

22/03/2002

ASS. REC. BY:

REF: CS/LPC18021132/KSD3

Special Instruction:

Surveyor:

Kemuh

ASSIGNMENT (Office)

From (Person):

Gerald Poh

of

Lpc

Date/Time:

22/11/18 @ 12.24pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLK 3315Y

Insured:

SJX 5545S

at Workshop m/s

Massive Trading

Tel:

9108 2728

of

BLK 5038 AMK Ind. Park 2 # 01-405

Policy No:

Claim No:

18/18/18/VC05/021133

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

18/11/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

12.28pm @ 22/11/18

Person Contacted:

Anthony

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLK 3315Y - X
	SJX 5545S - CC6/AXA 14020872 / Mire3q2 DOA: 4/9/14
	43000
9/12	41 Sep @ 3250/ email
	46501

ASS. REC. BY:

REF:

LPL/

Kenneth

## 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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 26 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLK 3315 Yr Regn: 01, 17

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

Truck / Trailer or \_\_\_\_\_ Make: Honda Civic c.c. 1597

Colour: M. Red A/C: Insured / Std / NI / NA

Sp. Reading: 32447 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_ C/No: MRIHFC 5650GT000841

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: Mic 215/55R16 R: Hankook

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

Front R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 11/18

Survey held at

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

27/11 File pass to Garbena Nant

11/12 11/12 8 &amp; 7000 Carbur

11/12/18 Confirmed HS \$ 4,700/- @ 6 days with Kenneth.  
( \$ 7,843.36 Rd - 63% )

RECEIVED 11 DEC 2018

Date/Time, File Pass to?

11/12/18

1) Typist ☐ : Prell. ReportDate/Time, File Return to? ☒ : Final Report

2)

Days Of Repair: 6

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation: \$ + RS. \$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ 4,700/- 4/5 )

## Nivitha (LKK Auto)

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**From:** GERALD POH WEE BIN <geraldpoh@lonpac.com>  
**Sent:** Thursday, 22 November 2018 12:24 PM  
**To:** Admin-D (LKKAuto)  
**Subject:** RE: TP CLAIMS- SKB2025A & SLD1091S DOA 18/11/2018 Our Ref: 18/18/18/VP05/021134  
**Attachments:** 22112018121927.pdf; 22112018122314.pdf

Our Ref : 18/18/18/VC05/021133

Dear Catherine,

Please see attached and proceed accordingly.

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

GERALD POH WEE BIN

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**From:** GERALD POH WEE BIN  
**Sent:** Thursday, 22 November, 2018 12:19 PM  
**To:** 'admin-d@lkkauto.com'  
**Cc:** 'mt\_claim@lonpac.com'; 'Janice Kee'  
**Subject:** FW: Pre Repair Survey for SLK 3315 Y Our Ref: TKSF/M492-ACC-41187.18/sf

Dear Catherine,

Kindly proceed accordingly.

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

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**From:** Janice Kee [<mailto:janice.kee@ksteoptr.com>]  
**Sent:** Thursday, 22 November, 2018 12:08 PM  
**To:** GERALD POH WEE BIN  
**Cc:** MT\_Claim\_SG; Anthony Cheong  
**Subject:** Re: Pre Repair Survey for SLK 3315 Y Our Ref: TKSF/M492-ACC-41187.18/sf

Dear Sir

Our client has agree to the usage of Mr Kenneth Kong from LKK Auto Consultants Pte Ltd as the Single Joint Expert to conduct the Pre-Repair Survey.

Kindly proceed to engage Mr Kenneth Kong from LKK Auto Consultants Pte Ltd to perform the said Pre-Repair Survey in accordance to the NIMA Protocol.

Thank you.

Regards,

Janice Kee

c/o Teo Keng Siang LLC

111 North Bridge Road,

#29-07/08 Peninsula Plaza,

Singapore 179098

Tel: 6333 4222 Fax: 6333 5676

张景祥大律師樓  
(律師公會註冊及宣誓)

# Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098  
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688

Email: KSTEOCO@singnet.com.sg

(FAX - NOT FOR SERVICE OF COURT DOCUMENTS)



Our Ref : TKSF/M492-ACC-41187.18/sf (mc)  
Your Ref : SJX 5545 S  
Date : 22 November 2018

Secretary in charge: Janice

Tel : 6333 4222 (ext 60)

Fax : 6333 5676 / 6333 5688

Email : janice.kee@ksteoptr.com

To: Lompac Insurance Bhd  
300 Beach Road  
#17-04/07 The Concourse  
Singapore 199555  
Attn: Motor Claims Dept

