

22/03/2003

ASS. REC. BY:

REF: CS3/GAI18020957/ Jcd3⁵⁷

Special Instruction:

Surveyor: Hwee Jee ASSIGNMENT (Office)

From (Person): Kelvyna Ngian of GAI Date/Time: 20/11/18 @ 2:30pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJS 9584D Insured: GBD 6459B

at Workshop m/s Hiap Lek Automobik Tel: 96601347

of 160 Sin Ming Drive #05-17

Policy No: _____ Claim No: CLM0MVC000003560

Sum Insured: _____ Excess: _____ D.O.A. 16/11/2018

Make of Veh: _____ (Client's Record) H.O.D. Endorsement: _____

CA / REV / REP. / REV 24 HRS / up? _____

Date/Time: 2:23pm 20/11/18 Person Contacted: Mr. Ong Vehicle IN/OUT _____

Date/Time	Action/Instruction (x) Estimate
	<u>SJS 9584D - x</u>
	<u>GBD 6459B - x</u>
	<u>Disassemble: 21/11/2018</u>
	<u>After repair: 21/11/2018</u>

PRS

REF: AG1

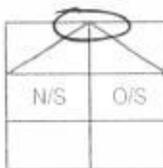
Suburban Hual jie

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s: _____
 of _____
 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 Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 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: SJS 9584D Yr Regn: 17 Sep 2009
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Subaru Impreza cc: 1498
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 174150 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JF1GH3K559603SD96
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Order / Jammed / Leaked / Burnt or
 Brake: Order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 225/45 2R17
 R: _____

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

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm

D.O.A. 16/11/18 D.O.I. 20/11/18 2:33pm

Survey held at Hiap Lek @ 1455
Des. of Damages Frnt / Rear / O/S / N/S / U/C / Rooftop or Front

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

Date / Time Action / Instruction

Range: \$5,800 - \$8,000
6 days

[Signature]
23/11/2018

RECEIVED 07 DEC 2018

Date/Time. File Pass to? : Preli. Report
 : Final Report
 Date/Time. File Return to? _____

Days Of Repair: 6
Resurvey No. of Trip: 2

Survey Fee:	
Transportation:	
) B - RS: SI	
) Photos	
) Other:	
TOTAL	

Add Fee: Site Insp (\$)
 Interview (\$)
 Tech. Invs (\$)
 Weekend (\$)

Report Format : PRS

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

Nivitha (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Tuesday, 20 November 2018 2:13 PM
To: Admin-D (LKKAuto); 'Admin A'
Subject: FW: Re: Yr ref: 18-A14-10053-vl-jp.st/ SJS9584D Our ref: CLMOMVC000003560/ GBD6459B
Attachments: SJS9584D (MSIG).pdf

Hi team

TP survey

Thanks
Kelvyna

From: Natalie Ling <natalie@legaloptions.biz>
Sent: Monday, November 19, 2018 5:35 PM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Subject: [External] Re: Yr ref: 18-A14-10053-vl-jp.st/ SJS9584D Our ref: CLMOMVC000003560/ GBD6459B

Dear Kelvyna,

Our client rejected your list of surveyor.

We provide you herewith our client's list of surveyor: -

	SURVEYOR:	CONTACT PERSON:	CONTACT:
1.	PAR AUTOMOTIVE CONSULTANCY	B J LOI	94882266
2.	UNITED APPRAISAL AND MANAGEMENT PTE LTD	MARC	91461186
3.	OH APPRAISAL SERVICES	OH HAN CHEONG	97982959
4.	SK AUTO CONSULTANTS	KUMA (S. KU,AMAN)	90040225
5.	LEE AUTOMOBILE APPRAISERS SERVICES	LEE K W	81882833
6.	CM AUTOMOTIVE CONSULTANCY	NG CHENG MENG	91459178
7.	ISP MANAGEMENT PTE LTD	ZALI SAIDI	96553574
8.	AUTO PERFORMANCE APPRAISAL	LEK BOON HWEE	94301592

Your said surveyor may contact
Mr Ong Han Wei at 9660 1347, M/s Hiap Lek Automobile Trading at
160 Sin Ming Drive #05-17, Sin Ming Autocity, Singapore 575722

*

If we do not hear from you within 2 days of this email, our clients shall deem that you have agree that the surveyor appointed by our clients shall be our single joint expert for this matter.

Thanks n regards,

Natalie

Secretary

LEGAL OPTIONS LLC

(GST Registration/UEN No. 201203825R)

Tel (65) 6513 2800 DID (65) 6513 2807 Fax (65) 6438-8275

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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	17/11/2018 12:37
Date Of Accident	16/11/2018 14:30
Exact Location Of Accident	WEST COAST HIGHWAY BEFORE WHOLESALE CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9584D
Insured/Policyholder	
Name Of Registered Owner	SGRENTACAR PTE LTD
Co Reg No	201329402W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93366721
Alternative Phone No	OFFICE-93366721
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29053390MKF
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SHAYUFI BIN SAPRI
NRIC No	S8120106D
Date Of Birth	11/07/1981
Occupation	INDOOR
Date Of Driving Pass	25/11/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82877616
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 592A MONTREAL LINK #03-04
 Postcode 751592
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 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? 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) 3
 Passenger 1 NAME: : MUR HIRDAHWATI BINTE MAHFOT S8423163J
 GENDER: : FEMALE
 Passenger 2 NAME: : SITI AISHAH MOHAMED ISMAIL S8634370C
 GENDER: : FEMALE

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 STATEMENT (ATTENDED BY: JAMES NG)

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 GBD6459B
 Vehicle Make/Model/Colour TOYOTA DYNA
 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)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SHAYUFI BIN SAPRI
Approximate Age	37
Injuries Sustain	CHECK AND NECK PAIN
Injured person in which vehicle?	SJS9584D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 592A MONTREAL LINK #03-04
Postcode	751592

DETAILS OF INJURED PERSON 2

Name	MUR HIRDAHWATI BINTE MAHFOT
Approximate Age	
Injuries Sustain	SHOCK AND PAINS ON NECK AND OTHER AREAS
Injured person in which vehicle?	SJS9584D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	SITI AISHAH MOHAMED ISMAIL
Approximate Age	
Injuries Sustain	SHOCK AND PAINS ON NECK AND OTHER AREAS
Injured person in which vehicle?	SJS9584D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

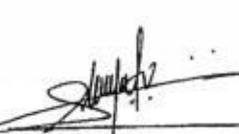
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:
 17 NOV 2018



