

ASS. REC. BY:

REF:

02/00119019286/Eq83

Special Instruction:

Converter: SKV

ASSIGNMENT (Office)

From (Person): Jenny Lew of UOI Date/Time: 31/10/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: STD 9822Y Insured: SKQ 4446 B

at Workshop m/s Sing Ah Tee Motor Tel: 62686183

of Blk 3 Pioneer Rd North #01-18

Policy No: Claim No: M12011981911

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 11/10/2019

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 31/10 Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction	Estimate (✓)
	STD 9822Y - X	
	SKQ 4446 B - X	

ASS. PEC. BY:

Steve

REF:

U01

ASSIGNMENT

From: _____ Date: 1/11/2019

Estimated Cost: _____

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

To Inspect Vehicle No: SJD 9322 Y

at Workshop m/s: Sng Ah Tee Motor

of Blk 3 Pioneer Rd North #01-18

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: SJD 9322 Y Yr Regn: 3/1/17

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: BMW 216 D c.c. ~~1598~~ 1496

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

Sp. Reading: 53526 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA2E320895 045637

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: 205/55R17
R: '

(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

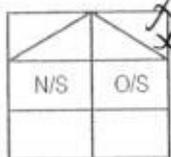
Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT



BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front		Rear	
R/Bal. <u>5</u>	mm	R/Bal. <u>5</u>	mm
L/Bal. <u>5</u>	mm	L/Bal. <u>5</u>	mm
D.O.A. <u>19/10/19</u>		D.O.I. <u>1/11/19</u>	

Survey held at Sng Ah Tee

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

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

Date / Time	Action / Instruction
	<u>MV- 93K</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: _____

Lump Sum / M.B.R. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) _____

: Interview (\$) _____

: Tech. Invs (\$) _____

: Weekend (\$) _____

Survey Fee: _____

Transportation: _____

3 * PS. _____ \$

Photos _____

Other: _____

TOTAL _____

Nivitha (LKK Auto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Thursday, 31 October 2019 4:15 PM
To: SNG AH TEE MOTOR; assignments; SUR
Cc: LEE KATIE
Subject: RE: ACCIDENT INVOLVING OUR CLIENT VEHICLE SJD9322Y AND YOUR INSURED VEHICLE SKQ4446B ON 19/10/2019 / M12D11981911
Attachments: ESTIMATE.zip; SJD9322Y.zip

WITHOUT PREJUDICE

Dear Joyce,

We will appoint LKK as SJE as agreed.

Dear Shiau Chan/Denise,

Please arrange to survey the vehicle at Sng Ah Tee Motor.

Thank You.

Warmest Regards

Jenny Lew

Claims Division

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: SNG AH TEE MOTOR [<mailto:admin@sngahtee.com>]
Sent: Thursday, 31 October, 2019 3:47 PM
To: LEW JENNY <jennylew@uoi.com.sg>
Cc: LEE KATIE <katielee@uoi.com.sg>
Subject: Re: ACCIDENT INVOLVING OUR CLIENT VEHICLE SJD9322Y AND YOUR INSURED VEHICLE SKQ4446B ON 19/10/2019

Dear Jenny,

We assign LKK auto for the survey.

Thanks

JOYCE TAN | admin@sngahtee.com

SNG AH TEE MOTOR & PANEL SERVICE PTE LTD | BLK 3 PIONEER ROAD NORTH #01-18 SINGAPORE 628457
TEL: 62686183 (4LINES) | FAX: 62681429 | Find us at <http://www.sngahtee.com>

From: LEW JENNY

Sent: Thursday, October 31, 2019 3:09 PM

To: admin@sngahtee.com

Cc: LEE KATIE

Subject: RE: ACCIDENT INVOLVING OUR CLIENT VEHICLE SJD9322Y AND YOUR INSURED VEHICLE SKQ4446B ON 19/10/2019

WITHOUT PREJUDICE

Dear Joyce,

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case, we propose to appoint M/s Priority Services.

Please revert to the undersigned within **two (2) working days** whether you have any objections to the appointment of any of our Surveyors, failing which we shall proceed to carry out the survey of your client's vehicle by our appointed Surveyors.

We reserve all our rights in this matter.

Thank You.

Warmest Regards

Jenny Lew

Claims Division

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909

Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: admin@sngahtee.com [<mailto:admin@sngahtee.com>]

Sent: Thursday, 31 October, 2019 1:20 PM

To: LEE KATIE <katielee@uoi.com.sg>; LEW JENNY <jennylew@uoi.com.sg>

Subject: FW: ACCIDENT INVOLVING OUR CLIENT VEHICLE SJD9322Y AND YOUR INSURED VEHICLE SKQ4446B ON 19/10/2019

Dear All,

We refer to above and wish to check liability for this case.

Please arrange survey for the above vehicle .

Hope to hear from your soon

Best Regards

Joyce Tan

SNG AH TEE MOTOR & PANEL SERVICE PTE LTD | BLK 3 PIONEER ROAD NORTH #01-18 SINGAPORE 628457
TEL: 62686183 (4LINES) | FAX: 62681429 | Find us at <http://www.sngahtee.com>

From: admin@sngahtee.com <admin@sngahtee.com>

Sent: Thursday, October 31, 2019 9:20 AM

To: 'LEW JENNY' <jennylew@uoi.com.sg>

Subject: ACCIDENT INVOLVING OUR CLIENT VEHICLE SJD9322Y AND YOUR INSURED VEHICLE SKQ4446B ON 19/10/2019

Dear Jenny ,

We refer to above and wish to check liability for this case.

Hope to hear from your soon

Best Regards

Joyce Tan

SNG AH TEE MOTOR & PANEL SERVICE PTE LTD | BLK 3 PIONEER ROAD NORTH #01-18 SINGAPORE 628457
TEL: 62686183 (4LINES) | FAX: 62681429 | Find us at <http://www.sngahtee.com>

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	749G
Vehicle Details	
Vehicle No.:	SJD9322Y
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Nov 2019
Vehicle Make:	B.M.W.
Vehicle Model:	216D GRAN TOURER LED NAV 7 SEATER
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	32839747B37C15A
Chassis No.:	WBA2E320805B45637
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$31,478.00
Original Registration Date:	03 Jan 2017
First Registration Date:	03 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$26,070.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Jan 2027
PARF Rebate Amount:	\$19,552.00
Intended COE Rebate Details	
COE Expiry Date:	02 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,668.00
COE Rebate Amount:	\$37,646.00
Total Rebate Amount:	\$57,198.00

The information contained herein is correct as at 30 Oct 2019

OK

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	19/10/2019 15:43
Date Of Accident	19/10/2019 13:35
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD9322Y
Insured/Policyholder	
Name Of Registered Owner	LIM WEE SHENG
NRIC No	S8214749G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84885889
Alternative Phone No	OFFICE-84885889
Vehicle Particulars	
Manufacturer	BMW
Model	216D
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	5096562798-01(PREMIUM)
Cover Note Number	
Driver	
Name of Driver	LIM WEE SHENG
NRIC No	S8214749G
Date Of Birth	17/05/1982
Occupation	INDOOR
Date Of Driving Pass	21/05/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84885889
Fax Number	
Contact Number	OFFICE-84885889
Email Address	NOEMAIL

Address BLK 487C CHOA CHU KANG AVE 5 #08-111
 Postcode
 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 SIDE SWIPE
 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) 4
 Passenger 1 NAME: : --
 GENDER: : MALE
 Passenger 2 NAME: : --
 GENDER: : FEMALE
 Passenger 3 NAME: : --
 GENDER: : FEMALE

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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WILL PASSED TO W/SHOP FOR TP CLAIM
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKQ4446B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number

