

22/03/2002

ASS. REC. BY:

REF:

CS/UOI/18023290/Ksd302

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Felix of UOI Date/Time: 28/12/18

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJP 6493T Insured: YP 7076E

at Workshop m/s Hui YANG MOTOR Tel: 64515752 Bel

of 176 Sin Ming Drive # 04-02

Policy No: DHOM 110162861800 Claim No: DHOM 110162861800

Sum Insured: Excess:

Make of Veh: D.O.A. 20/12/18
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 28/12/18 Person Contacted: Wp, Car in 02/01/19 will call Kenneth directly Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SJP 6493T-X
	YP 7076E-NBA/UOI/18014974/Y POA: 15/8/18

ASS. REC. BY:

REF: 0021

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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

3/1

File pass to Customer
11 Rm @ 1450

04/01/19

Confirmed H/S \$1,450/- @ 3 days with Kenneth
(\$1,250.76 Red - 46%)

RECEIVED 08 JAN 2019

Date/Time, File Pass to?

03/01/19

☐

: Prell. Report

1)

☒

: Final Report

Date/Time, File Return to?

Typist

2)

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Fixtots

Others

TOTAL

Report Format:

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

1,450/- H/S

Veh No:

STP 6483T

Yr Regn:

31/03, 09

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

Truck / Trailer or

Make:

Suban Impress

c.c

1994

Colour:

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

221516

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JF1G E7KS596 005704

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

7070

205/55R16

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.

20/12/18

Rear

R/Bal.

2

mm

L/Bal.

2

mm

D.O.I.

2/1/19

Survey held at

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

N/S 157

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

Date/Time, File Pass to?

03/01/19

☐

: Prell. Report

1)

☒

: Final Report

Date/Time, File Return to?

Typist

2)

Report Format:

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

1,450/- H/S

180
60
15
255



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road #28-01 Springleaf Tower
Singapore 079909
Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152R

To :	Hui Yang Motor Pte Ltd Attn:Bel	Fax : 64514658
From :	Jenny Lew	Fax : 63273869
Date :	9.11.2018	Our ref: YP7076E (DHOM110162861800) Yr ref : SJP6493T

FACSIMILE MESSAGE

WITHOUT PREJUDICE

**REQUEST FOR PRE-REPAIR SURVEY – SJP6493T
ACCIDENT INVOLVING YP7076E AND SJP6493T ON 20.12.2018**

We refer to your email dated 28.12.2018.

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case you have proposed to appoint M/s LKK Auto Consultants Pte Ltd to conduct the pre-repair survey on without prejudice basis.

Please seek your client's instruction for the repair after the inspection has been completed and inform our surveyors to carry out a Post-Repair Inspection,

We reserve all our rights in this matter.

Thank you.

Regards

Jenny Lew
Claims Dept

cc. LKK Auto Consultants Pte Ltd
Fax: 62564315
Attn : Shiau Chan

For your immediate attention.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	6503M

Vehicle Details

Vehicle No.:	SJP6493T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 Jan 2019
Vehicle Make:	SUBARU
Vehicle Model:	IMPREZA 4DR 2.0R-S AWD 4AT ABS
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	EJ20D729783
Chassis No.:	JF1GE7KS59G005704
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$17,669.00
Original Registration Date:	31 Mar 2009
First Registration Date:	31 Mar 2009
Transfer Count:	5
Actual ARF Paid:	\$17,669.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Mar 2019
PARF Rebate Amount:	\$8,834.00

Intended COE Rebate Details

COE Expiry Date:	30 Mar 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$5,001.00
COE Rebate Amount:	\$119.00
Total Rebate Amount:	\$8,953.00

The information contained herein is correct as at 03 Jan 2019

OK

Shirley Hiew (LKK Auto)

From: Hui Yang Motor <hui_yang_motor@hotmail.com>
Sent: Tuesday, 8 January 2019 1:53 PM
To: Shirley Hiew (LKK Auto)
Cc: SUR
Subject: Re: SJB 6493T (TP) YP 7076E (OI) DOA : 20/12/2018 UOI

Hi Shirley,

We accept Lump sum repair \$1450.00 and 3 days repair.

Thank you & Regards,
Bel

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, January 8, 2019 1:32 PM
To: hui_yang_motor@hotmail.com
Cc: SUR
Subject: SJB 6493T (TP) YP 7076E (OI) DOA : 20/12/2018 UOI

Hi Bel,

As spoken, please confirm final fig of \$1,450.00 (lump sum) @ 3 days of repairs before GST.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	21/12/2018 11:31
Date Of Accident	20/12/2018 15:30
Exact Location Of Accident	FRONT CARPARK AT PASIR PANJANG FOOD CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP6493T
Insured/Policyholder	
Name Of Registered Owner	ALLIANCE LEASING PTE LTD
Co Reg No	201706503M
Email Address	ALLIANCELEASING168@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98181311
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA-2.0 R-S AWD (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994489
Cover Note Number	
Driver	
Name of Driver	DAVINLINE SIM SZE-LIN
NRIC No	S7800544J
Date Of Birth	27/01/1978
Occupation	INDOOR
Date Of Driving Pass	29/09/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98397098
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 869A TAMPINES AVENUE 8
Postcode	S521869
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	0

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

PLEASE REFER TO ATTACHED SKETCH PLAN 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	YP7076E
Vehicle Make/Model/Colour	
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)	

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)

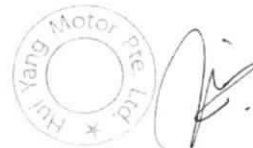
I understand, acknowledge, agree and consent that:

- (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:

