

ASS. REC. BY:

REF:

CS/SMO/19020983/ Kvd30x

Special Instruction:

Surveyor: Kenneth

## ASSIGNMENT (Office)

From (Person): Yong Kang Melvin of SMO

Date/Time: 27/11/19 @ 10:56am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJG 8989P

Insured: SLR 6342L

at Workshop in/s Optima workz

Tel: 6481 1522

of 9A Serangoon North Ave 5

Policy No:

Claim No: CMTD1905498/SYH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 24/11/2019

24/11/19 @ 10am

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Date/Time: 10:57am @ 27/11/19 Person Contacted:

Lily

Vehicle IN/OUT

Date/Time

Action/Instruction 1. Shuang Yi ✓

SJG 8989P - CCG/191119000661/Kdb3y2

D.O.A. 27/11/2019

2/12/19

Email preli revised to Shuang Yi

12/12

@ 9515.77 email &amp; confirm (Red 8908-65, 4890) (No LS)

ASS. REC. BY:

REF:

8MO

## ASSIGNMENT

From:

Date:

29/11/19

Estimated Cost:

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

To inspect Vehicle No:

SJC 8989P

at Workshop n/s

Optima Werkz

of

9A Serungoon Ave S

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

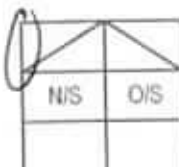
(Client's Record)

Make of Veh:

100cm

(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:

8-14 days

Res.: Yes or No

Lump Sum:

1.31 %

3 Val: Yes or No

CA / REV / REP. / 24 HRS

1up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJC 8989P

Yr Regn:

09 45

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

Truck / Trailer or

Make:

Audi A4 TFSI c.c

1798

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

57416

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WAUZZZ8K5FA149835

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

245/35ER1P

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front:

Rear:

R/Bal.

6

mm

R/Bal.

5

mm

L/Bal.

6

mm

L/Bal.

5

mm

D.O.A.

24/11/19

D.O.I.

29/11/19

Survey held at

✓

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

N/S Bm

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

No. Only said cannot 6/12, own very busy

  
12/12/2019

RECEIVED 13 DEC 2019

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

12/12 - typist

Report Format:

TP

Lump Sum / L.B.:

9515.TT

Days Of Repair:

4

Resurvey No. of Trip:

2

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp. (\$)



Wool work (\$)

Survey Fee:

490

Transportation:

S + RS: \$

Phone:

Other:

TOTAL

490

**Veron Chen (LKKAuto)**

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Monday, 2 December 2019 2:18 PM  
**To:** 'Ye, Yong Kang Melvin'; 'Hwang, Shiang Yi'  
**Cc:** 'Henry, Irene James'; SUR  
**Subject:** RE: TP Claims / Arrange Survey - Accident involving SJG8989P & SLR6342L on 24/11/2019 Our ref : CMTD1905498/SYH  
**Attachments:** SJG 8989P PRELI ADVISED.pdf

Dear Shiang Yi,

Enclosed preliminary revised of vehicle SJG 8989P

Date of survey: 29/11/2019

Number of days (estimated) : 5 days

Vehicle repair on part by part.

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:** Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Sent:** Wednesday, 27 November 2019 11:05 AM  
**To:** 'Ye, Yong Kang Melvin' <melvin.ye@sompo.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** 'Henry, Irene James' <irene.henry@sompo.com.sg>; 'Hwang, Shiang Yi' <shiangyi.hwang@sompo.com.sg>; SUR <sur@lkkauto.com>  
**Subject:** RE: TP Claims / Arrange Survey - Accident involving SJG8989P & SLR6342L on 24/11/2019 Our ref : CMTD1905498/SYH

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

Best Regards

**G.NIVITHA**

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

**From:** Ye, Yong Kang Melvin [mailto:[melvin.ye@sompo.com.sg](mailto:melvin.ye@sompo.com.sg)]  
**Sent:** Wednesday, 27 November 2019 10:56 AM  
**To:** [sur@lkkauto.com](mailto:sur@lkkauto.com); [assignments@lkkauto.com](mailto:assignments@lkkauto.com)  
**Cc:** [angela.tan@ow.sg](mailto:angela.tan@ow.sg); [lily.loi@ow.sg](mailto:lily.loi@ow.sg); [hockkong.ong@ow.sg](mailto:hockkong.ong@ow.sg); Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>; Hwang, Shiang Yi <[shiangyi.hwang@sompo.com.sg](mailto:shiangyi.hwang@sompo.com.sg)>; [sharon@ow.sg](mailto:sharon@ow.sg)  
**Subject:** RE: TP Claims / Arrange Survey - Accident involving SJG8989P & SLR6342L on 24/11/2019 Our ref : CMTD1905498/SYH

Dear LKK Auto,

Please make the arrangement to survey for SJG8989P and revert with your preliminary report upon completion of survey to my colleague, Shiang Yi.

