

ASS. REC. BY:

REF: C83/EA/11909726/Gcd3⁵² Special Instruction:Surveyor: XGR

ASSIGNMENT (Office)

From (Person): Janet Tanof ERIDate/Time: 03/6/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SKW 7656T

Insured:

GBB 5662Y

at Workshop m/s

GUAN MOTOR

Tel:

of Blk 7 S/m IND. Estate Sector C #01-82

Policy No:

Claim No:

DM194001565/JT

Sum Insured:

Excess:

D.O.A. 29/5/19Make of Veh:
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction
	Estimate (X)
	SKW 7656T x
	GBB 5662Y x
	Dismantle: 4/6/2019
	After repair: 7/6/2019

08/11/13

Surveyor:

PRS

Enl.

REF:

60

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Guan Motor

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt.: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKW2656T

Yr Regn:

2009

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

Truck / Trailer or

Make:

Toyota Estima

c.c 2362

Colour

black

A/C: Insured / Std / NI / NA

Sp. Reading

132696

T/Radio: Insured / Std / NI / NA

Eng/No:

ACR 507070548

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: 215/55 R 17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIG / 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.

D.O.I.

03-06-19

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

\$7000 - \$8000

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

PRS

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

Days Of Repair: 7

Resurvey No. of Trip: 2

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation:

) \$ + RS, \$ SI

) Photos

) Others

TOTAL

Nivitha (LKK Auto)

From: Janet Tan <janet.tan@eqinsurance.com.sg>
Sent: Monday, 3 June 2019 11:31 AM
To: Daniel Poon & Co.; assignments
Cc: Admin A
Subject: Our ref: DM19HO01565/JT, Your ref: DP.sl.isk.10981.19.GA-PRS-Acc on 29/5/19 involving GBB5662Y and SKW2656T
Attachments: 03062019112635-0001.pdf

Without Prejudice ***Save As To Costs***

Dear Sir,

We refer to your fax dated 3 Jun 2019.

Please note that we agree to appoint LKK Auto Consultants Pte Ltd to attend to the said PRS as Single Joint Expert.

Regards,

Janet Tan
Senior Executive | Claims



EQ Insurance Company Limited
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6496 9032 | tel 65 6223 9433 ext 032 | fax 65 6223 4190
www.eqinsurance.com.sg

 A Member of Citystate

Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender.

**Daniel Poon & Co.**Advocates & Solicitors
Commissioners for Oaths**RECEIVED**
31 MAY 2019**EQ INSURANCE CO. LTD.**133 New Bridge Road
#11-02 Chinatown Point
Singapore 069413
Tel: +65 6227-2469
Fax: +65 6225-2579
Email: law@dpco.com.sg
(UEN: 53130838C)Daniel Poon Cheon Kow
LL. B. (Hons), LL.MOur Ref: DP.sl.isk.10981.19.GA
Your Ref: -----
Please quote our reference number when replying

Date: 31 MAY 2019

EQ INSURANCE COMPANY LIMITED
TOWER BLOCK, MND COMPLEX
5 MAXWELL ROAD, #17-00
SINGAPORE 069110
ATTN: MOTOR CLAIMS DEPARTMENTFAX (6223-4190) ONLY

DEAR SIRs,

PRE-REPAIR INSPECTION**YOUR INSURED VEHICLE REGISTRATION NO: GBB 5662Y
ACCIDENT ON 29 MAY 2019 INVOLVING SKW 2656T AND GBB 5662Y
AT THE JUNCTION OF ANG MO KIO AVENUE 5 & ANG MO KIO DRIVE**

We are instructed by Sajahan Bin Makthoom to notify you of a road traffic accident on 29th May 2019 at about 19:50 at the junction of Ang Mo Kio Avenue 6 & Ang Mo Kio Drive involving our client's vehicle registration number SKW 2656T and vehicle registration number GBB 5662Y driven by your insured at the material time. A copy of the Singapore accident statement /traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair inspection of the vehicle, by the attached list of six (06) surveyor which our client deemed suitable to be appointed.

