

ASS. REC. BY:

REF: CS3/UUT19000501 (Gcb52)

Special Instruction:

\*Surveyor:

ASSIGNMENT (Office)

From (Person): Jenny Law of UUT Date/Time: 090120A  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: YN 34777 Insured: SDD 9229Eat Workshop m/s Team Autopn Tel: 90907279of No 8 Kaki Bukit Ave 4 #06-21Policy No: DHOM110165471800 Claim No: \_\_\_\_\_

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

Make of Veh: \_\_\_\_\_ D.O.A. 04012019  
 (Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

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

Date/Time: 090120A 11:26am Person Contacted: Alan Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate	
	<u>YN 34777 - NA / C1118017963 / 2H</u>	<u>DAF: 01-10-2018</u>
	<u>SDD 9229E - CS / UUT19000310 / vb</u>	<u>DAF: 04012019</u>
	<u>Demantle: 10/1/2019</u>	

38/11/12  
Surveyor:

PRS  
XRR.

REF: uoi

C8544D

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s Team Autopro  
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: \$36k  
IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: 5 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: YN3477T Yr Regn: 05 Dec 2012  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or FE83BE05n-dep  
Make: MH Fuso Canter C.C. 2977  
Colour: white A/C: Insured / Std / NI / NA  
Sp. Reading: 238896 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: FE83BEA209.25  
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: 7.00 R16 (Advance)  
R: 185 R14 (Bearway)  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or  
Front R/Bal. 5 mm Rear R/Bal. 5 mm  
L/Bal. 5 mm L/Bal. 5 mm  
D.O.A. \_\_\_\_\_ D.O.I. 09-01-19  
Survey held at w/s 2229pm  
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

Estimated repair range \$3000 - \$4,000

14/1/2019

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\_\_\_\_\_ \$ + RS. \_\_\_\_\_ SI

) Photos

) Others

TOTAL

Report Format : PRR.

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)



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 :	Roy & Partners	Fax : 65361963
From :	Jenny Lew	Fax : 63273869
Date :	9.1.2019	Our ref: SDD9229E (DHOM110165471800) Yr ref : YN3477T

**FACSIMILE MESSAGE**

WITHOUT PREJUDICE

**REQUEST FOR PRE-REPAIR SURVEY – YN3477T  
ACCIDENT INVOLVING SDD9229E AND YN3477T ON 4.1.2019**

We refer to your letter dated 8.1.2019, received by us through facsimile on 9.1.2019

We are not agreeable to your proposed motor Surveyor as a "Single Joint Expert".

Our Surveyors from M/s LKK Auto Consultants Pte Ltd will proceed to conduct the Pre-Repair Inspection (PRI) on without prejudice basis under the Protocol.

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. Kindly liaise with the following workshop:-  
M/s Team AutoPro Pte Ltd, No. 8 Kaki Bukit Avenue 4 #06-21 Premier @ Kaki Bukit  
Singapore 415875. Mr Alan Koh/Frederick Lim, Tel:90927279/96746635

## 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	05/01/2019 12:19
Date Of Accident	04/01/2019 12:05
Exact Location Of Accident	UPPER CHANGI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3477T
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#### Insured/Policyholder

Name Of Registered Owner	J&M CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91560681
Alternative Phone No	OFFICE-91560681

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3092701700
Cover Note Number	

#### Driver

Name of Driver	SEKAR NEELAKANDAN
NRIC No	G2645260R
Date Of Birth	10/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91560681
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address -

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE

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) 3

Passenger 1 NAME: : PASSENGER  
GENDER: : MALE

Passenger 2 NAME: : PASSENGER  
GENDER: : MALE

#### 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 attached 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 SDD9229E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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:

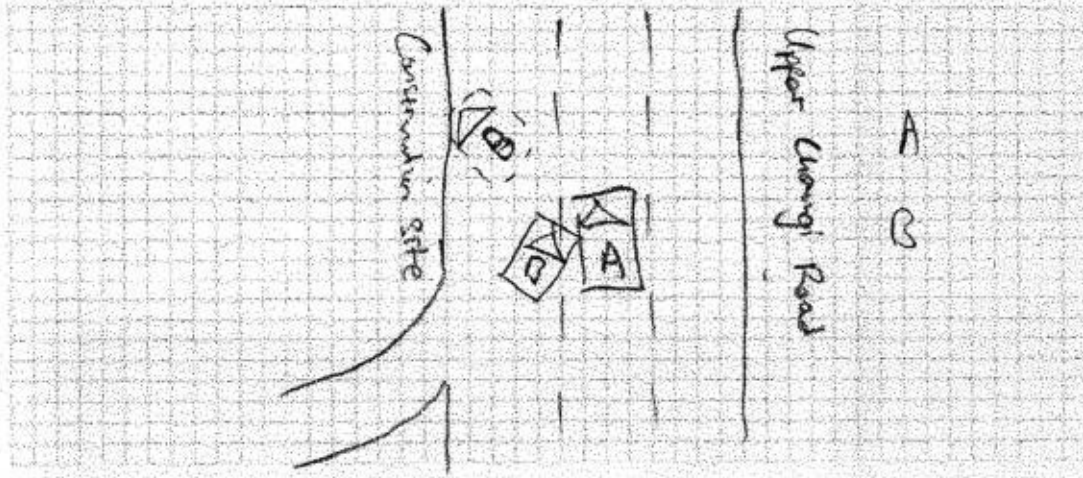
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and place, I was travelling straight on lane 2 when vehicle B turn <sup>left</sup> from the filter lane and hit on to the side of my vehicle. The impact was very huge and B after which hit onto the construction site - I would like to state that vehicle B was moving at a very fast speed.

## 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.:



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

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	8544D
Vehicle Details	
Vehicle No.:	YN3477T
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jan 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	FE83BEOSRDEA
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	4M42A91265
Chassis No.:	FE83BEA20925
Maximum Power Output:	-
Open Market Value:	\$30,341.00
Original Registration Date:	05 Dec 2012
First Registration Date:	05 Dec 2012
Transfer Count:	1
Actual ARF Paid:	\$1,518.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	04 Dec 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$59,111.00
COE Rebate Amount:	\$23,051.00
<b>Total Rebate Amount:</b>	<b>\$23,051.00</b>

The information contained herein is correct as at 10 Jan 2019

OK


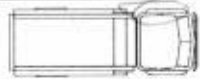
**LKK Auto Consultants Pte Ltd**

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

<b>PRE-REPAIR INSPECTION REPORT</b>			
UNITED OVERSEAS INSURANCE LTD 3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909		Ref: CS3/DOI19000501/Gcbs2 Date: 16-01-2019 Code: UOI2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SDD 9229E	Veh. Inspected	YN 3477T
Policy No.	DHOM110165471800	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	JENNY LEW	Assign Date	09/01/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MITSUBISHI FE83BEOSRDEA	c.c	2977
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	FE83BEA20925	Colour	WHITE
Odometer	238896 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	7.00 R16	ADVANCE	5 mm
L/H Front Tyre	7.00 R16	ADVANCE	5 mm
R/H Rear Tyre	185 R14	BEARWAY	5 mm
L/H Rear Tyre	185 R14	BEARWAY	5 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.			
<b>5. General Information</b>			
Accident Date	04/01/2019	Inspect Date / Time	09/01/2019 ( 02:20 PM )
Survey held at	TEAM AUTOPRO PTE LTD 8 KAKI BUKIT AVENUE 4 #01-07 PREMIER @ KAKI BUKIT SINGAPORE 415875		
<b>5a. Remarks</b>			
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000-\$4,000			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>5 Working Days</b>	

Report Ref No. CS3/DOI19000501/Gcbs2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

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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