

22/03/2002

A-3 REC. BY:

REF: CS/GAL/SD20185/Rltbez

Special Instruction:

Surveyor

Rcsul

ASSIGNMENT (Office)

From (Person):

Sharon Ng

of

GAL

Date/Time:

08.11.2018 9:27am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDN 5600P

Insured:

GV 407IU

at Workshop m/s

CL Auto

Tel:

of

48 Toh Guan Rd East #02-125

Policy No:

Claim No:

CLMOMVC000003322

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

21.06.2018

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

08.11.2018 @ 4pm

H.O.D. Endorsement:

Date/Time:

08.11.2018 9:34am

Person Contacted:

Jessica

Vehicle IN / OUT

Date/Time

Action/Instruction (✓)

Estimate. kindly comment on the possibility that UI reversed into TP.

SDN 5600P - X

GV 407IU - NA / INC10007863/31

DCA: 15042010

16/11-

Accept lump sum \$1000/- (Red: 7704.80; 88%)

S. V. V. V.

REF:

02149

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SDN 5600Pat Workshop m/s CL AUTOof 48, POTH HUMAN RO EXST #02-125Insured: CAI MP

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SDN 5600P Yr Regn: 2012 / MPType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MERCEDES BENZ C180 c.c. 1796Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 121686 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 204 34 92 F 836 748Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/40 R18R: 4 -

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 21/06/08 D.O.I. 08/11/18Survey held at CL AUTODes. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

RECEIVED 17 JAN 2019

Date/Time, File Pass to?

1) 16/11 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 250

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I: (\$ 1000/-)

250

Catherine Chong (LKK Auto)

From: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Thursday, 8 November, 2018 9:27 AM
To: SUR; assignments
Subject: FW: PRE-REPAIR SURVEY PROTOCOL FOR SDN5600P || GAIC ref: CLMOMVC000003322
Attachments: SDN5600P GIA.pdf; SDN5600P QUOTE.pdf; SDN5600P.4.JPG; SDN5600P.3.JPG; SDN5600P.1.JPG; Falcon Air - Estimate.pdf; GV4071U (OI).PDF

WITHOUT PREJUDICE

Dear LKK

PRI request from TP-SDN5600P's repairer CL Auto Pte Ltd, quoting \$8,704.80 versus \$1,604.50. Please check thoroughly in view of OI's disputes on the alleged collision.

Kindly comment on the possibility that OI's GV4071U reversed into SDN5600P.

Regards
Sharon Ng
Great American

From: Jessica CL Auto <jessicaclauto@gmail.com>
Sent: Wednesday, November 7, 2018 6:24 PM
To: General Claims <GeneralClaims@sg.gaig.com>
Subject: [External] PRE-REPAIR SURVEY PROTOCOL FOR SDN5600P

Our Ref. TP/SDN5600P

07 Nov 2018

GREAT AMERICAN INSURANCE COMPANY
3 Temasek Ave
#16-01 Centennial Tower
Singapore 039190

Attn: Motor Claims Department

Dear Sirs

ACCIDENT INVOLVING SDN5600P & GV4071U AT WEST COAST PLACE ON 21.06.2018 @ 2100HRS

We refer to the above matter and have been instructed by Mr. Sea Chee Yew to notify you of the above-captioned matter.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair of our client's vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Thank you and Best Regards,

Jessica Goh
CL Auto Pte Ltd
No.48 Toh Guan Road East
#02-125 Enterprise Hub
Singapore 608586
Tel: 679564009
Fax: 67950920

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

Denise Tay (LKKAuto)

From: Jessica CL Auto <jessicacauto@gmail.com>
Sent: Wednesday, 16 January 2019 2:48 PM
To: Denise Tay (LKKAuto)
Subject: Re: SDN 5600P / TP / DOA: 21/06/2018

Dear Denise,

We accept the offer of lump sum \$1000 and 2 days for repair.

Thank you

Warmest Regards,
Jessica Goh

On Wed, Jan 16, 2019 at 2:03 PM Denise Tay (LKKAuto) <denisetay@lkkauto.com> wrote:

Dear Jessica,

As spoken, enclosed marked estimate.

