

22/03/2002

SS. REP. BY:

REF:

CS3 / LPC 19001311 / Gtd302

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Dny Li Li

of

LPC

Date/Time:

21/01/2019 4:20pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GX 3121A

Insured:

GBG 3845Z

at Workshop m/s

Khek Joo

Tel:

of

9004 Tampines St 93 #01-94

Policy No:

Claim No:

18/19/19 / VC05/021348

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

21/01/2019

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

H.O.D. Endorsement:

Date/Time:

21/01/2019 4:33pm

Person Contacted:

Ming

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

GX 3121A - X

GBG 3845Z - X

Submit PRS Report

650/1173

Surveyor

PRS
Xhd

REF: LPC

B6731M

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Khek Joo
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.

/	
N/S	O/S
/	

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: G13121A Yr Regn: 11 Apr 2018

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

Make: Toyota Hiace c.c. 2982

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

Sp. Reading: 02207 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFT02P300242194

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: 11

BSI / 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. _____ D.O.I. 23-01-19

Survey held at W/S 5:15pm

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
-------------	----------------------

\$2000 - \$3600

RECEIVED 1 FEB 2019

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

1) Bill Typist : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee: 450

Transportation: _____

_____ S + RS, _____ SI

Photos _____

Others _____

TOTAL 450

Report Format: TP-PRS

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

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Catherine Chong (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Monday, 21 January, 2019 4:20 PM
To: lhling@tcmg.com.sg; mdmling@tcmg.com.sg; assignments@lkkauto.com; Admin-D (LKKAuto)
Cc: MT_Claim_SG
Subject: RE: Your Ref: TCMG/GY3121A/019/KJM Our Ref: 18/19/19/VC05/021348 Accident involving GY3121A & GBG3845Z on 21 January 2019
Attachments: 21012019161651.pdf

Without Prejudice
Save As To Costs

Dear Sir/Mdm

We refer to your fax of 21 January 2019.

We are not agreeable with your list of proposed surveyors. We shall appoint LKK Auto Consultants Pte Ltd to conduct the PRS. Please let us have a copy of your client's GIA report.

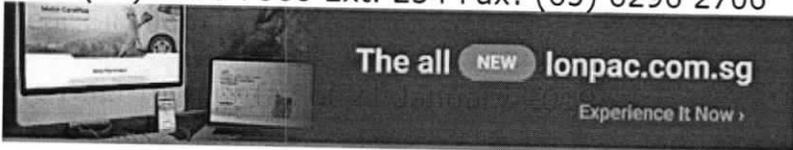
Dear Catherine/Nivitha

Please refer to the attached and arrange survey.

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: ONG LI LI
Sent: Monday, 21 January, 2019 3:47 PM
To: lhling@tcmg.com.sg; 'mdmling@tcmg.com.sg'
Cc: MT_Claim_SG
Subject: Your Ref: TCMG/GY3121A/019/KJM Our Ref: 18/19/19/VC05/021348 Accident involving GY3121A & GBG3845Z on 21 January 2019

Without Prejudice
Save as to Costs

Dear Sir/Mdm

We refer to your fax of 21 January 2019.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the following list to conduct the joint pre-repair survey as a single joint expert.

No.	Name	Please tick <input type="checkbox"/>
1	Kalvin Ang	
2	Xing Guo Qiang	
3	Mohamad Taufikh	
4	Bryan Ang	
5	Adrian Ling	
6	Mohammed Rasul	
7	Marcus Chua	
8	Kenneth Kong	
9	Muhammad Nazril Bin Abdullah	
10	Sathya Sai Kathirrasen	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

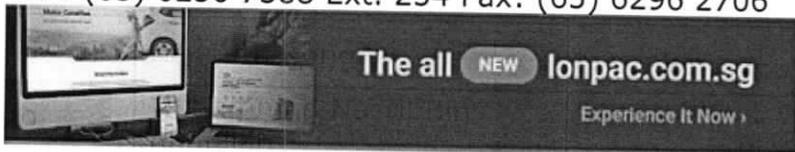
Regards,

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



Z/11/VL05/000201

TOMMY CHOO, MARK GO LLC

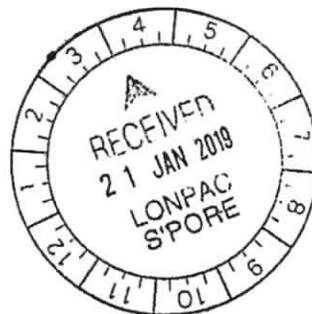
Advocates & Solicitors
UEN NO : 201523418E
(a law corporation with limited liability)

151 CHIN SWEE ROAD #14-15/16
MANHATTAN HOUSE
SINGAPORE 169876
TEL : (65) 6532 2455
FAX : (65) 6538 9850 (Services of Court Documents By Fax Not Accepted)

EMAIL: lhling@tcmg.com.sg;mdmling@tcmg.com.sg

Our Ref: TCMG/GY3121A/0119/KJM

Your Ref: GBG 3845 Z



21 January 2019

BY FAX NO. 6296 2706 ONLY

M/s Lonpac Insurance Bhd
100 Beach Road
#19-00 Shaw Tower
Singapore 189702

Attn: Motor Claims Department

Dear Sirs,

PRE-REPAIR INSPECTION NOTICE

We act for **M/s Ideal Cool Air-Conditioning Services**, the owner and/or driver of motor vehicle no. **GY 3121 A**, which was involved in an accident along CTE towards City on 21 January 2019 at 09:10 hrs.

