

ASS. REC. BY:

REF: CS3/LPC/802/249/RISD3ⁿ² Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): ong hti of lpc Date/Time: 23/11/18 3:26pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJV 2755H Insured: GBG1016M

at Workshop m/s: Benefit Autocare Tel: 8444 6556/9489 4845

of 11 kaki Bkt Rd + #01-02 Eunus fehnolink

Policy No: _____ Claim No: 18/18/18/VCOO/021146

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26/11/18
(Client's Record)

CA / REV / REP. / REV 24 HRS ^{up?} H.O.D. Endorsement: _____

Date/Time: Apr 23/11/18 Person Contacted: ERIC Vehicle ID: LOU

Date/Time	Action/Instruction (x) Estimate
	<u>SJV 2755H - X</u>
	<u>GBG1016M - CS: EG117017959/Kgbc2</u> <u>DUA: 14/11/17</u>

PRS

ASSIGNMENT

From: Date: *26/11/18*

Estimated Cost:

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

To Inspect Vehicle No: *SJV 2755H*
at Workshop n/s: *Benefit Autocare*
of *11 kaki Bkt Rd 1 # 01-02*
Insured: *Euros technolink*

Policy No.

Claims No.

Sum Insured:

Excess:

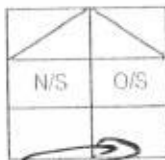
(Client's Record)

Make of Vch:

ERIC@9489 4845

(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

(up)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: *SJV 2755H* Yr Regn: *2010 / JMN*

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

Truck / Trailer or

Make: *Subaru Legacy Sedan 2.0 C.C* *1994*

Colour: *Black* A/C: Insured / Std / NI / NA

Sp Reading: *096714* T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: *JF1BM SKC2AG003696*

Gen. Cond: Good / *Y* / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / *Y* / STD A/Rim or

Tyre Size: F: *205/60R16*

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. *08/11/18*

D.O.I. *26/11/18* *1.33*

Survey held at: *BENEFIT MURONG*

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

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

Date / Time Action / Instruction

Submit PRS report

RECEIVED 28 NOV 2018

Date/Time, File Pass to?

28/11/18

1) *Typist*

Date/Time, File Return to?

2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: */*

Resurvey No. of Trip: */*

Survey Fee:

Transportation:

) \$ + RS, SI

) Photos

) Others

)

TOTAL

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Report Format: *PRS*

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

450

Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Friday, 23 November 2018 3:26 PM
To: Accident@kscgp.com; assignments@lkkauto.com; admin-d@lkkauto.com
Cc: jiapei@kscgp.com; MT_Claim_SG
Subject: RE: 2nd Notice to Conduct Pre-repair Survey; Our Ref: SJV 2755H/BA/jp/ps - Your Ref: 18/18/18/VC00/021146
Attachments: 2nd PRS - SJV 2755H.PDF

Without Prejudice

Dear Sampu

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

Dear Catherine/Nivitha

Please arrange any of your surveyors to conduct PRS.

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: Friday, 23 November, 2018 3:03 PM
To: ONG LI LI
Cc: jiapei@kscgp.com
Subject: 2nd Notice to Conduct Pre-repair Survey; Our Ref: SJV 2755H/BA/jp/ps - Your Ref: 18/18/18/VC00/021146

Dear Ong,

We refer to your 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

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susceptible to change and we shall not be liable for the improper or incomplete transmission of the information contained in this communication nor for any delay in its receipt or damage to your system. We do not guarantee that the integrity of this communication has been maintained nor that this communication is free of viruses, interceptions or interference.

----- Original Message -----

From: ONG LI LI [mailto:llong@lonpac.com]

To: accident@kscgp.com

Cc: mt_claim@lonpac.com

Sent: Fri, 23 Nov 2018 06:34:28 +0000

Subject:

Without Prejudice

Save as to Costs

Dear Sir/Mdm

We refer to your fax of 22 November 2018. Please fax it to 62962706 for future cases so that it can be attended to promptly.

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 <input type="checkbox"/>
1	Kalvin Ang	<input type="checkbox"/>
2	Xing Guo Qiang	<input type="checkbox"/>
3	Mohamad Taufikh	<input type="checkbox"/>
4	Bryan Ang	<input type="checkbox"/>
5	Adrian Ling	<input type="checkbox"/>
6	Mohammed Rasul	<input type="checkbox"/>
7	Marcus Chua	<input type="checkbox"/>
8	Kenneth Kong	<input type="checkbox"/>
9	Muhammad Nazril Bin Abdullah	<input type="checkbox"/>
10	Sathya Sai Kathirrasen	<input type="checkbox"/>

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

This email has been scanned by the MxScan Email Security System.