Lump sum \$1000, 2 Days

Please check and revert back

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

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

Denise Tay (LKKAuto)

To: Ng, Sharon; SUR; assignments
Subject: RE: PRE-REPAIR SURVEY PROTOCOL FOR SDN5600P || GAIC ref: CLMOMVC000003322

Dear Sharon,

Our surveyor is of the opinion that the damages to TP vehicle is minor as the impact was of low speed. The front grille of TP vehicle was damaged and recommended to be replaced.

This is consistent to the incident scene photo which showed contact at the front grille.

Our recommend COR is \$1000/-(Lump Sum)

However, workshop is not agreeable on our repair cost.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

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

From: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Monday, 7 January 2019 4:29 PM
To: SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: PRE-REPAIR SURVEY PROTOCOL FOR SDN5600P || GAIC ref: CLMOMVC000003322

Hi Catherine

Please furnish prelim findings.

Regards
Sharon
Great American

From: Ng, Sharon
Sent: Wednesday, December 05, 2018 10:36 AM
To: 'SUR' <sur@lkkauto.com>; 'assignments' <assignments@lkkauto.com>
Subject: RE: PRE-REPAIR SURVEY PROTOCOL FOR SDN5600P || GAIC ref: CLMOMVC000003322

Hi Catherine

Sorry to add on, OI is concerned on the vast discrepancies between the 2 quotes. Please let us have your surveyors comments.

Thanks
Sharon
Great American

Denise Tay (LKKAUTO)

From: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Wednesday, 5 December 2018 10:36 AM
To: SUR; assignments
Subject: RE: PRE-REPAIR SURVEY PROTOCOL FOR SDN5600P || GAIC ref: CLMOMVC000003322

Hi Catherine

Sorry to add on, OI is concerned on the vast discrepancies between the 2 quotes. Please let us have your surveyors comments.

Thanks
Sharon
Great American

After seeing OI damage photos, we did not see major damages occurred to TP vehicle. We reject and have to reduce the cost of repair raised by TP workshop base on the damage of TP vehicle

From: Ng, Sharon
Sent: Thursday, November 08, 2018 9:27 AM
To: 'SUR' <sur@lkkauto.com>; 'assignments' <assignments@lkkauto.com>
Subject: FW: PRE-REPAIR SURVEY PROTOCOL FOR SDN5600P || GAIC ref: CLMOMVC000003322

WITHOUT PREJUDICE

Dear LKK

PRI request from TP-SDN5600P's repairer CL Auto Pte Ltd, quoting \$8,704.80 versus \$1,604.50. Please check thoroughly in view of OI's disputes on the alleged collision.

Kindly comment on the possibility that OI's GV4071U reversed into SDN5600P.

Regards
Sharon Ng
Great American

Our Surveyor is of the opinion that the damages to TP vehicle is minor as the impact was of low speed (relative not backwards). The front

From: Jessica CL Auto <jessicaclauto@gmail.com>
Sent: Wednesday, November 7, 2018 6:24 PM
To: General Claims <GeneralClaims@sg.gaig.com>
Subject: [External] PRE-REPAIR SURVEY PROTOCOL FOR SDN5600P

Grille of TP vehicle was damaged and recommended to be replaced.

Our Ref. TP/SDN5600P

~~to be repaired~~ This is consistent to the

07 Nov 2018

incident scene photo which showed contact at the front grille.