Thank you.

Best Regards

**Melvin Ye**

Claims Division

D: 6322 4667 | T: 6461 6555 | F: 6221 3302



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---

**From:** [sharon@ow.sg](mailto:sharon@ow.sg) <[sharon@ow.sg](mailto:sharon@ow.sg)>  
**Sent:** Wednesday, 27 November, 2019 9:22 AM  
**To:** Ye, Yong Kang Melvin <[melvin.ye@sompo.com.sg](mailto:melvin.ye@sompo.com.sg)>  
**Cc:** [angela.tan@ow.sg](mailto:angela.tan@ow.sg); [lily.loi@ow.sg](mailto:lily.loi@ow.sg); [hockkong.ong@ow.sg](mailto:hockkong.ong@ow.sg); Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>; Hwang, Shiang Yi <[shiangyi.hwang@sompo.com.sg](mailto:shiangyi.hwang@sompo.com.sg)>  
**Subject:** RE: TP Claims / Arrange Survey - Accident involving SJG8989P & SLR6342L on 24/11/2019 Our ref : CMTD1905498/SYH

Without Prejudice

Dear Melvin,

We choose LKK Auto Consultants to conduct pre-repair survey.

Thank you.

Best Regards,

Sharon Ten (Ms.)

Claims Executive, Motor Claims Department

D: +65 6481 1522 | F: +65 6481 1011

**OPTIMA WERKZ** PTE. LTD.

Head office: 6 Kung Chong Road Singapore 159143  
Branch: 9A Serangoon North Ave 5 Singapore 554800  
Branch: 462 Tagore Industrial Ave Singapore 787823

Tel: (+65) 6472 1313 Fax: (+65) 6472 2112  
Tel: (+65) 6484 9019 Fax: (+65) 6481 1011  
Tel: (+65) 6452 6858 Fax: (+65) 6452 9223

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**From:** Ye, Yong Kang Melvin <[melvin.ye@sompo.com.sg](mailto:melvin.ye@sompo.com.sg)>

**Sent:** Tuesday, 26 November 2019 5:33 PM

**To:** [sharon@ow.sg](mailto:sharon@ow.sg)

**Cc:** [angela.tan@ow.sg](mailto:angela.tan@ow.sg); [lily.loi@ow.sg](mailto:lily.loi@ow.sg); [hockkong.ong@ow.sg](mailto:hockkong.ong@ow.sg); Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>;

Hwang, Shiang Yi <[shiangyi.hwang@sompo.com.sg](mailto:shiangyi.hwang@sompo.com.sg)>

**Subject:** RE: TP Claims / Arrange Survey - Accident involving SJG8989P & SLR6342L on 24/11/2019 Our ref : CMTD1905498/SYH

Our Reference: CMTD1905498/SYH

Your Reference: SJG8989P

**Without Prejudice**

Date: 26.11.2019

**Attention:**

**OPTIMA WERKZ**

Dear Sharon,

**ACCIDENT INVOLVING SJG8989P & SLR6342L ON 24.11.2019**

We refer to your Notice of Accident dated 26/11/2019.

Please be informed that Ms Hwang Shiang Yi is the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

**Pre-Repair Survey**

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

Melvin Ye

Claims Division

D: 6322 4667 | T: 6461 6555 | F: 6221 3302



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**From:** sharon@ow.sg <sharon@ow.sg>

**Sent:** Tuesday, 26 November, 2019 3:16 PM

**To:** Claims - Motor Survey <MotorSurvey@sompo.com.sg>

**Cc:** [angela.tan@ow.sg](mailto:angela.tan@ow.sg); [lily.loi@ow.sg](mailto:lily.loi@ow.sg); [hockkong.ong@ow.sg](mailto:hockkong.ong@ow.sg)

**Subject:** TP Claims / Arrange Survey - Accident involving SJG8989P & SLR6342L on 24/11/2019

Your Ref: SLR6342L

Our Ref: SJG8989P

Dear Officer,

Has your insured reported?

Please arrange for survey as soon as possible. Vehicle at our premises.

