

22/03/2002

ASS. REC. BY

REF

CS3/LPC19001775/Rtd3<sup>72</sup>

Special Instruction

Surveyor

Rasul

ASSIGNMENT (Office)

From (Person)

Ong Li Li

of

LPC

Date/Time

28012019 11:41am

Estimated Cost

Bill to

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

To Inspect Vehicle No:

SKM 380D

Insured:

SKM 87J8C

at Workshop m/s

Eng Shing

Tel:

6453 7380

of

160 Sin Ming Drive #06-21

98482189

Policy No:

Claim No:

18/19/19 / VP05/021370.

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26012019

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

H.O.D. Endorsement

Date/Time:

28012019 11:41am

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
.	SKM 380D - X
	SKM 87J8C - CCE / ALH14016961 / AH203W2
	DA: 31082014
	Submit PRS Report

REF:

## ASSIGNMENT

28/6/2012  
2012

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SKM 3800

at Workshop m/s

of 160, SM MINH DE #06-21  
LPC

Insured

Policy No.

Claims No.

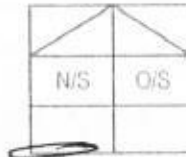
Sum Insured:

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No

SKM 3800

Yr Regn:

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

Truck / Trailer or

Make:

B.N.W X3

C.C.

1997

Colour:

Gold

A/C

Insured / Std / NI / NA

Sp Reading

70164

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBAWXS20000 B25388

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ☒ Order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: Nil ☒ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

245/45R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU ☒ PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

26/01/19

D.O.I.

28/01/19

2:06pm

Survey held at

ENG SHING

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

Rear 2/3

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

Date / Time

Action / Instruction

RECEIVED 04 MAR 2019

Date/Time, File Pass to?

1) B Typst

Date/Time, File Return to?

2)

Report Format:

DR5-TP

Lump Sum / I.B.L.: IS

☐ : Preli. Report☒ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ Site Insp (\$)☐ Interview (\$)☐ Tech Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation

) S + RS \$

) Photos

) Other

) TOTAL

450

## Catherine Chong (LKK Auto)

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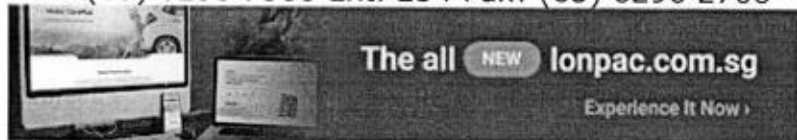
**From:** ONG LI LI <llong@lonpac.com>  
**Sent:** Monday, 28 January, 2019 11:41 AM  
**To:** Oracle Law Corp; assignments@lkkauto.com; 'Admin-D (LKKAuto)'  
**Cc:** MT\_Claim\_SG  
**Subject:** RE: Our Ref: SB/PO/Acc/2019-8908      Your Ref: TBA Insurer of SKN 8728C

Without Prejudice

Dear Catherine/Nivitha

fya

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



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**From:** Oracle Law Corp [mailto:mail@oraclelaw.sg]  
**Sent:** Monday, 28 January, 2019 11:39 AM  
**To:** ONG LI LI  
**Subject:** RE: Our Ref: SB/PO/Acc/2019-8908 Your Ref: TBA Insurer of SKN 8728C


Dear Li Li,

Workshop details already stated in our PRI Letter as:

Eng Shing Mechanical Works  
160 Sin Ming Drive  
#06-21 Sin Ming Autocity S(575722)  
Tel No.: 6453-7380 ; Fax No. 6252-4129

Regards

Alvin Ong

 Oracle Law Corporation

• Advocates & Solicitors • UEN/GST Reg No. 2009045722

237 Alexandra Road #04-11  
The Alexcier, Singapore 159929  
Telephone: 6538 6250 Facsimile: 6538 1860

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**From:** ONG LI LI [mailto:llong@lonpac.com]  
**Sent:** Monday, 28 January 2019 11:33 AM  
**To:** Oracle Law Corp <mail@oraclelaw.sg>