GREAT AMERICAN INSURANCE COMPANY
3 Temasek Ave
#16-01 Centennial Tower
Singapore 039190

Recommended cost is \$1000 (Lump Sum) our

Attn: Motor Claims Department

However, workshop is not agreeable on our repair cost

Dear Sirs

ACCIDENT INVOLVING SDN5600P & GV4071U AT WEST COAST PLACE ON 21.06.2018 @ 2100HRS

We refer to the above matter and have been instructed by Mr. Sea Chee Yew to notify you of the above-captioned matter.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair of our client's vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Thank you and Best Regards,

Jessica Goh
CL Auto Pte Ltd
No.48 Toh Guan Road East
#02-125 Enterprise Hub
Singapore 608586
Tel: 679564009
Fax: 67950920

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

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	22/06/2018 15:40
Date Of Accident	21/06/2018 21:00
Exact Location Of Accident	WEST COAST PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN5600P
Insured/Policyholder	
Name Of Registered Owner	SEA CHEE YEW
NRIC No	S7930214G
Email Address	CHERYLSY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97992064
Alternative Phone No	OFFICE-97992064

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.8 (A)

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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT001265
Cover Note Number	

Driver

Name of Driver	SEA AH SUA
NRIC No	S1219295I
Date Of Birth	27/08/1955
Occupation	INDOOR
Date Of Driving Pass	14/11/1977
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97992064
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	56 WEST COAST PLACE (127604)
Postcode	
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	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?	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)	0

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 TO SKETCH PLANS

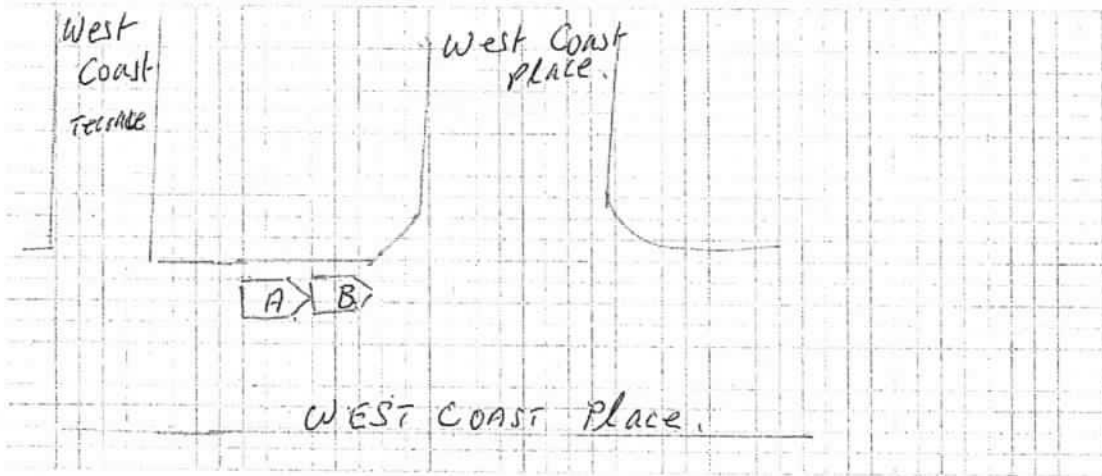
Attachment(s)

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	GV4071U
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked at the roadside of West Coast ~~Terrace~~ ^{Place} on 21 June 2018 at 2000 hrs.


At about 2100 hrs I noticed that Vehicle No GV 4071 U had reversed on to the front of my vehicle. The driver admitted that he reversed and collided on to my vehicle.

DECLARATION

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

SEACHEE YEW
S79 30214 G

Policyholder's Signature
Date & Time:


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



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

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.

57930214G
SEA CHEE YEW

Policyholder's Signature
Date & Time:

謝 東 弘

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



Reporting Centre Personnel's Signature
Name: 15.12.15
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	22/06/2018 10:31
Date Of Accident	21/06/2018 21:40
Exact Location Of Accident	WEST COAST PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV4071U
Insured/Policyholder	
Name Of Registered Owner	ONG BAU
NRIC No	S1510514C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84543633
Alternative Phone No	OFFICE-84543633

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.2 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0
Cover Note Number	MT20180750

Driver

Name of Driver	ONG BAU
NRIC No	S1510514C
Date Of Birth	29/04/1961
Occupation	INDOOR
Date Of Driving Pass	23/10/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84543633
Fax Number	
Contact Number	OFFICE-84543633
EMail Address	NOEMAIL

Address	34 WEST COAST PLACE
Postcode	127586
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	NO 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	
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)	0

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	SDN5600P
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)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

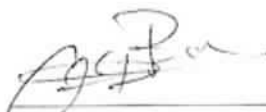
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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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:

22/11/20
9.50 AM

SKETCH PLAN



A: GV4071U
B: SPN 5600P

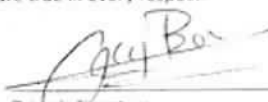
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As usual, I parked my vehicle at the space I usually park and check my the gap between my vehicle and the back vehicle. After a while, my neighbour contacted me and said that my vehicle had collided his. I was sure that I had engaged my handbrake and there was also sufficient space for his car to maneuver before leaving my vehicle. There was no passenger in both vehicles and both vehicles were parked. I did not feel any collision at all.

DECLARATION

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


Policyholder's Signature
Date & Time:
Company Chop (if applicable)


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


Reporting Centre Personnel's Signature
Name: 7716190
NRIC/FIN No: 9.50th.



Accident Photo



Accident Photo



Accident Photo









Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





中英汽車(私人)有限公司 シーエルオート PTE LTD

CL AUTO PTE LTD

(ACRA No. 198800292M)

48 Toh Guan Road East, #02-125 Enterprise Hub, Singapore 608586

Website: www.clauto.com.sg E-mail: vincent@clauto.com.sg

Tel: +65 6795 6125 Fax: +65 6795 0920

M/S : SEA CHEE YEW

BLK 23

PASIR PANJANG WHOLESALE CENTRE

#01-173 SINGAPORE 110023

TEL: 97992064

ATTN: MISS.CHERYL

Your Ref No: '

Claim Type: Third Party

Accident Date: 21/06/2018

Estimate No: EST1800163

Date: 03 Nov 2018

Policy No:

Veh Reg No: SDN5600P

Make/Model: MERCEDES C180

Chassis No: WDD2043492F836748

Engine No: 27182030416911

Reg. Date: 22/03/2012

Estimate Repair Cost to Vehicle No :SDN5600P

Description	Quantity	List Price	Amount
		SS	SS
List Price:			
1 FRONT BONNET -repair	1 PC	2,095.50	
2 FRONT BONNET R/H HINGE X	1 PC	159.50	
3 FRONT BONNET L/H HINGE X	1 PC	159.50	
4 FRONT BONNET CENTER HOOK X	1 PC	71.00	
5 FRONT BONNET R/H STOPPER X	1 PC	16.00	
6 FRONT BONNET L/H STOPPER X	1 PC	16.00	
7 FRONT BONNET CENTER OUTER SEAL X	1 PC	27.00	
8 FRONT BONNET INNER SEAL X	1 PC	250.80	
9 FRONT BONNET INNER SEAL CLIP X	1 SET	8.00	
10 FRONT GRILL sc -	1 PC	792.00	
11 FRONT GRILL CENTER LOGO ms -	1 PC	126.00	
12 FRONT GRILL CLIP ms -	1 SET	77.00	
13 FRONT R/H HEAD LAMP X m	1 PC	1,155.00	
14 FRONT R/H HEAD LAMP TOP SEAL X	1 PC	247.50	
15 FRONT R/H BONNET LOWER LOCK X	1 PC	38.50	
16 FRONT L/H HEAD LAMP TOP SEAL X	1 PC	247.50	
17 FRONT L/H HEAD LAMP X	1 PC	1,155.00	
18 FRONT L/H BONNET LOWER LOCK X	1 PC	38.50	
19 FRONT CENTER PANEL TOP GARNISH X	1 PC	137.50	
20 FRONT CENTER PANEL TOP GARNISH CLIP X	1 SET	7.00	
		6,824.80	6,824.80

Labour Charges:

21 TO REMOVE & FIXING FRONT BONNET & KNOCKING FRONT PANEL & REPLACE BONNET & HEAD LAMP & ADJUST BONNET & GRILL	1 JOB	980.00	150
22 TO PAINT FRONT BONNET & INNER & OUTER & FRONT PANEL & POLISH	1 JOB	900.00	250
		1,880.00	1,880.00

Total SS 8,704.80

LKK Auto Consultants hence notify the Repairer of the following:

TOTAL: SINGAPORE DOLLAR EIGHT THOUSAND SEVEN HUNDRED AND FOUR AND CENTS EIGHTY ONLY

- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

For C L Auto Pte Ltd

AUTHORISED SIGNATURE

895.50

400.00

1295.50

200

1036.40

415-1000




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

Affiliated to Federation Internationale Des Experts En Automobile				
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI18020185/R1tbe2		
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 18-01-2019		
		Code : GAI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GV 4071U	Veh. Inspected	SDN 5600P	
Policy No.	MT20180750	Coverage (\$)	0.00	
Claim No.	CLMOMVC000003322	Excess (\$)	0.00	
Assign From	SHARON NG	Assign Date	08/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ C 180	c.c	1796	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	WDD2043492F836748	Colour	GREY	
Odometer	121686	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/40 R18	GOODYEAR	6 mm	
L/H Front Tyre	225/40 R18	GOODYEAR	6 mm	
R/H Rear Tyre	225/40 R18	GOODYEAR	6 mm	
L/H Rear Tyre	225/40 R18	GOODYEAR	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/06/2018	Inspection Date	08/11/2018	
Survey held at	C L AUTO PTE LTD 48 TOH GUAN ROAD EAST #02-127 ENTERPRISE HUP SINGAPORE 608586			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDN 5600P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BONNET	TO REPAIR SEE LABOUR	2,095.50	-
1	FRONT BONNET R/H HINGE	NOT NECESSARY	159.50	-
1	FRONT BONNET L/H HINGE	NOT NECESSARY	159.50	-
1	FRONT BONNET CENTER HOOK	NOT NECESSARY	71.00	-
1	FRONT BONNET R/H STOPPER	NOT NECESSARY	16.00	-
1	FRONT BONNET L/H STOPPER	NOT NECESSARY	16.00	-
1	FRONT BONNET CENTER OUTER SEAL	NOT NECESSARY	27.00	-
1	FRONT BONNET INNER SEAL	NOT NECESSARY	250.80	-
1	SET FRONT BONNET INNER SEAL CLIP	NOT NECESSARY	8.00	-
1	FRONT GRILL	SCRATCHED	792.00	792.00
1	FRONT GRILL CENTER LOGO	MISSING	126.00	126.00
1	SET FRONT GRILL CLIP	NECESSARY	77.00	77.00
1	FRONT R/H HEAD LAMP	NOT NECESSARY	1,155.00	-
1	FRONT R/H HEAD LAMP TOP SEAL	NOT NECESSARY	247.50	-
1	FRONT R/H BONNET LOWER LOCK	NOT NECESSARY	38.50	-
1	FRONT L/H HEAD LAMP TOP SEAL	NOT NECESSARY	247.50	-
1	FRONT L/H HEAD LAMP	NOT NECESSARY	1,155.00	-
1	FRONT L/H BONNET LOWER LOCK	NOT NECESSARY	38.50	-
1	FRONT CENTER PANEL TOP GARNISH	NOT NECESSARY	137.50	-
1	SET FRONT CENTER PANEL TOP GARNISH CLIP	NOT NECESSARY	7.00	-
	LESS 10% DISCOUNT		-	-99.50
			6,824.80	895.50
	<u>LABOUR</u>			
	TO REMOVE & FIXING FRONT BONNET & KNOCKING FRONT PANEL & REPLACE BONNET & HEAD LAMP & ADJUST BONNET & GRILL. INCLUSIVE OF THE REPAIR OF FRONT BONNET.		980.00	150.00
	TO PAINT FRONT BONNET & INNER & OUTER & FRONT PANEL & POLISH.		900.00	250.00
			1,880.00	400.00
	GRAND TOTAL		8,704.80	1,295.50

Report Ref No. CS/GAI18020185/R1tbe2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,000.00
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Report Ref No. CS/GAI18020185/R1tbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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