

22/03/2002

ASS. REC. BY:

REF: CS3/GAI18020573/Jcd3/

Special Instruction:

Surveyor: Hwee Jie

ASSIGNMENT (Office)

From (Person): Sharon Ng

of

GAI

Date/Time:

13/11/18 @ 7:02pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLJ 3189A

Insured:

SIW 2083H

at Workshop m/s

D's Graffiti Concepts

Tel:

8608 3456

of

25 Kaki Bukit Rd 4 #06-26 Synergy

Policy No:

Claim No:

C1MOMVP000000898

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

9/11/2018

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

H.O.D. Endorsement:

Date/Time:

9:16am @ 14/11/18

Person Contacted:

DaveVehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate Ins: Alpha Car Services: 1KB Ave 6 #01-59

SLJ 3189A-XSIW 2083H-XDismantle: 15/11/2018

PRS

REF: GAI

Surveyor Hwe Jie

ASSIGNMENT

From: Date: 14/11/2018

Estimated Cost:

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

To Inspect Vehicle No: SLJ 3189A

at Workshop m/s Alpha Car Services

of 1 Kaki Bukit Ave 6 #01-59 Autobay

Insured:

Policy No.

Claims No.

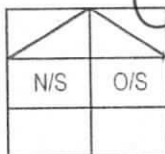
Sum Insured: Excess:

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SLJ 3189A Yr Regn: 05 Dec 2016

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

Truck / Trailer or

Make: Honda Civic c.c. 1498

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

Sp. Reading: 26097 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHFC1660GT000331

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size: F: 215 / 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. 9/11/18 D.O.I. 14/11/18 @ 1127am

Survey held at — @ 1130

Des. of Damages: ☒ Front / ☒ Rear / ☒ N/S / U/C / Rooftop or

Front / O/S

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

Date / Time Action / Instruction

Range: \$2,000 - \$5,000

Solays

19/11/2018

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Report Format : PRS

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

100

100

Nivitha (LKK Auto)

From: Ng, Sharon <Sharon.Ng@sg.gaig.com> on behalf of Motor Claims <MotorClaims@sg.gaig.com>
Sent: Tuesday, 13 November 2018 7:02 PM
To: Admin-D (LKKAuto); SUR
Subject: GAIC ref: CLMOMVP000000898- Re: PRE-REPAIR SURVEY - (ACCIDENT INVOLVING SLJ 3189A AND SJW2083H (GA) AT BLK 306 UBI AVENUE 1 OPEN SPACE CARPARK ON 09.11.2018)
Attachments: SJW2083H (OI).pdf; SLJ3189A (NTUC) - Addendum #1.pdf; [External] Fwd: PRE-REPAIR SURVEY - NOTIFICATION OF ACCIDENT (ACCI....2018) (2.58 MB)

Dear LKK

Please arrange PRS to SLJ3189A. Attached both parties' report for your verification on circumstances and damage consistencies.

Regards
Sharon
Great American

From: Dorothy Dylegal <admin@dylegal.asia>
Sent: Tuesday, November 13, 2018 10:46 AM
To: Motor Claims <MotorClaims@sg.gaig.com>
Cc: David Yong <dy@dylegal.asia>
Subject: [External] Re: PRE-REPAIR SURVEY - (ACCIDENT INVOLVING SLJ 3189A AND SJW 2083A AT BLK 306 UBI AVENUE 1 OPEN SPACE CARPARK ON 09.11.2018) || GAIC ref: CLMOMVP000000898

Dear Sharon,

1. We refer to your email of 12 November 2018.
2. Pursuant to the State Courts Practice Directions Amendment No. 1 of 2016, our client is not agreeable to your list of surveyors. Our client's appointed surveyor is Mr Fong Kok Heng (Automax Survey).
3. Please contact and liaise with the workshop directly to arrange for the pre-repair survey of our client's damaged vehicle and obtain the requisite documents from them.

Workshop	M/s D's Graffiti Concepts Pte Ltd
Address	25 Kaki Bukit Road 4 #06-26 Synergy @KB Singapore 417800
Contact Person	Mr Dave
Contact No.	8608 3456

4. Thank you.

Regards,

Dorothy Chang

(Secretary to Mr David Yong)

DY & Associates

883 North Bridge Road

#05-03 Southbank

Singapore 198785

Tel: 6292 2388

Fax: 6292 2088

Email: admin@dylegal.asia

UEN No. 53388398M

On Mon, Nov 12, 2018 at 5:35 PM Motor Claims <MotorClaims@sg.gaig.com> wrote:

WITHOUT PREJUDICE

Dear Dorothy

Our insured has reported and his vehicle number is SJW2083H instead.

Please be informed that our insured is counter-claiming.