Cc: MT\_Claim\_SG <mt\_claim@lonpac.com>

Subject: RE: Our Ref: SB/PO/Acc/2019-8908 Your Ref: TBA Insurer of SKN 8728C

Without Prejudice  
Save as to Costs

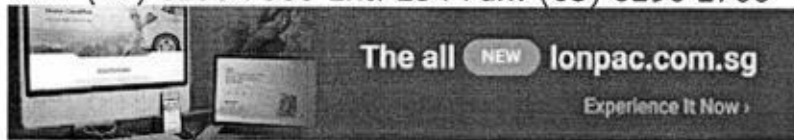
Dear Alvin

We are not agreeable with your list of proposed surveyors. We shall appoint LKK Auto Consultants Pte Ltd to conduct the survey. Please let us have the details of the workshop.

Dear Catherine/Nivitha

Please follow up and arrange.

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



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From: Oracle Law Corp [mailto:mail@oraclelaw.sg]

Sent: Monday, 28 January, 2019 11:05 AM

To: ONG LI LI

Subject: RE: Our Ref: SB/PO/Acc/2019-8908 Your Ref: TBA Insurer of SKN 8728C

Dear Miss Ong'

**PRE-REPAIR INSPECTION**

**ACCIDENT INVOLVING SKM 380D & SKN 8728C ALONG DUNMAN ROAD TURNING RIGHT TO CRESCENT ROAD ON 26-01-2019 @ 10.55 A.M.**

Kindly refer to attachments the contents of which are self-explanatory for your kind attention and immediate action.

Regards

Alvin Ong

 **Oracle Law Corporation**

· Advocates & Solicitors · UEN/GST Reg No. 200904572Z

237 Alexandra Road #04-11

The Alexcler, Singapore 159929

Telephone: 6538 6250 Facsimile: 6538 1860

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From: ONG LI LI [mailto:llong@lonpac.com]

Sent: Monday, 28 January 2019 10:28 AM

To: Oracle Law Corp <mail@oraclelaw.sg>

Cc: MT\_Claim\_SG <mt\_claim@lonpac.com>

Subject: Your Ref: SB/PO/Acc/2019-8908 Our Ref: TBA Accident Inv SKN8728C and SKM380D on 26/01/2019

Without Prejudice  
Save as to Costs

Dear Sir/Mdm

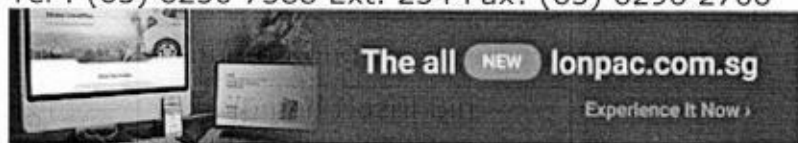
We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the following list to conduct the joint pre-repair survey as a single joint expert.

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



## 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	26/01/2019 12:44
Date Of Accident	26/01/2019 10:55
Exact Location Of Accident	DUNMAN ROAD TURNING RIGHT TO CRESCENT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM380D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO JENNY (HE QIANYING)
NRIC No	S7901516D
Email Address	DOMSHARPE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-83390380
Alternative Phone No	OFFICE-83390380

### Vehicle Particulars

Manufacturer	BMW
Model	X3-2.0 (A)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100148780
Cover Note Number	

### Driver

Name of Driver	PE CHEE HIANG (PENG ZHIXIAN)
NRIC No	S7523824Z
Date Of Birth	15/08/1975
Occupation	INDOOR
Date Of Driving Pass	01/12/1993
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83390380
Fax Number	
Contact Number	OFFICE-83390380
EMail Address	DOMSHARPE@YAHOO.COM

Address	191 MEYER ROAD #12-02 SINGAPORE
Postcode	437980
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	3
Passenger 1	NAME: : HO JENNY (HE QIANYING) GENDER: : FEMALE
Passenger 2	NAME: : JUSTEN PE ZI WEI 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 TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN8728C
Vehicle Make/Model/Colour	BMW 730
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SYED AHMAD BIN SYED IBRAHIM ALTAHIR
NRIC/Passport Number	S6806925D
Contact Number	97888845
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.

