

Surveyor

REF: 051/SMO19015624/H vd352

Special Instruction:

L/S: \$7850.00

ASSIGNMENT (Office)

From (Person): Huxing shiang Yi of SMO Date/Time: 2/9/2019

Third Parties:

Estimated Cost: _____ Bill to: _____

Claimant:

OD/TP Re-inspection Evaluation

Surveyor: Constant Appraiser

To Inspect Vehicle No: YM 9319H Insured: XIB 94544

Workshop: Convince Auto

at Workshop m/s Convince Auto Tel: _____

of 176 Sin Ming Drive # 04-04

Policy No: _____ Claim No: CMTD1902789/SYH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08/06/2019

(Client's Record)

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original, 12 days)

Date/Time: 6/9/19 Submit Final Fig LS 4250, 7 days (Red \$ 3600 / 46 %; Original _____ days)

Date/Time	Action/Instruction
	YM 9319H - X
	XB 94544 - CA / A140902789 / PI
	range → 3.5 - 4.5K
	repair days → 7 day
	MV - 43900
	PV - 26907
	NV - 16900
	MV = 42.43

[Signature]
6/9/2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 09 SEP 2019

Para(3) : Nett Value

Market Value : _____	Inspected/ Evaluated by: _____	Fee Charged:	Date:				
Salvage Value : _____		Basic & Add	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
Nett Value : _____	Transport						
	Photos						
	Others						
	Total						

- 1) Date/Time _____ File Pass to _____
- 2) Date/Time _____ File Return to _____
- 3) Date/Time _____ File Pass to _____
- 4) Date/Time _____ File Return to _____
- 5) Date/Time _____ File Pass to _____
- 6) Date/Time _____ File Return to _____

Nivitha (LKK Auto)

From: Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>
Sent: Monday, 2 September 2019 4:31 PM
To: assignments@lkkauto.com
Cc: sur@lkkauto.com
Subject: PAPER RE-SURVEY FOR VEHICLE NO YM9319H (CMTD1902789/SYH)
Attachments: SURVEY REPORT FR TP.pdf; SURVEY PHOTOGRAPHS.pdf

Dear Sirs,

Please assist conduct a paper re-survey for vehicle no YM9319H.

Please acknowledge receipt of this email.

Best Regards

Hwang Shiang Yi

Claims Division

D: 6329 5205 | T: 6461 6555 | F: 6221 3147



SOMPO
INSURANCE

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

Disclaimer: This e-mail, including attachments, is intended for the person(s) or company named and may contain confidential and/or legally privileged information. Unauthorised disclosure, copying or use of this information may be unlawful and is prohibited. If you are not the intended recipient, please delete this message.

Privacy Policy Notice: Sompo Insurance Singapore Pte. Ltd. may collect, use and disclose your personal data for the purposes stated in our Privacy Policy. This may include disclosure to holding and associated companies, credit bureau, parties to whom disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy.

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	10/06/2019 15:56
Date Of Accident	08/06/2019 13:45
Exact Location Of Accident	TUAS SOUTH AVE 8 TO AVE 3 TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9319H
Insured/Policyholder	
Name Of Registered Owner	LEONG SIEW WENG ENGINEERING PTE LTD
Co Reg No	-
Email Address	MELVIN.CHUA@AOL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68636033

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MTPCVE003812
Cover Note Number	

Driver

Name of Driver	PONNAIAH SELVAKUMAR
NRIC No	G7675481R
Date Of Birth	01/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84488603
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NIL
 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 - HEAD TO REAR
 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

PLEASE REFER TO SKETCH PLAN

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 XB9454U (Nissan CLK 45 AB TN 2)
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver WEI GUO SONG
 NRIC/Passport Number G5088460R
 Contact Number 87416124
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident 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 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.



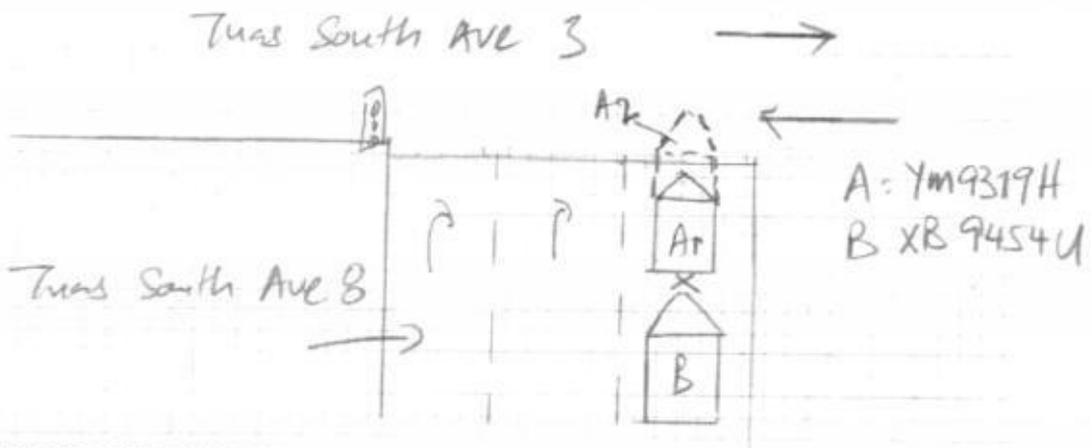
Policyholder's Signature
Date & Time:

Ren Kuan
Driver's Signature
(If driver is not the policyholder)
Date & Time:
10/06/2019

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 7944 Fax: 6453 7944
(Claims Section)

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 8 Jun 2019, about 1-45pm, I was driving my company vehicle no. YM 9319H along Tuas South Ave 8. While I come to the traffic junction of Tuas South Ave 3 and Ave 8. The traffic light was red and I stopped my vehicle and waited the traffic light to turn green. I was about 30 to 45 second. Suddenly I hear a loud braking sound came from behind and I saw a vehicle XB 9454U hit into my rear part of the vehicle. My vehicle was badly damaged.

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:

10/06/2019

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1236 Fax: 6453 7944
 (Claims Section)

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



Sompo Insurance Singapore Pte. Ltd.

11 Market Street, #11-01/02, Singapore, 110001
Tel: 65 6334 6611 Fax: 65 6334 6611 Website: www.sompo.com.sg
Lic. Reg. No.: 1000554032 157 Reg. No.: 4001801198

Certificate of Insurance

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

Cert No./Policy No. D18MTPCVE003812
1. Registration No. YM3319H
2. Insured Name LEONG SIEW WENG ENGINEERING PTE LTD
3. Commencement Date 01 NOVEMBER 2018 00:00
4. Expiry Date 31 OCTOBER 2019 23:59
5. Coverage Market value at time of loss - Third Party, Fire & Theft
6. Excess Nil

7. Persons or Classes of Persons entitled to drive*

b) Any person who is driving on the Insured's order or with their permission
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover:

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline: (65) 6461 6555

Visit www.sompo.com.sg for list of Accident Reporting Centers.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Sompo Insurance Singapore Pte. Ltd.

Date/Time of Issue: 19 OCTOBER 2018 16:52

*Limitation rendered inoperative by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company if the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with the obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual, or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.

Intermediary Code & Name: 11J01804 & J & N INSURANCE AGENCIES PTE LTD CI Code: 200_RJLDZY22JNOY8JA

NRIC & Driving license

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7675481R**

Name: **PONNAIAH SELVAKUMAR**

Birth Date: **01 Apr 1962**
 Issue Date: **15 Jan 2015**
 Valid Till: **14 Jan 2020**

0023858197




S PASS
 Employment of Foreign Manpower Act Chapter 11A
 Republic of Singapore

Employer:
LEONG SEW WENG ENGINEERING PTE LTD

Industry:
CONSTRUCTION

Name:
PONNAIAH SELVAKUMAR

Job Title:
SAFETY COORDINATOR

Pass No:
0 531488A2

Issue Date:
10-10-2017

Valid Till:
21-10-2017

Renewal Date:
20-10-2019

LS476709





ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Vehicle Class	Effective Date
Class 1	MOTORCYCLES NOT EXCEEDING 400 CC	15 Jan 2015
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH DOES NOT EXCEED 3500 KG (GROSS)	15 Jan 2015
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH EXCEEDS 3500 KG (GROSS)	15 Jan 2015

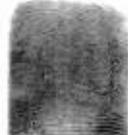
S / No: **9000245897**

0023858197



VISIT PASS
 Immigration Regulations

Name:
PONNAIAH SELVAKUMAR

Photo:


Date of Birth: **01-04-1962** Sex: **M** Nationality: **INDIAN**

Pass: **G7675481R** Date of Issue: **01-11-2017** Date of Expiry: **20-10-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED OR WHEN A NEW CARD IS ISSUED TO YOU



Accident Photo



Accident Photo