If the aforesaid is not agreeable, kindly therefore instruct your appointed surveyor for a pre-repair inspection of our client's vehicle at by making a prior appointment with the repairer stated below:-

M/S GUAN AUTO SERVICES
BLK 7 SIN MING INDUSTRIAL ESTATE SECTOR C
#01-82
SINGAPORE 575642
ATTN: JACKY (9388-4210)**SEND TO FILE**

... 2/-

CLAIM NO. DM1917001565/5T

DOCUMENT TYPE: X PRS

Page 2

Date: 31st May 2019

Messrs Daniel Poon & Co.

Our Ref: DP.sl.isk.10981.19.GA

If we do not receive any agreement from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

f.  & Co.

NAME OF MOTOR SURVEYOR

- 1) HOW ANDREW (PROMINENT APPRAISER SERVICES)
- 2) LEE KOK WENG (LEE AUTOMOBILE APPRAISERS SERVICES)
- 3) NG SOON AIK FRANCIS (PRESTIGE APPRAISER SERVICES)
- 4) ONG AH KENG, KENT (KTO AUTOMOBILE ASSESSORS)
- 5) ONG POH MENG (AEON AUTO CONSULTANTS LLP)
- 6) LKK AUTO CONSULTANTS PTE LTD

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	30/05/2019 17:19
Date Of Accident	29/05/2019 19:50
Exact Location Of Accident	ANG MO KIO AVE 5 JUNCTION TO ANG MO KIO DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2656T
Insured/Policyholder	
Name Of Registered Owner	SAJAHAN BIN MAKTHOOM
NRIC No	S6933734A
Email Address	HANISAH2404@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92484154
Alternative Phone No	OTHERS-92484154

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 (A)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075449496-03
Cover Note Number	

Driver

Name of Driver	HANISAH BINTE SAJAHAN
NRIC No	T0014375D
Date Of Birth	24/04/2000
Occupation	INDOOR
Date Of Driving Pass	30/11/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92484154
Fax Number	
Contact Number	
Email Address	HANISAH2404@HOTMAIL.COM

Address	18B CANBERRA DR #02-48 SINGAPORE
Postcode	768100
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
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)	3
Passenger 1	NAME: : NOOR JAHAN BTE SAJAHAN GENDER: : FEMALE
Passenger 2	NAME: : SHEIK ADAM 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 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	GBB5662Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEE CHEW KERN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 lodging 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:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Refer Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON 29th May, 19 - 7:52pm

I was waiting to turn from Ang mo Kio Ave 5, into Ang mo Kio drive (towards the central), when the light was amber changing to red. Upon confirming it ~~was~~^{clear} was clear to turn, I moved off. A van (GBBF662Y) approached the junction at a very high speed, beating the red light and hitting the front of my vehicle.

DECLARATION

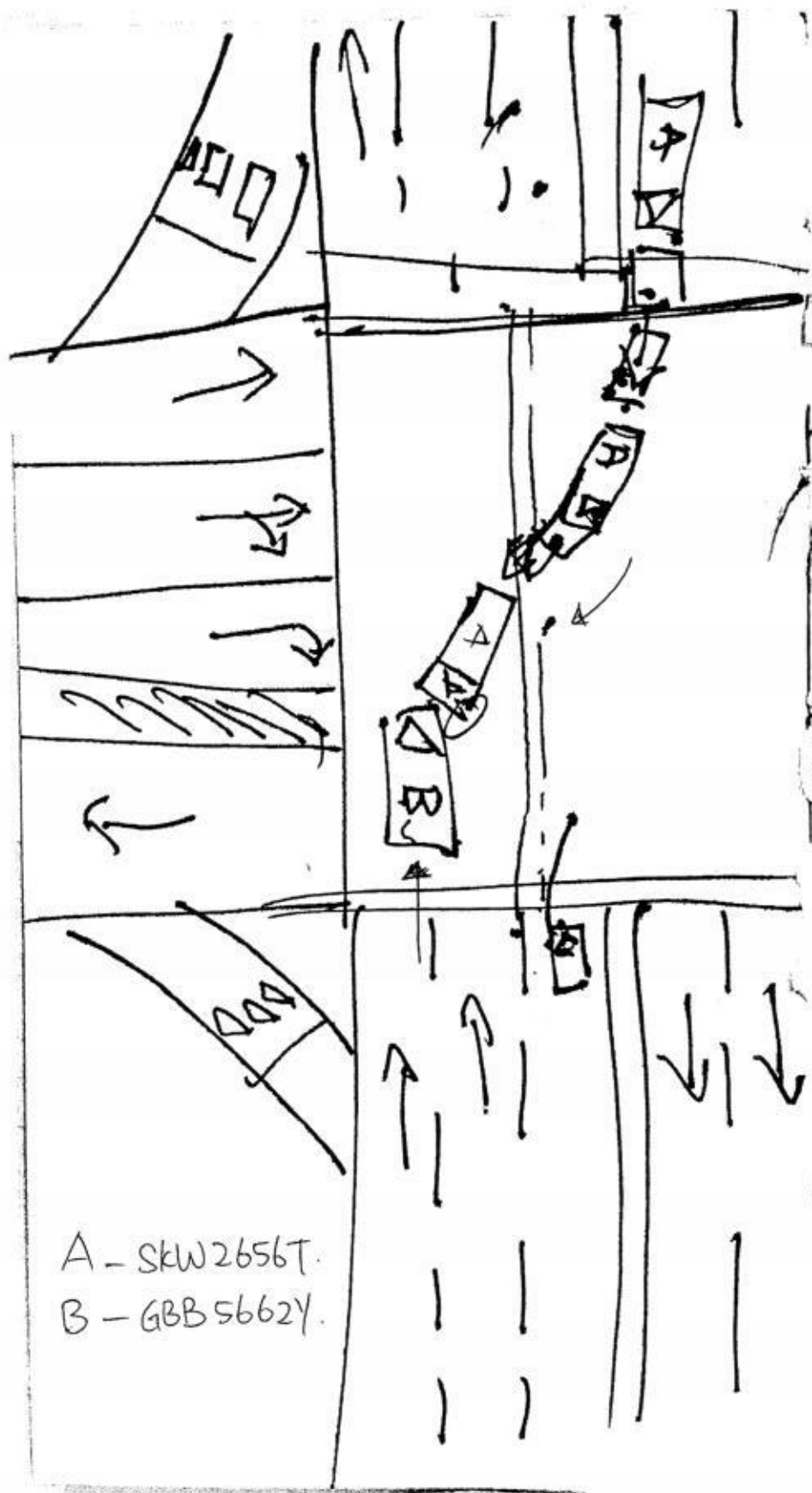
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

G:\AWAC SketchPlanForm_V3



Accident Photo



Accident Photo



Accident Photo



Accident Photo



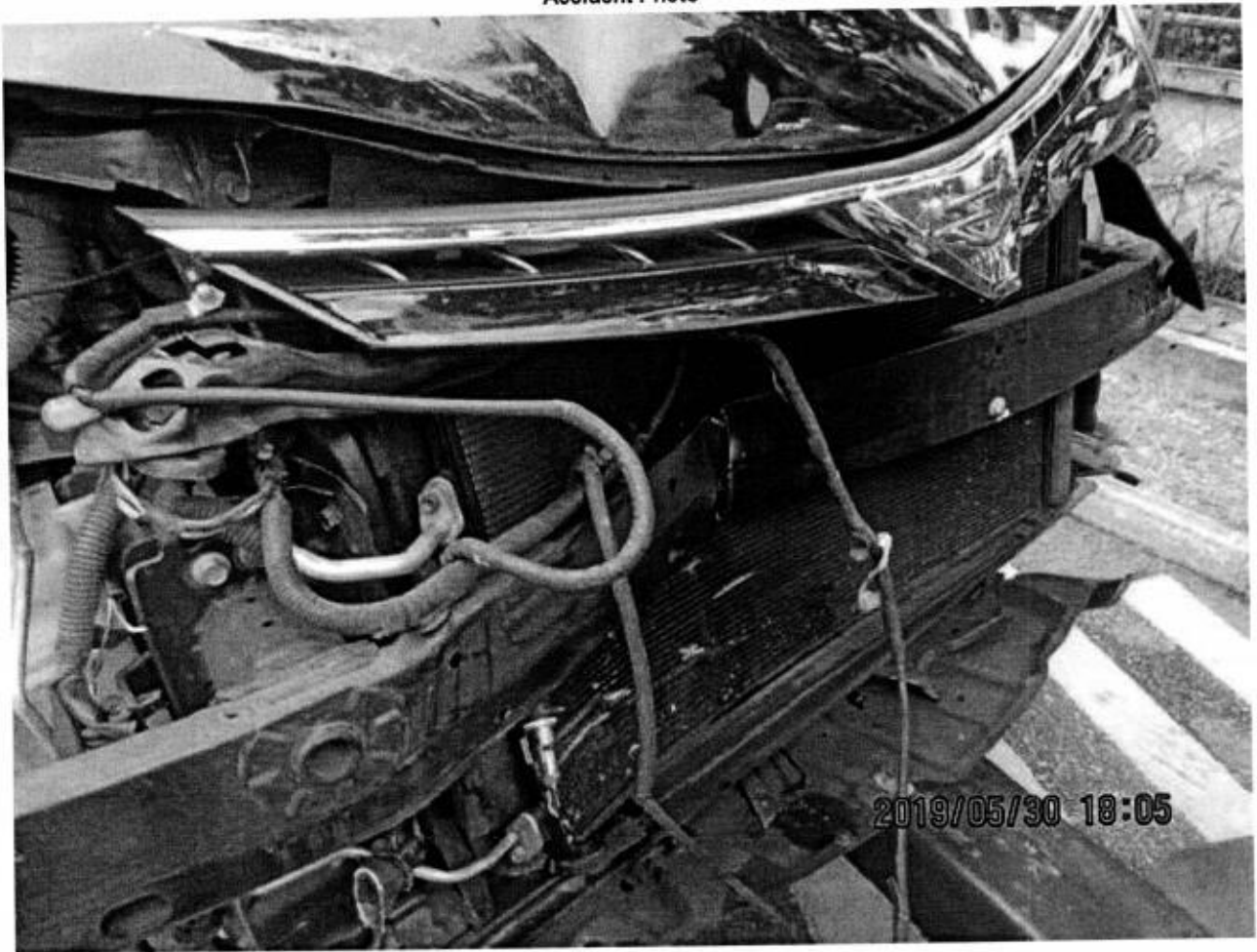
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