Location: 9A Serangoon North Avenue 5

*\*\*Please avoid 1PM - 2PM*

Thank you.

Best Regards,

**Sharon Ten (Ms.)**

Claims Executive, Motor Claims Department

D: +65 6481 1522 | F: +65 6481 1011

**OPTIMA WERKZ** PTE. LTD.

Head office: 6 Kung Chong Road Singapore 159143  
Branch: 9A Serangoon North Ave 5 Singapore 554500  
Branch: 452 Tagore Industrial Ave Singapore 787823

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Tel: (+65) 6452 6868 Fax: (+65) 6452 9223

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Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: CMTD1905498/SYH

Our ref: CS/SMO19020983/Kvd3

DATE: 2/12/2019

The Motor Claims Department  
M/s SOMPO INSURANCE SINGAPORE PTE LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO. SJG 8989P**

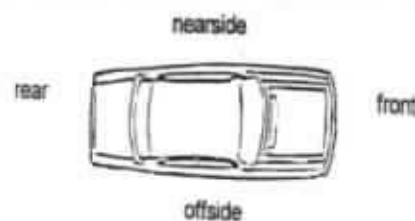
We thank you for your instruction on 27/11/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 29/11/19 at the premises of M/s OPTIMA WERKZ PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$18,214.42
Revised Estimate Amount	: S\$8,031.42
"Check" Items Amount	: S\$3,012.50
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the n/s front portion



**Comments/Present Status:**

Damages Consistent

Yours faithfully,

KENNETH KONG  
Licensed Appraiser



## Nivitha (LKK Auto)

---

**From:** Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>  
**Sent:** Wednesday, 27 November 2019 10:56 AM  
**To:** sur@lkkauto.com; assignments  
**Cc:** angela.tan@ow.sg; lily.loi@ow.sg; hockkong.ong@ow.sg; Henry, Irene James; Hwang, Shiang Yi; sharon@ow.sg  
**Subject:** RE: TP Claims / Arrange Survey - Accident involving SJG8989P & SLR6342L on 24/11/2019 Our ref : CMTD1905498/SYH

Dear LKK Auto,

Please make the arrangement to survey for SJG8989P and revert with your preliminary report upon completion of survey to my colleague, Shiang Yi.

Thank you.

Best Regards

Melvin Ye

Claims Division

D: 6322 4667 | T: 6461 6555 | F: 6221 3302



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**From:** sharon@ow.sg <sharon@ow.sg>

**Sent:** Wednesday, 27 November, 2019 9:22 AM

**To:** Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>

**Cc:** angela.tan@ow.sg; lily.loi@ow.sg; hockkong.ong@ow.sg; Henry, Irene James <irene.henry@sompo.com.sg>; Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>

**Subject:** RE: TP Claims / Arrange Survey - Accident involving SJG8989P & SLR6342L on 24/11/2019 Our ref : CMTD1905498/SYH

Without Prejudice

Dear Melvin,

We choose LKK Auto Consultants to conduct pre-repair survey.

Thank you.

Best Regards,

**Sharon Ten (Ms.)**

Claims Executive, Motor Claims Department

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Head office: 9 Kung Chong Road Singapore 159143

Branch: 9A Serangoon North Ave 5 Singapore 554500

Branch: 452 Tagore Industrial Ave Singapore 787823

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**From:** Ye, Yong Kang Melvin <[melvin.ye@sompo.com.sg](mailto:melvin.ye@sompo.com.sg)>

**Sent:** Tuesday, 26 November 2019 5:33 PM

**To:** [sharon@ow.sg](mailto:sharon@ow.sg)

**Cc:** [angela.tan@ow.sg](mailto:angela.tan@ow.sg); [lily.loi@ow.sg](mailto:lily.loi@ow.sg); [hockkong.ong@ow.sg](mailto:hockkong.ong@ow.sg); Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>;

Hwang, Shiang Yi <[shiangyi.hwang@sompo.com.sg](mailto:shiangyi.hwang@sompo.com.sg)>

**Subject:** RE: TP Claims / Arrange Survey - Accident involving SJG8989P & SLR6342L on 24/11/2019 Our ref : CMTD1905498/SYH

Our Reference: CMTD1905498/SYH

Your Reference: SJG8989P

**Without Prejudice**

Date: 26.11.2019

**Attention:**

**OPTIMA WERKZ**

Dear Sharon,

**ACCIDENT INVOLVING SJG8989P & SLR6342L ON 24.11.2019**

We refer to your Notice of Accident dated 26/11/2019.

Please be informed that Ms Hwang Shiang Yi is the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

### Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

Melvin Ye

Claims Division

D: 6322 4667 | T: 6461 6555 | F: 6221 3302



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From: [sharon@ow.sg](mailto:sharon@ow.sg) <[sharon@ow.sg](mailto:sharon@ow.sg)>

Sent: Tuesday, 26 November, 2019 3:16 PM

To: Claims - Motor Survey <[MotorSurvey@sompo.com.sg](mailto:MotorSurvey@sompo.com.sg)>

Cc: [angela.tan@ow.sg](mailto:angela.tan@ow.sg); [lily.loi@ow.sg](mailto:lily.loi@ow.sg); [hockkong.ong@ow.sg](mailto:hockkong.ong@ow.sg)

Subject: TP Claims / Arrange Survey - Accident involving SJG8989P & SLR6342L on 24/11/2019

Your Ref: SLR6342L

Our Ref: SJG8989P

Dear Officer,

Has your insured reported?

Please arrange for survey as soon as possible. Vehicle at our premises.

Location: 9A Serangoon North Avenue 5

*\*\*Please avoid 1PM - 2PM*

Thank you.

Best Regards,

Sharon Ten (Ms.)

Claims Executive, Motor Claims Department

D: +65 6481 1522 | F: +65 6481 1011

**OPTIMA WERKZ** PTE. LTD.

Head office: 8 Kung Chong Road Singapore 169143

Branch: 9A Serangoon North Ave 5 Singapore 554500

Branch: 452 Tagore Industrial Ave Singapore 767823

Tel: (+65) 6472 1313 Fax: (+65) 6472 2112

Tel: (+65) 6484 9919 Fax: (+65) 6481 1011

Tel: (+65) 6452 6868 Fax: (+65) 6452 9223

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## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 415J

### Vehicle Details

Vehicle No.: SJG8989P  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 31 Aug 2019  
Vehicle Make: AUDI  
Vehicle Model: A4 1.8 TFSI MU ATTRACTION  
Primary Colour: White  
Manufacturing Year: 2015  
Engine No.: CJE106070  
Chassis No.: WAUZZZ8K5FA149835  
Maximum Power Output: 125.0 kW (167 bhp)  
Open Market Value: \$29,421.00  
Original Registration Date: 21 Sep 2015  
First Registration Date: 21 Sep 2015  
Transfer Count: 0  
Actual ARF Paid: \$28,190.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 20 Sep 2025  
PARF Rebate Amount: \$21,142.00

### Intended COE Rebate Details

COE Expiry Date: 20 Sep 2025  
COE Category: B - Car above 1600cc or 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$62,101.00  
COE Rebate Amount: \$37,605.00  
Total Rebate Amount: \$58,747.00

The information contained herein is correct as at 31 Aug 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	25/11/2019 10:27
Date Of Accident	24/11/2019 15:25
Exact Location Of Accident	EDGEFIELD PLAINS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8989P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY KIM YONG
NRIC No	S1647415J
Email Address	GARYTKY8400@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91818989
Alternative Phone No	OFFICE-91818989
<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	A4-1.8 TFSI MU ATTRACTION (A)
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V10507/VPE/R04
Cover Note Number	

### Driver

Name of Driver	TAY KIM YONG
NRIC No	S1647415J
Date Of Birth	18/04/1964
Occupation	INDOOR
Date Of Driving Pass	07/12/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91818989
Fax Number	
Contact Number	OFFICE-91818989
Email Address	GARYTKY8400@HOTMAIL.COM

Address BLK 960 HOUGANG AVE 9  
#14-558

Postcode 530960

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 - MAJOR/MINOR RD

Weather Conditions RAINING

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?

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: : RYAN TAY  
GENDER: : MALE

Passenger 2 NAME: : RYKER TAY  
GENDER: : MALE

Passenger 3 NAME: : JACQUELIN WONG  
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

On 24/11/2019 @ about 1525hrs, I was driving along Edgefield Plains on the extreme left lane. A vehicle (B: SLR6342L) sudden exiting from side road and hit onto my vehicle (A: SJG8989P) left front portion. I alighted and exchange particulars with him.