Regards

Sharon

Great American

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6175J
Vehicle Details	
Vehicle No.:	SLJ3189A
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Nov 2018
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 1.5 TURBO VTIS SR
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	L15B71627390
Chassis No.:	MRHFC1660GT000331
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$26,990.00
Original Registration Date:	05 Dec 2016
First Registration Date:	05 Dec 2016
Transfer Count:	1
Actual ARF Paid:	\$24,786.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Dec 2026
PARF Rebate Amount:	\$18,589.00
Intended COE Rebate Details	
COE Expiry Date:	04 Dec 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,410.00
COE Rebate Amount:	\$45,408.00
Total Rebate Amount:	\$63,997.00

The information contained herein is correct as at 16 Nov 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 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	09/11/2018 13:44
Date Of Accident	09/11/2018 09:00
Exact Location Of Accident	BLK 306 UBI AVE 1 OSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ3189A
Insured/Policyholder	
Name Of Registered Owner	TEO WEE KHUAN (ZHANG WEIQUAN)
NRIC No	S8106175J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82226515
Alternative Phone No	OTHERS-82226515

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	5102998617
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	TEO WEE KHUAN (ZHANG WEIQUAN)
NRIC No	S8106175J
Date Of Birth	27/02/1981
Occupation	INDOOR
Date Of Driving Pass	21/06/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82226515
Fax Number	
Contact Number	OTHERS-82226515
EMail Address	NOEMAIL

Address	BLK 20 #06-2959 EUNOS CRESCENT
Postcode	400020
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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: : PASSENGER 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

I was intending to make a left turn at the intersection. Just then vehicle B was making a right turn, in front of me. While making the right turn, vehicle B did a narrow turning. Upon seeing this, I try to avoid and adjust my vehicle A more to my left to avoid vehicle B. However, vehicle B still came too close to me and the front rear wheel area of vehicle B side swipe into the front right area of my vehicle A.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG TO BE UPLOADED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW2083H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG ZHI HAO
NRIC/Passport Number	S8302324D
Contact Number	91507272
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 09-11-2018 / 13:58

Report No: MT/

D.O.A: 09-11-2018

Time: 09:00 hrs

Vehicle No: SLJ3189A

Reporting Type:

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:

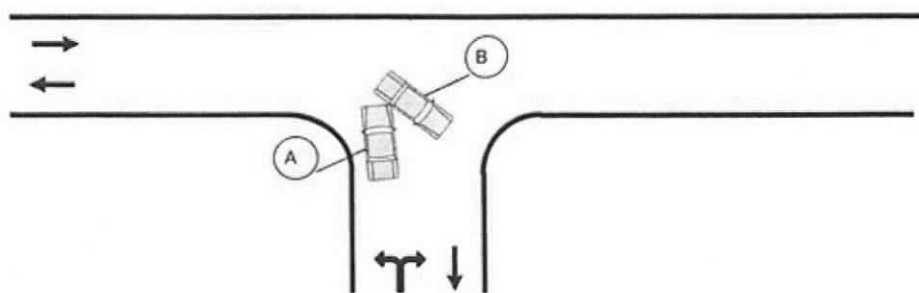
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

09-11-18 / 13:58
Policyholder's Signature / Date & Time

09-11-18 / 13:58
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

SKETCH PLAN



Blk 306 Ubi Ave 1 OSCP

Vehicle A: SLJ3189A

Vehicle B: SJW2083H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was intending to make a left turn at the intersection. Just then vehicle B was making a right turn, in front of me. While making the right turn, vehicle B did a narrow turning. Upon seeing this, I try to avoid and adjust my vehicle A more to my left to avoid vehicle B. However, vehicle B still came too close to me and the front rear wheel area of vehicle B side swipe into the front right area of my vehicle A.

Declaration

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

09-11-18 / 13:58
Policyholder's Signature / Date & Time

09-11-18 / 13:58
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel


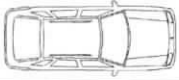
**LKK Auto Consultants Pte Ltd**

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				
GREAT AMERICAN INSURANCE COMPANY		Ref: CS3/GAI18020573/Jcd3e2		
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date: 27-11-2018		
Code: GAI				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SJW 2083H	Veh. Inspected	SLJ 3189A	
Policy No.		Coverage (\$)	0.00	
Claim No.	CLMOMVP000000898	Excess (\$)	0.00	
Assign From	SHARON NG	Assign Date	13/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA CIVIC	c.c	1498	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	MRHFC1660GT000331	Colour	GREY	
Odometer	26097 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/50 R17	YOKOHAMA	6 mm	
L/H Front Tyre	215/50 R17	YOKOHAMA	6 mm	
R/H Rear Tyre	215/50 R17	YOKOHAMA	6 mm	
L/H Rear Tyre	215/50 R17	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.				
5. General Information				
Accident Date	09/11/2018	Inspect Date / Time	14/11/2018 (11:27 AM)	
Survey held at	ALPHA CAR- KB AVE 6 #01-59 KAKI BUKIT AUTOBAY			
Repairer	D'S GRAFFITI CONCEPTS PTE. LTD.			
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 \$4,000-\$5,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		

Report Ref No. CS3/GAI18020573/Jcd3e2

Inspected By

ONG HWEI JIE

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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