

22/03/2003

ASS. REC. BY:

REF:

es/GAI18023340/Ktd302

Special Instruction:

Surveyor:

Kannan

ASSIGNMENT (Office)

From (Person):

Kelvyna Ngian

of

GAI

Date/Time:

31/12/18 @ 12.16pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SLT9211B

Insured:

FBL9167G

at Workshop m/s

Hui Yong Motor

Tel:

6451 5752

of

176 Sin Ming Drive #04-02

Policy No.:

Claim No.:

CLMOMVM000000424

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

27/12/18

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

H.O.D. Endorsement:

Date/Time:

12.20pm @ 31/12/18

Person Contacted:

Del

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLT9211B-X
	FBL9167G-X
4/1/19-	Revised via email preli advise
	11 Lp 8120d email CRed: 1314.88, 52%

Nivitha (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Monday, 31 December 2018 12:16 PM
To: Admin-D (LKKAuto); 'Admin A'
Subject: Survey: TP Claim for SLT9211B against insd FBL9167G / DOA: 27/12/2018
Attachments: SKM_C28718123109310.pdf

Hi team

TP survey, our insured has not report.

Thanks
Kelvyna

From: Hui Yang Motor <hui_yang_motor@hotmail.com>
Sent: Monday, December 31, 2018 11:20 AM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Subject: [External] Re: TP Claim for SLT9211B against insd FBL9167G / DOA: 27/12/2018
Importance: High

Hi Kelvyna,

Our Choice of surveyor is LKK Auto Consultants.

Thank you & Regards,
Bel
Tel: 64515752

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Friday, 4 January 2019 1:49 PM
To: Admin-D (LKKAuto); 'Ngian, Kelvyna'; assignments
Cc: SUR
Subject: RE: Survey: TP Claim for SLT9211B against insd FBL9167G / DOA: 27/12/2018
Attachments: PRELI ADVISED SLT 9211B.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SLT 9211B**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Monday, 31 December 2018 12:19 PM
To: 'Ngian, Kelvyna' <Kelvyna.Ngian@sg.gaig.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: Survey: TP Claim for SLT9211B against insd FBL9167G / DOA: 27/12/2018

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in the workshop, repairer will arrange.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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



From: Ngian, Kelvyna [<mailto:Kelvyna.Ngian@sg.gaig.com>]
Sent: Monday, 31 December 2018 12:16 PM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; 'Admin A' <admin-a@lkkauto.com>
Subject: Survey: TP Claim for SLT9211B against insd FBL9167G / DOA: 27/12/2018

Denise Tay (LKKAuto)

From: Hui Yang Motor <hui_yang_motor@hotmail.com>
Sent: Friday, 11 January 2019 3:38 PM
To: Denise Tay (LKKAuto)
Subject: Re: SLT 9211B / TP / GAI / doa: 27/12/2018

Importance: High

Hi Denise

We accept lump sum at \$1200.00 & 2 repair days.

Thank you & Regards,
Marco Neo

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Friday, January 11, 2019 3:35 PM
To: hui_yang_motor@hotmail.com
Subject: SLT 9211B / TP / GAI / doa: 27/12/2018

Dear Sir/Madam,

Lump sum \$1200, 2days

Please check and confirm

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: TBA

Date: 4/1/2018

Our Ref: CS/GAI18023340/Ktd3

The Motor Claims Department
GREAT AMERICAN INSURANCE COMPANY

Dear Sirs/Mdm

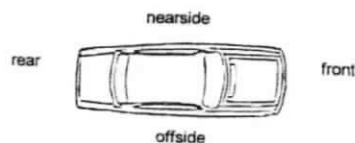
PRELIMINARY ADVICE OF VEHICLE NO. SLT 9211B

Please be informed that we had conducted the inspection of the above-mentioned vehicle on 2/1/2018 at the premises of M/s Hui Yang Motor and have the following to report: -

Workshop Estimate Amount	: S\$ 2,514.88
Revised Estimate Amount	: S\$ 1,257.04
Check" Items Amount	: S\$ 287.04
Market Value	: S\$ -
LTA Reimbursement Value	: S\$ -
Nett Value	: S\$ -

Description of Damage:

The vehicle sustained at the rear N/S portion.



Comments/ Present Status:

Damage consistent

Yours faithfully
Kenneth
Motor Surveyor

If No, Relationship of the Driver with the Insured		Owner
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
General Information of the Accident		
Type Of Accident	Collision- Head to Rear (Insured Hit TP)	
Weather Conditions	Clear	
Road Surface	Dry	
Other Information		
Was any body injured in the Accident?	Yes	
Was any other material or property damaged?	Yes	
Details of Police Action		
Was the accident reported to the police?	Yes	
If Yes, Please state which Police Station		
Police Station Name	Jurong West Neighbourhood Police Centre	
Police Station Address	ROAD: 700 Corporation Road , POSTCODE: 649818 , COUNTRY: Singapore	
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438	
Was notice of intended Prosecution given?	No	
If Yes, against whom?		
Circumstances of Accident		
REFER ATTACHMENT & POLICE REPORT		
Are accident photos available for attachment?		
Yes		
DETAILS OF OTHER VEHICLE PROPERTY 1		
Vehicle Registration Number	SGG5333L	
Vehicle Make/Model/Colour	TOYOTA VIOS (GOLD)	
Details Of Properties		
Name of Driver	WAH KIA HENG	
NRIC/Passport Number	97340659	
Contact Number		
Address		
Postcode		
Insurance Company Name		
Nature Of Damage	BACK BUMPER	
No. Of Passenger (Including Driver)		
Details of Witness		
Name		
Phone Number		
Email Address		
DETAILS OF OTHER VEHICLE PROPERTY 2		
Vehicle Registration Number	FK9555C	
Vehicle Make/Model/Colour	MOTORCYCLE	
Details Of Properties		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Postcode		
Insurance Company Name		
Nature Of Damage		
Nature Of Damage		

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	28/12/2018 13:33
Date Of Accident	27/12/2018 17:35
Exact Location Of Accident	YISHUN AVE 1 TWDS YISHUN AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9211B
Insured/Policyholder	
Name Of Registered Owner	TOH CHENG HOCK
NRIC No	S7940133A
Email Address	QINGFU79@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91707400
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 2.0R
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA301886
Cover Note Number	

Driver

Name of Driver	TOH CHENG HOCK
NRIC No	S7940133A
Date Of Birth	22/12/1979
Occupation	INDOOR
Date Of Driving Pass	10/07/2000
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91707400
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	QINGFU79@GMAIL.COM

Address	APT BLK 455 SEGAR RD #16-103
Postcode	670455
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 (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)	1

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

REFER TO SKETCH PLAN

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	FBL9167G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	S9048257B
Contact Number	82311979
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:

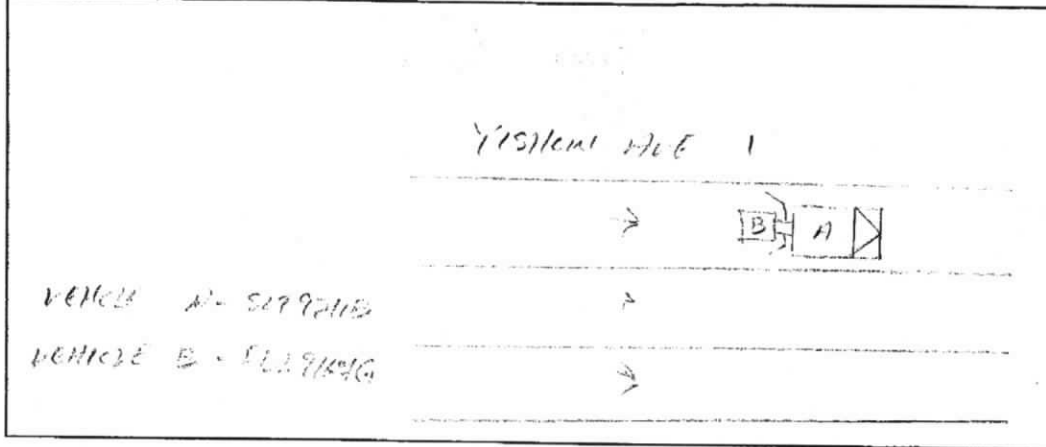
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

