

INS. CASE OWNER:

CS

/

TP

19002917

/

T1

a3-1

12

LKK:

IDAC:

Surveyor:

Taufikh

DOI:

ASSIGNMENT

15/02/2019

Date / Time :

18/3/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

13/02/2019

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHC 6777S



INSRS:

WSP: Premier Automotive

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: S\$ (days) Reduction: % Email Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email Call

Final Liability: % (Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost: S\$

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only LOR only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search

S\$

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost: S\$

Total: S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email Call

Payee 1: S\$ Name 1:

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

19/3/19

Surveyor

Tawfikh
Claims

ASSIGNMENT (Office)

From/To/Name

EG1

Date/Time

14/2/19 @ 3.58pm

Estimated Cost

Bill by

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

To Inspect Vehicle No.

SHC 6777S

Insured

PA 9630C

at Workshop into

Premier Automotive

Tel.

6544 6687

at

23 Changi South Ave 2 # 01-02

Policy No.

Claim No.

PA9630C/SL/WM1

Sum Insured

Excess

Make of Veh

(Client's Record)

D.O.A

13/2/2019

CA / REV / REP. / REV 24 HRS

hps

ROAD Enhancement

Date/Time

10:41am @ 15/2/19

Person Contacted

Vincent

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

10/2/19 @ 3.18pm revised to ER40 by email.

15/3/19 @ 9.43am confirmed with Has Leong final Ag 83173.31, 4 days.
(Red @ 1510.47, 76%.)

Tamplin

EGI

15/2/2019

SHC67775

2017 Sep

Vehicle Type: ☒ WGT / ☐ RES / ☐ OD / ☐ REST / ☐ VA / ☐ RV / ☐ RV
SHC 67775
Premier Automotive
23 Changi South Ave 2

Vehicle Type: ☒ Car / ☐ B. Cycle / ☐ Bus / ☐ Van / ☐ Light / ☐ Heavy / ☐ Prime Mover / ☐ Truck / ☐ Trailer or
Make: Hyundai 130 1582
Colour: Silver
VIN: 169596
Engine: TMAD281UVH3134111
Gear: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
Steering: ☒ Good / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Brake: ☒ Good / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Mach: ☒ Nil / ☐ STD / ☐ STD Air / ☐ STD or

Vehicle Condition: The veh had commenced its repair at the time of inspection



Est. or Market Value:
IOA: Accident Report Consistent? Yes or No
CAR: FFI Seen Consistent? Yes or No
Est. Repairs: 4 days Res: Yes or No
Loss: 3 Val: Yes or No

Tyre Size: F: 195/65R15
R: 195/65R15
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Front: 6 mm Rear: 6 mm
R/Bal: 6 mm L/Bal: 6 mm
D.O.A. 15/2/19
Survey held at Premier Changi South

GA / REV / REP. / 24 HRS up
Date: Person Contacted: Vehicle: IN / OUT

Dist. of Damages: ☒ F / ☐ R / ☐ O / ☐ M / ☐ UIC / ☐ Roof / ☐ or
The UIC / Chassis frame / Body Structure affected due to collision.

RECEIVED 15 MAR 2019

Site/Time: 14:00
15/3 14:00
Final Report

Days Of Repair: 4
Resurvey No. of Trip: 1

Survey Fee: 250

Report Format: 7P
Lump Sum / 11.8 / 31.73.31

Add Fee: ☐ Site Trip 15
☐ Interpreter 15
☐ Power / Fuel 15
☐ Transport 15

250



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: PA9630C/SL/wm

Date: 20th February 2019

Our Ref: CS/EG119002917/T1qd3

Without Prejudice

The Motor Claims Department
ERGO Insurance Pte Ltd

Attn: Sir/Madam

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SHC 6777S

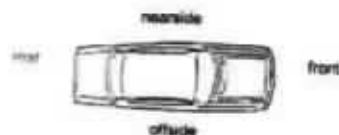
We thank you for the instruction on 14/02/2019.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 15/02/2019 at the premises of M/s PREMIER AUTOMOTIVE and have the following to report:-

Workshop Estimate Amount	: S\$ <u>4,983.78</u>
Revised Estimate Amount	: S\$ <u>2,304.26</u>
"Check" Items Amount	: S\$ <u>715.87</u>
Market Value	: S\$ <u>-</u>
Salvage Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:

Damages consistent.

Days of repair: 4 days.

We have NOT authorise repair.

Yours faithfully

Taufikh
Automotive Assessor

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304675H
 Owner ID Type: Company
 Owner Name: PREMIER TAXIS PTE. LTD.
 Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: SHC6777S
 Previous Vehicle No.: -
 Effective Date of Ownership: 13 Sep 2017
 Original Regn Date: 13 Sep 2017
 Registration Date: 13 Sep 2017
 Year of Manufacture: 2016
 Vehicle Type: Public Transport Taxi (Motor Car)
 Vehicle Scheme: Taxi (Company)
 Vehicle Attachment 1: Air-Con (Taxi)
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: HYUNDAI
 Vehicle Model: i30 GDH 1.6 TCI 5DR DCT
 Primary Colour: Silver
 Secondary Colour: -
 Passenger Capacity: 4
 Chassis No.: TMAD281UVHJ134111
 Engine No.: D4FBGZ135676
 Engine Capacity/Power Rating: 1582 cc / -
 Maximum Power Output: 100.0 kW (134 bhp)
 Propellant: Diesel
 Max Unladen Weight: 1496 kg
 Maximum Laden Weight: 1940 kg
 Open Market Value: \$20,174.00
 PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 12 Sep 2025
 Minimum PARF Benefit: \$7,646.00
 No. of Transfers: 0
 IU Label No.: 1050707092
 COE No.: 2017091301003718W
 COE Expiry Date: 12 Sep 2025
 COE Category: A - Car up to 1600cc & 97kW (130bhp)
 COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)
 Quota Premium (QP) / Prevailing Quota Premium: - / \$44,081.00
 PQP Paid: \$35,265.00
 QP (Regn Cat): -
 OPC Cash Rebate Eligibility: No

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	14/02/2019 09:55
Date Of Accident	13/02/2019 22:25
Exact Location Of Accident	AIRPORT BOULEVARD - CHANGI AIRPORT T2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6777S
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD)-1.6 DOHC (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107202885
Cover Note Number	

Driver

Name of Driver	LOH QUEE SEET
NRIC No	S1352357F
Date Of Birth	15/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83338859
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 592B #13-422 TAMPINES AVE 9
Postcode	1852
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
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

VEH. A - NO PAX VEH. B - UNKNOWN PAX ONBOARD

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	PA9630C
Vehicle Make/Model/Colour	BUS
Details Of Properties	VEH. B
Vehicle Category	BUS
Name of Driver	RASHID BIN OSMAN
NRIC/Passport Number	S1427051E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE LEFT REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOH QUEE SEET - DRIVER OF VEH. A
------	----------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

WILL SEEK FOR MEDICAL TREATMENT IF NECESSARY

SHC6777S

YES

NO

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:

X *[Signature]*

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

X 51352357F

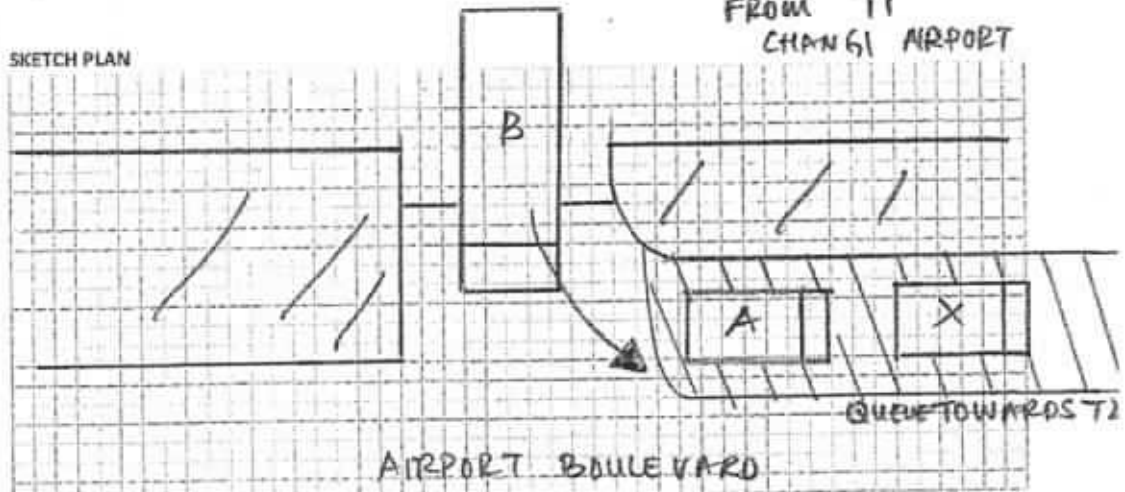
X 8333-8859

14 FEB 2013

[Signature]

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A. SHC 6777S

B. PA 9630C.

[The remaining lines of the form are crossed out with a diagonal line.]

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:

251352357F

14 FEB 2013

Reporting Centre Personnel's Signature

Name:

NRIC/TIN No.:

[Handwritten signature]

Describe Circumstance of the Accident.

ON 13/02/2019 @ 2230HRS, I WAS IN MY TAXI (SHC 6777 S), STATIONARY, ALONG AIRPORT BOULEVARD TOWARDS THE TAXI QUEUE OF CHANGI AIRPORT T2.

WHILE STATIONARY (STILL IN THE QUEUE), SUDDENLY I FELT AN IMPACT FROM THE REAR AND SUBSEQUENTLY IT CAUSED MY TAXI TO STEER TO THE LEFT BEFORE I MANAGED TO CONTROL MY TAXI TO A COMPLETE STOP.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (PA 9630 C – BUS) WHICH WAS EXITING FROM THE SLIP OF CHANGI AIRPORT T1, FAILED TO KEEP FOR PROPER LOOK OUT – HAD MOVED OFF FORWARD, CAUSING THE LEFT PORTION OF VEHICLE B TO COLLIDE ONTO THE REAR OF MY TAXI.

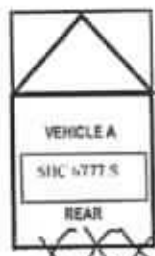
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

AS A RESULT, I FELT SOME DISCOMFORT AND WILL SEEK FOR MEDICAL TREATMENT IF NECESSARY. NO AMBULANCE AT SCENE.

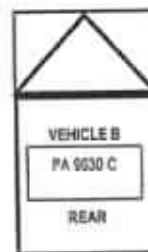
NO PASSENGERS ONBOARD MY TAXI & I WAS NOT AWARE OF PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

🔑 S1352357 F

Driver's Signature & NRIC Number
Thursday, February 14, 2019 @ 10:09:38 AM

(attended by

PREMIER TAXI	HIKER / RELIEF / SUPER RELIEF
VEHICLE NO.	SHC67775
CONTACT NO.	83338859
NEW MAILING ADDRESS (if any)	

REPUBLIC OF SINGAPORE DRIVING LICENCE

SH1352357F

LOH QUEE SEET

Birth Date: 15 May 1959
Issue Date: 23 Dec 2002

000056263E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1352357F

Name: LOH QUEE SEET

罗青悉

CHINESE

Date of Birth: 15-05-1959 Sex: M

Country of Birth: SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1352357F

LOH QUEE SEET

Valid Until: 14/02/2012

Please visit www.lta.gov.sg to check the status of this vocational licence

150775

Barcode

NRIC No: S1352357F

Fingerprint

Short Group: A+ Date of issue: 14-12-1993

Address: APT BLK 492B TAMPINES AVENUE 9 #13-422 SINGAPORE 1852

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 29 Jan 1996

Licence No: S1352357F

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Bin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	13/09/2006



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107202885-001729

Cover : Third Party

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SHC67775 |
| Chassis Number | : TMAD281UVHJ134111 |
| 2. Name of Policyholder | : PREMIER TAXIS PTE. LTD. |
| 3. Effective Date of Insurance | : 01 Feb 2019 |
| 4. Expiry Date of Insurance | : 31 Jan 2020 |
| 5. Persons or Classes of Persons entitled to drive* | |
| (a) The Policyholder. | |
| (b) Any licensed taxi driver driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use* | |
| (a) Use as a Taxi. | |
| (b) Use for social domestic and pleasure purposes. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third- Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$3,500
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HL SUNTEK INSURANCE BROKERS PTE LTD (00000690672)
Date of Issue : 01 Feb 2019 09:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Nivitha (LKK Auto)

From: ERGO Insurance Pte. Ltd. (Claims Department) <claims@ergo.com.sg>
Sent: Thursday, 14 February 2019 3:58 PM
To: 'admin-d@lkkauto.com'
Cc: Survey Report (ERGO Insurance Pte. Ltd.)
Subject: PRS IRO SHC6777S | OI : PA9630C | DOA:13/02/2019 | ERGO REF: PA9630C/SL/WM

Hi,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and Ergo Insurance Pte Ltd have agreed on your company to be the "Single Joint Expert".

Please conduct this survey request on without prejudice basis and to try finalise with the repairer on the repairs.
(Note: No repair estimate was provided to us and our driver has not lodge the accident report to us)

Attached are the necessary documents for your further actions.

Kindly acknowledge receipt of this email.

NOTE: Please assist to quote our ref as the subject matter, when forwarding the Preliminary Reports / Survey Reports.

For Claims Department

ERGO Insurance Pte. Ltd.

From: Vincent Chua [mailto:vincent.chua@premiertaxi.com]
Sent: Thursday, 14 February, 2019 3:22 PM
To: ERGO Insurance Pte. Ltd. (Claims Department)
Cc: Goh Wee Dek; Gary Shi
Subject: RE: Pre-Inspection / Accident Involving SHC6777S & PA9630C on 13.02.19

Dear all,

We would like to appoint "LKK Auto Consultants" as the SJE for this PRS.

Please arrange for survey.

Thank you for your time.

Regards

Vincent Chua
Operations Assistant
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 066 | DID: 6544 6689 | Fax: 6214 1511
Visit us at: www.premiertaxi.com.sg

Confidentiality Notice | This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential or proprietary information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, immediately contact the sender by reply e-mail and destroy all copies of the original message.

From: ERGO Insurance Pte. Ltd. (Claims Department) [mailto:claims@ergo.com.sg]
Sent: Thursday, 14 February, 2019 3:15 PM
To: Vincent Chua <vincent.chua@premiertaxi.com>
Cc: Goh Wee Dek <weedek.goh@premiertaxi.com>; Gary Shi <gary.shi@premiertaxi.com>; ERGO Insurance Pte. Ltd. (Claims Department) <claims@ergo.com.sg>
Subject: RE: Pre-inspection / Accident involving SHC6777S & PA9630C on 13.02.19

Dear Sir,

We acknowledged receipt of your email below for the PRS request as below.

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below.

1	AIS	Automobile Inspection Services Pte Ltd
2	FTA	FormTeam Consultancy Pte Ltd
3	IAS	Infiniti Appraisal Service
4	JPk	JP Knights Pte Ltd
5	LBS	L.B.S Auto Consultants Pte Ltd
6	LKK	LKK Auto Consultants Pte Ltd
7	PS	Priority Services
8	VAC	Vicom Ltd

- Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy
- Our Insured's driver has not reported the accident to us todate.

From: Vincent Chua [mailto:vincent.chua@premiertaxi.com]
Sent: Thursday, 14 February, 2019 12:51 PM
To: ERGO Insurance Pte. Ltd. (Claims Department)
Cc: Goh Wee Dek; Gary Shi
Subject: Pre-inspection / Accident involving SHC6777S & PA9630C on 13.02.19

Dear all,

We refer to the vehicles mentioned above.

Please kindly arrange for survey.

Vehicle available for survey at any time

Thank you.

Regards

Vincent Chua
Operations Assistant
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 066 | DID: 6544 6689 | Fax: 6214 1511
Visit us at: www.premiartaxi.com.sg

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Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Friday, 15 March 2019 9:43 AM
To: 'Liew Hai Leong'; Taufikh (LKKAUTO)
Subject: RE: SHC67775 - FINALINATION (SURVEY ON 15.2.2019)

Dear Hai Leong,

WITHOUT PREJUDICE

Confirm final fig \$3,173.31 before GST and 4 repair days.

Kindly send the relevant documents to Ergo Insurance company.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Liew Hai Leong <halleong.liew@premier taxi.com>
Sent: Thursday, 14 March 2019 3:28 PM
To: Taufikh (LKKAUTO) <Taufikh@lkkauto.com>
Subject: SHC67775 - FINALINATION (SURVEY ON 15.2.2019)

Dear Taufiq,

Please confirm finalize at \$3173.31 & 4 days.

Regards

Liew Hai Leong
Operation Assistant
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 068 | DID: 6544 6682 | Fax: 6214 1511
Visit us at: www.premier taxi.com.sg

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Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Wednesday, 20 February 2019 3:18 PM
To: 'ERGO Insurance Pte. Ltd. (Claims Department)'; assignments
Cc: 'Survey Report (ERGO Insurance Pte. Ltd.)'; SUR
Subject: RE: PRS IRO SHC6777S | OI : PA9630C | DOA:13/02/2019 | ERGO REF: PA9630C/SL/WM
Attachments: CSEGI19002917T1q3.pdf

Dear Sir/Madam,

Enclosed herewith preliminary advice of SHC 6777S.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Friday, 15 February 2019 10:43 AM
To: 'ERGO Insurance Pte. Ltd. (Claims Department)' <claims@ergo.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Survey Report (ERGO Insurance Pte. Ltd.)' <Survey.Report@ergo.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: PRS IRO SHC6777S | OI : PA9630C | DOA:13/02/2019 | ERGO REF: PA9630C/SL/WM

Dear Sir/Mdm,

Thank you for the assignment.

