

ASS. REC. BY:

REF:

08/40119008787/R19d3/72

Special Instruction:

Agency: Rasul

ASSIGNMENT (Office)

From (Person): Jenny Lew

of

UOI

Date/Time: 16/5/2019 @ 3:41pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLS 5502T

Insured:

GBJ 3517E

at Workshop m/s

Wecurus Automotive

Tel:

9129 4556

of

249 Alexander Road

Policy No:

Claim No:

M11D0721906

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/5/2019

CA / REV / REP. / REV 24 HRS

1up

H.O.D. Endorsement:

Date/Time: 9:45am 17/5/19

Person Contacted:

Michelle

Vehicle IN/OUT

Date/Time	Action/Instruction
	Example ✓
	SLS 5502T-X
	GBJ 3517E-X
07/10/19 @ 12:07pm	Confirmed with Michelle from fig @ 4209.60, 3 days.
	(Prel @ 842.60, 17%)

ASS. REC. IN: *Case*

REF:

1400F

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / QD RES / EVA / INV / MV  
 To Inspect Vehicle No: SLS 5502T  
 at Workshop n/s: WARGES  
 of: 249 ALGAMMA RD  
 Insured: WOL  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition) Michelle  
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLS 5502T Yr Reg: 2017 / SEP  
 Type: M.Cdr / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Renault MEHANE 1.2 c.c. 1197  
 Colour: Grey A/C: Insured / Std / NI / NA  
 Sp. Reading: 35938 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: VFIRF B00 5577 31005  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / SR / STD A/Rim or  
 Tyre Size: F: 205/50R17  
 R: \_\_\_\_\_

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

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>14/05/19</u>		D.O.I. <u>15/07/19</u>
Survey held at <u>WARGES</u>		

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

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

Date / Time Action / Instruction

RECEIVED 01 OCT 2019

*Amofo*  
 7/10/2019

Date/Time, File Pass to?

1) 07/10/2019

Date/Time, File Return to?

2)

☐ : Proli. Report  
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech. Invs (\$)  
☐ : Weekend (\$)

Report Format : TP

Lump Sum / I.B.I. (\$) 4209.60

Survey Fee:

Transportation:

3 + RS, 31

Photos

Others

TOTAL

210

60

80

25

375

## Nivitha (LKK Auto)

---

**From:** LEW JENNY <jennylew@uoi.com.sg>  
**Sent:** Thursday, 16 May 2019 3:41 PM  
**To:** Michelle Ong Siew Bee; SUR; assignments@lkkauto.com  
**Subject:** RE: Direct Settlement - Our Ref: SLS5502T ; Your Insured GBJ3517E DOA 14/05/2019  
**Attachments:** SLS5502T.zip

WITHOUT PREJUDICE

Dear Shiau Chan,

Please arrange to survey the vehicle at Wearnes Automotive.

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](mailto:jennylew@uoi.com.sg)

### UOB EMAIL DISCLAIMER

Any person receiving this email and any attachment(s) contained, shall treat the information as confidential and not misuse, copy, disclose, distribute or retain the information in any way that amounts to a breach of confidentiality. If you are not the intended recipient, please delete all copies of this email from your computer system. As the integrity of this message cannot be guaranteed, neither UOB nor any entity in the UOB Group shall be responsible for the contents. Any opinion in this email may not necessarily represent the opinion of UOB or any entity in the UOB Group.

---

**From:** Michelle Ong Siew Bee [mailto:[michelle.ong@wearnes.com](mailto:michelle.ong@wearnes.com)]  
**Sent:** Thursday, 16 May, 2019 3:29 PM  
**To:** LEW JENNY <jennylew@uoi.com.sg>  
**Subject:** RE: Direct Settlement - Our Ref: SLS5502T ; Your Insured GBJ3517E DOA 14/05/2019  
**Importance:** High

Dear Jenny,

We are agreeable to LKK Auto Consultants Pte Ltd.

Kindly revert on liability clearance on urgent basis.

Thanks.

Best regards,

**Michelle Ong**  
Service Consultant  
Bodyshop & Paint

**Wearnes Automotive Pte. Ltd.**  
249 Alexandra Road Singapore 159103  
M (65) 9129 4556 F (65) 6264 7137  
[www.wearnes.com](http://www.wearnes.com) [michelle.ong@wearnes.com](mailto:michelle.ong@wearnes.com)

*This email, including any attachment, is confidential and may also be privileged.*

*If you have received it in error, please notify us immediately by reply email and then delete this message from your system. Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

---

**From:** LEW JENNY <jennylew@uoi.com.sg>  
**Sent:** Thursday, May 16, 2019 2:23 PM  
**To:** Michelle Ong Siew Bee <michelle.ong@wearnes.com>  
**Subject:** RE: Direct Settlement - Our Ref: SLS5502T ; Your Insured GBJ3517E DOA 14/05/2019

WITHOUT PREJUDICE

Dear Michelle,

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 STA Inspection 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.

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](mailto:jennylew@uoi.com.sg)

**UOB EMAIL DISCLAIMER**

Any person receiving this email and any attachment(s) contained, shall treat the information as confidential and not misuse, copy, disclose, distribute or retain the information in any way that amounts to a breach of confidentiality. If you are not the intended recipient, please delete all copies of this email from your computer system. As the integrity of this message cannot be guaranteed, neither UOB nor any entity in the UOB Group shall be responsible for the contents. Any opinion in this email may not necessarily represent the opinion of UOB or any entity in the UOB Group.

---

**From:** Michelle Ong Siew Bee [<mailto:michelle.ong@wearnes.com>]  
**Sent:** Thursday, 16 May, 2019 9:25 AM  
**To:** LEW JENNY <jennylew@uoi.com.sg>; LEE KATIE <katielee@uoi.com.sg>  
**Subject:** Direct Settlement - Our Ref: SLS5502T ; Your Insured GBJ3517E DOA 14/05/2019  
**Importance:** High

Dear Sirs,

We refer to the above matter.  
Attached for Direct Settlement.  
Kindly revert asap.

Best regards,

**Michelle Ong**  
Service Consultant  
Bodyshop & Paint

**Wearnes Automotive Pte. Ltd.**

249 Alexandra Road Singapore 159103

M (65) 9129 4556 F (65) 6264 7137

[www.wearnes.com](http://www.wearnes.com) [michelle.ong@wearnes.com](mailto:michelle.ong@wearnes.com)

*This email, including any attachment, is confidential and may also be privileged.*

*If you have received it in error, please notify us immediately by reply email and then delete this message from your system.*

*Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

## Shiau Chan (LKKAUTO)

---

**From:** LEW JENNY <jennylew@uoi.com.sg>  
**Sent:** Monday, 7 October 2019 3:43 PM  
**To:** Shiau Chan (LKKAUTO); SUR; assignments  
**Subject:** RE: Direct Settlement - Our Ref: SLS5502T ; Your Insured GBJ3517E DOA 14/05/2019

Dear Shiau Chan,

M11D07221906

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](mailto:jennylew@uoi.com.sg)

### UOB EMAIL DISCLAIMER

Any person receiving this email and any attachment(s) contained, shall treat the information as confidential and not misuse, copy, disclose, distribute or retain the information in any way that amounts to a breach of confidentiality. If you are not the intended recipient, please delete all copies of this email from your computer system. As the integrity of this message cannot be guaranteed, neither UOB nor any entity in the UOB Group shall be responsible for the contents. Any opinion in this email may not necessarily represent the opinion of UOB or any entity in the UOB Group.

