

22/03/2012

ASS. REC. BY:

REF: CS/00119007887/KSD307 Special Instruction:

Surveyor: KIMMATHASSIGNMENT (Office)From (Person): Jenny Lew of UOI Date/Time: 6.5.19 10.43 a.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No.: SMA1673S Insured: YN3093Sat Workshop m/s RC AUTO Tel: 97619383of 160 Sn ming Drive #06-20Policy No: DHOM11013093130S Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30/04/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 6.5.19 11.31 a.m "u" Person Contacted: Mr Tan H.O.D. Endorsement: _____Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate	✓
	<u>SMA 1673S - X</u>		
	<u>YN 3093S - CS3/001190002391 Gld322</u>		
<u>9/5</u>	<u>83902.40 email & confirm</u>		
	<u>(\$1,372.88 Red - 26%)</u>		

ASS. REC. BY:

REF: 0021

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1:13.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMA 1673 Yr Regn: 09.15

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

Truck / Trailer or

Make:

Mazda 6 c.c. 2488

Colour:

Red A/C: Insured / Std / NI / NA

Sp. Reading

56717 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM6GT1032G0215246

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F: 225/45R19

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

30/4/19

D.O.A.

6/5/19

Survey held at

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

C/S M

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

Date / Time

Action / Instruction

1 File pass to
EM not ready

RECEIVED 06 JUN 2019

4/6/2019

Date/Time, File Pass to?

06/06/19



: Prell. Report



: Final Report

1) Typist

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trlp:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

210

Transportation:

60

S - RS, SI

80

Fixings

15

Others

TOTAL

365

Report Format :

Lump Sum / I.B.I: (\$ 3,902.40 p/p)

Nivitha (LKK Auto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Monday, 6 May 2019 10:43 AM
To: Accident@kscgp.com; sur@lkkauto.com; assignments@lkkauto.com
Cc: jiapei@kscgp.com
Subject: RE: Notice to conduct pre-repair survey (Your Ref: YN 3093S; OurRef: SMA 1673S/RCA/jp/ws)
Attachments: 2nd PRS.zip

WITHOUT PREJUDICE

Dear Shiau Chan,

Please arrange to survey the vehicle at:-

RC Auto
160 Sin Ming Drive
#06-20 Sin Ming Autocare
Singapore 575722

Contact: Mr Tan Chuan Kim / 9761 9383

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: Accident@kscgp.com [mailto:Accident@kscgp.com]
Sent: Monday, 6 May, 2019 10:22 AM
To: LEW JENNY <jennylew@uoi.com.sg>
Cc: jiapei@kscgp.com
Subject: RE: Notice to conduct pre-repair survey (Your Ref: YN 3093S; OurRef: SMA 1673S/RCA/jp/ws)

Dear Sirs,

We enclose herewith our 2nd Notice to Conduct Pre-repair Survey. Our client is agreeable to appointing LKK Auto Consultants.

The workshop's details are as follows:

RC Auto

160 Sin Ming Drive

#06-20 Sin Ming Autocare

Contact: Mr Tan Chuan Kim / 9761 9383

Thank you.

Regards,
Wan Sim
for and on behalf of Mr Gurdeep Singh Sekhon
KSCGP Juris LLP
10 Hoe Chiang Road
#13-03A Keppel Towers
Singapore 089315
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708
Email: accident@kscgp.com

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----- Original Message -----

From: LEW JENNY [<mailto:jennylew@uoi.com.sg>]
To: Accident@kscgp.com
Cc: jiapei@kscgp.com
Sent: Mon, 6 May 2019 01:43:06 +0000
Subject:

WITHOUT PREJUDICE

Dear Wan Sim,

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 Priority Services.

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: Accident@kscgp.com [<mailto:Accident@kscgp.com>]

Sent: Monday, 6 May, 2019 9:29 AM

To: LEW JENNY <jennylew@uoi.com.sg>; LEE KATIE <katielee@uoi.com.sg>

Cc: jiapei@kscgp.com

Subject: Notice to conduct pre-repair survey (Your Ref: YN 3093S; Our Ref: SMA 1673S/RCA/jp/ws)

Dear Sirs,

We enclose herewith our 1st Notice to Conduct Pre-repair Survey for your necessary action.

Thank you.

Regards,

Wan Sim

for and on behalf of Mr Gurdeep Singh Sekhon

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Singapore 089315

Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708

Email: accident@kscgp.com

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Your Ref : YN 3093S

Our Ref : **SMA 1673S/RCA/jp/ws**

Date : 6 May 2019

Fax : **6538 3708**

Tel : **3152 0989**

Email : **accident@kscgp.com**

United Overseas Insurance Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 30 April 2019

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is agreeable to appointing LKK Auto Consultants Pte Ltd as a Single Joint Expert.

The said vehicle can be surveyed / inspected at:

Address : RC Auto
160 Sin Ming Drive
#06-20 Sin Ming Autocare
Singapore 575722

Contact Person/Tel : Mr Tan Chuan Kim / 9761 9383

Yours faithfully,

WS

Your Ref : YN 3093S

Our Ref : SMA 1673S/RCA/jp/ws

Date : 6 May 2019

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

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	03/05/2019 16:51
Date Of Accident	30/04/2019 14:05
Exact Location Of Accident	TUAS AMENITY CENTREPIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1673S
Insured/Policyholder	
Name Of Registered Owner	TAN NGIAP CHEW (CHEN YEZHOU)
NRIC No	S7326242I
Email Address	NCHEWTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94566101
Alternative Phone No	OFFICE-94566101

Vehicle Particulars

Manufacturer	MAZDA
Model	6 2.5
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V07914/VPC/R00E00
Cover Note Number	

Driver

Name of Driver	TAN NGIAP CHEW (CHEN YEZHOU)
NRIC No	S7326242I
Date Of Birth	27/07/1973
Occupation	INDOOR
Date Of Driving Pass	17/10/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94566101
Fax Number	
Contact Number	OFFICE-94566101
EMail Address	NCHEWTAN@GMAIL.COM

Address	BLK 926 JURONG WEST STREET 92 #12-135
Postcode	640926
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 ATTACHED

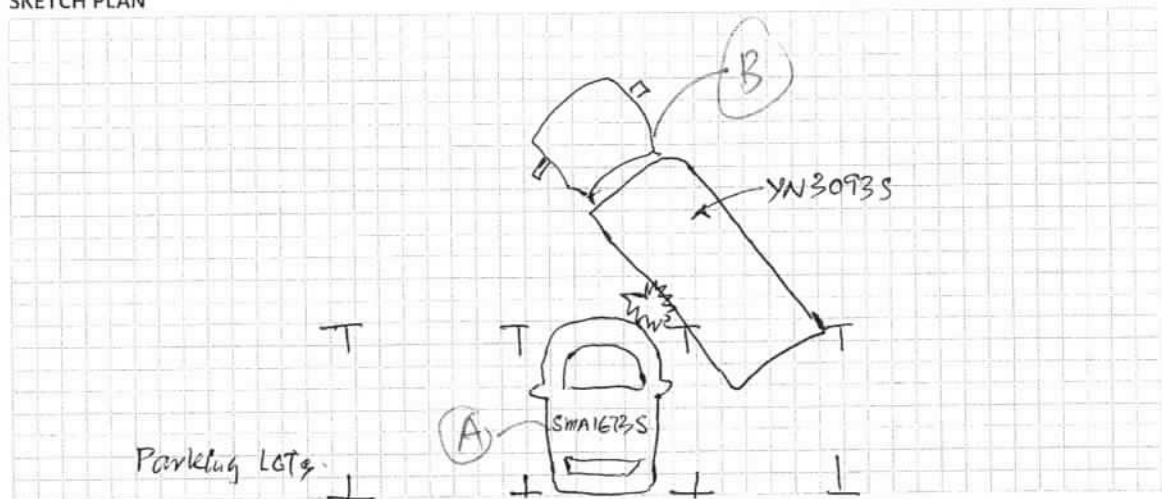
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3093S
Vehicle Make/Model/Colour	
Details Of Properties	REFER ATTACHED
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH YEOW SENG PTE LTD
NRIC/Passport Number	
Contact Number	64421442
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REFER ATTACHED
No. Of Passenger (Including Driver)	

SKETCH PLAN

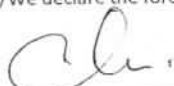



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I the owner of car SMA1673S was not in the car.
 The video shows harry YN3093S while moving out of the parking lot, hit my car.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 3/5/19 1530


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

 03.05.2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN 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: 3/5/19 1530



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03.05.2019

160 SIN MING DRIVE#06-20 SIN MING AUTOCITY S(575722)
Tel : 97619383 Email: RCAUTO5555@GMAIL.COM
Reg. No. 53199168K

Date : 7/5/2019

Not Authored
Penny B & paint

[illegible]

for **RC AUTO**
RC AUTO
 160, Sin Ming Drive
 #05-20 Sin Ming AutoCity
 Singapore 575722
 HP: 6761 1383
 Email: rc-auto5555@gmail.com
 Authorised Signature

E&O.E.

Received by
to Consultants hence notify
number of the following:

- Survey before/after spray painting
- Display damaged part(s) during resurvey
- Prices are subject to confirmation
- Party survey is on a "Without Prejudice" basis
- Legal modification(s) is allowed
- Elementary item(s) must be resurveyed and
- Subject to final approval from Insurance Company

Welded by Repairer
Signature:

Q 3902.40

2 days




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
UNITED OVERSEAS INSURANCE LTD			Ref : CS/UOI19007887/Ksd3e2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909			Date : 20-06-2019	
			Code : UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YN 3093S	Veh. Inspected	SMA 1673S	
Policy No.	DHOM110130931305	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	JENNY LEW	Assign Date	06/05/2019	
2. Vehicle Particulars & Condition				
Make & Model	MAZDA 6 (A)	c.c	2488	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	JM6GJ1032G0215246	Colour	RED	
Odometer	56717	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/45 R19	BRIDGESTONE	6 mm	
L/H Front Tyre	225/45 R19	BRIDGESTONE	6 mm	
R/H Rear Tyre	225/45 R19	BRIDGESTONE	6 mm	
L/H Rear Tyre	225/45 R19	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	30/04/2019	Inspection Date	06/05/2019	
Survey held at	160 SIN MING DRIVE #06-20			
Repairer	R C AUTO			
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:		2 Working Days		



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMA 1673S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT HEADLAMP	CUT	4,737.60	3,209.00
1	FRONT BUMPER	BUCKLED	1,154.00	1,154.00
6	FRONT BUMPER RIVETS @\$2.50	NECESSARY	15.00	15.00
	LESS 20% DISCOUNT		-1,181.32	-875.60
			4,725.28	3,502.40
	<u>LABOUR</u>			
	SPRAY PAINTING.		250.00	200.00
	LABOUR CHARGES TO RENEW.		300.00	200.00
			550.00	400.00
	GRAND TOTAL		5,275.28	3,902.40

RECOMMENDED COST OF REPAIRS				3,902.40
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Report Ref No. CS/UOI19007887/Ksd3e2

KONG SENG CHEONG

Licensed Appraiser

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