Surveyor:	1 - (000)	ASSIGN	MENT (Office)		
	ong liki	of	HPC .	Date	Time: 11/12/180 1.02pm
Estimated Co			Bill to:		
OD TP/W	STTP RES / OD RI	ES/EVA/INV/MV	7 CS		
To Inspect V			93R	Insured:	SLE 38772
ut Workshop		KUO Ah WG	IV		9754 8055 .
of	5 S00r	lee street	#06-03		L
Policy No:_		V2	Claim No:	8/18/18	vp05/02/202
Sum Insured: Make of Veh: (Client's Percent)			Excess:	a sometiment of	
					A. 10/12/2018
				D.O.	A. 10/12/0010
Client's Record	d)	- lub			
Client's Record	d) / REP. / REV 24 I	ins hyp	M. Ilan	13 H.C	D.D. Endorsement:
Client's Record	d) / REP. / REV 24 I	IRS hap B Person Contacte	d My. 1400	13 H.C	2/12/18
(Client's Record CA / REV	d) / REP. / REV 24 H 3·20pm@11/12	Person Contacte		13 H.C	D.D. Endorsement:
Client's Recer CA / REV Date/Time:	Action/Instruction	Person Contacte (X) Estima		13 H.C	D.D. Endorsement:
Client's Recer CA / REV Date/Time:	3.20pm@11/12 Action/Instruction S11.9543	Person Contacte (X) Estim		13 H.C	D.D. Endorsement:
Client's Recer CA / REV Date/Time:	Action/Instruction	Person Contacte (X) Estim		13 H.C	D.D. Endorsement:
Client's Recer CA / REV Date/Time:	3.20pm@11/12 Action/Instruction S11.9543	Person Contacte (X) Estim		13 H.C	D.D. Endorsement:
Client's Recer CA / REV Date/Time:	3.20pm@11/12 Action/Instruction S11.9543	Person Contacte (X) Estim		13 H.C	D.D. Endorsement:

Nivitha (LKK Auto)

From:

ONG LI LI < llong@lonpac.com>

Sent:

Tuesday, 11 December 2018 1:02 PM

To:

Accident@kscgp.com; assignments@lkkauto.com; Admin-D (LKKAuto)

Cc:

MT_Claim_SG

Subject:

Our Ref : 18/18/18/VP05/021202 RE: 2ND PRS - Notice to conduct Pre-Prepair

Survey - Your insured'svehicle: SLE 3877Z and our ref: SLL 9593R/KAW/jp/cl

Attachments:

2nd PRS - 11.12.18.pdf

Without Prejudice Save as to Costs

Dear Calshie

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

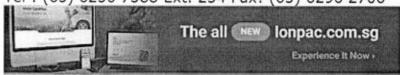
Dear Catherine/Nivitha

fya

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: Tuesday, 11 December, 2018 12:59 PM

To: GERALD POH WEE BIN

Cc: MT_Claim_SG

Subject: 2ND PRS - Notice to conduct Pre-Prepair Survey - Your insured'svehicle: SLE 3877Z and our ref: SLL

9593R/KAW/jp/cl

Dear Gerald,

Please find attached our 2ND PRS Notice to conduct Pre-Prepair Survey, for your attention.

Thank you.

Regards,

Wishing you a Merry Christmas and a Happy New Year!



Calshie LIM 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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---- Original Message ----

From: GERALD POH WEE BIN [mailto:geraldpoh@lonpac.com]

To: Accident@kscgp.com Ce: mt claim@lonpac.com

Sent: Tue, 11 Dec 2018 03:54:35 +0000

Subject:

WITHOUT PREJUDICE

Our Ref

: 18/18/18/VP05/021202

Dear Calshie,

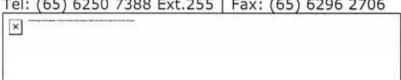
Please see attached and revert to us.

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



From: Accident@kscqp.com [mailto:Accident@kscqp.com]

Sent: Tuesday, 11 December, 2018 11:42 AM

To: MT_Claim_SG Cc: jiapei@kscgp.com

Subject: 1ST PRS - Notice to conduct Pre-Prepair Survey - Your insured's vehicle: SLE 3877Z and our ref: SLL

9593R/KAW/ip/cl

Dear Sirs.

Please find enclosed our 1ST PRS Notice to conduct Pre-Prepair Survey, for your attention and necessary action.

Thank you.

Wishing you a Merry Christmas and a Happy New Year!



Regards, Calshie LIM 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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Your Ref : 18/18/18/VP05/021202

Our Ref : SLL 9593R/KAW/jp/cl

Date : 11 December 2018

Fax : 6538 3708 Tel : 3152 0982

Email: accident@kscgp.com

LONPAC INSURANCE BHD

BY EMAIL ONLY

DATE OF ACCIDENT: 10 DECEMBER 2018 NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email dated 11 December 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	Company Name
1	Errol Tan	Pro Plus Automobile Engineers
2	Dave Chang	Sincere Appraisal Services
3	Lee Kok Weng	Lee Automobile Services

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

: Koo Ah Whar 5 Soon Lee Street #06-03 Pioneer Point Singapore 627607

Contact Person/Tel

: Khoo Teck Kuan / Tel: 9754 8055

Yours faithfully,

CL

 $\begin{array}{lll} \mbox{Your Ref} &: 18/18/18/VP05/021202 \\ \mbox{Our Ref} &: SLL~9593R/KAW/jp/cl \\ \mbox{Date} &: 11~December~2018 \end{array}$

Acknowledgement

Thi	s is to confirm that I	04 990)	_ [Full Name of Surveyor] of v] have completed as follows:
(a)	Pre- Repair Survey/Inspection on		
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:	
(b)	Pre- Repair Survey/Inspection (during dismant)	ling) on	[Date] atTime].
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:	
(c)	Re-inspection of new replacement part (part by	part) on [D	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:	

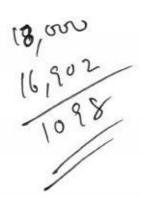
> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9834H
Vehicle Details	
Vehicle No.:	SLL9593R
Vehicle to be Exported:	No
ntended Deregistration Date:	13 Dec 2018
Vehicle Make:	NISSAN
Vehicle Model:	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	VQ25411214A
Chassis No.:	JN1BBUJ32Z0001319
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	\$33,481.00
Original Registration Date:	08 Apr 2009
First Registration Date:	08 Apr 2009
Transfer Count:	1
Actual ARF Paid:	\$33,481.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Apr 2019
PARF Rebate Amount:	\$16,740.00
Intended COE Rebate Details	
COE Expiry Date:	07 Apr 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$5,700.00
COE Rebate Amount:	\$162.00
Total Rebate Amount:	\$16,902.00

The information contained herein is correct as at 13 Dec 2018

OK



MVA118159157 / WAG - BLixh Batok ENTRY DATE & TIME: 10/12/2018 13:14 SUBMITTED BY: SUBAN SEAH SOH ENG

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims proce is
- 2. This Form note: be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and apporate as possible. Any wilful in is representation or witholding of material facts may allow insurance companies to repudiate policy | #bility
- 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 Contra established by the General insurance Association of Singapone (GIA) for archiving and that copies of this report will, for a feet be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you haveby object to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT

Date Of Report

10/12/2018 13:14

Date Of Accident

10/12/2018 10:20

Exact Location Of Accident

BUKIT BATOR WEST AVE 6 INTO CARPARK

Country/State of Loss

SINGAPOR

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLL9593R

Insured/Policyholder

Name Of Registered Owner

SUNDRAM 5/C RETNAM

NRIC No

S7249834F

Email Address

NOEMAIL

Mobile Phone No.

(LOCAL) +65-97307206

Alternative Phone No.

OFFICE-97: 07:206

Vehicle Particulars

Manufacturer

NISSAN

Model

TEANA-2.5 (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?

If No, Please scate action to be taken

THIRD PAR Y

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurence Company

NTUC INCO VE INSURANCE CO-OPERATIVE LTD

Type Of Covarage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5090598552 01 (CLASSIC)

Cover Note Number

Driver

Name of Driver

SUNDRAM SIO RETNAM

NRIC No.