Date of accident: 27/12/18 Time: 1735HRS Location: YISHUEN AVE1 TOWDS YISHUEN AVE2
 My Vehicle A: SLT 9211B Vehicle B: FB2 91676 Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A SLT 9211B

on 27/12/18 @ about 1735HRS, I was traveling along Yishuen Ave 1 towards Yishuen Ave 2 after a distance of cross junction on lane 3. Suddenly the vehicle in front of me slow down ^{stop} hence, I follow ^{stop} scite. Thus, vehicle B FB2 91676 hit onto my rear back portion of my vehicle.

☐ 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 : HELL YANG MOTOR PTE LTD

Email address : hell_yang_motor@hotmail.com

& myself :

Email address : qingfu79@gmail.com .

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you 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:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:



GRAPMC Sign-off Form

AH LIM MOTOR COMPANY

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

27/12/2018

Owner: TOH CHENG HOCK

Not Whelan
L1 Rep 812.00/-
Rearry After Paint
2 day,

ESTIMATE TO REPAIR SUBARU IMPREZA 2.0R - SLT9211B

1pc rear bumper
2pcs rear bumper side retainer @\$45.50
1pc rear bumper towing cover
1pc rear bumper reinforcement

Pd/lay \$ 758.80 ✓
\$ 91.00 X
\$ 85.00 X
Ry \$ 358.80 ✓
\$ 1,293.60
\$ 258.72
\$ 1,034.88

less 20%

1set rear parking sensor

Sm s.nett \$ 280.00 X

spray painting
labour charges
Total

\$ 600.00 400
\$ 600.00 250
\$ 2,514.88



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				
GREAT AMERICAN INSURANCE COMPANY			Ref : CS/GAI18023340/Ktd3e2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190			Date : 15-01-2019	
			Code : GAI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FBL 9167G	Veh. Inspected	SLT 9211B	
Policy No.		Coverage (\$)	0.00	
Claim No.	CLMOMVM000000424	Excess (\$)	0.00	
Assign From	KELVYNA NGIAN	Assign Date	31/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	SUBARU IMPREZA (A)	c.c	1994	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	JF1GE7KS59G006151	Colour	METTALIC PEARL WHITE	
Odometer	97476	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/45Z R17	YOKOHAMA	4 mm	
L/H Front Tyre	225/45Z R17	YOKOHAMA	4 mm	
R/H Rear Tyre	225/45Z R17	YOKOHAMA	3 mm	
L/H Rear Tyre	225/45Z R17	YOKOHAMA	3 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	27/12/2018	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:		2 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. SLT 9211B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DENTED / CUT	758.80	758.80
2	REAR BUMPER SIDE RETAINER @\$45.50	SERVICEABLE	91.00	-
1	REAR BUMPER TOWING COVER	SERVICEABLE	85.00	-
1	REAR BUMPER REINFORCEMENT	BENT	358.80	358.80
	LESS 20% DISCOUNT		-258.72	-223.52
			1,034.88	894.08
SPECIAL NETT ITEMS				
1	SET REAR PARKING SENSOR (SN)	SERVICEABLE	280.00	-
			280.00	-
LABOUR				
	SPRAY PAINTING.		600.00	400.00
	LABOUR CHARGES.		600.00	250.00
			1,200.00	650.00
GRAND TOTAL			2,514.88	1,544.08

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,200.00
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Report Ref No. CS/GAI18023340/Ktd3e2

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.

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