

ASS. REC. BY:

REF:

CS3 / LPC18022571 / JV6<sup>82</sup>

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Gerald Poh of LPC Date/Time: 17/12/2018 1:16pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: PA 6619G Insured: SKR 5224Mat Workshop m/s Yellow Bus Tel: 9833 5843of 160 Sin Ming Drive #01-07Policy No: \_\_\_\_\_ Claim No: 18/18/VP05/021103

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 7/11/2018

(Client's Record)

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

morning @ 18-12-2018

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 17/12/2018 1:24pm Person Contacted: David Vehicle IN OUT

| Date/Time | Action/Instruction ( X ) Estimate            |
|-----------|--|
|           | <u>PA 6619G - CCG / CT16011823 / mlp0352</u> |
|           | <u>SKR 5224M - X</u>                         |
|           | <u>Dismantle - 21/12/18</u>                  |
|           | <u>After paint 21/12/18 (mr Lim)</u>         |

DA: 1440616

PAS  
Summit Hiace 3e

REF: LPC

# ASSIGNMENT

From: Date: 18/11/2018

Estimated Cost:

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

To inspect Vehicle No: PA 6619G

at Workshop m/s

of 160 Sin Ming Drive #01-07

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: PA 6619G Yr Regn: 2 Nov 2015

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

Truck / Trailer or

Make: Toyota Hiace C.G. 2982

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

Sp. Reading: 176179 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KDH2010176942

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15

R: -

ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 7/11/18

D.O.I. 18/12/18 10.41am

Survey held at Yellow Bus

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

> 8/12/18 Submit PRS report

RECEIVED 28 DEC 2018

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) > 8/12 - typist

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format :

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

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

**Catherine Chong (LKK Auto)**

---

**From:** GERALD POH WEE BIN <geraldpoh@lonpac.com>  
**Sent:** Monday, 17 December, 2018 1:16 PM  
**To:** Accident@kscgp.com  
**Cc:** MT\_Claim\_SG; Admin-D (LKKAuto)  
**Subject:** RE: Notice to conduct Pre-Repair Survey (Your Ref: SKR 5224M OurRef: GS/18/5892/YB/sy/wl)

WITHOUT PREJUDICE

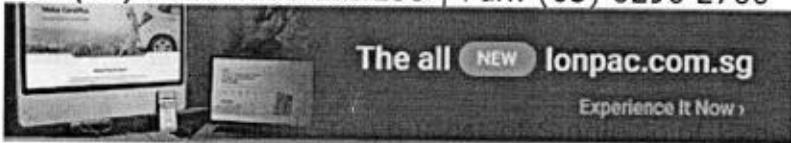
Our Ref : 18/18/18/VP05/021103

Dear Wei Lin,

We are not agreeable to your list of Single Joint Experts and shall appoint LKK Auto Consultants Pte Ltd for the pre-repair survey.

Aside to LKK-Attn : 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:** Accident@kscgp.com [mailto:Accident@kscgp.com]  
**Sent:** Monday, 17 December, 2018 12:49 PM  
**To:** GERALD POH WEE BIN  
**Cc:** motor@kscgp.com  
**Subject:** RE: Notice to conduct Pre-Repair Survey (Your Ref: SKR 5224M OurRef: GS/18/5892/YB/sy/wl)

Dear Gerald,

We refer to the above matter, and to your emails of even date.

Kindly note that there was a typographical error in our 1st Notice to Conduct the Pre-Repair Survey. Our client's vehicle is PA 6619G, and we are instructed to claim against your insured vehicle, SKR 5224M.

Please see enclosed our 2nd Notice to Conduct Pre-Repair Survey. Our client is not agreeable to your proposed motor surveyors.


The workshop details are as follows:

Address : Yellowbus Workshop & Trading Pte Ltd

160 Sin Ming Drive, #01-07 Sin Ming Auto City, Singapore  
575722

Contact Person/Tel : David Lim (h/p: 9833 5843)

Thank you.

Wishing you a Merry Christmas and a Happy New Year! 

Regards,

Myra

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](mailto:accident@kscgp.com)

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

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

**To:** [Accident@kscgp.com](mailto:Accident@kscgp.com)

**Sent:** Mon, 17 Dec 2018 04:34:08 +0000

**Subject:**

Dear Wei Lin,

SKR5224M is our insured and not PA6619G.

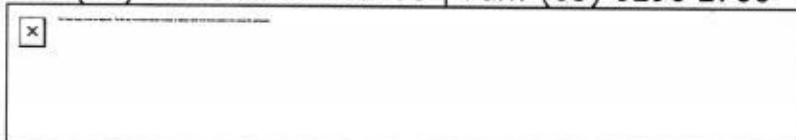
Best Regards

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:** Accident@kscgp.com [mailto:Accident@kscgp.com]  
**Sent:** Monday, 17 December, 2018 12:14 PM  
**To:** MT\_Claim\_SG  
**Cc:** motor@kscgp.com  
**Subject:** Notice to conduct Pre-Repair Survey (Your Ref: SKR 5224M Our Ref: GS/18/5892/YB/sy/wl)

Dear Sirs,

Please find enclosed herein a Notice to conduct Pre-Repair Survey, for your immediate attention and necessary action.

Thank you.

Wishing you a Merry Christmas and a Happy New Year! 🎄

Regards,  
Wei Lin  
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 0984 / Fax: 6538 3708  
Email: accident@kscgp.com

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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             | 07/11/2018 17:33              |
| Date Of Accident           | 07/11/2018 16:10              |
| Exact Location Of Accident | TPE EXIT LOYANG (FILTER ROAD) |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | PA6619G                     |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | YELLOW BUS SERVICES PTE LTD |
| Co Reg No                   | 200813143M                  |
| Email Address               | NOEMAIL                     |
| Mobile Phone No             | (LOCAL) +65-85884939        |
| Alternative Phone No        | OFFICE-85884939             |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | HIACE DX 3.0 AUTO  |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE                         |
| Fleet Policy              | YES                                   |
| Policy Number             | D18MFL0002025                         |
| Cover Note Number         |                                       |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ABDUL JAMAL BIN SAID  |
| NRIC No              | S6927451Z             |
| Date Of Birth        | 08/08/1969            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 11/08/1993            |
| Driving Experience   | 25 YEARS AND 2 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98794800  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

## 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:

07 NOV 2018

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

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

NG WING KIN JAMES  
S7927681E



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

|                                     |                          |
|-------------------------------------|--------------------------|
| <b>Vehicle Owner Particulars</b>    |                          |
| Owner ID Type:                      | Company                  |
| Owner ID:                           | 3143M                    |
| <b>Vehicle Details</b>              |                          |
| Vehicle No.:                        | PA6619G                  |
| Vehicle to be Exported:             | No                       |
| Intended Deregistration Date:       | 18 Dec 2018              |
| Vehicle Make:                       | TOYOTA                   |
| Vehicle Model:                      | HIACE DX 3.0 AUTO 4DOORS |
| Primary Colour:                     | White                    |
| Manufacturing Year:                 | 2015                     |
| Engine No.:                         | 1KD2552826               |
| Chassis No.:                        | KDH2010176942            |
| Maximum Power Output:               | -                        |
| Open Market Value:                  | \$34,109.00              |
| Original Registration Date:         | 02 Nov 2015              |
| First Registration Date:            | 02 Nov 2015              |
| Transfer Count:                     | 0                        |
| Actual ARF Paid:                    | \$1,706.00               |
| <b>Intended PARF Rebate Details</b> |                          |
| PARF Eligibility:                   | No                       |
| PARF Eligibility Expiry Date:       | -                        |
| PARF Rebate Amount:                 | \$0.00                   |
| <b>Intended COE Rebate Details</b>  |                          |
| COE Expiry Date:                    | 01 Nov 2025              |
| COE Category:                       | C - Goods Vehicle & Bus  |
| COE Period(Years):                  | 10                       |
| PQP Paid:                           | \$34,682.00              |
| COE Rebate Amount:                  | \$23,830.00              |
| <b>Total Rebate Amount:</b>         | <b>\$23,830.00</b>       |

The information contained herein is correct as at 18 Dec 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   |  |   |   |
|--|--|---|---|
| LONPAC INSURANCE BHD<br>300 BEACH ROAD<br>#17-04/07 THE CONCOURSESINGAPORE 199555  |  | Ref: CS3/LPC18022571/Jvbs2<br>Date: 28-12-2018<br>Code: LPC2                          |  |
| <b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>  |  |   |   |
| Insured Veh.   | SKR 5224M                              | Veh. Inspected  | PA 6619G  |
| Policy No.   |  | Coverage (\$)   | 0.00  |
| Claim No.  | 18/18/18/VP05/021103                   | Excess (\$)   | 0.00  |
| Assign From  | GERALD POH                             | Assign Date   | 17/12/2018  |
| <b>2. Vehicle Particulars &amp; Condition</b>  |  |   |   |
| Make & Model   | TOYOTA HIACE                           | c.c   | 2982  |
| Engine No.   | HIDDEN                                 | Year of Reg.  | 2015  |
| Chassis No.  | KDH2010176942                          | Colour  | WHITE   |
| Odometer   | 176179 KM                              | Steering  | IN ORDER  |
| Brakes   | IN ORDER                               | Modification  | SPORTS RIM  |
| General  | GOOD                                   |   |   |
| <b>3. Conditions of Tyres</b>  |  |   |   |
|  | Size                                   | Make  | Balance   |
| R/H Front Tyre   | 195 R15                                | BRIDGESTONE   | 7 mm  |
| L/H Front Tyre   | 195 R15                                | BRIDGESTONE   | 7 mm  |
| R/H Rear Tyre  | 195 R15                                | BRIDGESTONE   | 7 mm  |
| L/H Rear Tyre  | 195 R15                                | BRIDGESTONE   | 7 mm  |
| <b>4. Description of Damages</b>   |  |   |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION  |  |  |   |
| <b>5. General Information</b>  |  |   |   |
| Accident Date  | 07/11/2018                             | Inspect Date / Time   | 18/12/2018 ( 10:41 AM )   |
| Survey held at   | YELLOW BUS - 160 SIN MING DRIVE #01-07 |   |   |
| Repairer   | -                                      |   |   |
| <b>5a. Remarks</b>   |  |   |   |
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.<br>THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.<br>C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. |  |   |   |

Report Ref No. CS3/LPC18022571/Jvbs2

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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