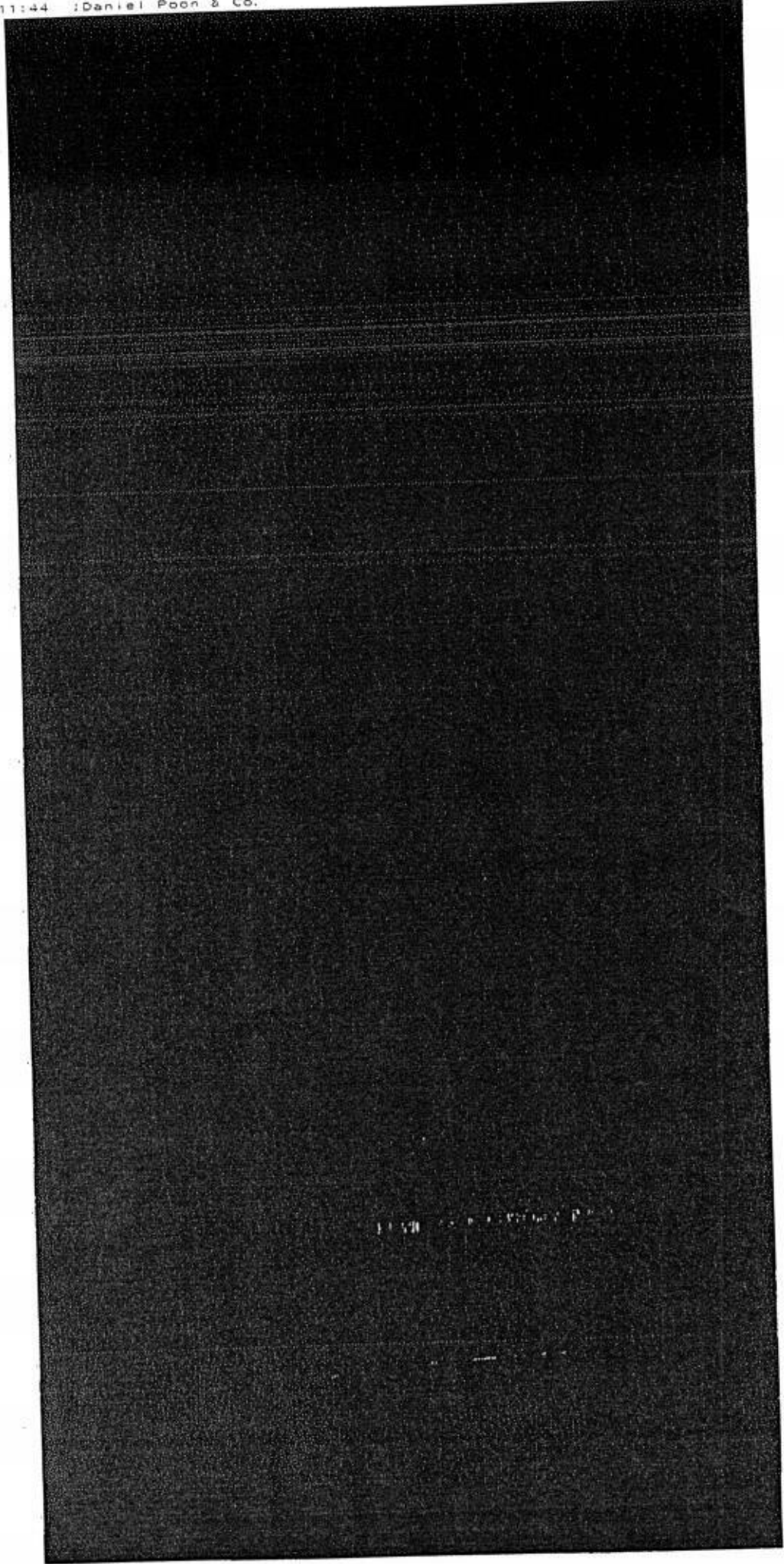


Accident Photo



Accident Photo





11:44 AM - 11:44 PM

Witness
 Was driver an employee of the Insurer's Company? NO
 If No, Relationship of the Driver with the Insured? Own Driver
 Vehicle Registration Number of Driver's Own Vehicle
 Insurance Company of Driver's Own Vehicle

General Details of the Accident
 Type of Accident COLLISION - CROSS JUNCTION
 Weather Conditions CLEAR
 Road Surface WET

Was any foreign vehicle involved in the 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? YES
 Was any other material or property damaged? NO
 I have been approached by unknown person(s) soliciting/offering accident claims assistance.
 Number of Passengers (including Driver) 3
 Passenger 1

NAME: NOOR JAHAN BTE. SAJARAN
 GENDER: FEMALE
 NAME: SHEIK ADAM
 GENDER: MALE

Passenger 2

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

DETAILS OF OTHER VEHICLE PROPERTY 1

GBB5682Y

Vehicle Registration Number
 Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE
 CHEE CHEW KERN

Model: PRC 88.14.1

SWITCH PLAN

Rd A-Hackel

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT: CAR 24 May 19 - 7 53pm

I was driving in from Ayr and was on the road (towards the terminal) when the light was amber (indicating to red) (from 2.5 seconds) it would be clear to turn. I looked at a car (GIRBY 6657) approaching the junction at a very high speed. Having the red light still burning the front of my vehicle