---

**From:** Shiau Chan (LKKAUTO) [mailto:[siewsc@lkkauto.com](mailto:siewsc@lkkauto.com)]  
**Sent:** Monday, 7 October, 2019 3:42 PM  
**To:** LEW JENNY <jennylew@uoi.com.sg>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Subject:** RE: Direct Settlement - Our Ref: SLS5502T ; Your Insured GBJ3517E DOA 14/05/2019

Dear Jenny,

Kindly provide us the claim reference of above mentioned.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

---

**From:** LEW JENNY <jennylew@uoi.com.sg>  
**Sent:** Thursday, 16 May 2019 3:41 PM  
**To:** Michelle Ong Siew Bee <[michelle.ong@wearnes.com](mailto:michelle.ong@wearnes.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Subject:** RE: Direct Settlement - Our Ref: SLS5502T ; Your Insured GBJ3517E DOA 14/05/2019

WITHOUT PREJUDICE

Dear Shiau Chan,

Please arrange to survey the vehicle at Wearnes Automotive.

Thank You.

## Shiau Chan (LKKAUTO)

---

**From:** Shiau Chan (LKKAUTO)  
**Sent:** Monday, 7 October 2019 12:09 PM  
**To:** Michelle Ong Siew Bee; Rasul (LKKAUTO); SUR  
**Subject:** RE: FINAL BILL for SLS5502T

Dear Michelle,

WITHOUT PREJUDICE

Confirm final \$4,209.60 before GST and 3 repair days.

Kindly send the relevant documents to UOI insurance company.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

---

**From:** Michelle Ong Siew Bee <[michelle.ong@wearnes.com](mailto:michelle.ong@wearnes.com)>  
**Sent:** Friday, 27 September 2019 11:17 AM  
**To:** Rasul (LKKAUTO) <[Rasul@lkkauto.com](mailto:Rasul@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Cc:** Admin-D (LKKAUTO) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Shiau Chan (LKKAUTO) <[siewsc@lkkauto.com](mailto:siewsc@lkkauto.com)>  
**Subject:** FINAL BILL for SLS5502T  
**Importance:** High

Dear Rasul,

Please refer to Final Bill as attached.

Best regards,

**Michelle Ong**  
Service Consultant  
Bodyshop & Paint



**Wearnes Automotive Pte. Ltd.**  
249 Alexandra Road Singapore 159103  
M (65) 9129 4556 F (65) 6264 7137  
[www.wearnes.com](http://www.wearnes.com) [michelle.ong@wearnes.com](mailto:michelle.ong@wearnes.com)

*This email, including any attachment, is confidential and may also be privileged.  
If you have received it in error, please notify us immediately by reply email and then delete this message from your system.  
Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

## 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	15/05/2019 15:28
Date Of Accident	14/05/2019 18:30
Exact Location Of Accident	RIVERVALE PLAZA LOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5502T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEARNES AUTOMOTIVE PTE LTD
Co Reg No	199501400R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64304700

### Vehicle Particulars

Manufacturer	RENAULT
Model	MEGANE TCE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	YES
Policy Number	SD19V00719
Cover Note Number	

### Driver

Name of Driver	CHEW KAN HONG
NRIC No	S7620669D
Date Of Birth	06/07/1976
Occupation	INDOOR
Date Of Driving Pass	08/10/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91086660
Fax Number	
Contact Number	



Address BLK 2 RIVERVALE LINK  
#15-02

Postcode 545040

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions RAINING

Road Surface WET

#### 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) 2

Passenger 1  
NAME: : CAEDEN CHEW  
GENDER: : MALE

#### 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 ATTACHMENT.

#### 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 GBJ3517E

Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver ROBERT THRUMARAJ S/O LEO SANTIAGO

NRIC/Passport Number S1533300F

Contact Number 84829585

Address

Postcode

Insurance Company Name UNITED OVERSEAS INSURANCE LTD

**SINGAPORE ACCIDENT STATEMENT****IMPORTANT NOTICE**

1. Complete and submit this Form to Allied World's Authorized Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorized Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

**ACCIDENT STATEMENT**

Date and Time of Accident	Date: 14/05/2019 Time: 18:30hrs
Exact Location of Accident	Rivervale Plaza loading bay

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLS 5502T
-----------------------------	-----------

**INSURED / POLICYHOLDER (OWN VEHICLE)**

Name of Registered Owner (See Insurance Cert.)	Wearnes Automotive Pte Ltd
Personal Identification - NRIC (Singaporean/PR)	199501400R
- FIN/Passport Number	
- Not Applicable	

**VEHICLE PARTICULARS (OWN VEHICLE)**

Vehicle Make / Model	Manufacturer <u>Renault</u> Model <u>Megane</u>
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others
Exact Purpose for which vehicle was being used at time of accident	<u>Social</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

**INSURANCE COMPANY (OWN VEHICLE)**

Name of Insurance Company *	<u>Liberty</u>
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	<u>SD19V00719</u>
Motor CI	

**DRIVER**

	<input type="radio"/> Same as Insured above
Name of Driver	<u>Chew Kan Hong</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S7620669D</u>
- FIN/Passport Number	
Date of Birth	<u>06 dd/ 07 mm/ 1976</u>
Driving Date Pass	<u>08 dd/ 10 mm/ 1997</u>
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	<u>9108 86660</u>

Address of Driver	B11c 2 Rivervale Link #15-02	Postcode 545040
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Hired	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Damaged whilst parked.
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others, _____

#### OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	caeden Chew (m)
Was any body injured in the accident?	<input type="radio"/> Yes <input type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)	02	

#### DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)

#### DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	6BJ 3517E
Vehicle Make/ Model/ Colour	Toyota Dyna.
Details of Properties	
Name of Driver	Robert Thirumana S/o Leo Santiago
Personal Identification - NRIC (Singaporean/PR)	S15333 00F
- FIN/Passport Number	
Contact Number	8482 9585
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles.)

**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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

**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' law firms/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.

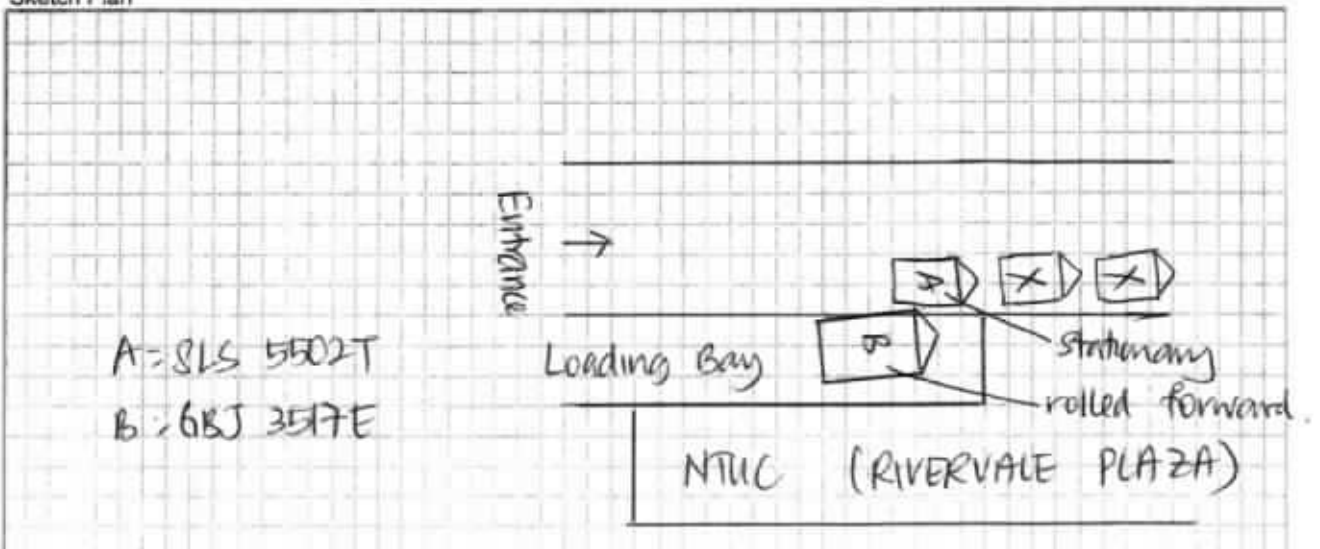


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstance of the Accident**

I entered the driveway behind Rivervale Plaza and stopped beside the loading bay to alight my wife and daughter to get something from supermarket. While waiting, vehicle B rolled forward and hit onto the right side of my stationary vehicle. The driver of vehicle B is not in his lorry and did not apply handbrake thus caused the lorry to roll forward.

