· Surveyor = =	tere	AS	SIGNMEN	T (Office)		
From (Person)	Jenny Low	of	UDI.		D	ate/Time: 12.12.11 12.33 p
Estimated Cos				Bill to:		
To Inspect Ve		MM 6847			Insured:	GB( 8618B
100	als Auburn	AUTO			Tel:	97875558
	strus 62		.45			
Policy No:				Claim No:	MIIDOS	881912
Sum Insured:				Excess:		
Make of Veh:				22000000000	D	.O.A.
(Client's Record		mp	,1			
	REP. / REV 24	44		Ches		H.O.D. Endorsement:
Date/Time:	2.12.1 1.18	Person (	Contacted:	aum)	Ve	hicle IN DUT
Date/Time	Action/Instruction	on ( V )	Estimate.			
	Smm (84					
	GB ( 9619	8 B - X				
	-					
-	-					
	4					

Syrapor Stove REF:	
	SIGNMENT
From: Date:	Veh No: SMM 6847L Yr Regn: 30/12/09
Estimated Cost:	Type: M.Cal I M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD/TP/WS/TP-RES/OD RES/EVA/INV/MV	Truck / Traller or
To Inspect Vehicle No:	Mako: B-MW 5251 c.c 2497
at Workshop m/s	Colour Prim WC: Insured/Std/NI/NA
of	Sp.Reading   158307 T/Redio: Insured / Std / NI / NA
Insured. ,	A STANCE OF THE
Policy No.	CINO: WDANU 570 X 9 < 278751
Claims No.	Gen. Cond: Good / Fall / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inerder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / SIRIm / STD A/RIm or
· · · · · · · · · · · · · · · · · ·	Tyre Size: F: 225/59R17
(Policy Condition)	R: 4
Remark: The veh had common cod its NSM Ots	BS I DUNI EXNOVA I GY I FS I LIZA I MIC I OHTSU I PIR I SUMI I
repair at the time of inspection.	TOYO'IYOKO or
Bal, or Market Value;	Etoni Rear -
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. S mm R/Bal. mm
GIA / PR. Seen: Consistent? : Yes or No	UBal. S mm UBal. S mm
Est. Repairs: days Res.: Yes or No	0.0.A. 9/12/19 0.0.1. 12/12/19
Lum Sum: % 3 Val.: Yes or No	Survey held at Anbum
CA / REV / REP. / 24 HRS	Dos. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision.
Date: Person Contacted:  Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure allected due to comision.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	m Wockship 2 K repor TIMPY.
pv-26,505 18/10/19 E	instite 2 K, 5 days (Red \$6470 = , 76%)
NV- 2695	
<u> </u>	DEC 2019
RECEIVED 2.4	DEC 2017
	ž
i de la companya dela companya dela companya dela companya de la c	
Data/Time, File Piss to? : Proll. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip:   Survey Fee: 240
Dale/Timo, File Return 107	)][consportation: 60 39: Site Insp (\$ ):_s+Rssi 80
21 23 12 19 Typist Add F	: Interview (\$ ) Pigibe 27
Band Format	Tech Inva (\$ ) Others
Report Format :  (Lump Sum) I.B.I: (\$ \$ 2000 = 1)	:Weekend (\$
Comp conv. i.e. it if I	10148 407
60 U.	

## Nivitha (LKK Auto)

From:

LEW JENNY < jennylew@uoi.com.sg>

Sent:

Thursday, 12 December 2019 12:33 PM

To:

Sam Ng; SUR; assignments

Cc:

auburnauto.claim@gmail.com

Subject:

RE: ACCIDENT INVOLVING SMM6847L & GBC8618B

## WITHOUT PREJUDICE

Dear Sam,

As requested, we will appoint LKK as SJE.

Please forward us a copy of the estimated cost of repair and accident report.

Dear Shiau Chan.

Please arrange to survey the vehicle at Auburn Auto Pte Ltd.

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.sq

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From: Sam Ng [mailto:samuel.auburnauto@gmail.com]

Sent: Thursday, 12 December, 2019 12:24 PM
To: LEW JENNY <jennylew@uoi.com.sg>
Cc: auburnauto.claim@gmail.com

Subject: Re: ACCIDENT INVOLVING SMM6847L & GBC8618B

Hi Jenny,

The company decided to use

Lkk Auto consultant Pte Ltd. Please kindly revert to the relevant personal.

with regards Sam Auburn Auto Pte Ltd +65 9787 5558

On Thu, 12 Dec 2019 at 10:48, LEW JENNY < jennylew@uoi.com.sg > wrote:

