

21/09/2019

ASS. REC. BY:

REF: CS/001190/00301

fs

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Jenny Lew

of

U01

Date/Time: 21.11.19 10.07am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKL 50329

Insured:

at Workshop m/s

Premium

Tel: 63882323

of 55 41/2 road 1

Policy No:

Claim No:

Sum Insured:

Excess:

\$750.00

Make of Veh:

D.O.A. 9.11.19

(Client's Record)

K. 11.2019

CA (REV) / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12.11.19 1.59p.m

Person Contacted:

Sofiq

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate Inspection: 281 Alexandra Rd
	SKL 50329 - X
15/11/19 -	called and checked with felis she say confirm correct assignment. wrongly assign to us. Called 25/11/19

Nivitha (LKK Auto)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Friday, 22 November 2019 5:17 PM
To: 'LEW JENNY'; SUR; assignments
Cc: 'LEE KATIE'
Subject: RE: OD CLAIM FOR SKL 5032 G ON 9/11/2019

Dear Jenny,

Please be informed that according to the repairer this assignment was assigned to LBS Survey Firm and not LKK Auto Consultant.

We will close this file at our end without billing.

No survey was done for this vehicle.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 12 November 2019 11:52 AM
To: 'LEW JENNY' <jennylew@uoi.com.sg>; SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>
Cc: 'LEE KATIE' <katielee@uoi.com.sg>
Subject: RE: OD CLAIM FOR SKL 5032 G ON 9/11/2019

Dear Jenny,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer arrange on 14/11/2019.

Celine Fong

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: LEW JENNY [mailto:jennylew@uoi.com.sg]
Sent: Tuesday, 12 November 2019 10:07 AM

Nivitha (LKK Auto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Tuesday, 12 November 2019 10:07 AM
To: 'Claims Dept'; 'SUR'; 'assignments'
Cc: LEE KATIE
Subject: RE: OD CLAIM FOR SKL 5032 G ON 9/11/2019
Attachments: SKL 5032 G - 09112019.zip

Importance: High

Dear Kelvin,

We will arrange LKK to survey the vehicle.
Please let us have a copy of the estimated of costs of repairs.

Dear Shiau Chan,

Please arrange to survey the vehicle at Premium Automobiles.
Excess: S\$750.00

Password for attachment: uoi123

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: Claims [mailto:claims@premiumauto.com.sg]
Sent: Tuesday, 12 November, 2019 8:50 AM
To: LEE KATIE <katielee@uoi.com.sg>
Cc: claims@premiumauto.com.sg
Subject: RE: OD CLAIM FOR SKL 5032 G ON 9/11/2019

Dear All,

Kindly assist to confirm survey appointment.

Thank you.

Best Regards,
Kelvin Khoo
Claims Advisor

Veh Out

Premium Automobiles Pte Ltd (Reg No 199902271W)
55 Ubi Road 1 Road Singapore 408699
D. +65 6768 9911 P. +65 9871 9902
e. claims@premiumauto.com.sg w. www.audi.com.sg
Audi Showroom, Audi Centre 281 Alexandra Road Singapore 159938 p. +65 6836 2223
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From: Claims [<mailto:claims@premiumauto.com.sg>]
Sent: Monday, 11 November, 2019 3:11 PM
To: claim@uoi.com.sg
Cc: 'Claims' <claims@premiumauto.com.sg>
Subject: OD CLAIM FOR SKL 5032 G ON 9/11/2019

Dear All,

Kindly register OD claim for this vehicle. Attached is the GIA report for your reference.

We will forward you the estimate once it is available.

Kindly arrange survey on 14/11/2019, 10 am at 281 Alexandra road.

Best Regards,
Syafiq
Claims Admin Assistant

Premium Automobiles Pte Ltd (Reg No 199902271W)
55 Ubi Road 1 Road Singapore 408699
p. +65 6388 2323 d. +65 6768 9911 f. +65 6841 1183
e. claims@premiumauto.com.sg w. www.audi.com.sg
Audi Showroom, Audi Centre 281 Alexandra Road Singapore 159938 p. +65 6836 2223

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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	11/11/2019 14:59
Date Of Accident	09/11/2019 13:05
Exact Location Of Accident	UPPER SERANGOON AND UPPER PAYA LEBAR RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL5032G
Insured/Policyholder	
Name Of Registered Owner	PHOA CHOON YAU
NRIC No	S7075603Z
Email Address	CHONGYAU18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96277470
Alternative Phone No	OFFICE-96277470

Vehicle Particulars

Manufacturer	AUDI
Model	A6 C7 2.0 TFSI MU 4G
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120025461601
Cover Note Number	

Driver

Name of Driver	PHOA CHOON YAU
NRIC No	S7075603Z
Date Of Birth	31/03/1970
Occupation	INDOOR
Date Of Driving Pass	05/08/1993
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96277470
Fax Number	
Contact Number	OFFICE-96277470
Email Address	CHONGYAU18@GMAIL.COM

Address	BLK 166 HOUGANG AVE 1 #11-1578
Postcode	530166
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?	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

PLEASE SEE ATTACHMENT

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	SMH2462K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98593300
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 willful 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.
- E. 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:

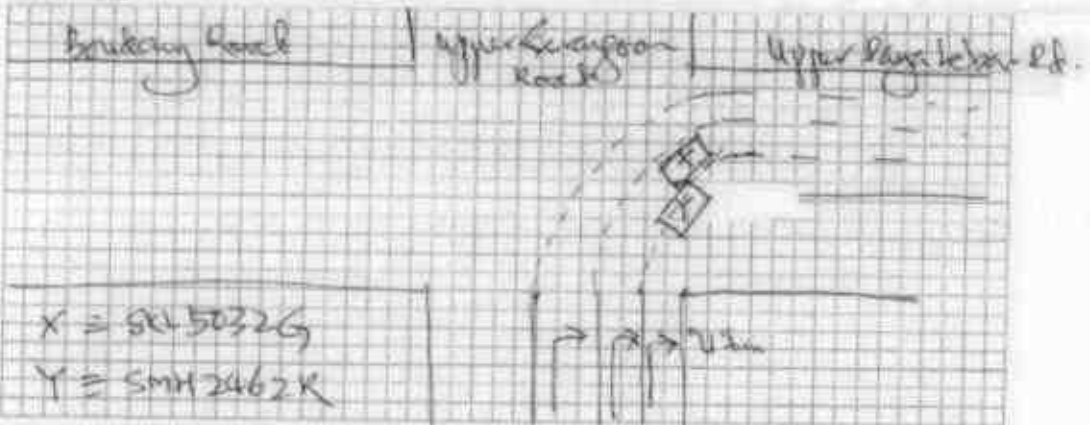
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Helian Wio
NRIC/FIN No: 60252090



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see attachment

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: Veldin Khan
NRC/TIN No: 687619021