

ASS. REC. BY: CS3/SMO19012680/Undy

WIMUN

Subject: Mercedes ASSIGNMENT (Office)  
From (Person): Gnroh Pau Loong of Smo Date/Time: 02/08/2019

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SGW 479Z Insured: GBC 22193

at Workshop m/s: Blunze | Automotive Tel: 67452088  
of 1 Kaki Bukit Ave 6

Policy No: D18 MTPC VE 002758 Claim No: (MTD) 1903416

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 16.7.19  
(Client's Record)

CA / REV / REP. / REV 24 HRS "mp" H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 18.7.19 2.00p.m Person Contacted: Sally Vehicle IN/OUT: (IN)

Date/Time	Action/Instruction (X) Estimate
	<u>SGW 479Z CC4/A/G 120/15004/H16/fy2/ DCA 24/6/12</u>
	<u>GBC 22193 CC7/A/G 1300/1515/C, 16.342-1</u>
	<u>Disassemble: 28/7/2019.</u>
	<u>After repair: 29/7/2019.</u>

7/8/19 4/5 @ 4800 ← by confirmed (Red 1800, 2790)

RECEIVED 08 AUG 2019

450-220

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SGW479Z  
 at Workshop n/s: Bnd  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SGW479Z Yr Regn: 6 07  
 Type:  Car /  M.Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  
 Truck / Trailer or: (m)  
 Make: Subaru WRX cc: 2457  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp Reading: 258521 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 O/No: JF1GD GKJ376071558  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or

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

N/S	O/S

Tyre Size: F: 225/40ZR18  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA  / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal: 6 mm R/Bal: 6 mm  
 L/Bal: \_\_\_\_\_ mm L/Bal: 6 mm  
 D.O.A: 16/7/19 D.O.I: 22/7/19  
 Survey held at: \_\_\_\_\_  
 Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: 526  
 IDAC Accident Rpt: Consistent? : Yes or No  
 GIA / PR Seen: Consistent? : Yes or No  
 Est. Repairs: 4 days Res: Yes or No  
 Lum Sum: 20 % 3.Val: Yes or No  
 CA / REV / REP. / 24 HRS LTA 42894  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Date / Time Action / Instruction 28-6-2027  
Rep bkw no contact. PRS Typs 11/11/19  
4-5/k. resury 29/7/19

Date/Time, File Pass to:  : Prel. Report  
 : Final Report

Days Of Repair: 4  
 Resurvey No. of Trip: 2

Survey Fee	
Transportation	
TOTAL	

Add Fee:  Site Insp (\$ \_\_\_\_\_)  \$483.00  
 Interview (\$ \_\_\_\_\_)  Excess  
 Tech. Invs (\$ \_\_\_\_\_)  Other  
 Weekend (\$ \_\_\_\_\_)

Report Format: PRS  
 Lump Sum / I.B.I: (\$ \_\_\_\_\_)

Form 201

INS. REQ. BY

PIP CS3/SMO19012680/Vcf3<sup>52</sup>

Special conditions

minimun

Marcus

ASSIGNMENT (Office)

From (Person) Gnoh Pau Loong

Smo

Date/Time 18.7.19 13.24pm

Estimated Cost

Est to

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

To Inspect Vehicle No: SGW 479Z

Insured: GBC 2219J

at Workshop n/s: Blumx | Automotive

Tel: 67452088

of 1 Kaki Bukit Ave 6

Policy No: D18 MTPC VE 002758

Claim No: (MTD) M03416

Sum Insured:

Excess:

Make of Veh:  
(Client's Record)

D.O.A 16.7.19

CA / REV / REP. / REV 24 HRS

mp'

H.O.D. Endorsement

Date/Time 18.7.19 2.00p.m

Person Contacted

Sally

Vehicle IN / (OUT)

Date/Time	Action/Instruction ( X ) Estimate
	SGW 479Z CL4/AIG 17015114/H11649Z/ WEA 20/C/12
	GBC 2219J CL7/AIG 17017067515/C/1039201
	Dismantle: 23/7/2019.
	After repair: 29/7/2019.

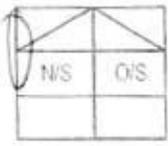
ASS. REC. BY: *Marcus*

REF: *SM/*

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No. *SGW 479Z*  
at Workshop no: *Bnd*  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Claims No: \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: *SGW 479Z* Yr Regn: *6 07*  
Type:  Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or: *(m)*  
Make: *Subaru WRX* cc: *2457*  
Colour: *Blue* A/C: Insured / Std / NI / NA  
Sp. Reading: *258521* T.Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: *JF1GD GKD37G071558*  
Gen. Cond:  Good / Fair / Poor / Burnt  
Steering:  In order / Jammed / Leaked / Burnt or  
Brake:  In order / Jammed / Leaked / Burnt or  
Mod: *Nil* / S/Rim / STD A/Rim or



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

Tyre Size: F: *225/40ZR18*  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA  / OHTSU / PIR / SUMI /  
TOYO / YOKO or  
Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
R/Bal: *6* mm R/Bal: *6* mm  
L/Bal: \_\_\_\_\_ mm L/Bal: *6* mm  
D.O.A. *16/7/19* D.O.I. *22/7/19*  
Survey held at: \_\_\_\_\_  
Des. of Damages: *FR* / Rear / O/S / N/S / U/C / Rooftop or  
The  U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: *526*  
IDAC Accident Report: Consistent? : Yes or No  
GIA / PR. Seen: Consistent? : Yes or No  
Est. Repairs: *4* days Res: Yes or No  
Lump Sum: *20* % 3 Va.: Yes or No  
CA / REV / REP. / 24 HRS *LTA 42894*  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time Action / Instruction *28-6-2027*  
*Dephos No contact. PRS types made. resury 29/7/19*  
*4-5k.*

Date/Time, File Pass to:  Prel. Report  
1)  Final Report  
Date/Time, File Return to:  
2) \_\_\_\_\_  
Report Format: *PRS*  
Lump Sum / I.B.I: (\$ \_\_\_\_\_)

Days Of Repair: *4*  
Resurvey No. of Trip: *2* Survey Fee  
Transportation: \_\_\_\_\_  
Add Fee:  Site Insp. (\$ \_\_\_\_\_) \_\_\_\_\_  
 Interview (\$ \_\_\_\_\_) \_\_\_\_\_  
 Tech. Invs (\$ \_\_\_\_\_) \_\_\_\_\_  
 Weekend (\$ \_\_\_\_\_) \_\_\_\_\_  
TOTAL: \_\_\_\_\_

## Nivitha (LKK Auto)

---

**From:** Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>  
**Sent:** Friday, 2 August 2019 4:59 PM  
**To:** Serene Tan; Igene Lim  
**Cc:** Bluwel2088; 'admin-d@lkkauto.com'; 'assignments@lkkauto.com'  
**Subject:** Your ref : MN.IG.B1.1913172.ST ; RE: CMTD1903416/GPL - LKK/ GBC2219J & SGW479Z ACC ON 16.07.19  
**Attachments:** CMTD1903416 - PD SUV RPT.pdf

Dear Sir / Madam,

With reference to the captioned, we acknowledge receipt of your letter of demand dated 01.08.19.

We note that as enclosed, your client's survey report is in black & white and as we intend to conduct the resurvey, please assist to forward the colour photos for our surveyor, M/s LKK AUTO perusal.

Please quote our ref : CMTD1903416 when replying.

In the meantime, kindly hold hands, thank you.

By copy to M/s LKK AUTO.

Please assist to follow up with M/s M NEDUMARAN for the colour photos and do update once the survey report is in Merimen, thank you.

Best Regards

**Gnoh Pau Loong**

Claims Division

D: 6329 5217 | T: 6461 6555 | F: 6221 3147



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**From:** Serene Tan <serene.tan@mneduco.com.sg>  
**Sent:** Thursday, 18 July, 2019 2:14 PM  
**To:** Teo, Grace <grace.teo@sompo.com.sg>; 'admin-d@lkkauto.com' <admin-d@lkkauto.com>; 'assignments@lkkauto.com' <assignments@lkkauto.com>  
**Cc:** Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>; Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>; Bluwel2088 <bluwel2088@yahoo.com.sg>  
**Subject:** RE: CMTD1903416/GPL - LKK/ GBC2219J & SGW479Z ACC ON 16.07.19

Our Ref: MN.IG.B1.1913172.st (SGW 479Z)

WITHOUT PREJUDICE  
SAVE AS TO COSTS

**NOTICE TO INSURERS OBJECTING TO THE LIST OF MOTOR SURVEYORS PROVIDED WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2.6 OF THE STATE COURTS PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)**

Dear Grace,

We refer to your reply on even date.

**In compliance with paragraph 2.9 of the State Courts Practice Direction Amendment No. 1 of 2016**, you may proceed to instruct your appointed surveyor M/s **LKK AUTO CONSULTANTS** to conduct and/or complete the pre-repair survey **within 2 working days from the date hereof**.

Thanks & Best Regards,  
(For and on behalf of Mr Nedumaran Muthukrishnan)  
Serene Tan (Ms)  
M NEDUMARAN & CO  
Advocates & Solicitors  
Commissioner for Oaths

**Branch Office:**

11 Sin Ming Road  
#B2-09 (Unit 2), Thomson V Two  
Singapore 575629  
Tel: 6509-8480 / 6509-8481  
Fax: 6509-8482

**Email : serene.tan@mneduco.com.sg**

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**From:** Teo, Grace [<mailto:grace.teo@sompo.com.sg>]

**Sent:** Thursday, 18 July 2019 1:23 PM

**To:** Serene Tan <[serene.tan@mneduco.com.sg](mailto:serene.tan@mneduco.com.sg)>; 'admin-d@lkkauto.com' <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; 'assignments@lkkauto.com' <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>

**Cc:** Gnoh, Pau Loong <[PauLoong.Gnoh@sompo.com.sg](mailto:PauLoong.Gnoh@sompo.com.sg)>; Ye, Yong Kang Melvin <[melvin.ye@sompo.com.sg](mailto:melvin.ye@sompo.com.sg)>; Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>

**Subject:** CMTD1903416/GPL - LKK/ GBC2219J & SGW479Z ACC ON 16.07.19

Our Reference : CMTD1903416/GPL

Your Reference: MN/IG/B1/1913172/st

**Without Prejudice**  
**EMAIL ONLY**

Date: 18/07/2019

OUR Email: [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)

**Attention:**

**M/S M NEDUMARAN & CO**

Dear Serene,

**ACCIDENT INVOLVING GBC2219J & SGW479Z ON 16.07.2019**

We refer to your email of today.

We do not agree to your list of surveyors.

As such, we will be appointing our motor surveyor, **LKK AUTO** to conduct the pre-repair survey of your client's vehicle.

The pre-repair survey will include a survey of the vehicle when its damaged parts are being dismantled prior to the commencement of repairs.

We would like our motor surveyor to conduct a post repair inspection once your client's vehicle has been repaired.

The survey is conducted on a without Prejudice basis and without any admission of liability.

Yours faithfully,

Best Regards

**Grace Teo**

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147

For motor claims survey request, please email to [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)



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---

**From:** Serene Tan [<mailto:serene.tan@mneduco.com.sg>]

**Sent:** Thursday, July 18, 2019 11:32 AM

**To:** Teo, Grace

**Cc:** Gnoh, Pau Loong; Ye, Yong Kang Melvin; Henry, Irene James

**Subject:** RE: CMTD1903416/GPL - PRI/ GBC2219J & SGW479Z ACC ON 16.07.19

Our Ref : MN.IG.B1.1913172.st

WITHOUT PREJUDICE

SAVE AS TO COSTS

**NOTICE TO INSURERS OBJECTING TO THE LIST OF MOTOR SURVEYORS PROVIDED WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2.6 OF THE STATE COURTS PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)**

Hi Grace,

1. We refer to your email below.
2. We are instructed by **MR DANNY BUAY ENG KIT**, the claimant and/or **Bluwel Automotive Service Pte Ltd**, the motor workshop for **SGW 479Z** that they are not agreeable to the appointment of the motor surveyors as stated in your said email.
3. **In compliance with The State Courts Practice Directions (Amendment No. 1 of 2016)**, we propose to use one of the below mentioned motor surveyor to conduct the joint pre-repair survey ("hereinafter referred to as PRS") as a Single Joint Expert ("hereinafter referred to as a SJE").

1.	<b>NICKY SEAH</b> (Absolute Appraisal Services)	6.	<b>ANDREW HOW</b> (Prominent Appraiser Services)
2.	<b>MICHAEL YAP TECK CHYE</b> (MC-COY Appraiser Pte Ltd)	7.	<b>NG KONG BENG PATRICK</b> (Carlink Consultancy)
3.	<b>DIXON YEO</b> (Treasure Appraisal Services)	8.	<b>ANANDA KUMAR BISWAS S/O B N BISWAS</b> (United Appraisal & Management Pte Ltd)
4.	<b>LOI BOON JUAN</b> (Par Automotive Consultancy)	9.	<b>DENNIS YAP TECK WEE</b> (PAL's Appraiser Pte Ltd)
5.	<b>AMAS ONG</b> (AEON Auto Consultants LLP)	10.	<b>ANDY YAP TECK LEE</b> (LCW Appraiser Pte Ltd)

4. Please let us know **within two (2) working days** whether you agree to the appointment of any of the above motor surveyors as proposed by the claimant and/or the motor workshop as a Single Joint Expert (“hereinafter referred to as “SJE”).

Thanks & Best Regards,  
(For and on behalf of Mr Nedumaran Muthukrishnan)  
Serene Tan (Ms)  
M NEDUMARAN & CO  
Advocates & Solicitors  
Commissioner for Oaths

**Branch Office:**

11 Sin Ming Road  
#B2-09 (Unit 2), Thomson V Two  
Singapore 575629  
Tel: 6509-8480 / 6509-8481  
Fax: 6509-8482

**Email : [serene.tan@mneduco.com.sg](mailto:serene.tan@mneduco.com.sg)**

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**From:** Teo, Grace [<mailto:grace.teo@sompo.com.sg>]  
**Sent:** Thursday, 18 July 2019 11:22 AM  
**To:** Serene Tan <[serene.tan@mneduco.com.sg](mailto:serene.tan@mneduco.com.sg)>  
**Cc:** Gnoh, Pau Loong <[PauLoong.Gnoh@sompo.com.sg](mailto:PauLoong.Gnoh@sompo.com.sg)>; Ye, Yong Kang Melvin <[melvin.ye@sompo.com.sg](mailto:melvin.ye@sompo.com.sg)>; Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>  
**Subject:** CMTD1903416/GPL - PRI/ GBC2219J & SGW479Z ACC ON 16.07.19

Our Reference : CMTD1903416/GPL  
Your Reference: MN/IG/B1/1913172/st

Date: 18/07/2019

**Without Prejudice**  
**EMAIL ONLY**

OUR Email: [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)

**Attention:**  
**M/S M NEDUMARAN & CO**

Dear Serene,

**ACCIDENT INVOLVING GBC2219J & SGW479Z ON 16.07.2019**

We refer to your Notice of Accident dated 18/07/2019.

Please be informed that **Mr. Gnoh Pau Loong** is the handler of this case who can be contacted at 63295 217.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

**Pre-Repair Survey**

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffrey Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

**Grace Teo**

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147

For motor claims survey request, please email to [motorsurvey@sompo.com.sg](mailto:motorsurvey@sompo.com.sg)



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**From:** Serene Tan [<mailto:serene.tan@mneduco.com.sg>]

**Sent:** Thursday, July 18, 2019 9:57 AM

**To:** Claims - Motor Survey

**Cc:** Claims - Motor Survey

**Subject:** PRE-REPAIR SURVEY

## **URGENT**

WITHOUT PREJUDICE

Our Ref: MN.IG.B1.1913172.st

Dear Sir/Mdm,

Notice of Accident dated 18/07/2019 attached herein.

Thanks & Best Regards,  
(For and on behalf of Mr Nedumaran Muthukrishnan)

**Serene Tan (Ms)**  
**M NEDUMARAN & CO**  
**Advocates & Solicitors**  
**Commissioner for Oaths**

**Branch Office:**

11 Sin Ming Road  
#B2-09 (Unit 2), Thomson V Two  
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**Email : [serene.tan@mneduco.com.sg](mailto:serene.tan@mneduco.com.sg)**

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MSME19093060 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 16/07/2019 15:27  
 SUBMITTED BY: Chia Pel Ying

## 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	16/07/2019 15:27
Date Of Accident	16/07/2019 09:40
Exact Location Of Accident	JUNCTION OF HOUGANG AVE 3 & LOR AH SOO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW479Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANNY BUAY ENG KIT
NRIC No	S7806588E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83183183
Alternative Phone No	OFFICE-83183183
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	WRX
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100373440-05
Cover Note Number	
<b>Driver</b>	
Name of Driver	DANNY BUAY ENG KIT
NRIC No	S7806588E
Date Of Birth	09/03/1978
Occupation	INDOOR
Date Of Driving Pass	26/07/2003
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83183183
Fax Number	
Contact Number	OFFICE-83183183
EMail Address	NOEMAIL

Address BLK 716 YISHUN ST 71 #09-276  
 Postcode 760716  
 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 - CHANGE/CROSS LANE  
 Weather Conditions CLEAR  
 Road Surface DRY

**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) 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**

ON 16/07/2019 AT ABOUT 9.37AM, I WAS DRIVING ALONG HOUGANG AVE 3 ON THE SECOND LANE WHEN SUDDENLY, A VAN B WHICH WAS ON THE THIRD LANE CAME INTO MY LANE AND HIT THE FRONT LH SIDE OF MY CAR A.

**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 GBC2219J  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 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.
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 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)

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.

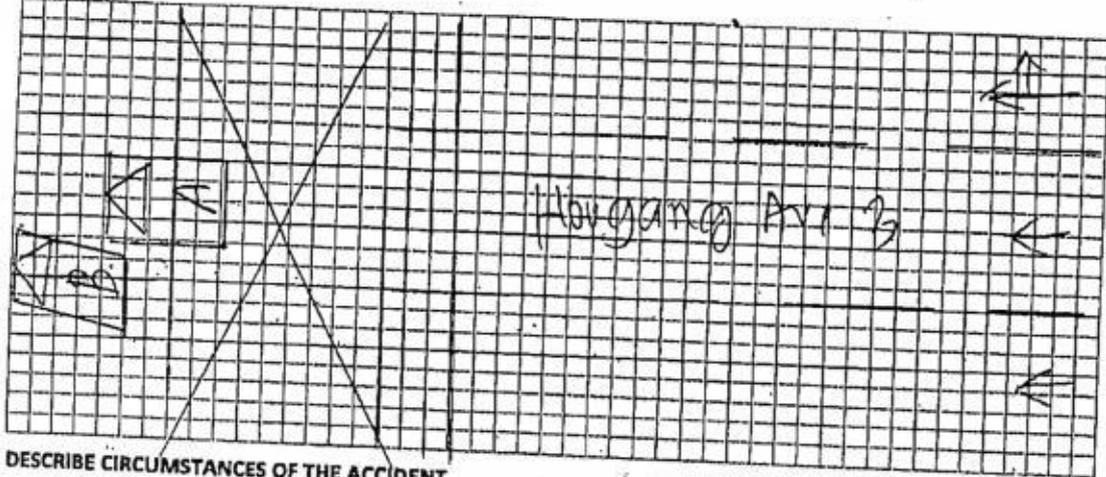
  
 Policyholder's Signature  
 Date & Time: 16/7/19, 10:09am

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 16/7/19, 10:10am

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

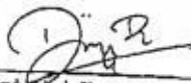


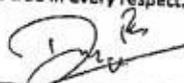
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/7/19 at about 9:30am, I was driving along Horgang Ave 3 on the 2nd lane when suddenly a van (B) which was on the 3rd lane came into my lane and hit the front-LH side of my car (A).

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 16/7/19, 10:10am

  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time: 16/7/19, 10:10am

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

## 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 16/07/2019 15:16  
Date Of Accident 16/07/2019 09:45  
Exact Location Of Accident HOUGANG AVE 3  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC2219J  
**Insured/Policyholder**  
Name Of Registered Owner SWISSWERKZ (S) PTE LTD  
Co Reg No 200801506c  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No Office-67480800  
**Vehicle Particulars**  
Manufacturer NISSAN  
Model URVAN 3.0 5MT ABS AB 5DR LWB PANEL  
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 REPORTING ONLY  
Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number D18MTPCVE002758  
Cover Note Number 22/08/2018 TO 21/08/2019

### Driver

Name of Driver LUM CHEE FAI  
NRIC No S2584543I  
Date Of Birth 10/08/1964  
Occupation OUTDOOR  
Date Of Driving Pass 12/01/2009

Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96195972
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	APT BLK 547 BEDOK NORTH ST 3 #10-1464 (S) 460547
Postcode	
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

**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?	
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**

refer with attach.

**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	SGW479Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR