Surveyor: Steve AS	SIGNMENT (Office)	
From (Person); Klyyna Naion of	GAI	Date/Time: 17/5/19@ 12:00
Estimated Cost:	Bill to:	
DD/TP WS/TP RES / OD RES / EVA / IN		
	MA5209 Ins	
t Workshop m/s N Qc	in Honey.	Tel: 9677 9434
160 81 M/h	ey Dave \$06-08	
olicy No:	Claim No:	GBD 5981R
tum Insured:	Excess:	
Make of Veh:		D.O.A 10/05/2019
SA / REV / REP. / REV 24 HRS WP)		
		H.O.D. Endorsement:
pate/Time: 12.43pm3 17/5 19 Person C	Contacted: Mr. TeO	Vehicle_IN_(OUT)
Date/Time: 12.43pm3 17/5 19 Person C		Vehicle_IN_/OUT
Date/Time: 12.43em3 17/5 19 Person ConterTime Action/Instruction Patronal		Vehicle_IN_/OUT
Date/Time: 12.43em3.1715 19 Person Conte/Time Action/Instruction Entimated SMA 5209-X		Vehicle_IN/OUT
Date/Time: 12.43em3.1715 19 Person Contertine: Action/Instruction Estimate SMA 520G-X OBD 5981 R-X	(×)	Vehicle IN / OUT
Pate/Time: 12.43em3.17/s 19 Person Contentine Action/Instruction Entimated SMA 5209-X	(×)	Vehicle_IN_/OUT

200

2010 1000

ASS PEC. BY:	me .	GAI	٠	
			ASSIG	NMENT
From: •*	Date:	23/5/10	1 /	eh No: SMA
Estimated Cost:				/pe: M.Car)/ M.Cycle
OD (TP) WS / TP RES /	OD RES / EVA / IN	VIBAV		Truck / Trailor o

From: Date: 23 5	Veh No: SMA 520G Yr Regn: 29/6/18
Estimated Cost:	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SMA 520G	Make: Mentedes Genz E390 compe c.c 199
at Workshop m/s Nggi Hong	
of 160 Sin Ming Drive # 06-0	Sp.Reading /3758 T/Radio: Insured / Std / NI / I
Policy No.	C/No: WOO 2383482 F 069902 -
Claims No.	Gen. Cond (Good) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: (norder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inprder / Jammed / Leaked / Burnt or
Make of Veh: After 9cm	Modi: Nil /6/Rim / STD A/Rim or
	Tyre Size: F: 245/40R19
(Policy Condition)	R: 1
	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	
IDAC, Accident Rport: Consistent? : Yes or No	o R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent? : Yes or No	0 1/Bal 7
Est. Repairs: days Res.: Yes or N	The state of the s
Lum Sum: % 3 Val.: Yes or N	110/11
CA / REV / REP. / 24 HRS 149	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collisi
Date / Time Action / Instruction	
MV - 235 K Repair longe - 3K - 4K Repair Days - 3 days	7/6/2019
Dale/Time, File Pass to? : Preli. Report	Days Of Repair: 3
i) : Final Report	Resurvey No. of Trip: Survey Fee: 100
Date/Time, File Return to?	Transportation:
2)	Add Fee: :Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Formet: PRC .	: Tech. Invs (\$) Others
Lump Sum / t.B.I: (\$: Westend (\$
	AA1

Nivitha (LKK Auto)

From:

Ngian, Kelvyna < Kelvyna. Ngian@sg.gaig.com>

Sent:

Friday, 17 May 2019 12:09 PM

To:

Admin A; Admin-D (LKKAuto)

Subject:

TP survey - DT/mlc/100886/PD SMA520G, INSURED CAR: GBD5981R

Attachments:

GBD5981R (OI).pdf; SMA520G (LIB).pdf

Hi team

Please conduct TP survey

Venue

NGAI HONG AUTO SERVICES

160 SIN MING DRIVE

#06-08 SIN MING AUTOCITY

SINGAPORE 575722

PIC

0

:

TEO YEW HAW

Contact No

96779434

Thanks Kelvyna

From: Lee Jia Yun <jiayun.lee@advlawllc.com>

Sent: Friday, May 17, 2019 11:39 AM

To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>

Cc: 'Max' <max@advlawllc.com>; yewhaw@ngaihongsp.com

Subject: [External] RE: FW: DT/mlc/100886/PD SMA520G, YOUR INSURED CAR: GBD5981R

Without Prejudice

Dear Kelvyna

We disagree with your list of surveyors.

We would like to appoint our surveyors.

FormTeam Consultancy Pte Ltd 33 Ubi Avenue 3 #02-15 Vertax Singapore 408868

Thank you.

Best Regards

Jia Yun



430 Lorong 6 Toa Payoh #11-01 OrangeTee Building Singapore 319402 Tel: (65)6323 5488 | Fax: (65)6258 5521

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> Back to OneMotoring

U14.W(... -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	c:	
Owner ID: Vehicle Details	Singapore NRIC 6605B	
Vehicle No.:	CMASSOC	
Vehicle to be Exported:	SMA520G No	
Intended Deregistration Date:		
Vehicle Make:	23 May 2019	
Vehicle Model:	MERCEDES BENZ	
Primary Colour:	E300 COUPE AMG LINE AUTO	
Manufacturing Year:	White	
Engine No.:	2018	
Chassis No.:	27492031482942	
Maximum Power Output:	WDD2383482F060902	
Open Market Value:	180.0 kW (241 bhp)	
Original Registration Date:	\$59,204.00	
First Registration Date:	29 Jun 2018 29 Jun 2018	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$78,568.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	28 Jun 2028	
PARF Rebate Amount: ntended COE Rebate Details	\$58,926.00	
COE Expiry Date:	28 Jun 2028	
COE Category:	E - Open - all except motorcycle	
OE Period(Years):	10	
QP Paid:	\$38,389.00	
OE Rebate Amount:	\$33,959.00	
otal Rebate Amount:	\$92,885.00	

ОК



apCartant is the mander one car classifieds for parallel import care, Trysta, Handa, Nilsan, Minubeth & 200V. These are placing of ears for sala, frees varie, trucks, sentances, to care as a statemengorie, SUV, MIV, histories, to CDC care, a CPC care, You can also her from a care section, look up care basin, frainced services, been minuted care and car

MKKH19060899 / K Kim Hin Auto Pte Ltd - HQ PY DATE & TIME: 10/05/2019 15:53 SUBMITTED BY: Sandra Khong Yee Teng

Ngai, Hong Auto Senices.

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 witholding 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.			n
	ACCIDENT STATEMENT	W. M. B.	
Date Of Report	10/05/2019 15:53		
Date Of Accident	10/05/2019 09:10		
Exact Location Of Accident	THOMSON ROAD		
Country/State of Loss	SINGAPORE		
	ETAILS OF OWN VEHICLE		Serve de
Vehicle Registration Number	SMA520G	Q_(1)	(4.7
Insured/Policyholder			
Name Of Registered Owner	YIN FU QIANG		
NRIC No	S8586605B		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-93888016		
Alternative Phone No	OFFICE-93888016		
Vehicle Particulars			
Manufacturer	MERCEDES-BENZ		
Model	E300-2.0 (A)		
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	LIBERTY INSURANCE PTE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	SD18V09547/VPC/R00		
Cover Note Number			
Driver			
Name of Driver	YIN FU QIANG		
NRIC No	S8586605B		

NRIC No S8586605B 17/03/1985 Date Of Birth INDOOR Occupation 21/06/2011 Date Of Driving Pass Driving Experience

7 YEARS AND 10 MONTHS

FEMALE Gender

(LOCAL) +65-93888016 Mobile Number

Fax Number

OFFICE-93888016 Contact Number

NOEMAIL EMail Address

Address 2 ANG MO KIO CENTRAL 3 #15-03

#15-03 567741

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

Postcode

-

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

ambulance?

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

10

(2

Was any injured conveyed to hospital by

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)

4

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

PLEASE 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

GBD5981R

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 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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:
 - 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:
 - 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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

THOMSON ROND A: SMA 520G B: GBD 5981R
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
INTENDING TO FILTER OUT TO THOMSON ROAD
VEHICLE B HIT MY CAR REAR PORTION
WHEN I WAS SLOWING DOWN.
* Repair ofner workshop *

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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

115	S SUBSECTION OF THE SUBSECTION	PRE-REPAIR IN	ISPECTION REPORT	
GRE	AT AMERICAN IN	SURANCE COMPANY	Ref: CS3/GAI19008784	4/Ecd3e2
	MASEK AVENUE VERSINGAPORE (#16-01 CENTENNIAL 039190	Date: 24-06-2019	
			Code: GAI	
1.		Policy Particula	rs :- (THIRD PARTY CLAIM)
	Insured Veh.	GBD 5981R	Veh. Inspected	SMA 520G
	Policy No.		Coverage (\$)	0.00
	Claim No.	GBD 5981R	Excess (\$)	0.00
	Assign From	KELVYNA NGIAN	Assign Date	17/05/2019
2.		Vehicle Pa	articulars & Condition	
	Make & Model	MERCE BENZ E300 COUPE	c.c	1991
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	WDD2383482F060902	Colour	WHITE
	Odometer	13758 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Con	ditions of Tyres	CAMBELLE STATE
		Size	Make	Balance
	R/H Front Tyre	245/40 R19	MICHELIN	7 mm
	L/H Front Tyre	245/40 R19	MICHELIN	7 mm
	R/H Rear Tyre	245/40 R19	MICHELIN	7 mm
	L/H Rear Tyre	245/40 R19	MICHELIN	7 mm
4.		Descr	iption of Damages	
	THE VEHICLE SUSTAINED DAMAGES AT THE		REAR PORTION.	
5.		Gen	eral Information	es de l'ével de la company
	Accident Date	10/05/2019	Inspect Date / Time	23/05/2019 (01:39 PM)
	Survey held at	160 SIN MING DRIVE# 06-08	3	
	Repairer	NGAI HONG SPRAY PAINTII	NG	
5a.	Se the street of		Remarks	Section 25
	B) THE REPAIR E THE REPAIRER V C) ENCLOSED PL	STIMATE WAS NOT PRESEN' VAS TOLD TO PREPARE THE EASE FIND DAMAGED VEHIO		TION.
5b.		Estimate Days of Repair		
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Workin	ng Days

Report Ref No. CS3/GAI19008784/Ecd3e2

Inspected By

6

CHEN TSUE YEE

Automotive Assessor

L

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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