**WITHOUT PREJUDICE**

**BY PDX #8192 & BY FAX 6296 2706**

cc: CT Elevator Pte Ltd (Owner)  
Chen Hong (Driver)  
C/o 9 Tagore Lane  
#03-22 9@Tagore  
Singapore 787472

**BY POST ONLY**

**PDX Intercompany Exchange Pte Ltd**



010808571771

FROM TEO KENG SIANG LLC

PDX Box No. 8902

Dear Sirs

**RE: ACCIDENT INVOLVING SLK 3315 Y / SJX 5545 S / (SJF 3261 T) ON 16/11/18 ALONG CTE TOWARDS CITY BEFORE EXIT 6**

We are instructed by Yap Eng Boo to notify you of a road traffic accident 16/11/18 at about 19:15 hours at **ALONG CTE TOWARDS CITY BEFORE EXIT 6** involving our client's vehicle registration number **SLK 3315 Y** and vehicle registration number **SJX 5545 S** driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the 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.

Please note that our client's motor vehicle **SLK 3315 Y** is now at the following workshop:-

**Massive Trading & Auto**  
Blk 5038 Ang Mo Kio Industrial Park 2  
#01-405  
Singapore 569541  
Contact: 9108 2728 Anthony

Yours faithfully,

M/s Teo Keng Siang LLC  
encs

**\*\*Survey was conducted by:-**

Name of Surveyor:

Date of Survey:

Time of Survey:

\_\_\_\_\_  
Signature

Teo Keng Siang  
LL.M (Singapore),  
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth  
LL.B (Hons) University of Bristol

## 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	21/11/2018 14:56
Date Of Accident	16/11/2018 19:15
Exact Location Of Accident	CTE TOWARDS CITY BEFORE EXIT 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3315Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP ENG BOO
NRIC No	S1575552J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98502913
Alternative Phone No	OTHERS-98220925

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 VTI CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	17-MU000230
Cover Note Number	12/01/2017 - 11/01/2019

### Driver

Name of Driver	YAP YI YANG
NRIC No	S9536269I
Date Of Birth	26/09/1995
Occupation	INDOOR
Date Of Driving Pass	02/12/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98220925
Fax Number	
Contact Number	OTHERS-98502913
EMail Address	NOEMAIL

Address	BLK 221 ANG MO KIO AVE 1 #08-759
Postcode	560221
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN 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?	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)	2
Passenger 1	NAME: : KALYNN GIH ZHI XUAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE SKETCH PLAN BY 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX5545S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN HONG
NRIC/Passport Number	S8787366H
Contact Number	96460589
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJF3261T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDY
NRIC/Passport Number	
Contact Number	82181274
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	YAP YI YANG
Approximate Age	
Injuries Sustain	WHIPLASH
Injured person in which vehicle?	SLK3315Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	KALYNN GOH ZHI XUAN
Approximate Age	
Injuries Sustain	WHIPLASH
Injured person in which vehicle?	SLK3315Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**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.

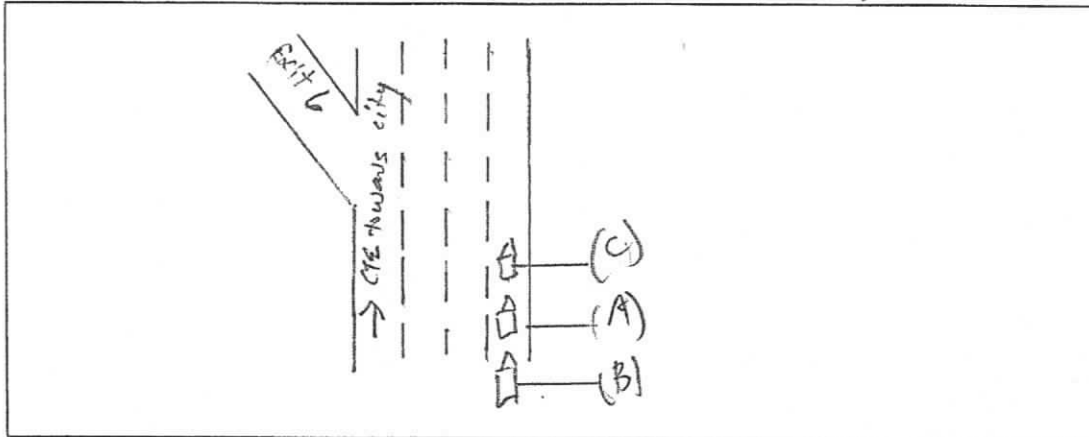
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

  
\_\_\_\_\_  
Reporting Centre for Personal Data Protection Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

Date of accident: 16.11.2018 Time: 7.15 pm Location: CTE towards city before exit 6  
 My Vehicle A: SLK 3315 Y Vehicle B: SIF 3216 T Vehicle C: SIX 5545 S  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.11.2018 at 7.15pm. I was driving along lane 1 CTE towards city, before exit 6 the vehicle (C) slow down and likewise I do slow down my vehicle. At this juncture vehicle (B) could not stopped in time and collided onto the rear of my vehicle. The strong impact pushes my vehicle forward to collide onto the front vehicle.