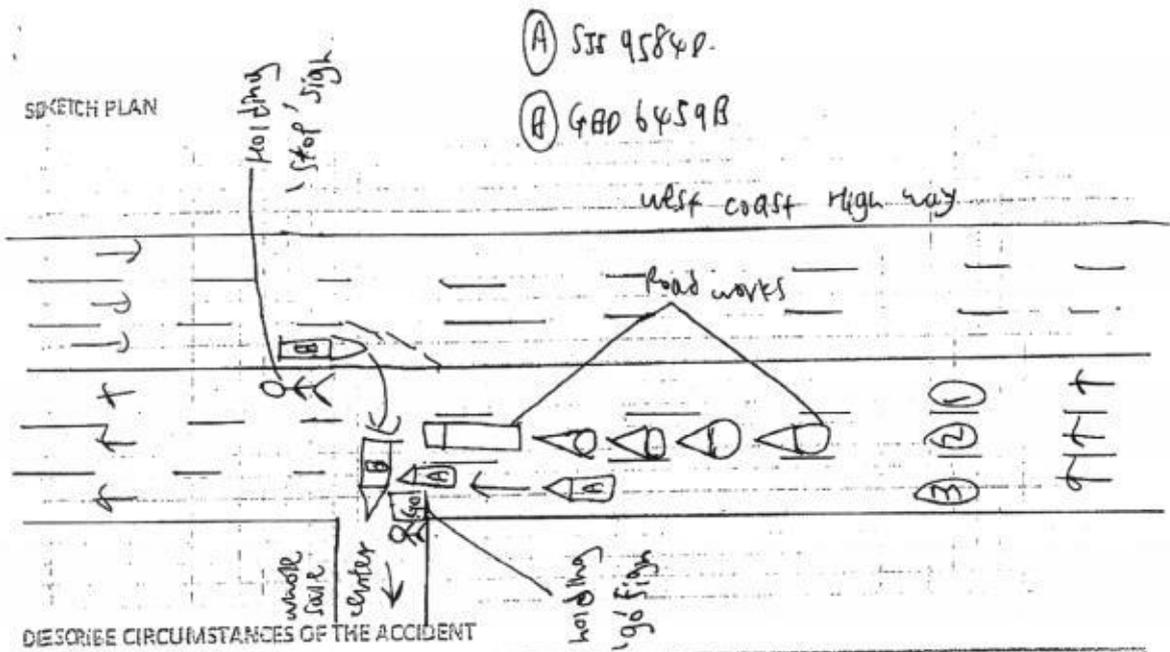

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:



Reporting Centre Personnel's Signature
 Name: **NG WING KIN JAMES**
 NRIC/FIN No.: **S7927881E**

Sketch Plan #2 Pg. 1

SKETCH PLAN



- (A) SIF 9584P.
- (B) GAD 6459B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 16/11/18 @ 1430hrs, I am driving along west coast highway on lane (3). going straight within my own lane. upon reach the junction, there are road works on lane (2). and I slow down as I saw that there is marshall guiding the traffic. I saw that the marshall lift the 'go sign' so I proceed to go straight. when reaching the junction of west coast highway and whole sale center, a lorry coming a very high speed turning right into the whole sale center and I try to brake but my vehicle still collided into the left side of the lorry. my vehicle front is badly damaged. after the impact, I felt some pain on my chest and neck pain. As for my passenger, they suffer some shock and some pain on neck and other areas pain too. my passenger and I want to see doctor and was given 2 days of MC

(1) Nur Hirdahwati Binte mahfot /584231635 } passengers.
 (2) Siti Aishah Binte mohamed Ismail /58634370c }

DECLARATION

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

Policyholder's Signature
 Date & Time:



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

Reporting Centre Personnel's Signature
 Name: NG WING KIN JAMES
 NRIC/PIH No.: S7927681E



17 NOV 2018

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	9402W
Vehicle Details	
Vehicle No.:	SJS9584D
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Nov 2018
Vehicle Make:	SUBARU
Vehicle Model:	IMPREZA 5D 1.5R AWD AT
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	EL15D861049
Chassis No.:	JF1GH3K559G035096
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,858.00
Original Registration Date:	17 Sep 2009
First Registration Date:	17 Sep 2009
Transfer Count:	2
Actual ARF Paid:	\$13,858.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Sep 2019
PARF Rebate Amount:	\$6,929.00
Intended COE Rebate Details	
COE Expiry Date:	16 Sep 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$18,020.00
COE Rebate Amount:	\$1,480.00
Total Rebate Amount:	\$8,409.00

The information contained herein is correct as at 21 Nov 2018

OK



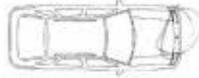
LKK Auto Consultants Pte Ltd

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			
GREAT AMERICAN INSURANCE COMPANY 3 TEMASEK AVENUE #16-01 CENTENNIAL TOWERSINGAPORE 039190		Ref: CS3/GAI18020957/Jcd3s2 Date: 07-12-2018 Code: GAI	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	GBD 6459B	Veh. Inspected	SJS 9584D
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000003560	Excess (\$)	0.00
Assign From	KELVYNA NGIAN	Assign Date	20/11/2018
2. Vehicle Particulars & Condition			
Make & Model	SUBARU IMPREZA	c.c	1498
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JF1GH3KS59G035096	Colour	BLUE
Odometer	174150 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/45 ZR17	MICHELIN	6 mm
L/H Front Tyre	225/45 ZR17	MICHELIN	6 mm
R/H Rear Tyre	225/45 ZR17	MICHELIN	6 mm
L/H Rear Tyre	225/45 ZR17	MICHELIN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.			
5. General Information			
Accident Date	16/11/2018	Inspect Date / Time	20/11/2018 (02:33 PM)
Survey held at	160 SIN MING DRIVE #05-17		
Repairer	HIAP LEK AUTOMOBILE TRADING		
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 \$6,800- \$8,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days	

Report Ref No. CS3/GAI18020957/Jcd3s2

Inspected By

ONG HWEE 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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