

INS. CASE OWNER:

CS 1EG118G11968

1 Aug 2018

LKK:
IDAC:

ASSIGNMENT

*Surveyor:

Adrian

DOI:

02/07/2018

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 6725 C

Claim No. : DSMCV1801205/SL/PI

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 13/06/2018

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLM 80H

INSRS:
WSP: Green forest
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

SLM 80H - X GBE 6725C - X

STAGE

DATE / PIC

01/4

Driver

Non-Reporting ltr (1st):

24/4

OI WP company name not same as oi vehicle insured

Non-Reporting ltr (2nd):

Company name Email Steve (Evo) for instruction

Non-Reporting ltr (Final):

Instruction from Eto (Steve) to proceed dx. NO

Notification ltr (if non-pickup):

Policy issue offer TP \$4540.00 global.

Call OI:

Pending acceptance.

After call ltr to OI:

25/4

Settle @ global \$4540.00, send DV - Pending DV.

Documentation Check List: Handler Typist

27/4

DV in file pass Admin to close.

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:

\$5800.00

(4 days) Reduction: \$4090.00 % 52

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with Chris Chan

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lin :

Repair Cost: (WIGST)

\$5

4066.00

OID Roll back hit TP.

Loss of Rental (LOR):

\$5

(days)

Loss of Use (LOU):

\$5

(\$ 80 x 6 days)

Loss of Income (LOI):

\$5

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/ Independent)

Legal Cost

\$5

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$100 - \$250 - \$150.

Total:

\$5

4546.00

Global Sum \$5:

4540.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$5

4540.00

Name 1:

Green Forest Automobile Pte Ltd.

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

Case No. CS/EGI18011968/Atd3 ⁿ²
 Assignment (Office)
 Person (Person) Adnan
 Estimated Cost Yee Pei Li of EGI Incident No. 2/7/18 @ 245pm
 OD ☒ (P) WS / IP RES / OD RES / EVA / INV / MV / CB
 To Inspect Vehicle No. SLM 80H Insured GBE 6725C
 at Workshop no. Green Forest Automobile Tel. 9271 2214
 at 8/kaki Bukit Ave 4 # 05-25 premier
 Policy No. _____ Claim No. DSMCR1801205/SL/p1
 Sum Insured _____ Amount _____
 Make of Vch. _____ D.O.A. 13/06/2018
 (Client's Record)
 CA / REV / REP. / REV 24 HRS up Role Enforcement
 Date/Time 2:50pm @ 2/7/18 Person Contacted Chris Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instructions (✓) Estimate
	<u>SLM 80H - x</u>
	<u>GBE 6725C - x</u>
<u>2/7/18</u>	<u>Pending finalize with Adnan</u>
	<u>(ump sum \$3800 cred: 4090, 51%)</u>

Adm. File: BY Abdulla King

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured _____
 Policy No _____
 Claims No _____
 Sum Insured _____ Excess _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bail or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? Yes or No
 GIA / PR Seen: _____ Consistent? Yes or No
 Est. Repair: 4 days Res: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

TP Eyo

Veh No: SLM80H Yr Reg: 2012 2012 March
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mini Coops cc 1598
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 110540 T/Radio: Insured / Std / NI / NA
 Eng No: _____
 C/Nr: WMWSV32000T150808
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 205/45 R17
 R: 205/45 R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal: 06 mm R/Bal: 06 mm
 L/Bal: 06 mm L/Bal: 06 mm
 D.O.A. _____ D.O.I. 02/07/18
 Survey held at: Green Forest
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

RECEIVED 1 APR 2018

US \$3800 with 4 repair days

(Rcd = 84090 / 5290)

Date/Time: File Path: 114

114 Typist

Date/Time: File Path: 114

☐ Preli. Report
☒ Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ Site Insp 15
☐ Interview 15
☐ Tech. Invs 15
☐ Weekend 15

Survey Fee:

Inspection

15 + 15 = 30

Photo

Color

15

15

Report Format

Lump Sum / 114

3800/-

250

GREEN FOREST AUTOMOBILE PTE LTD

8 Kaki Bukit Avenue 4, #05-25 Premier @ Kaki Bukit Singapore 415875

TP Eigo

2018

EE BEE LAY
8 KAKI BUKIT AVENUE 4
05-25 PREMIER @ KAKI BIKIT
Singapore 415875

28th June 2018

WMWSV320007150808

Accident date: 13th June 2018

Estimated repair cost for vehicle no: SLM80H MINI COOPER 1.6 AT '11

S/n	Qty	Items	U/price	Amount
1	1	bonnet <i>Repair</i>		\$1,250.00 x
2	1	Front headlamp-LH <i>Cracked</i>		\$950.00 ✓
3	1	Front Grille <i>Cracked</i>		\$450.00 ✓ 326
4	1	Front grille chrome garnish <i>LT</i>		\$240.00 ✓ 163
5	1	Front bumper fog lamp-LH <i>not new</i>		\$481.00 x
6	1	front bumper fog lamp cover -LH <i>not new</i>		\$156.00 x
7	1	Front bumper <i>Detached</i>		\$950.00 ✓
8	1	Front bumper reinforcement <i>not new</i>		\$550.00 x
9	1	front Bumper lower grille <i>Cracked</i>		\$310.00 ✓
10	2	Front bumper side bracket <i>not new</i>	\$65.00	\$130.00 x
11	1	Front bumper lower garnish <i>Cracked</i>		\$880.00 ✓ 244
12	10	Front bumper clips <i>new</i>	\$5.00	\$50.00 30

Labour charges
To Check Wiring System

2573
267570

Subtotal :- \$5,867.00

Panel beating

680

~~\$80.00~~ 30

~~\$600.00~~ 250

Spray painting

~~\$800.00~~ 400

Subtotal :- \$1,280.00

Total:- \$7,147.00

total 3355.70

1/5: 2.6K

04 days

SK

GREEN FOREST AUTOMOBILE PTE LTD

8 Kaki Bukit Avenue 4, #05-25 Premier @ Kaki Bukit Singapore 415875

TP Eng
Denzel

EE BEE LAY
8 KAKI BUKIT AVENUE 4
05-25 PREMIER @ KAKI BIKIT
Singapore 415875

28th JUNE 2018

WMWSV32000T150808

Accident date: 13th JUNE 2018

Estimated repair cost for vehicle no: SLM80H MINI COOPER 1.6 '11

S/n	Qty	Items	U/price	Amount
1	1	head lamp -LH <i>crushed</i>		\$1,150.00 ✓
2	1	front emble logo <i>new</i>		\$60.00 ✓
3	1	Front grille <i>crushed</i>		\$450.00 ✓
4	1	Front grille chrome garnish <i>wt</i>		\$250.00 ✓
5	1	Front Bumper <i>crushed</i>		\$1,450.00 1245
6	1	Front Bumper Reinforcement <i>Best</i>		\$850.00 496
7	1	front footwell module <i>new</i>		\$1,250.00 ✓
8	1	front bumper spoiler (centre) <i>crushed</i>		\$250.00 ✓
9	2	fog lamp with position light <i>crushed</i>	\$460.00	\$920.00 358

Subtotal :- \$6,630.00

Labour charges

To Check Wiring System

~~\$60.00~~ 30

To Panel Beating

780

~~\$600.00~~ 250

To Spray Painting

~~\$600.00~~ 500

Subtotal :- \$1,260.00

Total:- \$7,890.00

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

Signature:

Date:

total: 4826.05
2/s: 3.8K
04 Dup

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	21/06/2018 17:47
Date Of Accident	13/06/2018 16:30
Exact Location Of Accident	MIDVIEW CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE6725C
Insured/Policyholder	
Name Of Registered Owner	ELECTIO (S) PTE. LTD.
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67411919
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCV17S022311
Cover Note Number	
Driver	
Name of Driver	HASAN MOHAMMED KAMRUL
Passport No/FIN	G2200668T
Date Of Birth	15/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	28/05/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94715529
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NA
 Postcode
 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 ON COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 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) 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

REFER TO SKETCH PLAN

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 SLM80H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number 87673766
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident Sketch Plan

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 willful 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.

