

ASS. REC. BY:

REF

CS/HLA19002262/R19d35

Special Instruction:

Surveyor

Rasul

ASSIGNMENT (Office)

From (Person):

phoebe

of

JP knights

Date/Time:

8/2/19 @ 11:09am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMD 8392R

Insured:

SKA 9216A

at Workshop m/s

YSK Auto Workshop

Tel:

96402541

of

No. 1 kaki Bkt Ave 6 # 01-71

Policy No:

Claim No:

SKA 9216A

Sum Insured:

Excess:

Make of Veh:

D.O.A

4/2/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

imp

H.O.D. Endorsement:

Date/Time:

12:07pm @ 8/2/19

Person Contacted:

Dunny

Vehicle (IN/OUT)

Date/Time	Action/Instruction (✓) Estimate	Insp: # 01-08
	SMD 8392R - NA / III 19002248 / r3	DOA: 4/2/2019
	SKA 9216A - NA / III 19002248 / r3	DOA: 4/2/2019
	Receiver agreed Rasul survey.	
	pending eff. check.	

REF: H.L.

call before going.

ASSIGNMENT

Team: _____ Date: 8/2/19

Estimated Cost: _____

OD: ☒ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

To inspect Vehicle No: SMD 8392R

at Workshop no/s: YSK AUTO

of: 1 Kaki Bkt Ave 6 #01-08

Insured: (Autobuy)

Policy No: _____

Claim No: _____

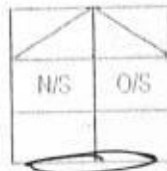
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Dunny @ 96402541

(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. Repair: _____

3

days

Res.: Yes or No

Lump Sum: _____

%

3 Val.: Yes or No

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

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SMD 8392R

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

Make: MERCEDES BENZ CLA180

Colour: Blue

Sp Reading: 4016

Eng No: _____

C No: WDD 1173422N 653667

Gen. Cond: Good / Fair / Poor / Burnt

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

Tire Size: F: _____

R: _____

225/40R18

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal: _____

mm

R/Bal: _____

mm

L/Bal: _____

mm

L/Bal: _____

mm

D.O.A. _____

08/02/19

D.O.I. _____

08/02/19

Survey held at

YSK AUTO

Des. of Damages: Frt / ☒ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

02/05/19 Insured amount of \$2000 / 3 days L/S with Dunny.

Amount confirmed

Cred to 5034.73, 72%

RECEIVED 03 MAY 2019

Date/Time: File Pass to?

03/5/19



Preli. Report



Final Report

Date/Time: File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:



Site Insp. (\$)



Interview (\$)



Tech. Insp. (\$)



Weekend (\$)

Report Format: TP

Lump Sum / L/S: 2000

Survey Fee: 150

Transportation: 50

S. & P. (\$): 50

Photo: 46

Other: 80

Total: 376

Nivitha (LKK Auto)

From: phoebe@jpknights.com
Sent: Friday, 8 February 2019 11:09 AM
To: assignments; Olivialau@lkkauto.com
Cc: HL Claims; irene@centrollc.com.sg; dannysk yeo
Subject: FW: PRI
Attachments: PRI-0002.pdf

Importance: High

Dear Sir,

Please survey vehicle, thank you.

Kind Regards,
Phoebe Jay Xie

JP KNIGHTS PTE LTD | 33 UBI AVE 3 #05-47 VERTEX TOWER A SINGAPORE 408868 | CO REG: 200723763Z

Tel: (65) 6345 0068 | Fax: (65) 6344 5328 |

www.jpknights.com; www.aspectus.sg



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From: irene@centrollc.com.sg [mailto:irene@centrollc.com.sg]
Sent: Friday, 8 February 2019 11:05 AM
To: phoebe@jpknights.com; 'HL Claims'
Cc: 'dannysk yeo'
Subject: PRI
Importance: High

WITHOUT PREJUDICE

Dear Phoebe,

We would like to select LKK Surveyor Ma as our SJE.

Kindly proceed with the PRI.

Thank you.

Regards,

Irene Seow

Centro-Legal Law Corporation Advocates & Solicitors

151 Chin Swee Road
#02-21 Manhattan House
Singapore 169876
Tel : 6235 0633
Fax : 6235 6939
Hp : 90301020

From: phoebe@jpknights.com <phoebe@jpknights.com>
Sent: Friday, 8 February 2019 10:46 AM
To: irene@centrollc.com.sg; HL Claims <hlclaims@jpknights.com>
Cc: dannysk yeo <dannyskyeo@gmail.com>
Subject: RE: PRI

Dear Irene,

Our list of surveyors are:

Formteam
LKK
Appraisal Associates
Vicom
Perfect Automobile
JP Knights

Please advise which firm, thank you

Kind Regards,
Phoebe Jay Xie

JP KNIGHTS PTE LTD | 33 UBI AVE 3 #05-47 VERTEX TOWER A SINGAPORE 408868 | CO REG: 200723763Z
Tel: (65) 6345 0068 | Fax: (65) 6344 5328 |
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From: irene@centrollc.com.sg [mailto:irene@centrollc.com.sg]
Sent: Friday, 8 February 2019 10:37 AM
To: 'HL Claims'; phoebe@jpknights.com
Cc: 'dannysk yeo'
Subject: PRI
Importance: High

WITHOUT PREJUDICE

Dear Phoebe,

We refer to the above attached document.

Enclose enclose a list of your panel for us to appoint a SJE.

Thank you.

Regards,

Irene Seow

Centro-Legal Law Corporation Advocates & Solicitors

151 Chin Swee Road
#02-21 Manhattan House
Singapore 169876
Tel : 6235 0633
Fax : 6235 6939
Hp : 90301020

Centro-Legal Law Corporation

ADVOCATES AND SOLICITORS

151 Chin Swee Road
#02-21 Manhattan House
Singapore 169876
Tel: 6235 0633
Fax: 6235 6939

Your ref : SKA9216A (To be advised)

Our ref : CLLC.PD.099.2019

08th February 2019

HL ASSURANCE
11 Keppel Road #11-01
ABI Plaza, Singapore 089057
Fax: 6224 1923
Attn: **Officer-In-Charge**

BY FAX & HAND

Dear Sirs,

**NOTICE TO INSURANCE TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2
WORKING DAYS PURSUANT TO PARAGRAPH 6.2 OF PRE-ACTION
PROTOCOL FOR NIMA CASE**

We act for FENG LI, the owner of motor vehicle **SMD8392R**, who has appointed us to act on his behalf to claim against your insured's vehicle no: SKA9216A in regards to the road traffic accident on 04.02.2019.

Please be informed that the said motor vehicle can be inspected at:-

YSK AUTO WORKSHOP
No. 1 Kaki Bukit Ave 6
#01-71 AutoBay, Singapore 417883
Tel: 9640 2541 Fax: 6556 0801 #01-08
Email: dannyskyeo@gmail.com

Kindly contact Danny Yeo HP: 96402541

Please note that if you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully,



CENTRO-LEGAL LAW CORPORATION
Cc Ah Chai FAX NO: 6556 0801

UEN NO.201302032G

CENTRO-LEGAL LAW CORPORATION is incorporated as a company in Singapore

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	07/02/2019 21:07
Date Of Accident	04/02/2019 13:45
Exact Location Of Accident	MIDDLE RD TWDS NICOLL HIGHWAY B4 BEACH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8392R
Insured/Policyholder	
Name Of Registered Owner	FENG LI
NRIC No	S6868553B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92716782
Alternative Phone No	OTHERS-92716782

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	C01002
Cover Note Number	

Driver

Name of Driver	WANG XI
NRIC No	S9075958B
Date Of Birth	03/07/1990
Occupation	INDOOR
Date Of Driving Pass	14/01/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92716782
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	34 BAYSHORE ROAD #19-01
Postcode	469976
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	NAME: : FENG LI GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKA9216A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN PING HAU
NRIC/Passport Number	S9331052G
Contact Number	81381993
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

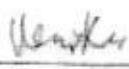
Accident Sketch Plan

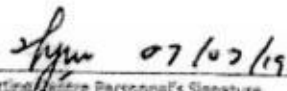
SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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.:

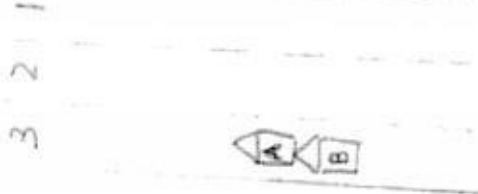
Individual Statement

SKETCH PLAN

MIDDLE RD TWS
NICOLL HIGHWAY

A = SMD 8392R

B = SKA 9216A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG MIDDLE ROAD TOWARDS NICOLL HIGHWAY BEFORE BLANCH ROAD. FRONT VEHICLE STOPPED WHILE I ALSO STOPPED BUT BEHIND VEHICLE CANNOT STOPPED IN TIME AND HIT MY VEHICLE BACK.

