

ASS. REC. BY:

REF: CS/AGI/19020785/Ktd302

Special Instruction:

Surveyor: Kenneth

## ASSIGNMENT (Office)

From (Person): Ivy Patilla

of

AGI

Date/Time: 22/11/19 @ 5:15pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PA 9491L

Insured:

SLV 5947C

at Workshop m/s

Soon Beng Company

Tel:

9625 0518

of

160 Sin Ming Drive # 04-05

Policy No:

Claim No:

C10004677 / KY

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 20/11/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:20am @ 25/11/19

Person Contacted:

Ah Chui

Vehicle

IN / OUT

Date/Time	Action/Instruction
	Johnyot ✓
	PA 9491L-CC3 / AXA 11019318 / R1hb3c3
	SLV 5947C → X

D.O.A. 17/11/2011

ASS. REC. BY:

REF: /462/

## ASSIGNMENT

\*From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

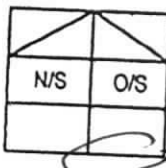
Excess:

(Client's Record)

Make of Veh:

(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:

06

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PA 94912 Yr Regn: 06, 10

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

Truck / Trailer or

Make:

Toy 1400cc

c.c

2882

Colour

White 1 Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

39.78h

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTSPT 22P8 00008604

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

Tyre Size:

F:

195R15X8

R:

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

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

20/11/19

D.O.I.

25/11/19

Survey held at

11.37

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

Rear O/S

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

Date / Time

Action / Instruction

1

File pass to

Est not ready, tailgate jammed

4.5-5.5k (estimate) - 6 days.

RECEIVED 21 FEB 2020

Date/Time, File Pass to?



Prell. Report

1) 21/2 Typist



Final Report

Date/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trip:

Survey Fee:

100

Transportation:

S - RS. \$

Fees

Others

TOTAL

100

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format:

TP.

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

## Nivitha (LKK Auto)

---

**From:** Ivy Ratilla <ivy.r@budgetdirect.com.sg>  
**Sent:** Friday, 22 November 2019 5:15 PM  
**To:** Admin-D (LKKAuto)  
**Cc:** SUR; Justin Wong  
**Subject:** FW: TPPD Survey: Claim ref:C10004677/KY || OI- SLV5947C (Silver) TP- PA9491L || Est:0.00 || Soon Seng Company  
**Attachments:** 2nd PRS.pdf

Hi Derrick,

We would like to request arrange TP PRS For PA9491L.

Soon Seng Company  
160 Sin Ming Drive  
#04-05 Auto City  
Singapore 575722  
(Please look for Ah Chai)

Contact person: Mr Lim (Tel: 9731 7794)

Please confirm. Thank you.

Regards,

**Ivy Ratilla**  
**Executive, Claims Admin**

**T** +65 6540 2185  
**F** +65 6725 0853  
**E** [ivy.r@budgetdirect.com.sg](mailto:ivy.r@budgetdirect.com.sg)



**Customer Care** +65 6221 2111  
**Claims** +65 6221 2199  
**Claims (Int.)** +65 6540 2199

190 Clemenceau Avenue, #03-01  
Singapore Shopping Centre  
Singapore  
239924  
[budgetdirect.com.sg](http://budgetdirect.com.sg)

auto  general

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**From:** Candice Lee <[accident@kscgp.com](mailto:accident@kscgp.com)>

**Sent:** Friday, 22 November 2019 3:13 PM

**To:** Ivy Ratilla <[ivy.r@budgetdirect.com.sg](mailto:ivy.r@budgetdirect.com.sg)>; Claims <[claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg)>; Motor Claims <[motorclaims@budgetdirect.com.sg](mailto:motorclaims@budgetdirect.com.sg)>

**Cc:** Justin Wong <[justin.wong@budgetdirect.com.sg](mailto:justin.wong@budgetdirect.com.sg)>

**Subject:** RE: Notice to Conduct Pre-repair inspection - Your insured veh: SLV 5947C - Our ref: PA 9491L/RT/ca || C10004677

Dear Ivy,

We refer to your email of even date.

We enclose herein the 2<sup>nd</sup> notice to conduct pre-repair inspection. Our client is not agreeable to your proposed list of surveyors.

Thank you.

Regards,  
Candice

For and on behalf of Mr Gurdeep Singh Sekhon

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Singapore 089315

Tel: 6538 3611 / DID: 3152 0979 / Fax: 6538 3708

Email: [accident@kscgp.com](mailto:accident@kscgp.com)

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**From:** Candice Lee <[accident@kscgp.com](mailto:accident@kscgp.com)>

**Sent:** Friday, 22 November 2019 2:05 PM

**To:** Claims <[claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg)>; Motor Claims <[motorclaims@budgetdirect.com.sg](mailto:motorclaims@budgetdirect.com.sg)>

**Subject:** Notice to Conduct Pre-repair inspection - Your insured veh: SLV 5947C - Our ref: PA 9491L/RT/ca

Dear Sirs,

We refer to the above matter.

We enclose herein the notice to conduct pre-repair inspection for your necessary action.

Thank you!

Regards,  
Candice  
For and on behalf of Mr Gurdeep Singh Sekhon  
KSCGP Juris LLP  
10 Hoe Chiang Road  
#13-03A Keppel Towers  
Singapore 089315  
Tel: 6538 3611 / DID: 3152 0979 / Fax: 6538 3708  
Email: [accident@kscgp.com](mailto:accident@kscgp.com)

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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	21/11/2019 15:39
Date Of Accident	20/11/2019 18:45
Exact Location Of Accident	JERVOIS ROAD JUNCTION DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9491L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RMG TOURS PTE LTD
Co Reg No	197401936W
Email Address	PHLIM@RMGTOURS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62261811

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D HIGH-ROOF 14 SEATER (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	SD19V05410/VBS/R06
Cover Note Number	

### Driver

Name of Driver	LI DAPENG
Passport No/FIN	G2407801P
Date Of Birth	20/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2014
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88700043
Fax Number	
Contact Number	
Email Address	PHLIM@RMGTOURS.COM.SG

Address	BLK 4, QUEEN'S ROAD #12-135
Postcode	260004
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	LIGHT RAINS
Road Surface	WET

#### 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

REFER TO STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV5947C
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MCBURNEY BRYNIE BAHAR
NRIC/Passport Number	G5437473P
Contact Number	83193739
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.

  
**Lim P. H.**  
Hp 9731 7794  
Fleet Maintenance Manager  
RMG TOURS PTE LTD  
109B Amoy Street  
Singapore 069929

Policyholder's Signature

Date & Time

21-11-2019  
@ 1520 hrs

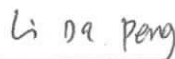


Driver's Signature

(If driver is not the policyholder)

Date & Time:

21-11-2019  
@ 150 hrs.



Reporting Centre Personnel's Signature

Name:

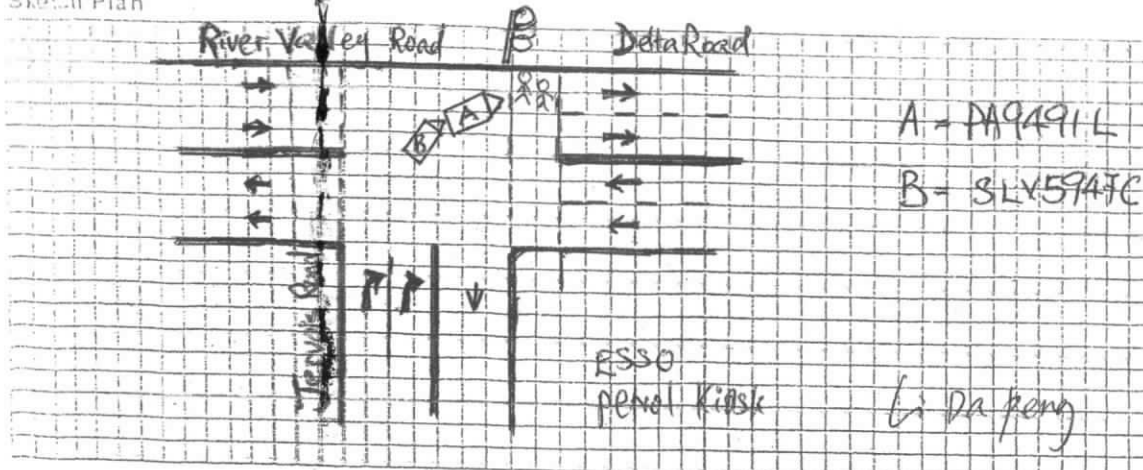
NRIC/FIN No.:





# Sketch Plan Pg. 2

Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20-11-2019 @ 1845 hrs, I was driving my company vehicle PA9491L along Jervois Road turning right into Delta Road. While turning I saw pedestrian is crossing at the junction so I came to a stop. Suddenly a car SLX5947C at my rear has bang onto my rear & my vehicle was pushed forward a meter. I then alighted & check, my rear portion of vehicle door near to right hand side was damaged. Rear bumper & panel were dented badly. No one was injured in this impact. The car's front portion near to right hand front were also damaged. We exchanged particulars & some photos were taken & subsequently we left the scene. I unable to speak to the driver as she speak in English. This report was make accordingly today.

Li Da peng

## DECLARATION

I hereby declare the foregoing particulars are true in every respect.

*Lim P. H.*  
 Lim P. H.  
 Hp 9731 7794  
 Fleet Maintenance Manager  
 RMG TOURS PTE LTD  
 109B Amoy Street  
 Singapore 069929

Li Da peng

*Li Da peng*  
 Li Da peng  
 Date & Time:

*Li Da peng*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/PR No.:

21-11-2019  
 @ 1525 hrs

21-11-2019  
 @ 1525 hrs.


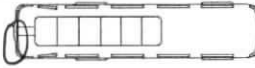
**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT			
AUTO & GENERAL INSURANCE (S) PL		Ref: CS3/AGI19020785/Ktd3e2	
(BUDGET DIRECT INSURANCE)190 CLEMENCEAU AVENUE #03-01 S S C SINGAPORE 239924		Date: 21-02-2020	
Code: AGI			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SLV 5947C	Veh. Inspected	PA 9491L
Policy No.		Coverage (\$)	0.00
Claim No.	C10004677/KY	Excess (\$)	0.00
Assign From	IVY RATILLA	Assign Date	22/11/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA HIACE (A)	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	JTFST22P800008604	Colour	WHITE / BLUE
Odometer	397871 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195 R15X8	YOKOHAMA	6 mm
L/H Front Tyre	195 R15X8	YOKOHAMA	6 mm
R/H Rear Tyre	195 R15X8	YOKOHAMA	7 mm
L/H Rear Tyre	195 R15X8	YOKOHAMA	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.			
5. General Information			
Accident Date	20/11/2019	Inspect Date / Time	25/11/2019 ( 11:37 AM )
Survey held at	160 SIN MING DRIVE#04-05		
Repairer	SOON SENG COMPANY		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,500-\$5,500			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days	

Report Ref No. CS3/AGI19020785/Ktd3e2

Inspected By



KONG SENG CHEONG

Licensed Appraiser



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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