

27/03/2003

ASS. REC. BY:

REF:

CS3/EQ18019614/R19031

Special Instruction:

Surveyor:

Rasul

ASSIGNMENT (Office)

From (Person):

Joel Goh

of

EQ1

Date/Time:

30/05/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SKV 9882R

Insured:

SMC1173H

at Workshop in/s

Twincell Automotive

Tel:

68420051

of

2 kaki Bkt Ave 2 #01-17/18

Policy No.:

Claim No.:

DM18HO 02851-J9

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 22/10/2018

CA / REV / REP. / REV 24 HRS

1 up

H.O.D. Endorsement:

Date/Time: 9:52am @ 29/10/18

Person Contacted:

Melody

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SKV 9882R - X
	SMC1173H - X
20/6/19	Submit LS to 7550, 8 days (Red to 15150, 67%)

14/6/2019

RECEIVED 19 JUN 2019

Form

REF: EOI

1426A

ASSIGNMENT

From: Date: 29/10/18

Estimated Cost:

OD ☒ TP / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: SKV 9882R
at Workshop m/s: TWINCAR Automotive
of: 2 kaki Bkt Ave 2 # 01-17 / 18

Insured:

Policy No:

Claims No:

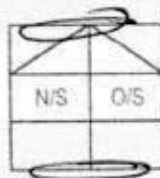
Sum Insured: Excess:

(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: 9 days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS up

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKV 9882R Yr Regn: 2015

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

Truck / Trailer or

Make: TOYOTA WISH 1.8 CVT C.C. 1798

Colour: GRAY A/C: Insured / Std / NI / NA

Sp. Reading: 52716 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDK120W 70J002879

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

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16

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. 22/10/18 D.O.I. 29/10/18 2:31 pm

Survey held at TWINCAR

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

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

Date / Time Action / Instruction

- Estimated repair range \$ 8,000 - \$ 9,000

31/10/2018

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: -

Survey Fee:

Transportation

1)

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

) \$ + PS \$

) Photos

) Other

Report Format: PRE

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

TOTAL

Nivitha (LKK Auto)

From: Joel Goh <joel.goh@eqinsurance.com.sg>
Sent: Thursday, 30 May 2019 3:36 PM
To: Shiau Chan (LKKAuto); assignments
Cc: SUR
Subject: RE: PRS FOR SKV9882R (DM18HO02851-JG)
Attachments: 30052019153053-0001.pdf

Dear Shiau Chan

Thank you for your attachment.
Attached third party's survey report.

Please assist to conduct paper survey based on TP's survey report.
I will forward another 2 emails with TP photos.

Best Regards,

Joel Goh
Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190
www.eqinsurance.com.sg



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From: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]
Sent: Monday, May 27, 2019 11:00 AM
To: Joel Goh; assignments
Cc: SUR
Subject: RE: PRS FOR SKV9882R (DM18HO02851-JG)

Dear Joel,

Please find the attached.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Joel Goh <joel.goh@eqinsurance.com.sg>
Sent: Monday, 27 May 2019 9:21 AM

To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: PRS FOR SKV9882R (DM18HO02851-JG)

Dear LKK

Please assist to submit your survey report for this matter soonest.

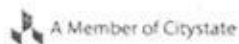
Best Regards,

Joel Goh
Executive | Claims



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From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Monday, October 29, 2018 11:35 AM
To: Joel Goh; assignments
Cc: SUR
Subject: RE: PRS FOR SKV9882R (DM18HO02851-JG)

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Joel Goh [mailto:joel.goh@eqinsurance.com.sg]
Sent: Friday, 26 October 2018 6:45 PM
To: Chin Hui Xin <huixin@n51.com.sg>
Cc: assignments@lkkauto.com
Subject: RE: PRS FOR SKV9882R (DM18HO02851-JG)

Without Prejudice

Dear Melody

We do not agree with your list of surveyors and will appoint LKK to survey your client's vehicle.

Dear LKK

Please assist on this PRS.

Best Regards,

Joel Goh

Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190

www.eqinsurance.com.sg



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From: Chin Hui Xin [<mailto:huixin@n51.com.sg>]

Sent: Friday, October 26, 2018 3:15 PM

To: Joel Goh

Subject: Re: PRS FOR SKV9882R (DM18HO02851-JG)

Dear Sir/Madam,

We refer to your list of motor surveyors proposed.

We do not agree to your list of motor surveyors.

Please see attached.

Thanks

Regards,

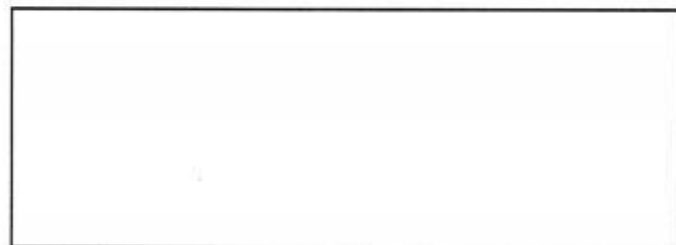
Melody Chin

N-51 Automotive Pte Ltd

Office : 6842 0051

Fax : 6741 0510

www.n51.com.sg



On Fri, Oct 26, 2018 at 1:56 PM Joel Goh <joel.goh@eqinsurance.com.sg> wrote:

Without Prejudice

Save As To Costs

Dear Melody,

We refer to your fax dated 26/10/2018.

Kindly email all PRS request to eqiprs@eqinsurance.com.sg

We shall be appointing our surveyor to attend to the pre-repair survey of your client's vehicle.

Below is a list of motor surveyors in our panel. Please revert within 2 working days if you agree or have any objections to the appointment of any of the motor surveyors. If we do not hear from you, you are deemed to have agreed to the appointment of any of the motor surveyors listed by us. Alternatively, please specify one or more of our proposed motor surveyors to the said assignment.

1) AJAX Inspection Services Pte Ltd Tel: 6255 0808 Fax: 6849 9155	2) Automobile Inspection Services Pte Ltd Tel: 6286 0155 Fax: 6284 1539 Contact Person: Sophia
3) LBS Automotive Appraisal Pte Ltd L.B.S. Auto Consultants Pte Ltd Tel: 6281 6690 / 62832866	4) Priority Services Tel: 62934822 Fax: 62963283 Contact Person: Sharon

Fax: 6281 8748	
Contact Person: Amy/ Grace	
5) RT Appraisal Pte Ltd	6) LKK Auto Consultants Pte Ltd
Tel: 67486076	Tel: 6256-3561
Fax: 67480361	Fax: 6741-4108
Contact Person: Elson/Elgene	
7) Kelvin Automotive Appraising Services	8) Automotive Appraiser & Surveying Services
Tel: 81825263	Tel: 96623655
Fax: 67461148	Fax: 67655662
Contact Person: Kelvin	Contact Person: Mr Chee
9) JP Knights Pte Ltd	10) Appraisals Associates Pte Ltd
Tel: 63450068	Tel : 67472822
Fax: 63445328	Fax: 67470070

If you object to all the motor surveyors as proposed by us, please provide a list of at least 10 motor surveyors whom you consider as suitable to appoint for our consideration. We shall revert to you within 2 working days.

Meanwhile, we reserve our rights on Post-Repair Inspection, kindly contact us or our appointed surveyor before you return your client's vehicle to him/her.

Best Regards,

Joel Goh
Executive | Claims

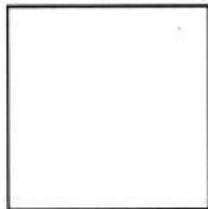


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This email has been checked for viruses by AVG antivirus software.
www.avg.com

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 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	23/10/2018 03:14
Date Of Accident	22/10/2018 13:15
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE STEVEN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV9882R
Insured/Policyholder	
Name Of Registered Owner	CHUA YEW SENG DANIEL
NRIC No	S7341426A
Email Address	DANIEL.CYS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93633386
Alternative Phone No	OFFICE-93633386

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10694211
Cover Note Number	N.A.

Driver

Name of Driver	CHUA YEW SENG DANIEL
NRIC No	S7341426A
Date Of Birth	15/11/1973
Occupation	INDOOR
Date Of Driving Pass	26/05/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93633386
Fax Number	
Contact Number	OFFICE-93633386
Email Address	DANIEL.CYS@GMAIL.COM

Address	BLK 544 JELAPABG ROAD
	#06-90
Postcode	670544
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	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

I SKV9882R was driving along PIE towards Tuas before Stevens rd exit at around 65kmh on the 2nd lane. As I was driving with a normal speed, the traffic in front started to slow down and stop and in front of me there was a taxi, so I slow down my vehicle and preparing to stop my vehicle. As I was at a stationary position a few seconds later I felt an hard impact coming from behind and realise that the other party SMC1173H a SUV had collided onto my rear vehicle. But my vehicle doesn't have any contact with the taxi in front of me. We manage to exchange our particular and took some pictures. I suffer neck pain and had 1 day MC. Note: there is no contact with Taxi SHD 4030 X

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UPLOADED INTO AVIVA FILE ZILLA
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC1173H
Vehicle Make/Model/Colour	TOYOTA/HARRIER ELEGANC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AARON TAU WEN JIE
NRIC/Passport Number	S9000992C
Contact Number	96975767
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

CHUA YEW SENG DANI

Approximate Age

Injuries Sustain

SUFFER NECK PAIN

Injured person in which vehicle?

SKV9882R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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 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' 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 envelope/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (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 Purpose(s); 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 Purpose(s).

VERIFIED BY AJAX MARS
REPORTING OFFICER
MURHAMMAD SUMARDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

ACCIDENT STATEMENT (2000 characters)

I SKV9882R was driving along PIE towards Tuas before Stevens rd exit at around 65kmh on the 2nd lane. As I was driving with a normal speed, the traffic in front started to slow down and stop and in front of me there was a taxi, so I slow down my vehicle and preparing to stop my vehicle. As I was at a stationary position a few seconds later I felt an hard impact coming from behind and realise that the other party SMC1173H a SUV had collided onto my rear vehicle. But my vehicle doesn't have any contact with the taxi in front of me. We manage to exchange our particular and took some pictures. I suffer neck pain and had 1 day MC.

Note: there is no contact with Taxi SHD 4030 X

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

22 October 2018 at 6:54 PM

Date/Time:

22 October 2018 at 6:54 PM

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



Accident Photo



Accident Photo

