

ASSIGNMENT (Office)

Surveyor

Steve

From Person

Jerry Law

Estimated Cost

Bill to

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

To Inspect Vehicle For

SBV 4067 S

Insured

GBH 9813X

at Workshop on/

Teamwork Garage

Tel

68442475

of

53 Ubi Ave 1# 01-25

Policy No

Claim No

M11 D06881904

Sum Insured

Excess

Make of Veh

D.O.A

27/03/19

(Client's Record)

CA / REV / REP / REV 24 HRS

lup

H.O.D. Endorsement

Date/Time

9:43am @ 16/4/19

Person Contacted

Dmm

Vehicle

IN / OUT

Date/Time	Action/Instruction (✓) Estimate	
	SBV 4067S - NA / UOI 19005561 / 24	DOA: 27/3/19
	GBH 9813X - NA / UOI 19005561 / 24	DOA: 27/3/19
	Submit P&S Report	
	Disassemble: 23/4/19	

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.

Bal. or Market Value:

IDAC Accident Report:

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

Date / Time : Action / Instruction

MV - 10,000

PV - 15

AV - 9985

Repair range - 3K-4K

repair days - 6

RECEIVED 15 SEP 2019

Veh No **SBV 49675**

Yt Regn. **18/09/92**

Type: **M.Cat** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Nissan Sunny**

CC **1597**

Colour **Green Black**

A/C Insured / Std / NI / NA

Sp. Reading **4067 4064 87**

T/Ratio: Insured / Std / NI / NA

Eng/No:

CiNo: **BEAB 13510414**

Gen. Cond: Good / **Fair** / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi: Nil / **S/Rim** / STD A/Rim or

Tyre Size: F: **185/55R15**

R:

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

TOYO / YOKO or **AUTOGRIP**

Front

Rear

R/Bal. **6**

mm

R/Bal. **6**

mm

L/Bal. **6**

mm

L/Bal. **6**

mm

D.O.A. **27/3/19**

D.O.I.

16/4/19 543pm

Survey held at

Teamwork

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

Front RH

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

Date/Time: File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time: File Return to?

2)

Report Format :

PRS

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation

) \$ + R. 51

) Photos

) Other

2/13/19

Nivitha (LKK Auto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Monday, 15 April 2019 4:51 PM
To: Darren; sur@lkkauto.com; assignments@lkkauto.com
Subject: RE: OUR REF : 1904-03 // YOUR REF : GBH9813X ACCIDENT INVOLVINGGBH9813X AND SBV4067S

WITHOUT PREJUDICE

Dear Darren,

We will arrange as per agreed.

Dear Catherine/Denise,

Please arrange to survey the vehicle at Teamwork garage.

Thank You.

Warmest Regards

Jenny Lew

Claims Division

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3865 | Email • jennylew@uoi.com.sg

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From: Darren [<mailto:claims@teamworkgarage.com>]
Sent: Monday, 15 April, 2019 4:35 PM
To: LEW JENNY <jennylew@uoi.com.sg>
Subject: RE: OUR REF : 1904-03 // YOUR REF : GBH9813X ACCIDENT INVOLVINGGBH9813X AND SBV4067S

Hi Jenny,

We refer to your appointed surveyor it is acceptable.

Please appoint assignment.

Darren
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474

From: LEW JENNY

Sent: Monday, 15 April 2019 9:37 AM

To: claims@teamworkgarage.com

Subject: RE: OUR REF : 1904-03 // YOUR REF : GBH9813X ACCIDENT INVOLVING GBH9813X AND SBV4067S

WITHOUT PREJUDICE

Dear Shu Shan,

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case, we propose to appoint M/s LKK Auto Consultants Pte Ltd.

Please revert to the undersigned within **two (2) working days** whether you have any objections to the appointment of any of our Surveyors, failing which we shall proceed to carry out the survey of your client's vehicle by our appointed Surveyors.

Please forward us a copy of the estimated cost of repair.

We reserve all our rights in this matter.

Thank You.

Warmest Regards

Jenny Lew

Claims Division

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909

Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: TEAMWORK [<mailto:claims@teamworkgarage.com>]

Sent: Saturday, 13 April, 2019 10:00 AM

To: LEE KATIE <katielee@uoi.com.sg>

Cc: TEAMWORK <claims@teamworkgarage.com>

Subject: OUR REF : 1904-03 // YOUR REF : GBH9813X ACCIDENT INVOLVING GBH9813X AND SBV4067S

WITHOUT PREJUDICE

OUR REF : 1904-03

YOUR REF : GBH9813X

Dear Sir / Madam,

PRE-REPAIR INSPECTION FOR SBV4067S

ACCIDENT INVOLVING GBH9813X AND SBV4067S ON 27.03.2019.

We refer to the above matter and enclosed herewith our client's GIA report and notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction-Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Regards,

Shu Shan

Teamwork Garage Pte Ltd

Blk 53 Ubi Avenue 1

#01-24

Paya Ubi Industrial Park

Singapore 408934

Tel: 6844 2475

Fax: 6844 2474

Denise Tay (LKKAUTO)

From: Darren <claims@teamworkgarage.com>
Sent: Wednesday, 4 September 2019 8:40 AM
To: Denise Tay (LKKAUTO)
Subject: RE: OUR REF : 1904-03 // YOUR REF : GBH9813XACCIDENTINVOLVINGGBH9813X AND SBV4067S

Hi Denise,

This case we appoint our independent surveyor to inspect this vehicle.

Surveyor Steve knows about it. Also we have already submitted our report at our end.

Thank you

Darren
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474

From: Denise Tay (LKKAUTO)
Sent: Tuesday, 3 September 2019 12:00 PM
To: Darren
Subject: RE: OUR REF : 1904-03 // YOUR REF : GBH9813XACCIDENTINVOLVINGGBH9813X AND SBV4067S

Dear Darren,

Can finalize already??

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Darren <claims@teamworkgarage.com>
Sent: Thursday, 13 June 2019 12:10 PM
To: Denise Tay (LKKAUTO) <denisetay@lkkauto.com>
Subject: RE: OUR REF : 1904-03 // YOUR REF : GBH9813X ACCIDENTINVOLVINGGBH9813X AND SBV4067S

Hi Denise,

Repair is done, will finalise with you soonest

Darren
Teamwork Garage Pte Ltd

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	01/04/2019 15:13
Date Of Accident	27/03/2019 21:30
Exact Location Of Accident	YISHUN ST 61 BLK 63H C/P
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBV4067S
Insured/Policyholder	
Name Of Registered Owner	SHABNAM D/O NANHU
NRIC No	S7027254G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81214545
Alternative Phone No	OTHERS-81214545

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT/00498648
Cover Note Number	

Driver

Name of Driver	SATESH KUMAR K
NRIC No	S9310376I
Date Of Birth	22/03/1993
Occupation	INDOOR
Date Of Driving Pass	10/11/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	+65-81214545
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 139 MARSILING ROAD #10-2036
Postcode	730139
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REQUEST FROM OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH9813H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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