**IMPORTANT NOTE**

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**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

Witnessed by Reporting Centre Personnel

Print | H

User: Joseph Tan - Dealer [Logout](#)

Home	View PRFT List	Vehicle Info	Report	Journal	Quality Bulletin	Instructions	News
------	----------------	--------------	--------	---------	------------------	--------------	------

## Vehicle Info

[Retrieve new vehicle](#)
[Attribute](#)
[Claim Types](#)
[Claim History](#)
[Occurrences](#)
[Options](#)
[VONs](#)
[HW SW Parts](#)
[Vehicle Reports](#)

## Claim Types

Type	234	Chassis	0014030	MY	2017	
NumPlate	SGM351K	Variant	2341082002	Speedo Unit	K	
VIN	YV1PS10B0H1014030	Fyon	632136479	Assembly plant	21	
Claim Type	Description	Start date	End Date	Performed	No jobs	Mileage limit
PREDEL	Pre delivery	01/01/2012	30/04/2017		0	151
P69999	Column Lock	05/06/2018	31/03/2022		0	9999999
R69714	EC Retainer Bolts	02/03/2017	30/06/2039	Y	1	9999999
0112	Vehicle warranty	01/04/2017	31/03/2018	Y	1	9999999
0136	Vehicle warr 36 mon	01/04/2018	31/03/2020	Y	1	100001
05	Good Will	01/04/2017	31/12/2030		0	9999999

Build Number: 4.19.2 20190516-2117 Date: July 15 2019 14:22:04

[Legal Disclaimer](#)

• This is a quote for the repair of your vehicle.  
 • The quote is valid for 14 days.  
 • The quote is subject to final approval from Wearnes company.

Acknowledged by Repairer

Signature:

Date:

## SERVICE ESTIMATE

63413 - C00001 SL SERVICE SALES PG  
 Wearnes Automotive Pte Ltd (159-F&L)  
 28 Leng Kee Road

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date : 15/05/2019

WIP No. : 15030

Veh.In/Out:

\*Tel.No. : -

Reg.No. : SL55502T

Reg.date : 27/09/2017

Mileage : 0

Chassis No: VF1RFB00557731005

Singapore 159103

Closed by .... : Michelle Ong Siew Be  
 Svc Consultant :  
 Remarks ..... : Wearnes Automotive P

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
-------	-------------	----------	-------	-------	-----	--------	---

802	TO REPLACE FRONT RH DOOR,RH WING MIRROR ASSY,ETC	0	900.00	0		900.00 S	675 ✓
800	TO PUTTY SPRAY PAINT ON FRT RH DOOR,WING MIRROR COVER,ETC	0	800.00	0		800.00 S	600 ✓
280	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELECTRICAL MODULES	0	330.00	0		330.00 S	✓
	WING MIRROR COVER TO Repair	1.0 EA	134.30			134.30 S	
	WING MIRROR ASSY RH	1.0 EA	533.90	480.51		533.90 S	✓
	DOOR FRT RH H43	1.0 EA	1441.30	1177.17		1,441.30 S	
	DOOR SEAL FRT RH LOW	1.0 EA	56.60	50.96		56.60 S	
	R803300388R/WINDOW H	1.0 EA	307.00	281.74		307.00 S	
	ADHESIVE SEALER FL2	1.0 EA	549.10	494.19		549.10 S	

 15/7/19  
 3 days  
 15/07/19  
 21/8/20

Labour Total	2,030.00	Gross Total.	5,052.20
Parts Total	3,022.20	Net.....	5,052.20
Package Total	0.00	GST @ 7.0%	353.65
		Total.....	5,405.85
		Paid.....	0.00
		Please Pay..	5,405.85