WITHOUT PREJUDICE

Dear Samuel,
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 STA Inspection Pte Ltd.
Please revert to the undersigned within <b>two (2) working days</b> 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.
Please forward us a copy of the estimated cost of repair and accident report.
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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Subject: RE: ACCIDENT INVOLVING SMM6847L & GBC8618B
Dear Officer-In-Charge,
We refer to the above.
We are handling the claims for our client's car: [SMM6847L]
The car is currently at:  3 Ang Mo Kio Street 62  Link@amk 01-45
S(569139).
The other party [GBC8618B] is under [ UNITED OVERSEAS INS LTD ] Insurance.
We would like to amicably settle this directly with you.
In this regard, we would appreciate it if you could list your independent surveyors list for us to choose to inspect car before our pre repair protocol. Below is the video of the accident.
Thank you.
*Kindly call Samuel -97875558(hp) to make an Appointment*

From: Sam Ng [mailto:samuel.auburnauto@gmail.com]

Sent: Wednesday, 11 December, 2019 5:09 PM

To: CORPORATE SERVICES < contactus@uoi.com.sg >
Cc: Auburn Auto Claims < auburnauto.claim@gmail.com >



# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID: Vehicle Details	976E
/ehicle No.:	SMM6847L
/ehicle to be Exported:	No
ntended Deregistration Date:	12 Dec 2019
/ehicle Make:	B.M.W.
/ehicle Model:	5251 XL
Primary Colour:	Brown
Manufacturing Year:	2009
Engine No.:	74744544N52B25AF
Chassis No.:	WBANU520X0C228751
Maximum Power Output:	160.0 kW (214 bhp)
Open Market Value:	\$52,446.00
Original Registration Date:	30 Dec 2009
irst Registration Date:	30 Dec 2009
Fransfer Count:	2
Actual ARF Paid: ntended PARF Rebate Details	\$52,446.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Dec 2019
PARF Rebate Amount: ntended COE Rebate Details	\$26,223.00
COE Expiry Date:	29 Dec 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$18,267.00
COE Rebate Amount:	\$82.00
otal Rebate Amount:	\$26,305.00

The information contained herein is correct as at 12 Dec 2019

OK

### Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 11/12/2019 14:59

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	11/12/2019 14:49
Date Of Accident	09/12/2019 19:40
Exact Location Of Accident	ANG MO KIO AVE 10 BLK 529
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM6847L
Insured/Policyholder	
Name Of Registered Owner	GOLDEN SHAW PTE. LTD.
Co Reg No	201727976E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97875558
Alternative Phone No	OFFICE-97875558
Vehicle Particulars	
Manufacturer	BMW
Model	5251
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5106388242 (TP)
Cover Note Number	
Driver	
Name of Driver	KARTHIKES S/O DORAISAMY
Work Permit No	S8304334N
Date Of Birth	27/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98338207
Fax Number	

NOEMAIL

Address

BLK 550 ANG MO KIO AVE 10 #05-2200

Postcode

560550

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - HIRER

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

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

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

## **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

REFER STATEMENT (ATTENDED BY: JAMES NG)

## 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

**GBC8618B** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

AH HUAT

NRIC/Passport Number

Contact Number

87816978

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

KARTHIKES S/O DORAISAMY Name

36 Approximate Age

NECK AND BACK INJURY Injuries Sustain

SMM6847L Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

. .

NO

BLK 550 ANG MO KIO AVE 10 #05-2200 Address

560550 Postcode

#### 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.
- 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.

Policyholde Date & Time:

1 1 DEC 2019

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

Reporting Centre Personnel's Signature

NG WING KIN JAMES admin.yac@vicom.com.sg

GIARMC SketchPlanFami, V3

# Sketch Plan #2 Pg. 1

ARATION	erticulars are true in every respect.	THE COMPANY OF THE CO
	· · · · · · · · · · · · · · · · · · ·	
( L	Acting that is party	, 41741
	Reperson I come down to behaving contact  Redoctor as I was less feeling hell a was	
100	suddenly a van in par 6 hit outs on	
	NCES OF THE ACCIDENT  AT 19 46 I was in ear A awaring for	
HHHH		
		111111
KETCH PLAN	B. GBC 8618B	

# AUBURN AUTO PTE LTD

176 Sin Ming Drive #04-18 Sin Ming Autocare, Singapore 575721

Tel: +65 9787 5558

Email: auburnauto.claim@gmail.com

Vehicle No: SMM6847L Model: BMW525I

QTY	Description Spare Parts - List Items	Repairer	's Estimate
1	Rear L/H Passenger Door	\$	1,400.00
1	Rear L/H Skirt X M/N	\$	620.00
1	Fender Side Retainers V NA	S	780.00
1	Rear L/H Passenger plastic sheet X NAI	\$	250.00
1	Rear L/H full inner plastic cover X MI	S	600.00
1	Bottom L/H Fender / DD	S	1,300.00
1	Bottom L/H Step Garnish X NA	S	330.00
2	Rubber Moulding / ///	\$	40.00 /

9749 - 19% 2466 /

5,320.00

es Sealant  es  fit rear R/H Door	s	300.00	49 <b>nec</b>
	S	300.00	0/
		4	y .
it rear R/H Door			
	S	300.00	210
ñt Rear Windscreen	\$	600.00	120
nd replaced damage lamps ar electrical wiring	\$	150.00	30
fit inner garnishes trim to	S	200.00	50
	S	800.00	600
nting.	\$	800.00	600
		-	1600 /
	s	2,850.00	
	S	8,470.00	
	AND TOTAL		102 Marie - Marie - Marie - Marie - Ma

Page 2 of 3

limit repair - 2 K

Survey:

1st / 2nd / 3rd

(delete accordingly)

	Surveyor Details:
(Name)	Steve
(Contact)	
(Email)	
(Signature)	istata was
Date/Time)	12/12/19, 4-90pm
	WI MITTLE
	5 days
	LIS
	Ry AL SIA

# 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:



# 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

の人を		Affiliated to Federation Interna	ationale Des Experts En Automo	bile		
UNITED	NITED OVERSEAS INSURANCE LTD		Ref : CS/UOI19021902/Eyf3n2			
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909		Date: 02-01-2020 Code: UOI2				
1.		Policy Particula	rs :- THIRD PARTY CLAIM	A		
	sured Veh.	GBC 8618B	Veh. Inspected	SMM 6847L		
Р	olicy No.		Coverage (\$)	0.00		
С	laim No.	M11D08881912	Excess (\$)	0.00		
A	ssign From	JENNY LEW	Assign Date	12/12/2019		
2.	NAS ELECTRICAL PROPERTY OF THE	Vehicle Pa	articulars & Condition			
	lake & Model	BMW 525I	c.c	2497		
E	ngine No.	HIDDEN	Year of Reg.	2009		
С	hassis No.	WBANU520X0C228751	Colour	BROWN		
0	dometer	158307	Steering	IN ORDER		
В	rakes	IN ORDER	Modification	SPORTS RIM		
G	General	FAIR				
3.	THE REAL PROPERTY.	Con	ditions of Tyres			
		Size	Make	Balance		
R	/H Front Tyre	225/50 R17	DUNLOP	5 mm		
L	/H Front Tyre	225/50 R17	DUNLOP	5 mm		
R	H Rear Tyre	225/50 R17	DUNLOP	5 mm		
L	/H Rear Tyre	225/50 R17	DUNLOP	5 mm		
4.	THE REAL PROPERTY.		ption of Damages			
Т	HE VEHICLE SU	STAINED DAMAGES AT THE	O/S BODY.			
D	AMAGES SEE D					
5.		Gen	eral Information			
A	Accident Date	09/12/2019	Inspection Date	12/12/2019		
S	Survey held at	AUBURN AUTO PTE LTD				
		176 SIN MING DRIVE #04-18 SIN MING AUTOCAF SINGAPORE 575721	RE			
5a.			Remarks			
A	)THE INSPECTION	ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BAS S, WE HAVE NOT AUTHORIS	IS. ED REPAIRS.		
5b.		Estim	ate Days of Repair			
E	ESTIMATED NORMAL PERIOD FOR REPAIR: 5 Working Days					



# **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

# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMM 6847L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR L/H PASSENGER DOOR	DENTED	1,400.00	1,400.00
1	REAR L/H SKIRT	NOT NECESSARY	620.00	
- 1	FENDER SIDE RETAINERS	NOT NECESSARY	780.00	8
1	REAR L/H PASSENGER PLASTIC SHEET	NOT NECESSARY	250.00	
1	REAR L/H FULL INNER PLASTIC COVER	NOT NECESSARY	600.00	-
1	BOTTOM L/H FENDER	DENTED	1,300.00	1,300.00
1	BOTTOM L/H STEP GARNISH	NOT NECESSARY	330.00	-
2	RUBBER MOULDING	NECESSARY	40.00	40.00
	LESS 10% DISCOUNT		-	-274.00
			5,320.00	2,466.00
	SPECIAL NETT ITEMS			
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	300.00	40.00
			300.00	40.00
	LABOUR			
	REMOVE AND REFIT REAR R/H DOOR.		300.00	200.00
	REMOVE AND REFIT REAR WINDSCREEN.		600.00	120.00
	REMOVE, REFIT AND REPLACED DAMAGE LAMPS AND CHECK UP REAR ELECTRICAL WIRING.		150.00	30.00
	REMOVE AND REFIT INNER GARNISHES TRIM TO ASSIST REPAIR.		200.00	50.00
	PANEL BEATING.		800.00	600.00
	TO RESPRAY PAINTING.		800.00	600.00
			2,850.00	1,600.00
	GRAND TOTAL		8,470.00	4,106.00

RECOMMENDED COST OF LUMP SUM REPAIRS	2,000.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/UOI19021902/Eyf3n2

CHEN TSUE YEE

**Automotive Assessor** 

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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