Car B - Chen Hong  
 S 979 731000

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:  
 My workshop: Massive Trading & Auto  
 Email address: cheonganthony@yahoo.com.sg  
 & myself:  
 Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## 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: 21/11/8 at 1400 hrs

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



AH LIM MOTOR COMPANY

15.

# Massive Trading & Auto

Mailing address : Blk 225 #07-579 Ang Mo Kio Ave 1 Singapore 560225  
Tel : 91082728

Fax : 64816131

Yap Eng Boo  
Blk 221 Ang Mo Kio Ave 1  
#08-759  
Singapore 560221

Vehicle No : SLK 3315 Y  
Make/Model : Honda Civic  
Year : 2016

Not at home

Return B & paint

6 days

1/1 Sy @ 4650/2  
4700

Qty	Unit Price	Amount
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## Estimate Cost Of Repair

1 pc	Front bonnet	R	\$658.80	X
1 pc	Front bonnet lock	R	\$185.60	X
1 pc	Front o/s fender	R	\$286.90	X
1 pc	Front o/s fender lamp	R	\$76.20	X
2 pcs	Front headlamp assy	CNT	\$725.70	\$1,451.40 X
1 pc	Front support panel	R	\$575.90	X
1 pc	Front support panel top garnish	R	\$175.20	X
1 pc	Front grille	CNT	\$188.80	X
1 pc	Front grille chrome	my CNT	\$150.40	X
1 pc	Front grille emblem	ms	\$45.60	X
1 pc	Front bumper	Bu	\$597.90	X
1 pc	Front bumper reinforcement	Bu R	\$396.70	X
1 pc	Front bumper lower grille	CNT	\$106.60	X
2 pcs	Front bumper fog lamp	Sm	\$375.50	\$751.00 X
2 pcs	Front bumper fog lamp garnish	Sm	\$65.80	\$131.60 X
1 pc	Air con condenser	R	\$755.40	X
1 pc	Rear boot lid	R	\$788.10	X
1 pc	Rear boot rubber	Sm	\$155.60	X
1 pc	Rear boot lid emblem " H "	ms	\$35.60	—
1 pc	Rear boot lid emblem " Civic "	ms	\$46.20	—
1 pc	Rear boot lid emblem " Vtech "	ms	\$45.10	—
2 pcs	Rear tail-lamp assy	ms	\$287.40	\$574.80 X
1 pc	Rear end panel	R	\$355.50	X
1 pc	Rear end panel inner garnish	Sm	\$155.70	X
1 pc	Rear bumper	Bu	\$668.20	X
1 pc	Rear bumper lower garnish	CNT	\$275.30	—
1 pc	Rear bumper reinforcement	Bu	\$395.10	X
2 pcs	Rear bumper side retainer	ms	\$67.30	\$134.60 X
2 pcs	Rear bumper bracket	R	\$72.30	\$144.60 X
		balance c/f	\$10,308.40	

SLK 3315 Y

		balance b/f	\$10,308.40	
2 pcs	Rear bumper reflector	<i>n/s</i>		
2 pcs	Rear bumper reflector garnish	<i>n/s</i>	\$95.10	\$190.20 <i>2x</i>
2 pcs	Rear sensor	<i>short</i>	\$55.10	\$110.20 <i>4x</i>
1 pc	Rear exhaust silencer		\$258.10	\$516.20 <i>2x</i>
				<i>n</i> \$866.70 <i>X</i>
				\$11,991.70
		Less 20 %		\$2,398.34
				\$9,593.36

S Nett Item

1 pc	Front no plate		<i>B</i>	\$40.00 <i>✓</i>
20 pcs	Front & rear bumper clip	\$2.00	<i>m</i>	\$40.00 <i>✓</i>
				\$80.00

Labour Charges

To remove/renew the above accident parts including knocking, welding & cutting.	\$1,200.00	<i>700</i>
To putty and spray paint	\$1,200.00	<i>880</i>
To check and reconnect wiring.	\$40.00	<i>✓</i>
To spray anti rust proofing treatment on accident affected portion.	<i>nn</i> \$100.00	<i>X</i>
Remove/refit rear boot upholstery to facilitate repair.	\$150.00	<i>60</i>
Remove/renew air con condenser & to top up gas element	<i>nn</i> \$180.00	<i>X</i>
	Total	\$12,543.36

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- 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: