

ASS. REC. BY: Surveyor Guo Qiang REP: ES3/M3618023321/Ctda
 From (Person): Christina Wong of M8/G Date/Time: 19/10/2019
 Estimated Cost: _____ Bill to: _____
 OD / TI / WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No. SJX7211S Insured: SJF 6957A
 at Workshop m/s: Monster Tune Tel: 9018 4170
 of 25 kaki Bukit Rd 4 #06-37 Synergy
 Policy No: 29080721 TMC Claim No: _____
 Sum Insured: _____ Excess: _____
 Make of Veh: _____
 (Client's Record) D.O.A. 24/12/2018
 CA / REV / REP. / REV 24 HRS up
 Date/Time: 9:20am 31/12/18 Person Contacted: Derrick H.O.D. Endorsement: _____
 Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SJX7211S-X</u>
	<u>SJF 6957A-X</u>
	<u>Dismantle: 2/1/2019</u>

Do Not Finalise

\$resso, 4 Days.
(Red: 1080, 29%)
11/11/2019

11/11 Typist

RECEIVED 11 NOV 2019

QV7700C

Xhe

REF: MSIG

PRS

ASSIGNMENT

From Date: 31/12/18

Estimated Cost

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

To Inspect Vehicle No SJX 7211S

at Workshop n/s Monster Tune

of 25 kaki Bukit Rd 4 #06-37 synergy

Insured

Policy No

Claims No

Sum Insured

Excess:

(Client's Record)

Make of Veh.

90184170 @ Amick

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS cup

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time Action / Instruction

Repair range 3K - 4K 4 repair by

Signature
4/1/2019

Veh No: SJX 7211S Yr Began: Jul 10

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

Truck / Trailer or

Make: Volkswagen Scirocco G.C 1390

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

Sp Reading: 71298 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVVZ8138AV443100

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 / or

Tyre Size: F: 225/40ZR18

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / or 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: 31-12-18

Survey held at

w/s 11/30

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: File Pass to?

☐ : Preli. Report

Days Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time: File Return to?

Survey Fee:

Transportation

1) S + RS: \$

2) Photos

3) Others

4) TOTAL

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Insp (\$

☐ Weekend (\$

Report Format: PRS.

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

120
10
130

Nivitha (LKK Auto)

From: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Sent: Monday, 21 October 2019 7:47 AM
To: Christina Wong; assignments
Subject: RE: Our ref:M580382 Your ref:SJX7211S

Dear Christina,

Thank you for the email.

Dear Assignment Team,

FYNA

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Christina Wong <Christina_Wong@sg.msig-asia.com>
Sent: Saturday, 19 October 2019 5:56 PM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: Our ref:M580382 Your ref:SJX7211S

Dear Veron





Please do paper survey asap

Thanks

Best Regards

Christina Wong
Senior Executive, Claims Services (Motor)
Direct line +65 6643 1311 | Direct fax +65 6225 7402 | christina_wong@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us on    

A member of  INSURANCE GROUP

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Monday, 21 October 2019 2:16 PM
To: Admin-D (LKKAuto)
Cc: Accounts (LKKAuto)
Subject: RE: Report Send Back Alerts - SJX7211S (TP)

Dear Nivitha,

FYNA Please...

Pending for Survey Report-

20 19 Oct 2019 17:54	Ins Send Back Adj Rpt	Please do paper survey asap. Thanks	[1] Christina Wong
21 19 Oct 2019 17:54	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2019/10/22	[1] Merimen Administrator
22 19 Oct 2019 17:54	Adj Mandate Set	Maintained.	[1] Merimen Administrator

Thank You

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 <do-not-reply@merimen.com>
Sent: Saturday, 19 October 2019 6:00 PM
To: account@lkkauto.com
Subject: Report Send Back Alerts - SJX7211S (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 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	24/12/2018 15:22
Date Of Accident	24/12/2018 12:50
Exact Location Of Accident	SLE (CTE) BEFORE EXIT 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7211S
Insured/Policyholder	
Name Of Registered Owner	DEREK LAU HAN YOUNG
NRIC No	S7928113A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91016832
Alternative Phone No	OFFICE-91016832

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104712348
Cover Note Number	

Driver

Name of Driver	DEREK LAU HAN YOUNG
NRIC No	S7928113A
Date Of Birth	26/09/1979
Occupation	INDOOR
Date Of Driving Pass	27/01/2003
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91016832
Fax Number	
Contact Number	OFFICE-91016832

Address	37 JALAN CHERMAT
Postcode	538387
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 (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

FRONT VEHICLES BRAKE AND STOP. I BRAKE AND MANAGED TO STOP IN TIME. VEHICLE B COULD NOT STOP IN TIME AND HIT INTO MY VEHICLE'S REAR PORTION.

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	SJF6957A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
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:

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

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

derek6660@gmail.com

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

front vehicles brake and stop, I brake and managed to stop in time. Vehicle B could not stop in time and hit into my vehicle rear portion

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:

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

SAR 100-1000-1000-1000

Gary Seah

From: "Derek Lau" <derek6660@gmail.com>
Date: Monday, 24 December 2018 2:49 PM
To: <gary.seah@smemotor.com.sg>
Subject: Insurance

**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)

Certificate Number: 5104712348	Cover : drive CLASSIC
1. Index mark and Registration Number of Vehicle	SJX72115
Chassis Number	WVWZZZ13ZAV443100
2. Name of Policyholder	DEREK LAU HAN YOUNG
3. Effective Date of Insurance	16 Oct 2018
4. Expiry Date of Insurance	05 Jan 2020
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyholder's order or with his/her 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.	
6. Limitations as to Use#	
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.	
This Policy does not cover	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or speed-testing.	
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.	
(d) Use for any purpose in connection with the Motor Trade.	
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.	

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LAU HAN YOUNG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 24/12/2018 14:23
Date Of Accident 24/12/2018 13:15
Exact Location Of Accident AYE (CLEMENTI AVE 6 EXIT)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF6957A
Insured/Policyholder
Name Of Registered Owner PREMIER RENT A CAR PTE LTD
Co Reg No 200612929E
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No Office-62141101
Vehicle Particulars
Manufacturer TOYOTA
Model COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident RENTAL
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 PRIVATE CAR
Insurance Company
Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage THIRD PARTY
Fleet Policy YES
Policy Number B29080721 TMC
Cover Note Number
Driver
Name of Driver DAKSHINAMOORTHY SUBRAMANIAN
NRIC No S2691303I
Date Of Birth 27/04/1964
Occupation OUTDOOR
Date Of Driving Pass 12/06/1996

Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96249836
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 346 ANG MO KIO AVE 3 #04-2278
Postcode	560346
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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 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	SJX7211S
Vehicle Make/Model/Colour	VOLKSWAGON
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	DEREK LAU HAN YOUNG
NRIC/Passport Number	S7928113A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

20

21

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26

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