We hereby give you **NOTICE** that we are claiming against your insured motor vehicle no. **GBG 3845 Z** for damages and/or injuries, costs and disbursements as a result of your insured's negligence.

Kindly let us know if you wish to conduct a pre-repair inspection on our client's motor vehicle at M/s Khek Joo Motor, (9004, Tampines Street 93 #01-94, Singapore 528838 - Mr Ng Wee Khlang @ 9616 6658).

If we do not hear from you within the next **two (2) working days**, we shall deem that you have waived the requirement for the pre-repair inspection.

Yours faithfully,



MR LING LEONG HUI

cc. M/s Khek Joo Motor
(Yref :GY3121A)

BY FAX NO. 6785 4258 ONLY

TOMMY CHOO, MARK GO LLC

Advocates & Solicitors

UEN NO : 201523418E

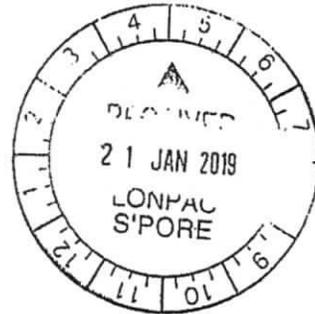
(a law corporation with limited liability)

151 CHIN SWEE ROAD #14-15/16
MANHATTAN HOUSE
SINGAPORE 169876
TEL : (65) 6532 2455
FAX : (65) 6538 9850 (Services of Court Documents By Fax Not Accepted)

EMAIL: lhling@tcmg.com.sg

Our Ref : TCMG/GY3121A/0119/KJM

Your Ref : 18/19/19/VC05/021348



21 January 2019

BY FAX NO. 6296 2706 ONLY

M/s Lompac Insurance Bhd

100 Beach Road
#19-00 Shaw Tower
Singapore 189702

Attn: Ms Ong Li Li/Motor Claims Department

Dear Sirs,

ACCIDENT INVOLVING GY 3121 A AND GBG 3845 Z ON 21 JAN 19

We refer to your telefax of even date.

Our client is not agreeable to your nominated panel of surveyors.

Our Client nominated panel of surveyors are as follows:-

- 1) Patrick Ng Kong Beng
- 2) Liaw Leong San
- 3) Lol Boon Juan
- 4) S.Kumanan
- 5) Ang Guea Klang
- 6) Matthew Ng Yong Chin
- 7) Ong Poh Meng
- 8) Tan Chin Suan
- 9) Lee
- 10) Dave Chang Fuh Keong
- 11) Ong Ah Keng
- 12) Lim Yong Tian Sebastian

Please contact Mdm Ling at 6532 2455 or email her at mdmling@tcmg.com.sg for the PRI. If we do not hear from you within 2 days of this letter, we shall deem that you have agree that the surveyor appointed by our client shall be our single joint expert for this matter.

Yours faithfully,

MR. LING LEONG HUI

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	21/01/2019 13:12
Date Of Accident	21/01/2019 09:10
Exact Location Of Accident	ALONG CTE TWDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY3121A
Insured/Policyholder	
Name Of Registered Owner	IDEAL COOL AIR-CONDITIONING SERVICES
Co Reg No	53056731M
Email Address	PANGCHENSHIN@YAHOO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91292834
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-2.0 (M)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099450633
Cover Note Number	
Driver	
Name of Driver	PANG CHEN SHIN
NRIC No	S7732584J
Date Of Birth	13/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91292834
Fax Number	
Contact Number	
EEmail Address	PANGCHENSHIN@YAHOO.COM

Address	BLK672D EDGEFIELD PLAINS #10-579
Postcode	824672
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	1
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

AS PER SKETCH PLAN ATTACH.

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	GBG3845Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MEDAPATI KRISHNA REDDY
NRIC/Passport Number	G7213547X
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.
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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.

IDEAL COOL Air-conditioning Services
 Blk 672D Edgefield Plains
 #10-579 Singapore 824672
 HP: 91292834




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



A - GY3121A

B - GBG 3845Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

during CTE expressway have a traffic slow, I have make a slow brake and stop it then behind this GBG 3845Z hit my vehicle back!

claim OD / TP at Falcon-Air
 claim OD / TP Own W/shop
 Reporting Only

DECLARATION

I/We declare the foregoing particulars are true in every respect.

IDEAL COOL Air-conditioning Services
 Blk 672D Edgefield Plains

Polite & Singapore 824672
 Date & Time: HP: 91292834

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



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



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 300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Ref: CS3/LPC19001311/Gtd3e2 Date: 01-02-2019 Code: LPC2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	GBG 3845Z	Veh. Inspected	GY 3121A
Policy No.		Coverage (\$)	0.00
Claim No.	18/19/19/VC05/021348	Excess (\$)	0.00
Assign From	ONG LI LI	Assign Date	21/01/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	JTFHT02P300242194	Colour	WHITE
Odometer	22207 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	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
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	21/01/2019	Inspect Date / Time	23/01/2019 (05:15 PM)
Survey held at	KHEK JOO MOTOR WORKSHOP BLK 9004 TAMPINES IND. PARK 1 #01-94 SINGAPORE 528836		
5a. Remarks			
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.			

Report Ref No. CS3/LPC19001311/Gtd3e2

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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No liability of responsibility whatsoever, in contact 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.