DECLARATION

(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:

Report Centre Personnel's Signature
Name:
NEIC/FIN No.:

YSK Auto Workshop

No. 1 Kaki Bukit Avenue 6, #01-49 (Autobay), Singapore 417883

H/P: 9640 2541

Email: dannyskyeo@gmail.com

Vehicle number: SMD8392R

Vehicle Made & Model: MERCEDES CLA 180

Qty	List Items	Amount \$
1	Rear bumper <i>DE</i>	1,953.65 <i>1500</i>
4	Rear bumper PDC sensors @ 313.75 <i>1w @ 260</i>	1,255.00 <i>520</i>
2	Rear bumper CTR guide <i>DB</i>	191.65
2	Rear bumper side guides - L/R @ 115.50 <i>Xsu</i>	231.00
1	Rear bumper frame pad <i>Xsu</i>	321.60
1	Rear bumper reinforcement <i>Xsu</i>	811.63
1	Rear end panel <i>Xsu</i>	1,018.50
	<i>2211.65</i>	
	<i>169</i>	
	<i>1990.48</i>	
	Sub-total	5,783.03
	Less 10%	578.30
	Total List	5,204.73

Labour charges

To check rear electrical wiring	50.00
To respray undercoating	60.00 <i>XAN</i>
To remove, refix rear interior trims to assist repair	120.00 <i>XAN</i>
To respray painting and etc	800.00 <i>250</i>
Panel beating, cut, weld remove & replacing above parts	800.00 <i>250</i>
Total Labour	1,830.00

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

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$ 7,034.73

Date:

Rasul

Hp 90010068

3 days

L/S

08/02/19 @ 1455

Resurvey after repair

1990.48

550.00

2540.48

209

2032.38

43-2,000

3 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

Affiliated to Federation Internationale Des Experts En Automobile				
HL ASSURANCE PTE LTD		Ref : CS/HLA19002262/R1qd3s2		
11 KEPPEL ROAD #11-01 ABI PLAZASINGAPORE 089057		Date : 10-05-2019		
		Code : HLA		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKA 9216A	Veh. Inspected	SMD 8392R	
Policy No.		Coverage (\$)	0.00	
Claim No.	SKA9216A	Excess (\$)	0.00	
Assign From	PHOEBE	Assign Date	08/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ CLA180	c.c	1595	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	WDD1173422N653667	Colour	BLACK	
Odometer	4016	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/40R18	CONTINENTAL	6 mm	
L/H Front Tyre	225/40R18	CONTINENTAL	6 mm	
R/H Rear Tyre	225/40R18	CONTINENTAL	6 mm	
L/H Rear Tyre	225/40R18	CONTINENTAL	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/02/2019	Inspection Date	08/02/2019	
Survey held at	1 KAKI BUKIT AVE 6 AUTOBAY #01-08			
Repairer	Y S K AUTO WORKSHOP			
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. SMD 8392R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	1,953.65	1,500.00
4	REAR BUMPER PDC SENSOR @ \$313.75	NOT WORKING	1,255.00	520.00
2	REAR BUMPER CTR GUIDE	DEFORMED	191.65	191.65
2	REAR BUMPER SIDE GUIDES - L/R @ \$115.50	SERVICEABLE	231.00	-
1	REAR BUMPER FRAME PAD	SERVICEABLE	321.60	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	811.63	-
1	REAR END PANEL	SERVICEABLE	1,018.50	-
	LESS 10% DISCOUNT		-578.30	-221.17
			5,204.73	1,990.48
LABOUR				
	TO CHECK REAR ELECTRICAL WIRING.		50.00	50.00
	TO RESPRAY UNDERCOATING.	NOT NECESSARY	60.00	-
	TO REMOVE, REFIX REAR INTERIOR TRIMS TO ASSIST REPAIR.	NOT NECESSARY	120.00	-
	TO RESPRAY PAINTING AND ETC.		800.00	250.00
	PANEL BEATING, CUT, WELD, REMOVE & REPLACING ABOVE PARTS.		800.00	250.00
			1,830.00	550.00
GRAND TOTAL			7,034.73	2,540.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,000.00

Report Ref No. CS/HLA19002262/R1qd3s2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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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.