S7249834H

Date Of Birth

09/08/1972

Occupation

INDOOR

Date Of Driving Pass

Driving Experience

04/04/1996

22 YEARS AND 8 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65 97307206

Fax Number

Contact Number

OFFICE-97307206

EMail Address

NOEMAIL

112 BUKIT BATOK WEST AVE 6 Address #04-160 S650112 Postcode 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 COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the addicent Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 Details of Police Action NO Was the accident reported to the police? If Yes. Please state which Police Station Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident SD Attachment(s) YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SLE3877Z Vehicle Registration Number HONDA Vehicle Make/Model/Colour Details Of Properties PRIVATE CAR Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

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 for the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GLA 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.
- 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)

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 :
 - 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.
- (a) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detect on, investigation and management in present and all future claims.
- (a) the information is 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.

10 DEC 201

IDAC BUKIT BATOK (VAC) 51/ Eukit Batok Street 23 Singapore 659545 Tel: 6560 3312 Fax: 6569 0722 Email: vactb@singnot.com.sg

Polityholder's Signature
13.257/ars

一个

Oriver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: NEIC/FIN No.:

SKETCH PLAN		77 150	
Buki	t Batok W	lest ave	6.
I	and a	-	
ВП	6112	Blk	113.
10/12/18 AFOUND 10		nd Bukit B	latok a. 1934 augo. C
mad waiting to turi	right to mi	residentian	l agart, while a
mod waiting to turi Hack handa veh n	10 SLE 3874	2 hit my	Wh back.

		ASSAULTANIA SECO	
DECLARATION			IDAC DUUT-
/W2 declare the foregoing particulars	are true in every respect	1 .	IDAC BUKIT BATGINGS Singacore 6395 . 3 * * * Tel: 5560 3912 Fax: 6750
10/12/18	DISS -	10 DEC 2018	191, 3560 3312 Fax: 6-50
Calityholder's Signature 1325 for	Driver's Signature		Reporting Centre Personnel's Signature

Date & Time:

NRIC/FINING:



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 INS	PECTION REPORT		
LON	PAC INSURANCE	BHD	Ref: CS3/LPC1802227	75/R1sd3n2	
	BEACH ROAD 04/07 THE CONC	DURSESINGAPORE 199555	Date: 19-12-2018		
			Code: LPC2		
1.		Policy Particulars	:- (THIRD PARTY CLAIN		
	Insured Veh. SLE 3877Z		Veh. Inspected	SLL 9593R	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	18/18/18/VP05/021202	Excess (\$)	0.00	
	Assign From	ONG LI LI	Assign Date	11/12/2018	
2.		Vehicle Part	ticulars & Condition	E STRONG CALLS	
	Make & Model	NISSAN TEANA 2.5 CVT	c.c	2496	
	Engine No.	HIDDEN	Year of Reg.	2009	
	Chassis No.	JN1BBUJ32Z0001319	Colour	WHITE	
	Odometer	228527 KM	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	SPORTS RIM	
	General	FAIR			
3.		Condi	tions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	215/55 R17	DUNLOP	6 mm	
	L/H Front Tyre	215/55 R17	DUNLOP	6 mm	
	R/H Rear Tyre	215/55 R17	DUNLOP	6 mm	
	L/H Rear Tyre	215/55 R17	DUNLOP	6 mm	
4.		Descrip	tion of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	EAR PORTION.	0111	
5.		Gener	al Information		
	Accident Date	10/12/2018	Inspect Date / Time	12/12/2018 (11:09 AM	
	Survey held at 5 SOON LEE STREET # 06-03		R AL		
	Repairer	KOO AH WHAR			
5a.		Remarks			
	B) THE REPAIR E THE REPAIRER V	ON WAS CONDUCTED ON A "W STIMATE WAS NOT PRESENTE VAS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLI	D AT THE TIME OF INSPECTION OF THE STIME OF		

Report Ref No. CS3/LPC18022275/R1sd3n2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

L

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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