

12/04/2018

ASS. REC. BY:

REF: CS3 / MSG18006359 / CS03

Special Instructions:

Surveyor:
Meimien

Guo Dong

ASSIGNMENT (Office)

From (Person):

Muhd Ashik

of

MSIC

Date/Time:

6/03/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLN 4634D

Insured:

SJT9999K

at Workshop n/a:

N-51 Automotive

Tel:

6842 0051

of

BLK2kaki Bkt #01-17118

Policy No:

28655184MKF

Claim No:

554594

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

04/04/2018

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

17.04.2018

H.O.D. Endorsement:

Date/Time:

8:53am @ 6/4/18

Person Contacted:

Ee lin

Vehicle-IN/OUT

Date/Time

Action/Instruction (X) Estimate

SLN 4634D - NA/LIP18006231/24

D.O.A: 04/04/18

SJT 9999K - NA/LIP18006231/24

D.O.A 04/04/18

Dismantle: 12/4/2018

After repair: 23/4/2018

\$5300, 6 Days.

(\$ 8.50/- Red - 62%)

[Signature]

26/3/2019

RECEIVED 26 MAR 2019

PRS
XHL

REF: MSG

99409F

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To inspect Vehicle No: _____

at Workshop no: **N-51**

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: _____

IDAC Accident Rpt.: _____ Consistent? Yes or No

GIA / PR Seen: _____ Consistent? Yes or No

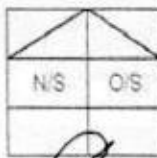
Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT



Veh No: **SLN46340** Yr Regn: **04 May 2017**

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

Truck / Trailer or _____

Make: **Toyota Estima** cc **2362**

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

Sp. Reading: **-** T/Radio: ☐ Insured / Std / NI / NA

Eng No: _____

C/No: **ACR 507139967**

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: **25/50R18**

R: **11**

BS ☒ 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. **4-4-18** D.O.I. **17-04-18**

Survey held at: **w/s** **Spn**

Des. of Damages: ☒ Fnt ☐ 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 = \$4,000 - \$5,000

5 days

RECEIVED 11 JUN 2018

7/6/2018

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

1) ☐ : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

1) \$ - RE \$ _____

2) Photos _____

3) Other _____

TOTAL: _____

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech Insp (\$ _____)

☐ Weekend (\$ _____)

80019

7/6/2018

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Monday, 11 March 2019 11:35 AM
To: Admin-D (LKKAuto)
Cc: Accounts (LKKAuto)
Subject: FW: Report Send Back Alerts - SLN4634D (TP)

Dear Nivitha,

FYNA Please....

Pending for Survey Report - CS3/MSG18006359/GZ4D3S2

12 06 Mar 2019 16:18	Ins Send Back Adj Rpt	to conduct paper survey	[I] Muhd Ashik B Madi
13 06 Mar 2019 16:18	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2019/03/08	[I] Merimen Administrator
14 06 Mar 2019 16:18	Adj Mandate Set	Maintained.	[I] Merimen Administrator

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6742 9588 | email: account@lkkauto.com | fax: 6844-8805

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

From: Do-Not-Reply [mailto:do-not-reply@merimen.com]

Sent: Wednesday, 6 March 2019 4:20 PM

To: account@lkkauto.com

Subject: Report Send Back Alerts - SLN4634D (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,
The Merimen Team



AVG

This email has been checked for viruses by AVG antivirus software.
www.avg.com

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 ability.
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	04/04/2018 19:06
Date Of Accident	04/04/2018 14:10
Exact Location Of Accident	AYE (CITY) TWDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4634D
Insured/Policyholder	
Name Of Registered Owner	LIM HUAY YUANN
NRIC No	S8079409F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94387600
Alternative Phone No	OFFICE-94387600

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS PREMIUM 2.4 CVT 2WD 5DR
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V05828/VPC/R00
Cover Note Number	

Driver

Name of Driver	YICK YOONG LOK WAYNE
NRIC No	S7735756D
Date Of Birth	23/12/1977
Occupation	INDOOR
Date Of Driving Pass	12/12/1997
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98420430
Fax Number	
Contact Number	OFFICE-98420430
EMail Address	NOEMAIL

Address	77 NIM ROAD
	#09-04
Postcode	807586
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 involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : -
	GENDER: : FEMALE
Passenger 2	NAME: : -
	GENDER: : FEMALE
Passenger 3	NAME: : -
	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

REFER TO 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	SJT9999K
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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

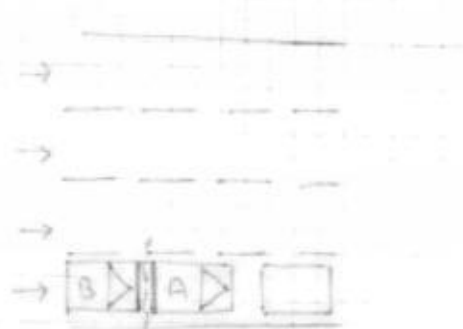
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN A32 TOWARDS M22 DIRECTION AFTER (PORTSMOUTH EXIT)

VEHICLE A - SLN 46340
VEHICLE B - SST 9999K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG A32 TOWARDS M22 DIRECTION.
I WAS ON THE EXTREME RIGHT LANE.
WHILE TRAVELLING STRAIGHT AHEAD, DUE TO THE VEHICLE
IN FRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED
BRAKE TO COMPLETE STOP.
SUDDENLY, AFTER A FEW SECONDS I FELT A GREAT IMPACT
FROM THE REAR OF MY VEHICLE.
ALIGHTED FROM MY VEHICLE, AND REALIZED IT WAS A
VEHICLE HAVING (SST 9999K) THAT COLLIDED TO THE
REAR OF MY VEHICLE.
VEHICLE A - SLN 46340
VEHICLE B - SST 9999K

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



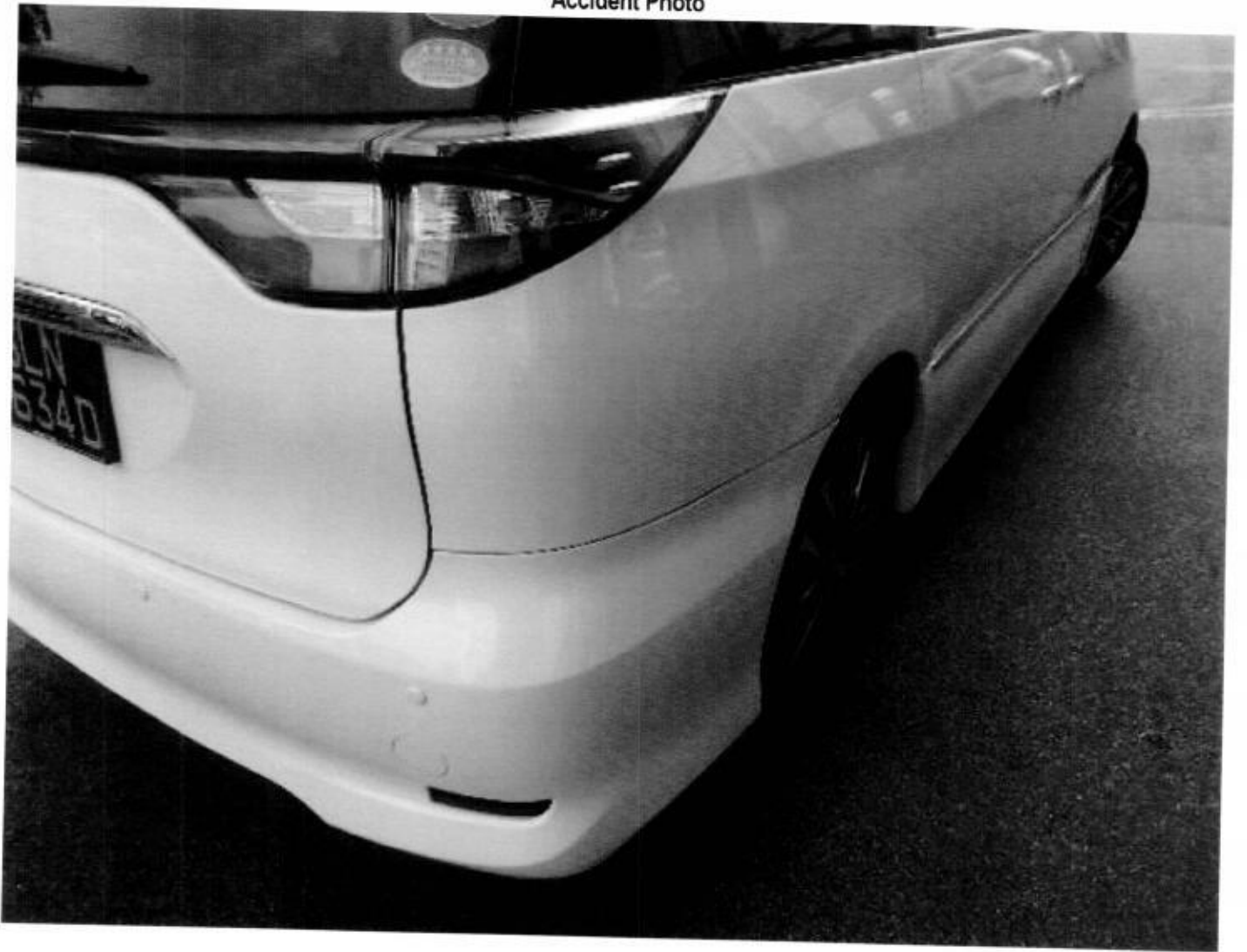
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

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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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ACCIDENT STATEMENT

Date Of Report	13/04/2018 16:44
Date Of Accident	04/04/2018 12:00
Exact Location Of Accident	AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9999K
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	CIVIC AMBULANCE SERVICES PTE LTD
Co Reg No	NA
Email Address	CIVIC@CIVICAMBULANCE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-63333000

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A 28655184 MKF
Cover Note Number	

Driver

Name of Driver	JAGJIT SINGH S/O MAL SINGH
NRIC No	S1062205J
Date Of Birth	31/03/1939
Occupation	OUTDOOR
Date Of Driving Pass	18/12/1958
Driving Experience	59 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81805555
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	17 JALAN RINDU
Postcode	537505
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : DARSHAN SINGH Gender: : Male
Passenger 2	Name: : NAZEEMAH 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

REFER TO ATTACHED

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	SLN4634D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver

YICK YOONG LOK WAYNE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- (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.

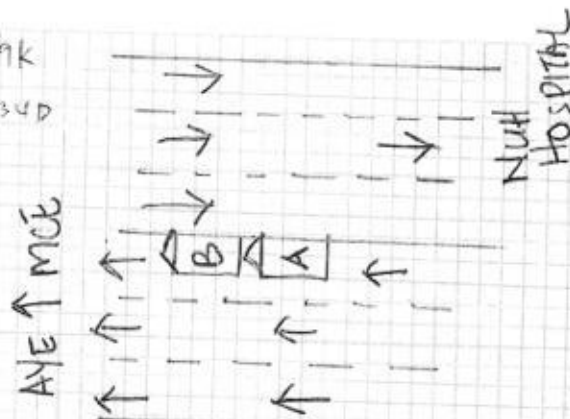
CIVIC AMBULANCE SERVICES PTE LTD
106 BRADDELL ROAD, S. 759912
TEL: 63333000, FAX: 62876940
EMAIL: policyholder@net.sg
COORDINATOR: 199201970G

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

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

SKETCH PLAN

Vehicle A SJT9999K
Vehicle B SLN 4634D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 4/4/18 ~ 12N I WAS TRAVELLING AVE (LTH)
TOWARDS MCE
SUDDENLY THE VEHICLE INFRONT STOPPED (SLN 4634D)
I STOPPED MY VEHICLE ON TIME WITH NO
IMPACT
THERE WAS NO EVIDENT DAMAGE TO MY
VEHICLE OR THE VEHICLE INFRONT
I NOTICED THE FRONT VEHICLE (SLN 4634D)
TO BE QUITE HEAVILY LOADED WITH ADULTS
N CHILDREN
THE DRIVER OF VEHICLE (SLN 4634D) WAS
IN A GREAT HURRY TO LEAVE THE SCENE.
HE HAD TAKEN SCENE PHOTOGRAPHS AT THE
SCENE

DECLARATION

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

CIVIC AMBULANCE SERVICES PTE LTD
106 BRADFIELD ROAD, S. 759912
TEL: 63333000, FAX: 62876940
EMAIL: civic@pacific.net.sg
CO. REGN. NO: 199201970G

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