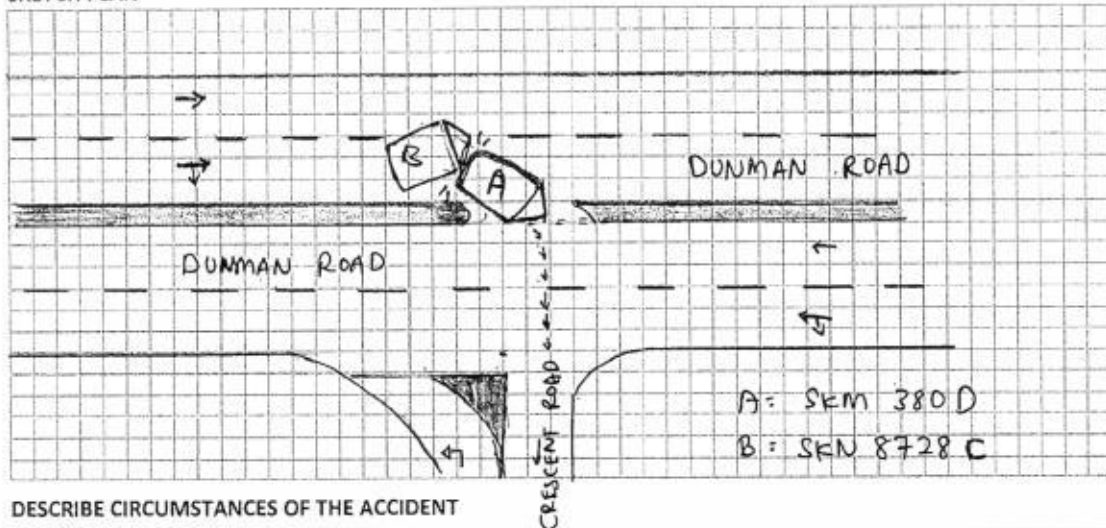
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
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 26 Jan 19 at 1055Hr, I was driving along Dunman Road towards Joachint and travelling on the ~~Second~~ First lane to turn right to Crescent Road. As I approach, ~~the crescent road junction~~ I signalled right to turn right into crescent road and came to a complete stop to wait for opposite road traffic to clear. At this point, I felt a bang and ~~also~~ realised that another vehicle hit my car rear left. That car is a BMW 730, SKN 8728C. Please refer to car camera recording.

## 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.:

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo


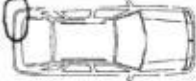


Accident Photo







PRE-REPAIR INSPECTION REPORT			
LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555		Ref: CS3/LPC19001775/R1td3n2 Date: 05-03-2019 Code: LPC2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SKN 8728C	Veh. Inspected	SKM 380D
Policy No.		Coverage (\$)	0.00
Claim No.	18/19/19/VP05/021370	Excess (\$)	0.00
Assign From	ONG LI LI	Assign Date	28/01/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	BMW X3	c.c	1997
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WBAWX320000B25388	Colour	GOLD
Odometer	70164 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	245/45 R18	PIRELLI	6 mm
L/H Front Tyre	245/45 R18	PIRELLI	6 mm
R/H Rear Tyre	245/45 R18	PIRELLI	6 mm
L/H Rear Tyre	245/45 R18	PIRELLI	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.			
<b>5. General Information</b>			
Accident Date	26/01/2019	Inspect Date / Time	28/01/2019 ( 02:06 PM )
Survey held at	160 SIN MING DRIVE #06-21		
Repairer	ENG SHING MECHANICAL WORKS		
<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.			

Report Ref No. CS3/LPC19001775/R1td3n2

Inspected By



MOHAMMED RASUL BIN MOHD YUNUS

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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