi Ti

of

LPC

Date/Time:

21/10/18 @ 5:03pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBH 7054H

Insured:

YK 3778R

at Workshop m/s

Thiam Heng Motor

Tel:

98558158

of

1 Bukit Batok Crescent #03-17/18

Policy No:

Claim No:

18/18/18 / VC05 / 021087

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

30/10/2018

CA / REV / REP. / REV 24 HRS

(up)

5/11/2018 @ 12pm

H.O.D. Endorsement:

Date/Time:

9:16am @ 1/11/18

Person Contacted:

Johnny

Vehicle IN /

OUT

Date/Time	Action/Instruction (X) Estimate	Insp: 7A Jalan Papan
	GBH 7054H - X	
	YK 3778R - CS / INCD9014042 / Uph	DOA: 27/11/2008

Pass

REF:

CS3/UPC18019875/RISD3

C  
5778A

# ASSIGNMENT

From

Date

05/11/18

Estimated Cost:

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

To Inspect Vehicle No:

GBH 7054H

at Workshop mis

THIAM HENG MOTOR

of

TA JUAN PAPAN

Insured:

Policy No.

Claims No

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

98558158

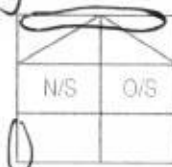
Johnny 1WP

(Policy Condition)

@ 12pm

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh.No.

GBH 7054H

Yr Regn:

2018 ANH

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

Truck / Trailer or

Make:

CITROEN BERLINO L21.6 C.V 1560

Colour

GRAY

A/C

Insured / Std / NI / NA

Sp.Reading

012402

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF 77FBHYMHJ 766221

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: M / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

KLEBER

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

30/10/18

D.O.I.

05/11/18

12.17pm

Survey held at

TA JUAN PAPAN

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

FRT & N/S CRASH

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

Date / Time

Action / Instruction

\* Submit PRS report

RECEIVED 07 NOV 2018

Date/Time, File Pass to?

07/11/18

1)

Typst

Date/Time, File Return to?

2)

☐

: Preli. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

1) \$ + PS \$

2) Photos

3) Other

4)

TOTAL

Report Format:

PRS

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

## Nivitha (LKK Auto)

---

**From:** ONG LI LI <llong@lonpac.com>  
**Sent:** Wednesday, 31 October 2018 5:03 PM  
**To:** Accident@kscgp.com; assignments@lkkauto.com; 'Admin-D (LKKAuto)'  
**Cc:** jiapei@kscgp.com; MT\_Claim\_SG  
**Subject:** RE: 2nd PRS - Our Ref: GBH7054h/TH/JP/PA; Your Ref: 18/18/18/VC05/021087  
Acc Inv YK3778R & GBH7054Hon 30/10/2018  
**Attachments:** 2nd PRS - GBH 7054H.PDF

Without Prejudice

Dear Sampu

We are not agreeable with your proposed list of surveyors and we shall appoint LKK Auto Consultants Pte Ltd to conduct the PRS.

Dear Catherine/Nivitha

Please see attached and arrange survey.

Regards,  
Ong Li Li  
Senior Claims Executive | Lonpac Insurance Bhd  
300 Beach Road #17-04/07 The Concourse Singapore 199555  
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

**From:** Accident@kscgp.com [mailto:Accident@kscgp.com]  
**Sent:** Wednesday, 31 October, 2018 5:00 PM  
**To:** ONG LI LI  
**Cc:** jiapei@kscgp.com  
**Subject:** 2nd PRS - Our Ref: GBH7054h/TH/JP/PA; Your Ref: TBA Acc Inv YK3778R & GBH7054Hon 30/10/2018

Dear Ong Li Li,

We refer to the email below and subject above.

Please find the enclosed 2nd Notice to Conduct Pre-Repair Survey herewith.

Thank you.

Regards,  
Sampu  
for and on behalf of Mr Gurdeep Singh Sekhon  
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: ONG LI LI [mailto:[llong@lonpac.com](mailto:llong@lonpac.com)]

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

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

Sent: Wed, 31 Oct 2018 08:13:27 +0000

Subject:

Without Prejudice

Save as to Costs

Dear Sir/Mdm

We refer to your fax of 31 October 2018.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the following list to conduct the joint pre-repair survey as a single joint expert.

No.	Name	Please tick ✓
1	Kalvin Ang	
2	Xing Guo Qiang	
3	Mohamad Taufikh	
4	Bryan Ang	
5	Adrian Ling	
6	Mohammed Rasul	
7	Marcus Chua	
8	Kenneth Kong	
9	Muhammad Nazril Bin Abdullah	
10	Sathya Sai Kathirrasen	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

Regards,  
Ong Li Li  
Senior Claims Executive | Lonpac Insurance Bhd  
300 Beach Road #17-04/07 The Concourse Singapore 199555  
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

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This email has been scanned by the MxScan Email Security System.  
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Your Ref : TBA Acc Inv YK3778R & GBH7054H on 30.10.2018

Our Ref : **GBH 7054H/TH/jp/ps**

Date : 31 October 2018

Fax : **6538 3708**

Tel : **3152 0989**

Email : **accident@kscgp.com**

Lonpac Insurance Berhad

BY EMAIL ONLY

**DATE OF ACCIDENT: 30 OCTOBER 2018**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email dated 31 October 2018

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1.	Errol Tan	Pro Plus Automobile Engineers
2.	Dave Chang	Sincere Appraisal Services
3.	Lee Kok Weng	Lee Automobile Services
4.	How Andrew	Prominent Appraiser Services Pte Ltd
5.	Yeo Teck Woon, Dixon	Treasure Appraisal Services
6.	Png Chee Kiang Victor	VP Appraisal Pte Ltd
7.	Fong Kok Heng, Stanley	Automax survey
8.	Cheong Kim Hin Alan	C L Appraiser Pte Ltd
9.	Yap Teck Chye, Michael	Mc-coy Appraiser Pte Ltd
10.	Wong Ah Kow, Richard	RW Automotive Appraisers Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Thiam Heng Motor  
1 Bukit Batok Crescent  
WCEGA Plaza #03-17/18  
Singapore 658064

Contact Person/Tel : Johnny / Tel: 9855 8158 / Fax: 6468 9985

Yours faithfully,

*PS*

Your Ref : TBA Acc Inv YK3778R & GBH7054H on 30.10.2018

Our Ref : **GBH 7054H/TH/jp/ps**

Date : 31 October 2018

### Acknowledgement

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of \_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

## 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	31/10/2018 09:24
Date Of Accident	30/10/2018 16:30
Exact Location Of Accident	37 KALLANG PUDDING RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7054H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THIAM HENG AUTO (S) PTE LTD
Co Reg No	199905778R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97436104
Alternative Phone No	OFFICE-97436104

### Vehicle Particulars

Manufacturer	CITROEN
Model	VAN
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075233550-02
Cover Note Number	

### Driver

Name of Driver	CHONG PAK YU
NRIC No	S1504496I
Date Of Birth	22/12/1961
Occupation	INDOOR
Date Of Driving Pass	30/01/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97436104
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 144 BISHAN ST 12 #06-538
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

#### 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 Witness 1

Name	RASID
Phone Number	82917963
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YK3778R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
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.



Policyholder's Signature  
Date & Time:

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

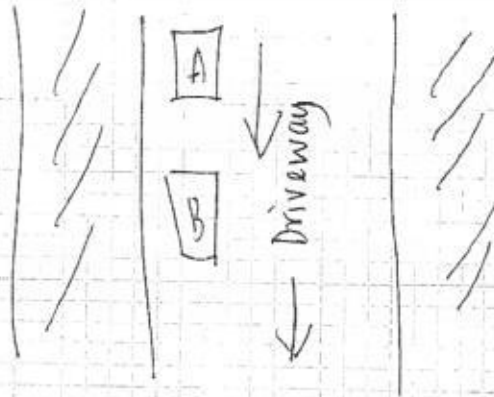
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

M 31/10/18

09.30 hrs

A - GHB 7054H  
B - YK 3778R

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 4.15pm I was at 37 Kallang Pudding Rd to collect some parcel. My vehicle GHB 7054H was parked beside the building. When I came back to my vehicle I noticed that the bumper of my vehicle was dislodged. When I was inspected the damages, I heard someone shouting "Uncle, Uncle". When I turned back to see, a Malay Man told me that my vehicle was hit by the front lorry, YK 3778K.

I went to approach the driver and questioned him. He admitted that indeed he did knocked into my vehicle while reversing.

At this point, I took photograph of the damages and I asked for his particulars. After that, I left the scene.

Name of YK 3778K - CHENG ZHONG GUO

Licence Number : G2342322M

Company : China Goods Resource Pte Ltd  
: 760 Sim Dr.

Name of witness : Rasid

H/p: 82917963

## DECLARATION

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



Policyholder's Signature  
Date & Time:

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

31/10/18

0930 hrs

IDAC BUKIT BATOK (NAC)

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

**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/LPC18019875/R1sd3s2 Date: 14-11-2018 Code: LPC2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	YK 3778R	Veh. Inspected	GBH 7054H
Policy No.		Coverage (\$)	0.00
Claim No.	18/18/18/VC05/021087	Excess (\$)	0.00
Assign From	ONG LI LI	Assign Date	31/10/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	CITROEN BERLINGO L2 1.6	c.c	1560
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	VF77FBHYMHJ766221	Colour	GREY
Odometer	012402 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65R15	KLEBER	6 mm
L/H Front Tyre	195/65R15	KLEBER	6 mm
R/H Rear Tyre	195/65R15	KLEBER	6 mm
L/H Rear Tyre	195/65R15	KLEBER	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND N/S REAR PORTION.			
<b>5. General Information</b>			
Accident Date	30/10/2018	Inspect Date / Time	05/11/2018 ( 12:17 PM )
Survey held at	7A JALAN PAPAN		
Repairer	THIAM HENG MOTOR		
<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/LPC18019875/R1sd3s2

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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