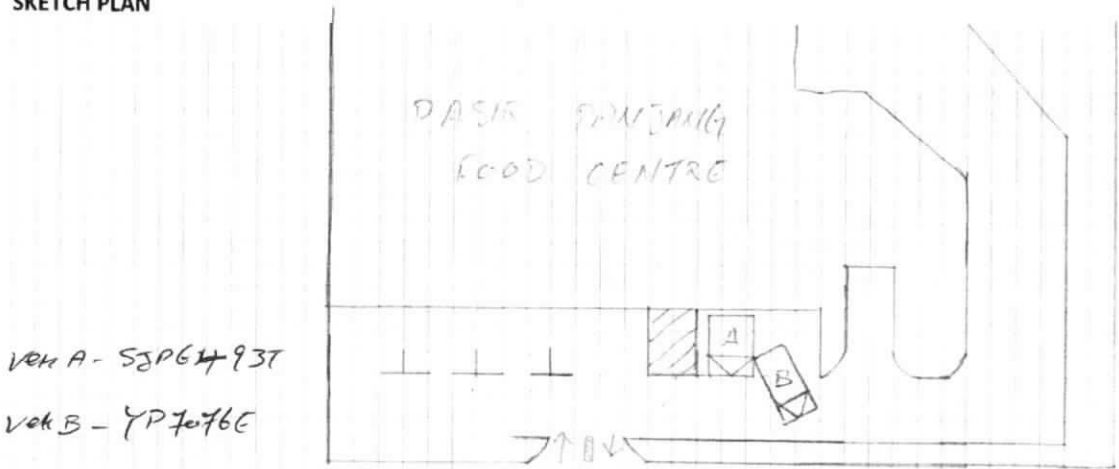
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/12/18 at 330pm my vehicle A SJP6493T was parked at Pasir Panjang Food Centre Carpark while about to pick up my vehicle, I witness a lorry vehicle B YP7076E doing a reversing to park beside my vehicle lot. Thus he hit onto my front passenger door and front portion.

He has written me a letter to admit that it is his fault.

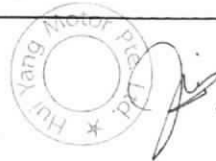
DECLARATION

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:
NRIC/FIN No.:

Name: KHOR CHOON KIANG
 ID: G6668664M
 tel NO: 65 91 8112 9898

我 Khor Choon Kiang 在 Pasir Panjang
 不小心弄到 MS SIM 的车 SJP 6493T
 我的公司会做赔偿。
 我的公司 Econflo Systems Pte Ltd Tel: 6396 3738

我的车 YP7076E 在 15:30 弄到 SJP 6493T。

I, Khor Choon Kiang trying to park beside Mdm Sim
 SJP 6493T stationary at Pasir Panjang carpark,
 while reversing my back Lorry YP7076E hit her car
 front passenger door causing scratch & dent and broken
 her front side windscreen. My company Econflo Systems
 Pte Ltd will settle the claim with Mdm Sim Company
 rental. I have read this English version & acknowledged!



輝陽汽車有限公司
HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02 Singapore 575721

Tel: 64515752 (2 Lines) . Fax: 64514658

Reg No. 201629438M

20/12/2018

Owner: ALLIANCE LEASING PTE LTD

ESTIMATE TO REPAIR SUBARU IMPREZA-2.0 R-S - SJP6493T

1pcs front LH door
1pcs front LH side mirror
1pcs front LH side mirror cover

Rs \$ 856.50 ✓
Sen \$ 358.95 ✓
ml/sen \$ 135.50 ✓

less 20%

\$ 1,350.95
\$ 270.19
\$ 1,080.76

remove & refit front LH door glass
wiring
tuffkote
spray painting
labour charges
Total

\$ 60.00 ✓
\$ 80.00 20l
\$ 80.00 30l
\$ 800.00 400l
\$ 600.00 250l
\$ 2,700.76



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:




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

Affiliated to Federation Internationale Des Experts En Automobile				
UNITED OVERSEAS INSURANCE LTD			Ref : CS/UOI18023290/Ksd3e2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909			Date : 09-01-2019	
			Code : UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YP 7076E	Veh. Inspected	SJP 6493T	
Policy No.		Coverage (\$)	0.00	
Claim No.	DHOM110162861800	Excess (\$)	0.00	
Assign From	FELIS	Assign Date	28/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	SUBARU IMPREZA (A)	c.c	1994	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JF1GE7KS59G005704	Colour	METALLIC BLACK	
Odometer	221516	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/55 R16	TOYO	4 mm	
L/H Front Tyre	205/55 R16	TOYO	4 mm	
R/H Rear Tyre	205/55 R16	HANKOOK	2 mm	
L/H Rear Tyre	205/55 R16	HANKOOK	2 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	20/12/2018	Inspection Date	02/01/2019	
Survey held at	HUI YANG MOTOR PTE LTD BLOCK 176 SIN MING DRIVE #04-02 SIN MING AUTOCARE SINGAPORE 575721			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:			3 Working Days	



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJP 6493T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT LH DOOR	BENT	856.50	856.50
1	FRONT LH SIDE MIRROR	SCRATCHED	358.95	358.95
1	FRONT LH SIDE MIRROR COVER	DENTED / SCRATCHED	135.50	135.50
	LESS 20% DISCOUNT		-270.19	-270.19
			1,080.76	1,080.76
	<u>LABOUR</u>			
	REMOVE & REFIT FRONT LH DOOR GLASS.		60.00	60.00
	WIRING.		80.00	20.00
	TUFFKOTE.		80.00	30.00
	SPRAY PAINTING.		800.00	400.00
	LABOUR CHARGES.		600.00	250.00
			1,620.00	760.00
	GRAND TOTAL		2,700.76	1,840.76
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,450.00

Report Ref No. CS/UOI18023290/Ksd3e2

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.