Contact Number

Address

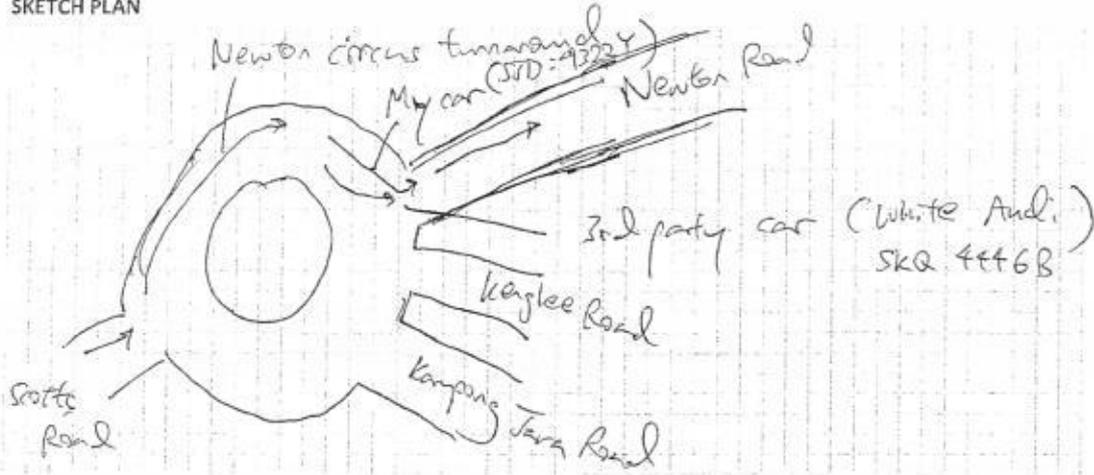
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

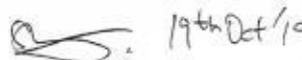


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Going into the Newton Circus turnaround from Scotts Road, my car had filtered to the left to start turning into Newton Road at just normal speed of around 60-70km/h, suddenly a car (white colour Audi) from behind ^{from behind} ~~my car~~ driving at a speed of at least 100km/h or more turning to Newton Road glared and ~~hit~~ hit my right front side of car, even though I had stayed within my own lane. At just a turnaround, I was very surprised someone can drive at a high speed over when filtering and going into the lane. After I get down from my car, along with my wife who sits beside me, I had noted that it's a young lady driver and noted that it's ^{she's} one of ~~the~~ ^(foreigner) property agent who rushing to her next apartment after having a conversation with her. I had indicated to her she should not be driving at such a high speed at turnaround and filtering ^{which is very} ~~out~~ ^{dangerous} and passengers along with me include my helper, wife and my 4 years old son and ~~without~~ ^{the way} I speed drive driving at turnaround / filtering can pose a threat to the and danger on roads as well.

DECLARATION

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

 19th Oct '19 IDAC RUKIT BATOK (VAC)

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4.20 pm.

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

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.:

[Signature] 19th Oct 19

IDAC BUKIT BATOK (VAC)

4:20pm

孫亞弟汽車燒焊私人有限公司 SNG AH TEE MOTOR & PANEL SERVICE PTE LTD

Blk 3, Pioneer Road North, #01-18 Singapore 628457

Tel: 6268 6183 (4 Lines) Fax: 6268 1429

Email: sngahtee@singnet.com.sg

Website: www.sngahtee.com

RCB. Reg. / GST Reg. No: 200810440N

EST/QUOTE NO. SQ005290

UNITED OVERSEAS INSURANCE LTD

3 ANSON ROAD #28-01
SPRINGLEAF TOWER (S) 079909

ATTENTION :

CONTACT : -

FAX NO: 63273869

DATE : 31/10/2019
ACCIDENT DATE : 19/10/2019
VEHICLE NO : SJD9322Y
CHASSIS/ENG.NO : WBA2E320805B45637
VEHICLE MODEL : B.M.W. 216D
CLAIM NO :
POLICY NO :
REMARK : 9322 TP UOI AGST SKQ4446B

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
** LIST PRICE **							
1	1	PC	FRT BUMPER / <i>CUT</i>	880.00	10	792.00	792.00 ✓
2	10	PC	FRT BUMPER CLIPS / <i>MC</i>	2.00	10	1.80	18.00 ✓
3	1	PC	FRT SIDE RETAINER (RH) / <i>OR</i>	12.00	10	10.80	10.80 ✓
4	1	PC	FRT BUMPER SPONGE X <i>NN</i>	65.00	10	58.50	58.50 X
5	1	PC	FRT FOGLAMP COVER RH / <i>CUT</i>	75.00	10	67.50	67.50 ✓
6	1	PC	FRT FOGLAMP CHROME RH / <i>CRA</i>	45.00	10	40.50	40.50 ✓
7	1	PC	FRT BUMPER SENSOR OUTER RH ? <i>NN</i>	160.00	10	144.00	144.00 X
8	1	PC	FRT HEADLAMP RH / <i>CUT</i>	1,850.00	10	1,665.00	1,665.00 ✓
9	1	PC	FRT FENDER RH / <i>OR</i>	360.00	10	324.00	324.00 ✓
10	1	PC	FRT FENDER LOGO LUXURY RH / <i>MC</i>	65.00	10	58.50	58.50 ✓
11	1	PC	FRT RIM RH 205/55/17 / <i>CUT</i>	780.00	10	702.00	702.00 600 ✓
----- SUB-TOTAL:							3,880.80

3576.30

**** WORK LABOUR ****

TO CHECK WIRING / <i>MC</i>	30.00	30.00 ✓
TO DIAGNOSE & CLEAR FAULT CODE / <i>MC</i>	<i>50</i> ✓ 80.00	80.00
TO DO WHEEL ALIGNMENT / <i>MC</i>	<i>60</i> ✓ 80.00	80.00

JOYCE

PAGE: 1 of 2

140

ON BEHALF OF SNG AH TEE PANEL & SERVICE PTE LTD E & O E

Disclaimer clause:
The above estimate/quotation is meant for solely the intended party stated above and in any event, we are not liable to any other parties arising from the circumstances of this or any action taken in reliance on such estimates or quotations.
Quotation is only valid for 14 days.

孫亞弟汽車燒焊私人有限公司 SNG AH TEE MOTOR & PANEL SERVICE PTE LTD

Blk 3, Pioneer Road North, #01-18 Singapore 628457

Tel: 6268 6183 (4 Lines) Fax: 6268 1429

Email: sngahtee@singnet.com.sg

Website: www.sngahtee.com

RCB. Reg. / GST Reg. No: 200810440N

Lee

EST/QUOTE NO. SQ005290

UNITED OVERSEAS INSURANCE LTD

3 ANSON ROAD #28-01
SPRINGLEAF TOWER (S) 079909

ATTENTION :

CONTACT : -

FAX NO: 63273869

DATE : 31/10/2019
ACCIDENT DATE : 19/10/2019
VEHICLE NO : SJD9322Y
CHASSIS/ENG.NO : WBA2E320805B45637
VEHICLE MODEL : B.M.W. 216D
CLAIM NO :
POLICY NO :
REMARK : 9322 TP UOI AGST
SKQ4446B

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
			TO KNOCK,WELD, REMOVE & REPLACE ABOVE PARTS	400		500.00	500.00
			TO PUTTY & RESPRAY PAINTING ON FRT DOOR RIGHT & AFFECTED AREAS	450		700.00	700.00
SUB-TOTAL							1,390.00

Steve (LKK)
4/11/19
83228813
Steve Chen @ LKK auto. com

with milk 1/11/19, 11.39am
4 - 7 days
850

L/S P/P

Ry Def spy

P - 3576.30
N - 140
L - 850
Supp - 30
4596.30

L/S - 3677.04
= 3700

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

JOYCE

PAGE: 2 of 2

SUB-TOTAL : S\$ 5,270.80
ADD 7% GST. S\$ 368.96
GRAND TOTAL : S\$ 5,639.76

ON BEHALF OF SNG AH TEE PANEL & SERVICE PTE LTD E & O E

Disclaimer clause:

The above estimate/quotation is meant for solely the intended party stated above and in any event, we are not liable to any other parties arising from the circumstances of this or any action taken in reliance on such estimates or quotations.

Quotation is only valid for 14 days.