Your Ref : 18/18/18/VC00/021146

Our Ref : SJV 2755H/BA/jp/ps

Date : 23 November 2018

Fax : 6538 3708

Tel : 3152 0989

Email : accident@kscgp.com

Lonpac Insurance Berhad

By Email Only

DATE OF ACCIDENT: 8 NOVEMBER 2018

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email on 23 November 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
1.	Ho Joo Loong, Danny
2.	Lee Kok Weng
3.	Seah Kwang Boon
4.	How Andrew
5.	Yeo Teck Woon, Dixon
6.	Png Chee Kiang Victor
7.	Fong Kok Heng, Stanley
8.	Cheong Kim Hin Alan
9.	Yap Teck Chye, Michael
10.	Wong Ah Kow, Richard

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 : **Benefit Auto Care Pte Ltd**
11 Kaki Bukit Road 1
#01-02, Eunos Technolink
Singapore 415939

Contact Person/Tel : Ms Angeline / Tel: 8444 6556

Yours faithfully,

PS

Your Ref : 18/18/18/VC00/021146

Our Ref : SJV 2755H/BA/jp/ps

Date : 23 November 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	09/11/2018 17:10
Date Of Accident	08/11/2018 18:00
Exact Location Of Accident	ALEXANDRA RD BESIDE ALEXANDRA POINT BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2755H
Insured/Policyholder	
Name Of Registered Owner	TAN KIM WATT EDWIN
NRIC No	S6832227H
Email Address	EDWINTAN1621@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98232920
Alternative Phone No	OTHERS-98232920

Vehicle Particulars

Manufacturer	SUBARU
Model	LEGACY 2.0A
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102455895
Cover Note Number	

Driver

Name of Driver	TAN KIM WATT EDWIN
NRIC No	S6832227H
Date Of Birth	29/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1994
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98232920
Fax Number	
Contact Number	OTHERS-98232920
Email Address	EDWINTAN1621@YAHOO.COM.SG

Address	BLK 148 SERANGOON NORTH AVE 1 #03-463
Postcode	550148
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	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	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: : NA
	GENDER: : MALE
Passenger 2	NAME: : NA
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
--	-----

If Yes, Please state which Police Station

Police Station Name	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
---------------------	---

Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
------------------------	--

Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
------------------------	---

Was notice of intended Prosecution given?	NO
---	----

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT

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	GBG1016M
Vehicle Make/Model/Colour	
Details Of Properties	FRONT
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

84947387

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN KIM WATT EDWIN

Approximate Age

Injuries Sustain

REFER REPORT

Injured person in which vehicle?

SJV2755H

Were seat belts worn?

YES

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:

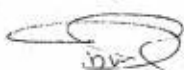
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

9/11/2018
1315pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:

9/11/2018
1315pm

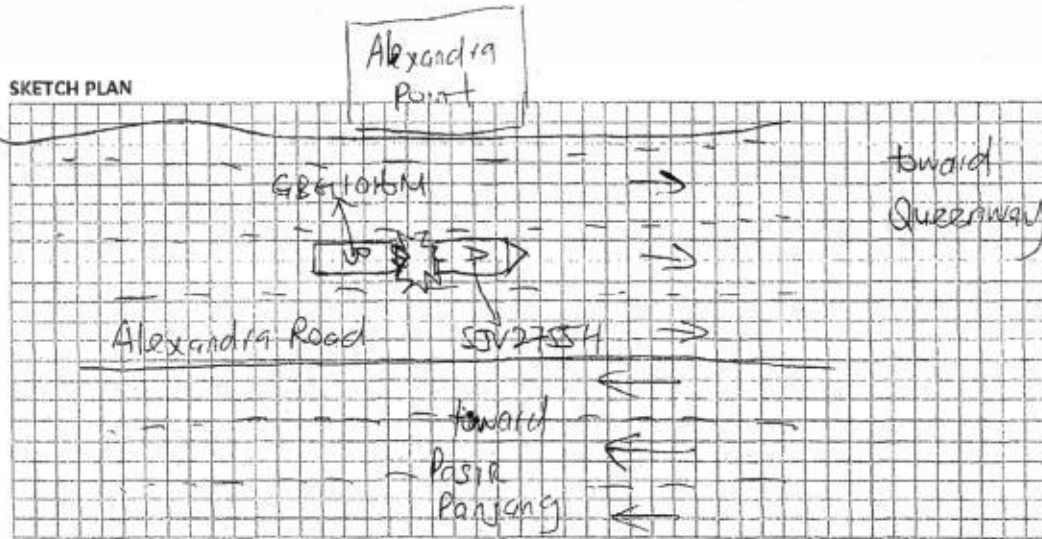


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SEE ATTACH.

DECLARATION

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

Policyholder's Signature

Date & Time: 9/11/2018

GIAAHC Sketch 13/5 pm

Driver's Signature

(if driver is not the policyholder)

Date & Time: 9/11/2018
13/5 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3 Pg. 1

Date : 8th Nov 2018

Time : 6pm

Location : Alexandra Road(Beside Alexandra Point Building) toward Queensway

Subject : Car Accident Involve between SJV2755H and GBG1016M

On 8th Nov 2018 at 6pm along Alexandra Road(Beside Alexandra Point Building) toward Queensway at middle lane when my vehicle SJV2755H was moving slowing due to heavy traffic congestion along the Alexandra Road, suddenly the white van of vehicle number GBG1016M bang into my rear and cause damage to my rear bumper. Before I go and check the accident, I on the hazard light and ask my 2 Grab Riders(Passenger) whether they are okay cause during the accident I'm on Grab booking to ferry my 2 Grab riders to Dempsey Road. The 2 Grab riders replied and acknowledged they are fine hence I proceed to check my car condition. There are damages to my rear bumper, I took some photos and as well exchange phone numbers with the driver of GBG1016M(hp 8494 7387) . As not to cause traffic congestion to other road users, we proceed to embark our way and settle the accident via SMS communication.

Attach are the accident photos involve SJV2755H and GBG1016M and also the SMS corresponds.

Best Regards;

Edwin Tan Kim Watt

Mobile : 98232920

Vehicle : SJV2755H

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181109/2099

1 of 3

Report No. T/20181109/2099

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2018 15:35	Vide Report No.:	Station Diary No.: 9
--	------------------	-------------------------

Informant's Particulars			
Name of Informant: TAN KIM WATT EDWIN		Address: APT BLK 148 SERANGOON NORTH AVENUE 1 #03-463 SINGAPORE 550148	
ID Type / ID No.: NRIC NO / S6832227H		Contact No.: Home/Office: Mobile: 98232920	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 29/08/1968	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ALEXANDRA ROAD QUEENSWAY Beside Alexandra Point Building				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG1016M	Car					0
SJV2755H	Car	SUBARU	LEGACY SEDAN 2.0i AWD CVT ABS AIRBAGS	Black		2



**SINGAPORE
POLICE FORCE**



T/20181109/2099

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

2 of 3

Report No. T/20181109/2099

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJV2755H	NTUC Income Insurance Co-Operative Limited	5102455895	23/07/2018	22/07/2019

Brief Details.

On 08/11/2018 at about 1800hrs, I was driving my car SJV2755H, along Alexandra Road towards Queensway. It was heavy traffic then thus the traffic was slow. I was at the center lane near to Alexandra Point Building and was stationery. Suddenly, one van GBG1016M, came from behind and believed that he did not stop and hit onto the back of my car. I had 2 foreign passenger in my car at that point of time. After the hit, I checked on my passenger and they said they were alright. I then stepped out of my vehicle and checked on my car and there was 2 dent at the back of my bumper. I then exchanged particular with the van driver and as the traffic was heavy, I told him to discussed further through phone and we left to smoothed the traffic.

I thought that I was alright, however when it comes to the night, I felt pain at the back of my neck and I went to see the doctor and I got 4 days of MC. Thus I am making this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20181109/2099

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

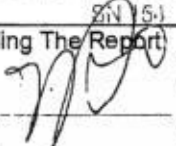
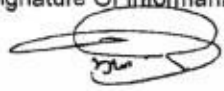
3 of 3
Report No. T/20181109/2099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

<p>Signature Of Officer Recording The Report: F / Sgt 2 TEO JING XIAN: </p>	<p>Signature Of Informant: </p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 09/11/2018, 15:35</p>
<p>Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204</p>	<p>Classification Of Case:</p>

Authentication Stamp
NP168

Text message
Yesterday 6:26 PM

Hey boss. I'm sorry i hit your car. A bit kanchiong just now looking for delivery location. Hope you can let me off since the damage is minor. I just came out from DRC and just got this job. I couldn't afford to compensate you for the time being. Can we work something out if you insist on claiming from me. Many thanks.

Today 9:14 AM

Bro. Sorry for late reply. FYI, there r 2 Ang mo foreigners GRAB riders inside my car during e incident n I'm afraid they might report injuries.. hence I need to make report in case they make claim.. therefore I need to make report to my insurance as safe guard.

On my end what do I need to do?

insist on claiming from me. Many thanks.

Today 9:14 AM

Bro. Sorry for late reply. FYI, there r 2 Ang mo foreigners GRAB riders inside my car during e incident n I'm afraid they might report injuries.. hence I need to make report in case they make claim.. therefore I need to make report to my insurance as safe guard.

On my end what do I need to do?

Just report to yr insurance n they will guide u...

If they don't make claim than its nothing?

Hopefully nothing from my riders

Hope so too



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/LPC18021249/R1sd3n2

Date: 28-11-2018



Code: LPC2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GBG 1016M	Veh. Inspected	SJV 2755H
Policy No.		Coverage (\$)	0.00
Claim No.	18/18/18/VC00/021146	Excess (\$)	0.00
Assign From	ONG LI LI	Assign Date	23/11/2018

2. Vehicle Particulars & Condition

Make & Model	SUBARU LEGACY SEDAN 2.0	c.c	1994
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	JF1BM5KC2AG003696	Colour	BLACK
Odometer	96714 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	MICHELIN	6 mm
L/H Front Tyre	205/60 R16	MICHELIN	6 mm
R/H Rear Tyre	205/60 R16	MICHELIN	6 mm
L/H Rear Tyre	205/60 R16	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
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5. General Information

Accident Date	08/11/2018	Inspect Date / Time	26/11/2018 (01:33 PM)
Survey held at	BENEFIT AUTO CARE PTE. LTD. 11 KAKI BUKIT ROAD 1 #01-02 SINGAPORE 415939		

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.
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Inspected By

MRB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU

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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