DECLARATION

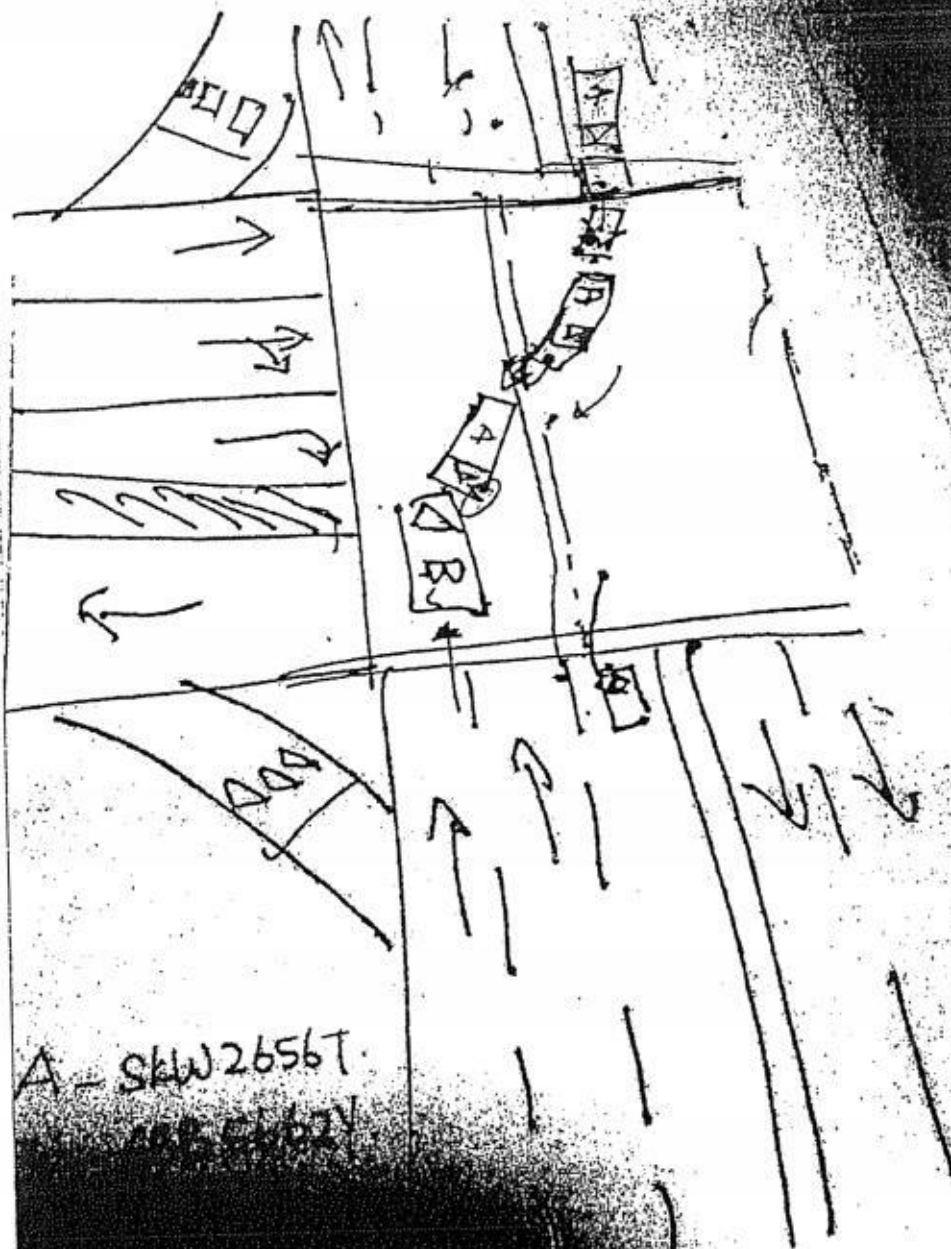
We declare the foregoing particulars are true in every respect.

Handwritten signature

Reporting Officer

Reporting Officer's Name:
NRSC/FRM No.:

Sketch Plan 83 Pg. 1



A - SKW 2656T

005 54621

WORTHY LINE DESIGN

[illegible]

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

Reporting Center
Name
NRUC/FBI No.



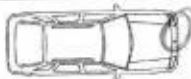
LKK Auto Consultants Pte Ltd

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

PRE-REPAIR INSPECTION REPORT				
EQ INSURANCE COMPANY LTD		Ref: CS3/EQ19009726/Gcd3s2		
5 MAXWELL ROAD #17-00 TOWER BLOCK MND		Date: 27-06-2019		
COMPLEXSINGAPORE 069110		Code: EQ1		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	GBB 5662Y	Veh. Inspected	SKW 2656T	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM19HO01565/JT	Excess (\$)	0.00	
Assign From	JANET TAN	Assign Date	03/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA ESTIMA 2.4	c.c	2362	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	ACR507070548	Colour	BLACK	
Odometer	132696 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/55R17	MICHELIN	6 mm	
L/H Front Tyre	215/55R17	MICHELIN	6 mm	
R/H Rear Tyre	215/55R17	MICHELIN	6 mm	
L/H Rear Tyre	215/55R17	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.				
5. General Information				
Accident Date	29/05/2019	Inspect Date / Time	03/06/2019 (01:00 PM)	
Survey held at	BLK 7 SIN MING INDUSTRIAL ESTATE SECTOR C #01-82			
Repairer	GUAN MOTOR WORKS			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D)THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$7,000-\$8,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:			7 Working Days	

Report Ref No. CS3/EQ19009726/Gcd3s2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



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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