B. 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:

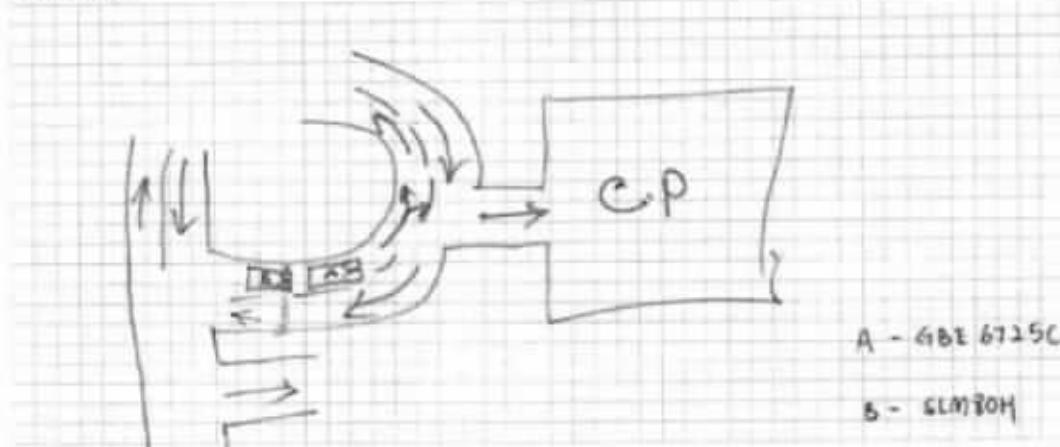
Driver's Signature
(If driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-55/56/57/58/59 Ind Est
Singapore 670553
Tel: 6453 1285 Fax: 6453 7944
(Claims Section)

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I need to go on top 2nd Level on the Remp.
 By this time my van stop. As a same time other
 car came to my behind very near. Then I again
 start my van. Then my van go some reviews and
 touch the other car.

DECLARATION

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



Policyholder's Signature
 Date & Time:

[Signature]

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

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 75843
 Tel: 6453 7205 Fax: 6453 7944
 (Claims Section)

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

ERGO

CERTIFICATE OF INSURANCE
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT 1987 (SEA 1985)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1985
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS AND ITS) 1985 (SINGAPORE)

CERTIFICATE NO. DMCV17S022311	C18072784
Type of CI: Commercial Vehicle	
Cover: Comprehensive 20160 REAL INSURANCE AGENCY	
1) Registration No. of Vehicle:	TRB 0125C
2) Name of Policyholder:	ELICHO (S) PTE. LTD.
3) Commencement Date of Insurance:	01/03/2018 *
4) Expiry Date of Insurance:	28/02/2019
5) Persons or Classes of Persons entitled to drive	
1) Any person who is driving on the Policyholder's order or permission	
Excess (Section 1): \$500.00	
Windscreen - Below 10 tons: \$3,100.00	
Young & Inexp Drivers (Section 1): \$42,500.00	
6) Name of Finance Company/Hire Purchase Owner: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD	
7) 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	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
8) Limitations as to Use	
(1) Use in connection with the Policyholder's business	
(2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business	
(3) Use for social domestic and pleasure purposes	
This Policy does not cover	
(1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing	
(2) Use whilst drawing a trailer except the towing of any one divided mechanically propelled vehicle	
Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 188) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings (for Items 7 & 8).	

WE HEREBY CERTIFY that the Policy in which this Certificate remains is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

Counter signed by
REAL INSURANCE AGENCY



For and on behalf of
ERGO Insurance Pte. Ltd.

AUTHORIZED SIGNATURE

20180116/01/2018 17:01:15

NRIC & Driving license

REPUBLIC OF SINGAPORE DRIVING LICENCE

G 2200668T

HASAN MOHAMMED KAMRUL

Birth Date: 15 Oct 1967
Valid Till: 27 May 2018

100430416J

SG 50

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **SIN YONG TAT SANITARY & PLUMBING PTE. LTD.**

DATE OF EXPIRY: **07-09-2018**

Name: **HASAN MOHAMMED KAMRUL**
Work Permit No: **R 8382823** Sector: **CONSTRUCTION**

40916518

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 1 Motor Cars <= 2000kg with <= 7 passengers, inclusive 28 May 2018 of the driver, and other motor vehicles <= 2500kg

+6594715529



Nº 4254

VISIT PASS Immigration Regulations

Name: **HASAN MOHAMMED KAMRUL** +6594715529

App to check status

Work Permit No: **G2200668T**
Date of Birth: **15-10-1967** Sex: **M**

Accession: **840616034**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





[e-Services \(/content/policehubhome/homepage.html\)](#)

[Log in](#)

Status of Driving Licence

Qualified Driving Licence

Qualified Driving Licence Number

G2200668T

Status of Qualified Driving Licence

Valid

Class(es) of Qualified Driving Licence

3

Expiry Date

27/05/2020

Provisional Driving Licence

Provisional Driving Licence Number

G2200668T

Status of Provisional Driving Licence

No Licence

Class(es) of Provisional Driving Licence

Expiry Date

-

[HOME \(https://www.police.gov.sg/\)](https://www.police.gov.sg/)

ABOUT US (<https://www.police.gov.sg/about-us>)
SGSECURE (<https://www.police.gov.sg/sgsecure>)
I-WITNESS (<https://www.police.gov.sg/iwitness>)
COMMUNITY PROGRAMMES (<https://www.police.gov.sg/community-programme>)
RESOURCES (<https://www.police.gov.sg/resources>)
NEWS & PUBLICATIONS (<https://www.police.gov.sg/news-and-publications>)
JOIN US (<https://www.police.gov.sg/join-us>)
FAQS (<https://va.ecitizen.gov.sg/cfp/CustomerPages/SPF/explorefaq.aspx>)
CONTACT US (<https://www.police.gov.sg/content/contact-us>)
E-FEEDBACK (<https://www.police.gov.sg/content/policehubfeedback/efeedback.html>)
SITEMAP (<https://www.police.gov.sg/sitemap>)

Privacy Statement (<https://www.police.gov.sg/content/privacy-statement>) | Terms of Use

(<https://www.police.gov.sg/content/terms-of-use>) | Rate this Service (<https://form.gov.sg/forms/spt/5b90934f64567e000fb2d9a6>)

© 2019 Singapore Police Force. A Member of The Home Team (<https://www.mha.gov.sg>).

8Lm 80M
Cecil's
ERGO

ERGO Insurance Pte. Ltd.
8 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038993
Tel: +65 6829 9199
Fax: +65 6829 9248
Claims Tel: +65 6829 9170
Claims Fax: +65 6829 9247
Co-Reg No: 190303211H

www.ergo.com.sg

DISCHARGE VOUCHER

I/We, **EE BEE LAY (S1472058H)** hereby agree to accept the sum of **SINGAPORE DOLLARS: FOUR THOUSAND FIVE HUNDRED AND FORTY ONLY (\$4,540.00)**, in full and final settlement of all claims for damages, costs & disbursements arising out of an accident on **13/06/2018** involving **SLM 80M & GBE 6725C** at/along **20 SIN MING LANE**.

I/We agree that the said sum is paid without admission of liability and on the part of ERGO Insurance Pte.Ltd./INSURED/INSURED DRIVER, respectively in respect of the said loss and for damage whether now or hereafter to become manifest, and is accepted by me to the intent that the said ERGO Insurance Pte.Ltd./INSURED/INSURED DRIVER, be absolutely and finally discharged from all claims whatsoever which I now or hereafter may have arising out of or connected with or traceable to the said accident. I/We also declare that I/We am/are the person entitled to receive the above compensation.

This discharge is not to be construed as an admission of liability on the part of ERGO Insurance Pte.Ltd./INSURED/INSURED DRIVER, and shall not be used as evidence in any claims/actions which may be lodged by or against them.

I/We hereby authorize you to make payment in favour of: **GREEN FOREST AUTOMOBILE PTE LTD.**

Dated this 01 day of JULY, 2019.

CLAIMANT:

Signature: 

Name: EE BEE LAY

(Please endorse with company stamp, if applicable)

NRIC No: S1472058H

Address: 80 LORONG MELAYU
R (416987)

WITNESS:

Signature: 

Name: TAN BENG HUEE

NRIC No: S7004290/H

Address: C/O 8 KAKI BUKIT AVE 4
#05-25 @ PREMIER
S(415875)

Cecilia Chong (LKK Auto)

From: Steve Lim <steve.lim@ergo.com.sg>
Sent: Wednesday, 24 April 2019 10:53 AM
To: Cecilia Chong (LKK Auto)
Cc: Hsiao Tong (LKKAuto); Admin A
Subject: RE: Your ref: DSMCV1801205 (Our ref: CS/EGI18011968/Aga3-1) *** ACCIDENT INVOLVING GBE 6725C & SLM 80H ON 13/06/2018 ***

Hi Cecilia,

No policy issue. You may proceed

Steve Lim
Manager - Claims

ERGO Insurance Pte. Ltd.

5 Temasek Boulevard, #04-05 Suntec Tower Five
Singapore 038985
DID: +65 6829 9197
Fax: +65 6829 9247
steve.lim@ergo.com.sg

ERGO

www.ergo.com.sg

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From: Cecilia Chong (LKK Auto) [mailto:CeciliaChong@lkkauto.com]
Sent: Wednesday, 17 April, 2019 10:21 AM
To: Steve Lim
Cc: Hsiao Tong (LKKAuto); Admin A
Subject: Your ref: DSMCV1801205 (Our ref: CS/EGI18011968/Aga3-1) *** ACCIDENT INVOLVING GBE 6725C & SLM 80H ON 13/06/2018 ***

Dear Steve,

We refer to the above matter.

We found out that Our Insured vehicle is insured under the company name of ELECTIO (S) PTE LTD. However, Our Insured's driver Work Permit state that he is working under the company name of SIN YONG TAT SANITARY & PLUMBING Pte Ltd. Kindly advice if there is any policy issue. We hereby seeking your instruction / comments to proceed. Thanks

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

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

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From: chan pick yuen [mailto:chris_chanbebe@hotmail.com]
Sent: Monday, 1 April, 2019 10:45 PM
To: Steve Lim
Subject: SLM 80H & GBE6725C DOA 13/6/18 (DSMCV1801205)

Dear Mr Steve ,

Enclosed is our client's GIA , LOA , INVOICE & VIDEO CAMERA .
As request following :

1. RC \$ 4066 (\$3800 + 7% GST) -As agreed
2. loss of use \$ 600 (\$100 x 6 days -4 days recommend + 2 days waiting PRS)

@ 100% (REVERSE CASE WITH VIDEO)

Total \$ 4400/-.

Please let us have your offer & reply soon . Thanks

Regards,
Chris Chan Pick Yuen
GREEN FOREST AUTOMOBILE PTE LTD
HP: 92712214

From: chan pick yuen <chris_chanbebe@hotmail.com>
Sent: Monday, April 1, 2019 10:38 PM
To: chan pick yuen
Subject:

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AUTHORISATION TO ACT

I/We EE BEE LAY of _____
_____, owner of SLM 704 hereby

authorize Green Forest Automobile Pte Ltd, ("The Workshop") to act for me/us with respect to my/our
claim for the repair costs and/or rental and/or loss of use for my/our vehicle SLM 704
that was damaged pursuant to the accident occurred on 13/6/18 at
20 Sin Ming Lane involving vehicle number
GBE 672 PC.

I/We further authorize the Workshop to settle my/our above mentioned claim in a manner that they deem
fit and The Workshop is further authorized to receive payment further to settlement of my/our claim with
payment cheque being made in favor of Green Forest Automobile Pte Ltd.

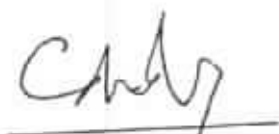
The settlement The Workshop may reach on my/our behalf is on without prejudice and without
admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Pursuant to Personal Data Protection Act 2012, I/We hereby agree that The Workshop may disclose or
share my personal data to any authorized service providers whom The Workshop would necessarily need
to cooperate, interact or work in one way or another in serving me or meeting my requests.

If I/we are not able to recover full amount for the repair cost from the third Party's Insurance Company
in 6 (six) months' time from invoice date, Green Forest Automobile Pte Ltd shall bill to you/your
Company for the balance/full amount of the repair cost. The Workshop will close this case without prior
notice if we are unable to recover within 2 years.

I/We EE BEE LAY understand the above explanation by Green Forest
Automobile Pte Ltd.

Dated this 02 day of 07 (month) 18 (year)



Claimant's Signature
(Company's stamp for company vehicle)



Green Forest Automobile Pte Ltd

GREEN FOREST AUTOMOBILE PTE LTD

8 Kaki Bukit Avenue 4, #05-25 Premier @ Kaki Bukit Singapore 415875

TAX INVOICE

EE BEE LAY
8 Kaki Bukit Avenue 4
#05-25 Premier @ Kaki Bukit
Singapore 415875

Date: 2-Apr-19
GST Reg.No: 201723238H

Accident date: 13th JUNE 2018
Final Bill For Vehicle No: SLM80M MINI COOPER 1.6'11

Descriptions	AMOUNT
Lump Sum repair cost as recommended by LKK AUTO CONSULTANTS PTE LTD Surveyor : Mr Adrian Ling	\$3,800.00
Total	\$3,800.00
GST 7%	\$266.00
Grand Total	\$4,066.00

S/DLRS: FOUR THOUSAND SIXTY SIX ONLY



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

To : M/s ERGO INSURANCE PTE LTD

Date: 29/07/2019

THIRD PARTY DIRECT SETTLEMENT

Vehicle No.	GBE 6725C	(Insd Veh)	Your Ref. No. : DSMCV1801205
	SLM 80H	(TP Veh)	Our Ref. No. : CS/EGI18011968/Aga3q2-1
Date of Accident	13/6/2018		

Liability	100%	
Final Repair Cost	: \$ 4,066.00	
Loss of Use	: \$ 480.00	6 days
Rental (If any)	: \$	days
Others:	: \$	
	: \$	
	4,546.00	
Final Settlement Sum	: \$ 4,540.00	GLOBAL SUM
Remarks	:	

<u>Payment Instruction: Payee's Breakdown</u>		
1)	GREEN FOREST AUTOMOBILE PTE LTD	: \$ 4,540.00
		: \$

JOANNE LEE
LKK Auto Consultants Pte Ltd

**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				
ERGO INSURANCE PTE LTD		Ref : CS/EGI18011968/Ald3n2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE SINGAPORE 038985		Date : 02-04-2019		
		Code : EGI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBE 6725C	Veh. Inspected	SLM 80H	
Policy No.		Coverage (\$)	0.00	
Claim No.	DSMCV1801205/SL/pl	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	02/07/2018	
2. Vehicle Particulars & Condition				
Make & Model	MINI COOPER	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	WMWSV32000T150808	Colour	WHITE	
Odometer	110540	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/45 R17	MICHELIN	6 mm	
L/H Front Tyre	205/45 R17	MICHELIN	6 mm	
R/H Rear Tyre	205/45 R17	MICHELIN	6 mm	
L/H Rear Tyre	205/45 R17	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/06/2018	Inspection Date	02/07/2018	
Survey held at	GREEN FOREST AUTOMOBILE 8 KAKI BUKIT AVENUE 4 #05-25 PREMIER @ KAKI BUKIT SINGAPORE 415875			
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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLM 80H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	HEAD LAMP-LH	CRACKED	1,150.00	1,150.00
1	FRONT EMBLEM LOGO	NECESSARY	60.00	60.00
1	FRONT GRILLE	CRACKED	450.00	450.00
1	FRONT GRILLE CHROME GARNISH	CUT	250.00	250.00
1	FRONT BUMPER	DEFORMED	1,450.00	1,245.00
1	FRONT BUMPER REINFORCEMENT	BENT	850.00	496.00
1	FRONT FOOTWELL MODULE	NOT NECESSARY	1,250.00	-
1	FRONT BUMPER SPOILER (CENTRE)	CRACKED	250.00	250.00
2	FOG LAMP WITH POSITION LIGHT @\$460.00	CRACKED	920.00	358.00
	LESS 5% DISCOUNT		-	-212.95
			6,630.00	4,046.05
	<u>LABOUR</u>			
	TO CHECK WIRING SYSTEM.		60.00	30.00
	TO PANEL BEATING.		600.00	250.00
	TO SPRAY PAINTING.		600.00	500.00
			1,260.00	780.00
	GRAND TOTAL		7,890.00	4,826.05
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,800.00

Report Ref No. CS/EGI18011968/Atd3n2

ADRIAN LING WAI PING

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

Licensed Appraiser

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