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

Reay  
 before  
 paint

### SERVICE ESTIMATE

0 - U00001      SL: UNITED OVERSEAS INSURANCE LTD UNITED OVERSEAS INSURANCE LTD 3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909	GST Reg.No:M28920628X Inv.No. . : B&P      0 Page 1 Inv.date. : 26/09/2019 WIP No. . : 25718 Veh.In/Out: 17/09/2019 26/09/2019 *Tel.No. . : 6222 7733 Reg.No. . : SLS5502T Reg.date .: 27/09/2017 Mileage .: 38,797 Chassis No: VF1RFB00557731005
---	--

Closed by .... : Michelle Ong Siew Be  
 Svc Consultant : ACC  
 Remarks ..... : Wearnes Automotive P

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT RH DOOR, RH WING MIRROR ASSY, ETC	0	675.00	0		675.00	S ✓
800	TO PUTTY SPRAY PAINT ON FRT RH DOOR, WING MIRROR COVER, ETC	0	600.00	0		600.00	S ✓
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	330.00	0		330.00	S ✓
③	DOOR FRT RH M4S	1.0 EA	1441.30	10		1,297.17	S
④	DOOR SEAL FRT RH LOW	1.0 EA	56.60	10		50.94	S
⑤	WINDOW MOULDING FRT	1.0 EA	313.10	10		281.79	S
⑥	ADHESIVE SEALER FL2	1.0 EA	549.10	10		494.19	S
⑦	WING MIRROR ASSY RH	1.0 EA	533.90	10		480.51	S

Gross Total.      4,209.60

Labour Total      1,605.00  
 Parts Total      2,604.60  
 Package Total      0.00

Net.....      4,209.60  
 GST @ 7.0%      294.67  
 Total.....      4,504.27  
 Paid.....      0.00  
 Please Pay..      4,504.27

GST: S=StdRated; O=OutOfScope; Z=ZeroRated





## 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/UI019008787/R1qd3n2		
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909		Date : 08-10-2019		
		Code : UI02		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GBJ 3517E	Veh. Inspected	SLS 5502T	
Policy No.		Coverage (\$)	0.00	
Claim No.	M11D07221906	Excess (\$)	0.00	
Assign From	JENNY LEW	Assign Date	16/05/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	RENAULT MEGANE 1.2	c.c	1197	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	VF1RFB00557731005	Colour	GREY	
Odometer	35938	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/50 R17	CONTINENTAL	6 mm	
L/H Front Tyre	205/50 R17	CONTINENTAL	6 mm	
R/H Rear Tyre	205/50 R17	CONTINENTAL	6 mm	
L/H Rear Tyre	205/50 R17	CONTINENTAL	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	14/05/2019	Inspection Date	15/07/2019	
Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>3 Working Days</b>		



# 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. SLS 5502T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	WING MIRROR COVER TO (SN)	TO REPAIR SEE LABOUR	134.30	-
1	WING MIRROR ASSY RH (SN)	CRACKED	533.90	480.51
1	DOOR FRT RH M4S (SN)	BENT	1,441.30	1,297.17
1	DOOR SEAL FRT RH LOW (SN)	NECESSARY	56.60	50.94
1	R803300388R/WINDOW M (SN)	NECESSARY	307.00	281.79
1	ADHESIVE SEALER FL2 (SN)	NECESSARY	549.10	494.19
			3,022.20	2,604.60
<b>LABOUR</b>				
	TO REPLACE FRONT RH DOOR,RH WING MIRROR ASSY,ETC.INCLUSIVE OF THE REPAIR OF WING MIRROR COVER TO.		900.00	675.00
	TO PUTTY SPRAY PAINT ON FRT RH DOOR,WING MIRROR COVER,ETC.		800.00	600.00
	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELECTRICAL MODULES.		330.00	330.00
			2,030.00	1,605.00
<b>GRAND TOTAL</b>			<b>5,052.20</b>	<b>4,209.60</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>4,209.60</b>

Report Ref No. CS/UOI19008787/R1qd3n2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.