#### 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 SLR6342L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHAN CHER HUA

NRIC/Passport Number

S7818875H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



# 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.

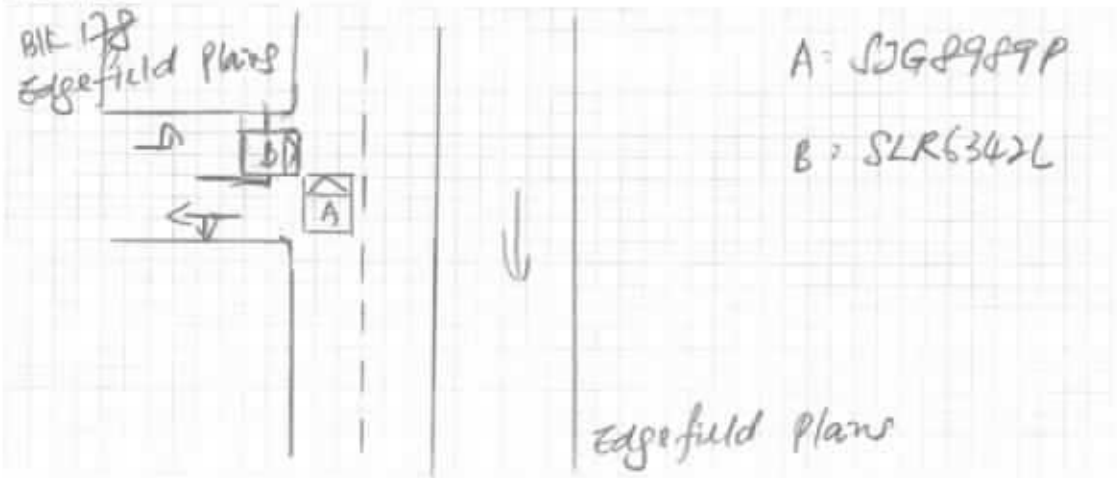
  
Policyholder's Signature  
Date & Time:

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

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



BLK 178  
Sagefield Plains



Ref: to statement

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

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

Reporting Centre Personnel's Signature:  

Name: Sharon Tan

NRIC/FIN No.:

Date: 26.11.2019  
Vehicle No: SJG8989P  
Model: AUDI A4 1.8 TFSI - 2015  
Chassis: 2015  
Reg.Year: WAUZZZ8K5FA149835

Third Party Insurer: SOMPO  
Third Party Veh No: SLR6342L  
Date of Accident: 24.11.2019

## ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	FRONT HEADLAMP LH	1	CM	\$2,563.00
2	FRONT BUMPER 2041.00	1	Bu	\$2,310.00
3	FRONT BUMPER CLIPS	12	\$6.80	re \$81.60
4	FRONT FENDER LH 904	1	B	\$979.00
5	FRONT FENDER INNER LINER CLIPS LH	10	\$6.20	re \$62.00
6	FRONT ALLOT RIM LH	1		rd \$1,408.00
7	FRONT LOWER ARM LH	1		re \$682.00
8	FRONT STEERING RACK	1		re \$6,490.00
9	FRONT WHEEL BEARING LH 580	1		re \$770.00
10	FRONT KNUCKLE ARM LH 1137	1		B \$1,298.00
SUB TOTAL				\$16,643.60
LESS 5%				-\$832.18
PARTS TOTAL				\$15,811.42

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	FRONT TYRE LH	1		re \$300.00
2	FRONT TYRE TUBE VALVE LH	1		re \$8.00
S/N TOTAL				\$308.00

Not Authorized  
Returning B4pciat  
89515.77  
4 days

LKK Auto Consultants hence notify the Repairer of the following:

- To return warranty paint
- To display damaged part(s) during survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary cost must be reimbursed and is subject to final approval from Insurance Company

Admitted by Repairer  
Signature:  
Date:

Date: 26.11.2019  
 Vehicle No: SJG8989P  
 Model: AUDI A4 1.8 TFSI - 2015  
 Chassis: 2015  
 Reg.Year: WAUZZZ8K5FA149835

Third Party Insurer: SOMPO  
 Third Party Veh No: SLR6342L  
 Date of Accident: 24.11.2019

## LABOUR CHARGES:

LABOUR CHARGES TO REMOVE, REPLACE, REPAIR, READJUST FRONT ACCIDENT AREAR & ETC.	\$600.00	4001
LABOUR CHARGES TO REMOVE, REFIX, REPLACE FRONT SUSPENSION ARM LH, FRONT WHEEL BEARING LH, FRONT KNUCKLE ARM LH & ETC.	\$250.00	1801
LABOUR CHARGES TO REMOVE, REPLACE, REFIX POWER STEERING RACK ASSY & ETC.	\$380.00	na X
LABOUR CHARGES TO WHEEL ALINGMENT & BALANCING.	\$65.00	201
LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BUMPER, FRONT FENDER LH & ETC.	\$600.00	4001
LABOUR CHARGES TO CHECK WIRING & ELECTRICAL SYSTEM	\$50.00	201
TO DIAGNOSIS FAULTY CODE & RESET MEMORY.	\$150.00	na X

LABOUR TOTAL \$2,095.00

ONG TOTAL \$18,214.42

1020

### Head office

6 King Chong Road Singapore 159143  
 Tel: (+65) 6472 1313 / Fax: (+65) 6472 2112

### Branch

9A Serangoon North Ave 5 Singapore 554500  
 Tel: (+65) 6484 9919 / Fax: (+65) 6481 1011

### Branch

551 Upper Thomson Road Singapore 574415  
 Tel: (+65) 6452 6868 / Fax: (+65) 6452 9223





## 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

Affiliated to Federation Internationale Des Experts En Automobile			
SOMPO INSURANCE SINGAPORE PL		Ref : CS/SMO19020983/Kvd3e2	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 18-12-2019	
		Code : SMO	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLR 6342L	Veh. Inspected	SJG 8989P
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1905498/SYH	Excess (\$)	0.00
Assign From	YONG KANG MELVIN	Assign Date	27/11/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	AUDI A4 TFSI (A)	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WAUZZZ8K5FA149835	Colour	WHITE
Odometer	57416	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	245/35Z R19	YOKOHAMA	6 mm
L/H Front Tyre	245/35Z R19	YOKOHAMA	6 mm
R/H Rear Tyre	245/35Z R19	YOKOHAMA	5 mm
L/H Rear Tyre	245/35Z R19	YOKOHAMA	5 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	24/11/2019	Inspection Date	29/11/2019
Survey held at	OPTIMA WERKZ PTE LTD 9A SERANGOON NORTH AVE 5 SINGAPORE 554500		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	



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Page No.:1 of 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJG 8989P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT HEADLAMP LH	CRACKED	2,563.00	2,563.00
1	FRONT BUMPER	BUCKLED	2,310.00	2,041.00
12	FRONT BUMPER CLIPS @\$6.80	NECESSARY	81.60	81.60
1	FRONT FENDER LH	BENT	979.00	904.00
10	FRONT FENDER INNER LINER CLIPS LH @\$6.20	NECESSARY	62.00	62.00
1	FRONT ALLOY RIM LH	DENTED	1,408.00	1,408.00
1	FRONT LOWER ARM LH	SERVICEABLE	682.00	-
1	FRONT STEERING RACK	SERVICEABLE	6,490.00	-
1	FRONT WHEEL BEARING LH	NECESSARY	770.00	580.00
1	FRONT KNUCKLE ARM LH	BENT	1,298.00	1,137.00
	LESS 5% DISCOUNT		-832.18	-438.83
			15,811.42	8,337.77
<b>SPECIAL NETT ITEMS</b>				
1	FRONT TYRE LH (SN) (50%)	CUT	300.00	150.00
1	FRONT TYRE TUBE VALVE LH (SN)	NECESSARY	8.00	8.00
			308.00	158.00
<b>LABOUR</b>				
	LABOUR CHARGES TO REMOVE, REPLACE, REPAIR, READJUST FRONT ACCIDENT AREA & ETC.		600.00	400.00
	LABOUR CHARGES TO REMOVE, REFIX, REPLACE FRONT SUSPENSION ARM LH, FRONT WHEEL BEARING LH, FRONT KNUCKLE ARM LH & ETC.		250.00	180.00
	LABOUR CHARGES TO REMOVE, REPLACE, REFIX POWER STEERING RACK ASSY & ETC.	NOT NECESSARY	380.00	-
	LABOUR CHARGES TO WHEEL ALIGNMENT & BALANCING.		65.00	20.00
	LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT FRONT BUMPER, FRONT FENDER LH & ETC.		600.00	400.00
	LABOUR CHARGES TO CHECK WIRING & ELECTRICAL SYSTEM.		50.00	20.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO DIAGNOSIS FAULTY CODE & RESET MEMORY.	NOT NECESSARY	150.00	-
			2,095.00	1,020.00
GRAND TOTAL			18,214.42	9,515.77

RECOMMENDED COST OF REPAIRS			9,515.77
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Report Ref No. CS/SMO19020983/Kvd3e2

KONG SENG CHEONG

Licensed Appraiser

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