

ASS. REC. BY:

REF: 693/MSG16019279/D9d3-1

Instruction:

Survivor
Witness

ASSIGNMENT (Office)

From (Person): Pauline Tham of MSG Date/Time: 17/05/2019

Estimated Cost: Bill to:

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

To inspect Vehicle No: SIP8854Y Insured: GBC5076J

at Workshop no/s KUM CHEE Motor Tel: 64563715

of D Sin Ming Trd Est 401-71

Policy No: A28620340 MKC Claim No: 488698

Sum Insured: Excess:

Make of Veh: D.O.A. 11/10/2016
(Client's Record)

CA / REV / REP. / REV 24 HRS (wp) 13/10/2016 H.O.D. Enforcement:

Date/Time: 17/05/2016 4:50 PM Person Contacted: Madam Lim Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SIP8854Y
	12/05/2016
	Dismantle recovery - 17/10/16
	The estimated repair cost of the damaged vehicle is in the region of \$18k - \$20k.

* check mv

4/7/2019
Do Not Finalise

04/07/2019 - To submit L/S 16650/- with 11 days of repair. (Red \$5050, 73%.)

- Parts listed as NH either no photo or not damage

RECEIVED 04 JUL 2019

- MV unable to provide as no print-out and on booklet also don't have record for this vehicle which is quite rare.

(08/11/17)

Surveyor

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Kum Guan

of _____

Insured: _____

Policy No. _____

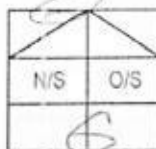
Claims No. _____

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: _____ 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: SJP 88544 Yr Regn: APD 12009Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /☒ Truck / Trailer orMake: SKODA SUPERB cc 1798Colour: SILVER A/C: Insured / Std / NI / NASp. Reading: 163575 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1MBBB93T199619033Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/40/P18

R: _____

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

TOYO / YOKO or CON

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 11/10/2016 D.O.I. 13/10/2016

Survey held at _____

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

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

Date / Time Action / Instruction

12-20K 15 w/ days

19/5/17 Submit PRI.

Date/Time, File Pass to?

04/12

19/11/2017

Date/Time, File Return to?

2)

Report Format: PRI

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation

S + RS \$ _____

Photos

Others

TOTAL

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Thursday, 23 May 2019 2:00 PM
To: Shiau Chan (LKKAuto); Admin-D (LKKAuto)
Cc: assignments; Accounts (LKKAuto)
Subject: Report Send Back Alerts - SJP8854Y (TP)

Dear Nivitha/ Shiau Chan,

FYNA Please...

Pending for Survey Report-CS3/MSG16019379/M1QH3M2

14	17 May 2019 16:21	Ins Send Back Adj Rpt	Please conduct 1. paper survey 2. market value at time of accident 3. Please let us have the logcard	[I] Pauline T
15	17 May 2019 16:21	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2019/05/22	[I] Merim Administra
16	17 May 2019 16:21	Adj Mandate Set	Maintained.	[I] Merim Administra

Best Regards,



SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: account@lkkauto.com | fax: 6844-8805

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

From: Do-Not-Reply [mailto:do-not-reply@merimen.com]

Sent: Friday, 17 May 2019 4:40 PM

To: account@lkkauto.com

Subject: Report Send Back Alerts - SJP8854Y (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,
The Merimen Team



This email has been checked for viruses by AVG antivirus software.
www.avg.com

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 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	12/10/2016 09:52
Date Of Accident	11/10/2016 12:00
Exact Location Of Accident	CTE - ANG MO KIO EXIT MERCHANT & CLEMENCEAU AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8854Y
Insured/Policyholder	
Name Of Registered Owner	HUNG SWEE SAN
NRIC No	S6807315D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96166386
Alternative Phone No	Others-96166386

Vehicle Particulars

Manufacturer	SKODA
Model	SUPERB
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	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P 27272975 DMV
Cover Note Number	

Driver

Name of Driver	HUNG SWEE SAN
NRIC No	S6807315D
Date Of Birth	22/02/1968
Occupation	Indoor
Date Of Driving Pass	12/01/1989
Driving Experience	27 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-96166386
Fax Number	
Contact Number	Others-96166386
EMail Address	NOEMAIL

Address	BLK 10A HOUGANG STREET 11 #11-33
Postcode	534079
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	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
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 ATTACHED

Are accident photos available for attachment?	Yes
-----------------------------------------------	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC5076J
Vehicle Make/Model/Colour	
Details Of Properties	FRONT & REAR
Name of Driver	KHAIRUL AZRI BIN MAZLAN
NRIC/Passport Number	S9442629D
Contact Number	92200475
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE6463P
Vehicle Make/Model/Colour	
Details Of Properties	FRONT & REAR
Name of Driver	CHUA CHIA HUI

NRIC/Passport Number	S8436725G
Contact Number	92749919
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SDP6336K
Vehicle Make/Model/Colour	
Details Of Properties	FRONT
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name
Phone Number
Email Address

SKETCH PLAN

IMPORTANT NOTICE

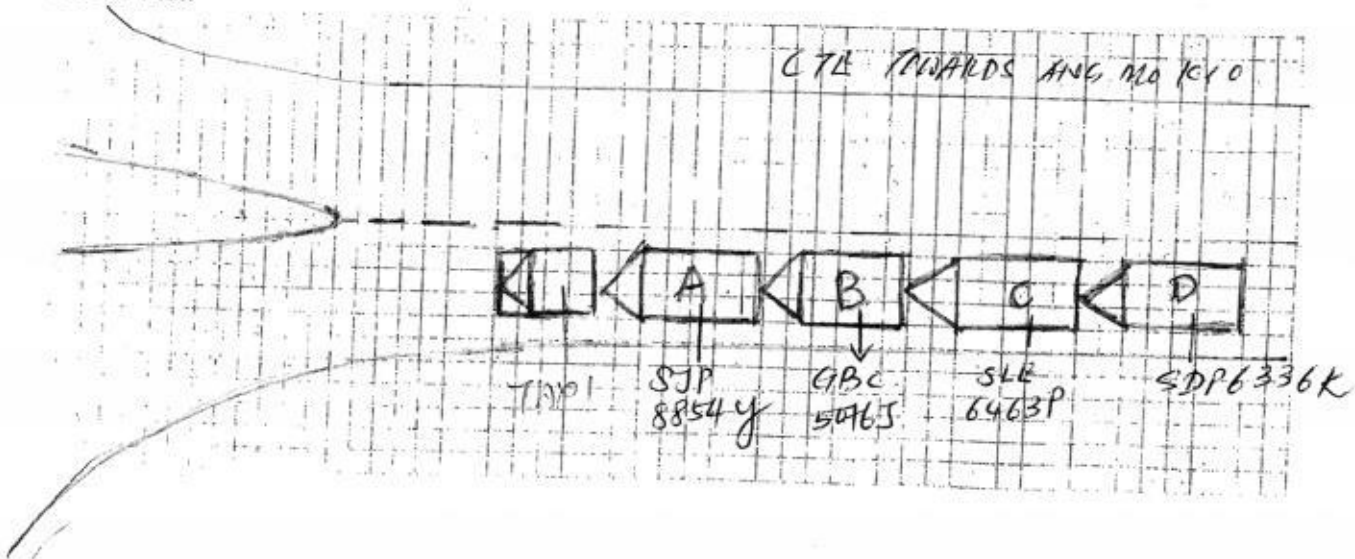
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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 yers/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' law yers/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 law yers/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 Circumstances of the Accident

On 11/10/2016 at around 12:00PM, I was driving vehicle (SJP 8854 Y) along CTE Towards Ang Mo Kio exit Merchant * Clemenceau AVE.

The taxi in front of me suddenly jammed brake, upon seeing this I quickly apply brake & manage to stop in time.

Suddenly A vehicle (GBC 5076 J) came from behind & hit into the rear of my stationary vehicle. The Impact caused my vehicle to move forward and collided into rear of taxi. After the accident, I quickly alight & realised it was a chain collision which involved 5 vehicles including mine.

Declaration

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

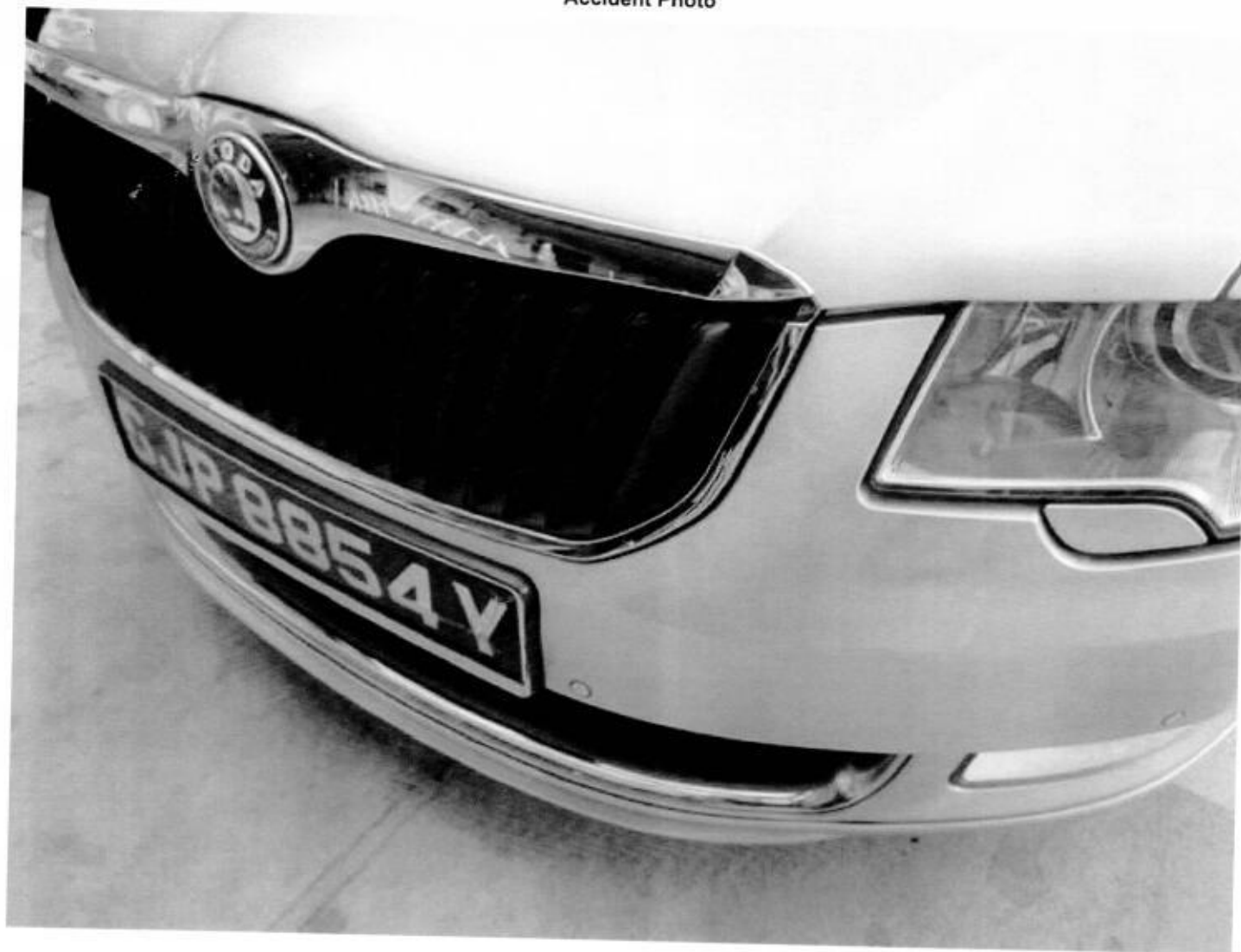
Accident Photo



Accident Photo



Accident Photo



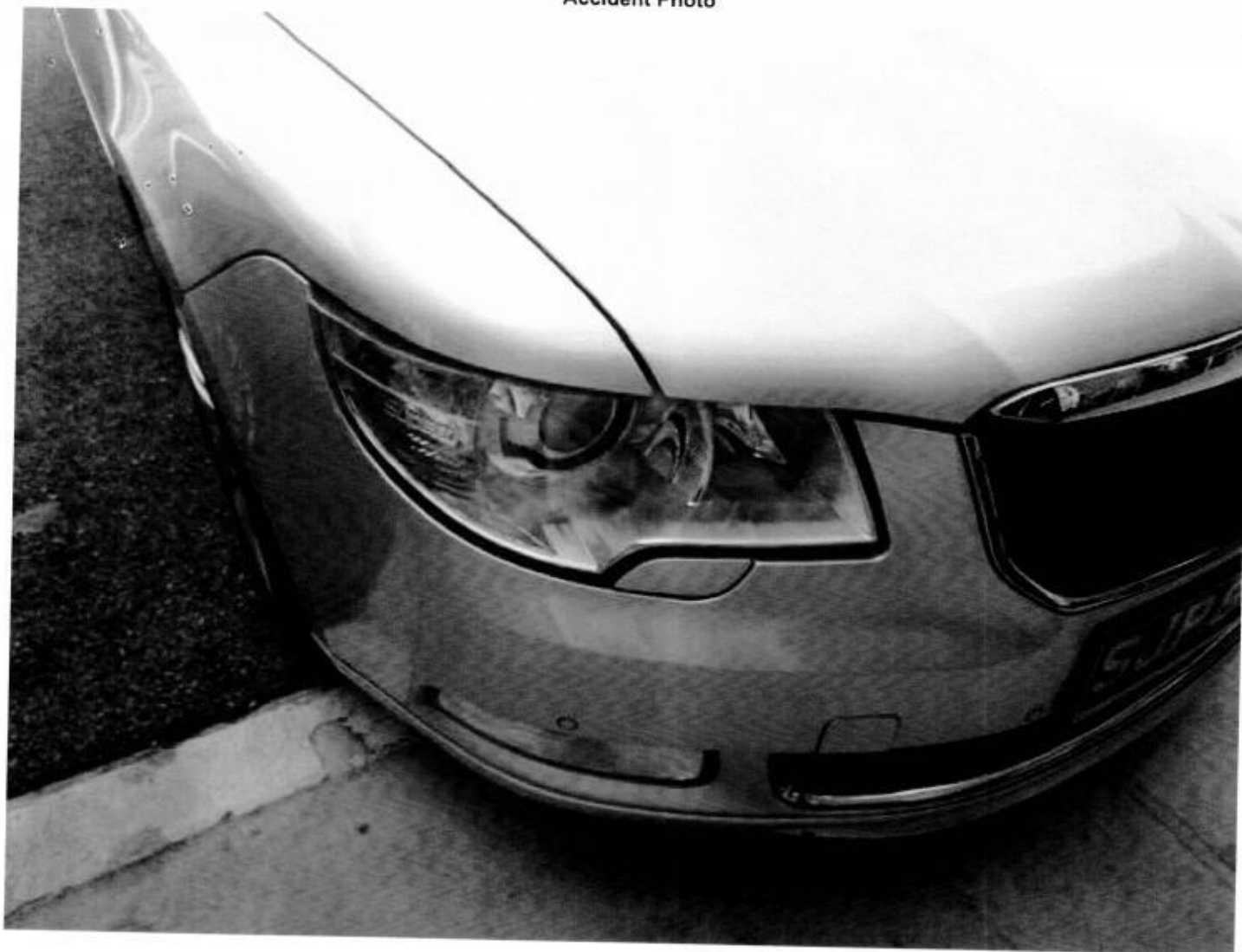
Accident Photo



Accident Photo



Accident Photo



Accident Photo



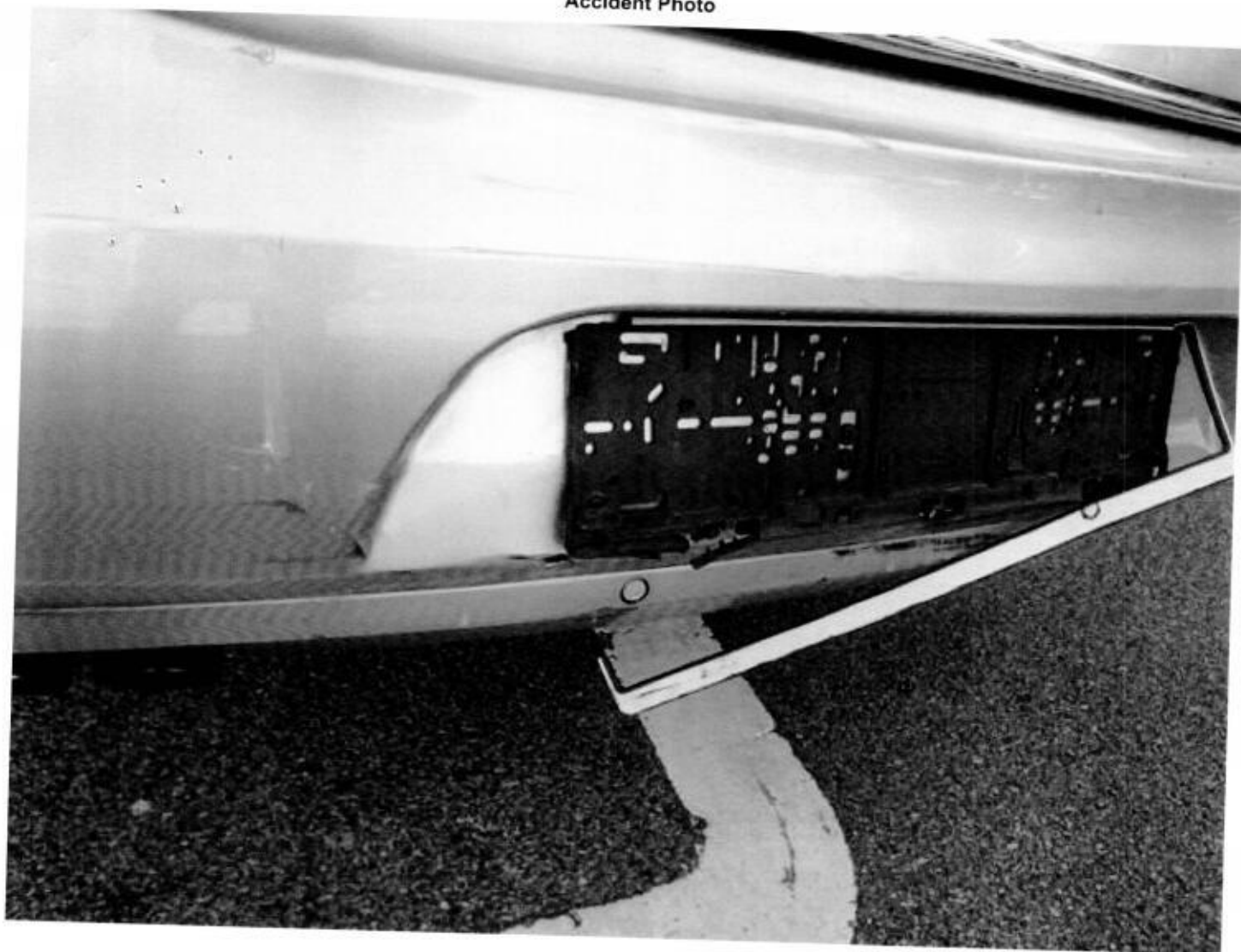
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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6. This report will be forwarded by the insurers of 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.
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ACCIDENT STATEMENT

Date Of Report	11/10/2016 16:03
Date Of Accident	11/10/2016 11:55
Exact Location Of Accident	CTE EXIT CLEMENCEAU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC5076J
Insured/Policyholder	
Name Of Registered Owner	ORCHID LAUNDRY
Co Reg No	09852400C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-68615933

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28620340MKC
Cover Note Number	

Driver

Name of Driver	KHAIRUL AZRI BIN MAZLAN
NRIC No	S9442629D
Date Of Birth	17/11/1994
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2014
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92200475

Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 512 WOODLANDS DRIVE 14 #08-97
Postcode	S730512
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- CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	NO
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 THE SKETCH PLAN

Are accident photos available for attachment?	YES
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE6463P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHUA CHIA HUI
NRIC/Passport Number	S8436725G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJP8854P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	HUNG SWEE SAN
NRIC/Passport Number	S6807315D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan



SKETCH PLAN

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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 thereport 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.

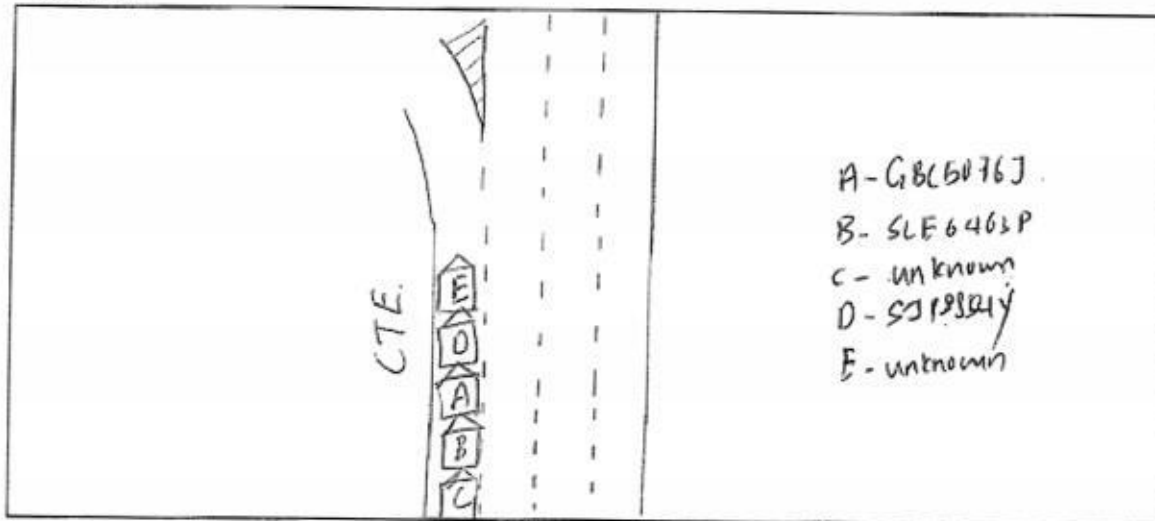
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan



Describe Circumstances of the Accident

At 11/10/16, about 11:57am

I was driving and about to exit clemenceau/merchant exit and this vehicle suddenly swerved last minute halfway through the chevron and caused a chain accident involving 5 vehicle. I was the 3rd vehicle in the middle one which was the first vehicle to stop and then the third vehicle which is the middle one (SJP8854Y) and the vehicle behind me (SE6463P).

Declaration

We declare the foregoing particulars are true in every respect.

- ☐ Claim own policy
☐ Claim third party
☐ Claim OD / TP at other workshop
☒ For record purpose

Policy No. A 28620340

Insurer

Veh. No. ABC5076

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo