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



From: ERGO Insurance Pte. Ltd. (Claims Department) [mailto:claims@ergo.com.sg]
Sent: Thursday, 14 February 2019 3:58 PM
To: 'admin-d@lkkauto.com' <admin-d@lkkauto.com>
Cc: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Subject: PRS IRO SHC6777S | OI : PA9630C | DOA:13/02/2019 | ERGO REF: PA9630C/SL/WM

Hi,

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304075H
 Owner ID Type: Company
 Owner Name: PREMIER TAXIS PTE. LTD.
 Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: 9HC6777S
 Previous Vehicle No.: -
 Effective Date of Ownership: 13 Sep 2017
 Original Regn Date: 13 Sep 2017
 Registration Date: 13 Sep 2017
 Year of Manufacture: 2016
 Vehicle Type: Public Transport Taxi (Motor Car)
 Vehicle Scheme: Taxi (Company)
 Vehicle Attachment 1: Air-Con (Taxi)
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: HYUNDAI
 Vehicle Model: i30 GDH 1.6 TCI 5DR DCT
 Primary Colour: Silver
 Secondary Colour: -
 Passenger Capacity: 4
 Chassis No.: TMAD261UVHJ134111
 Engine No.: D4FBGZ135678
 Engine Capacity/Power Rating: 1582 cc / -
 Maximum Power Output: 100.0 kW (134 bhp)
 Propellant: Diesel
 Max Unladen Weight: 1496 kg
 Maximum Laden Weight: 1940 kg
 Open Market Value: \$20,174.00
 PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 12 Sep 2025
 Minimum PARF Benefit: \$7,646.00
 No. of Transfers: 0
 IU Label No.: 1050707092
 COE No.: 2017091301003718W
 COE Expiry Date: 12 Sep 2025
 COE Category: A - Car up to 1600cc & 97kW (130bhp)
 COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)
 Quota Premium (QP) / Prevailing Quota Premium: - / \$44,081.00
 PQP Paid: \$35,265.00
 QP (Regn Cat): -
 OPC Cash Rebate Eligibility: No

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02

SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511

CO. REG:200707743D GST REG:200707743D

14-Feb-19

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHC 6777 S

- 1 pc Tailgate lower garnish
- 1 pc Tailgate weatherstrip
- 1 pc Tailgate lock
- 1 pc Emblem I30
- 1 pc Emblem CRDI
- 1 pc Emblem Hyundai
- 1 pc Rear bumper
- 1 pc Rear bumper sponge
- 1 pc Rear bumper reinforcement
- 1 pc Rear bumper reinforcement centre
- 2 pcs Rear bumper n/s & o/s side bracket @ \$52.20
- 2 pcs Rear bumper n/s & o/s reflector @ \$107.50

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

Signature:

Date:

20/2/19

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\$ 362.61 *car*

\$ 276.98 *x 101*

\$ 216.48 *# b7*

\$ 27.80 *ne*

\$ 29.40 *ne*

\$ 29.40 *ne*

\$ 811.11 *de*

\$ 79.20 *7 de*

\$ 815.64 *7 b7*

\$ 79.20 *x*

\$ 104.40 *x*

\$ 215.00 *x*

\$ 3,047.22

\$ 609.44

\$ 2,437.78

Less 20%

S/NETT

- 1 set Rear bumper clips
- 1 set Reverse sensor
- 1 set Tailgate stickers
- 1 set Tailgate lower garnish clips

Sundry

To dismantle and replace reverse sensor and test system

To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.

To labour charge for dismantle and renew the accident damaged parts. Including to knock-out, straighten, repair, reshape of the end panel, etc

To putty and spray painting on the rear bumper, tailgate, tailgate lower garnish, end panel

To apply rustproofing on the repaired and replaced panels

\$ 48.00 *ne*

\$ 280.00 *200 cut*

\$ 100.00 *ne*

\$ 38.00 *ne*

\$ 50.00 *20 ne*

\$ 80.00 *50*

\$ 180.00 *40*

\$ 850.00 *700*

\$ 800.00 *400*

\$ 120.00 *x 100*

\$ 4,983.78

Total

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)
THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE
ANY UNFORESEEN DAMAGES.

Suwanna (LKK Auto)

From: Hsiao Tong (LKKAuto)
Sent: Tuesday, 26 March 2019 9:26 PM
To: Admin A
Cc: CS A Team
Subject: Fw: LOD / Accident involving SHC6777S & PA9630C on 13.02.19 (ERGO case)
Attachments: SHC6777S LOD.pdf; SHC6777S scene video.avi

Follow Up Flag: Follow up
Flag Status: Flagged

Best Regards,
Hsiao Tong, Chew | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Shafawati <shafawati.rabu@premiertaxi.com>
Sent: Monday, 18 March 2019 6:59 PM
To: Joy Irene (LKKAuto); Asher Sng (LKKAuto)
Cc: AccReport; CS A Team
Subject: LOD / Accident involving SHC6777S & PA9630C on 13.02.19 (ERGO case)

WITHOUT PREJUDICE

Dear Joy & Asher,

Your Ref: PA9630C
Our Ref: SHC6777S/SR
Date of accident: 13.02.2019

We refer to the above mentioned accident.

Hereby we would like to append our losses from ERGO Insurance Pte Ltd, as insurers of vehicle number PA9630C which their insured driver's negligence driving in the above accident.

Enclosed herewith our letter of demand, supporting documents and scene video for your kind perusal.

Kindly look into the matter and let us have your favourable reply as soon as possible.

To expedite this claim settlement, please reply to us by email.

Thank you

Regards

Shafawati Md Rabu
Claims Settlement Assistant
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443

Tel: 6214 8880 Ext 076 | DID: 64100946 | Fax: 6214 1511

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**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			
PREMIER AUTOMOTIVE SERVICES PTE LTD		Ref : CS/TP19002917/T1a3n2-1	
23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		Date : 31-07-2019	
		Code : TP451	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.		Veh. Inspected	SHC 6777S
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	15/02/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I30	c.c	1582
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	TMAD281UVHJ134111	Colour	SILVER
Odometer	169596	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	MAXXIS	6 mm
L/H Front Tyre	195/65 R15	MAXXIS	6 mm
R/H Rear Tyre	195/65 R15	MAXXIS	6 mm
L/H Rear Tyre	195/65 R15	MAXXIS	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	13/02/2019	Inspection Date	15/02/2019
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		
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:		4 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 6777S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	TAILGATE LOWER GARNISH	CRACKED	362.61	362.61
1	TAILGATE WEATHERSTRIP	NOT NECESSARY	276.98	-
1	TAILGATE LOCK	BENT	216.48	216.48
1	EMBLEM I30	NECESSARY	27.80	27.80
1	EMBLEM CRDI	NECESSARY	29.40	29.40
1	EMBLEM HYUNDAI	NECESSARY	29.40	29.40
1	REAR BUMPER	DEFORMED	811.11	811.11
1	REAR BUMPER SPONGE	DEFORMED	79.20	79.20
1	REAR BUMPER REINFORCEMENT	BENT	815.64	815.64
1	REAR BUMPER REINFORCEMENT CENTRE	NOT NECESSARY	79.20	-
2	REAR BUMPER N/S & O/S SIDE BRACKET @\$52.20	NOT NECESSARY	104.40	-
2	REAR BUMPER N/S & O/S REFLECTOR @\$107.50	NOT NECESSARY	215.00	-
	LESS 20% DISCOUNT		-609.44	-474.33
			2,437.78	1,897.31
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	48.00	48.00
1	SET REVERSE SENSOR (SN)	CUT	280.00	200.00
1	SET TAILGATE STICKERS (SN)	NECESSARY	100.00	100.00
1	SET TAILGATE LOWER GARNISH CLIPS (SN)	NECESSARY	38.00	38.00
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			516.00	406.00
LABOUR				
	TO DISMANTLE AND REPLACE REVERSE SENSOR AND TEST SYSTEM.		80.00	30.00
	TO DISMANTLE/REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS.		180.00	40.00
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS INCLUDING TO KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE OF THE END PANEL, ETC.		850.00	400.00

Report Ref No. CS/TP19002917/T1qd3n2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PUTTY AND SPRAY PAINTING ON THE REAR BUMPER, TAILGATE, TAILGATE LOWER GARNISH, END PANEL.	NOT NECESSARY	800.00	400.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.		120.00	-
			2,030.00	870.00
GRAND TOTAL			4,983.78	3,173.31
RECOMMENDED COST OF REPAIRS				3,173.31

Report Ref No. CS/TP19002917/T1qd3n2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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