

22/03/2002

ASS. REC. BY:

REF: QS/SMO20001038/Ay d3

Special Instruction:

Surveyor: Adrian

## ASSIGNMENT (Office)

From (Person): Ye Yong Kong Melvin

of

SMO

Date/Time: 16/01/2020 @ 4:58pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKX 9894X

Insured:

CB 6392H

at Workshop m/s

J-Mart

Tel:

6343 0934

of

BLK 5 Defu Lane 10 # 01-578

Policy No:

Claim No:

CMTD2000279/SYH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 15/01/2020

CA / REV / REP. / REV 24 HRS

Imp)

17/01/2020

H.O.D. Endorsement:

Date/Time: 5:03pm @ 16/1/2020

Person Contacted:

Angie

Vehicle: IN/OUT

Date/Time

Action/Instruction

Telmo!! ✓)

SKX 9894X-X

CB 6392H-NA/INC20001016/24

D.O.A: 15/01/2020

22/1

Sent Prel. to Insura Co (E-Mail)

ASS. REC. BY: Adrian

REF: SMO

## ASSIGNMENT

From: \_\_\_\_\_ Date: 17/01/2020

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: 3KX 9894X

at Workshop m/s J-Mart

of BIK 5 Defu lane 10 # 01-578 Defu

Insured: Ind. Part C

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.

N/S	O/S

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 <sup>lwp</sup>

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: 3KX 9894X Yr Regnt: 2016 / Jan.

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

Truck / Trailer or

Make: Toyota Altis C.C. 1598

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

Sp. Reading: 66841 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MROS3REH104538667

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: 205/55R16.

R: 205/55R16.

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

TOYO / Yok or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A.

D.O.I.

17/01/20

Survey held at

J-Mart.

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

Front n/s.

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

Date / Time Action / Instruction

TP Smpo

Us \$2200f (Red \$2349-45,51%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

4/6/20 Typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.I: (\$) \$2200f

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

## Yvonne Wong (LKK Auto)

---

**From:** Yvonne Wong (LKK Auto)  
**Sent:** Wednesday, January 22, 2020 6:02 PM  
**To:** 'Ye, Yong Kang Melvin'; SUR  
**Cc:** Henry, Irene James; Hwang, Shiang Yi  
**Subject:** RE: Ref : CMTD2000279/SYH RE: SKX 9894X claiming against CB 6392H DOA 15/1/2020  
**Attachments:** SKX9894X PRELI ADVISE.pdf

Dear Sir/ Madam

Enclosed preliminary revised of vehicle SKX9894X

Date of survey : 17/01/2020

Number of days : 4 days

Thank you.

Best Regards,

**Yvonne Wong (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [yvonnewong@lkkauto.com](mailto:yvonnewong@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:** Thursday, January 16, 2020 4:58 PM  
**To:** assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Cc:** Henry, Irene James <[irene.henry@sompo.com.sg](mailto:irene.henry@sompo.com.sg)>; Teo, Grace <[grace.teo@sompo.com.sg](mailto:grace.teo@sompo.com.sg)>; Hwang, Shiang Yi <[shiangyi.hwang@sompo.com.sg](mailto:shiangyi.hwang@sompo.com.sg)>; J-Mart <[jmartauto@gmail.com](mailto:jmartauto@gmail.com)>  
**Subject:** RE: Ref : CMTD2000279/SYH RE: SKX 9894X claiming against CB 6392H DOA 15/1/2020

Dear LKK Auto,

Please assist to assign the case to Mr Marcus Chua to conduct survey on SKX9894X.

Please revert with your preliminary report upon completion of survey.

Best Regards

**Melvin Ye**

Claims Division

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



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: CMTD2000279/SYH

Date: 22 Jan 2020

Our Ref: CS/SMO20001038/Ayd3

The Motor Claims Department  
SOMPO INSURANCE SINGAPORE PL

Dear Sir/Madam,

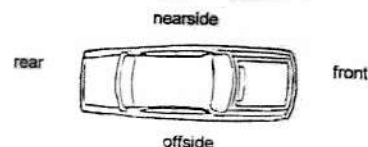
**INITIAL INSPECTION REPORT OF VEHICLE NO. SKX9894X .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 17/01/2020 at the premises of M/s J-MART MOTOR PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ 4,251.83 .
Revised Estimate Amount	: S\$ 2,278.13 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

**Description of Damage:**

The vehicle sustained damages  
at the front n/s portion.



Yours faithfully

Adrian Ling  
Licensed Appraiser

## Nivitha (LKK Auto)

**From:** Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>  
**Sent:** Thursday, 16 January 2020 4:58 PM  
**To:** assignments; sur@lkkauto.com  
**Cc:** Henry, Irene James; Teo, Grace; Hwang, Shiang Yi; J-Mart  
**Subject:** RE: Ref : CMTD2000279/SYH RE: SKX 9894X claiming against CB 6392H DOA 15/1/2020

Dear LKK Auto,

Please assist to assign the case to Mr Marcus Chua to conduct survey on SKX9894X.

Please revert with your preliminary report upon completion of survey.

Best Regards

Melvin Ye

Claims Division

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



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**From:** J-Mart <jmartauto@gmail.com>

**Sent:** Thursday, 16 January, 2020 4:44 PM

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

**Subject:** RE: Ref : CMTD2000279/SYH RE: SKX 9894X claiming against CB 6392H DOA 15/1/2020

Hi Melvin,

Please arrange LKK Auto Consultant Marcus Chua to conduct the survey. Thank you.

Regards,  
Angie

**From:** Ye, Yong Kang Melvin [mailto:melvin.ye@sompo.com.sg]  
**Sent:** Thursday, 16 January 2020 4:20 PM  
**To:** J-Mart <jmartauto@gmail.com>  
**Cc:** Henry, Irene James <irene.henry@sompo.com.sg>; Teo, Grace <grace.teo@sompo.com.sg>; Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>  
**Subject:** Ref : CMTD2000279/SYH RE: SKX 9894X claiming against CB 6392H DOA 15/1/2020

Our Reference: CMTD2000279/SYH

Your Reference: SKX9894X

**Without Prejudice**

Date: 16.01.2020

**Attention:**  
**J-MART MOTOR PTE LTD**

Dear Angie,

**ACCIDENT INVOLVING SKX9894X & CB6392H ON 15.01.2020**

We refer to your Notice of Accident dated 15/01/2020.

Please be informed that Ms Hwang Shiang Yi 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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-----Original Message-----

From: J-Mart <[jmartauto@gmail.com](mailto:jmartauto@gmail.com)>

Sent: Thursday, 16 January, 2020 3:07 PM

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

Subject: SKX 9894X claiming against CB 6392H DOA 15/1/2020

Hi,

Kindly refer me the surveyor names. Thank you.

Regards,

Angie



## 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	16/01/2020 13:59
Date Of Accident	15/01/2020 08:20
Exact Location Of Accident	BEDOK SOUTH AVE 1 AFTER ECP EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9894X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH CHOON LEE JOHN
NRIC No	SXXXX995D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81008251
Alternative Phone No	OFFICE-81008251

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086960568-03
Cover Note Number	

### Driver

Name of Driver	LINUS KOH TIAM YONG
NRIC No	SXXXX935F
Date Of Birth	20/11/1992
Occupation	INDOOR
Date Of Driving Pass	25/01/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81008251
Fax Number	
Contact Number	OFFICE-81008251
Email Address	NOEMAIL



Address	35 TAMPINES STREET 34 #03-39
Postcode	529239
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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)	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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB6392H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident 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 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.:

# Accident Sketch Plan

SKETCH PLAN



Bedok  
South  
Ave 1


A: SKX9894X  
B: CB6392H


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

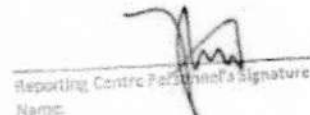
I was driving along Bedok South Ave 1, suddenly  
veh B came out from the slip road forced  
to brake in time hit into my veh. Rt Lt  
portion

## 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:  
NRIC/FIN No.:

# J-MART MOTOR PTE LTD

Block 5, Defu Lane 10, #01-578,  
Defu Industrial Park C, Singapore 539186  
Tel : 6343-0934 Fax : 6343-0921  
Email : jmartauto@gmail.com  
Registration No: 201400246D  
GST Reg. No: 201400246D

16-Jan-20

Our ref : TP/4804/20

John Koh Choon Lee

## RE : estimate cost for vehicle no : SKX 9894X

1 pc	lh headlamp <i>cut</i>	\$	850.00 ✓
1 pc	lh headlamp chrome <i>new</i>		184.00 ✗
1 pc	frt bumper <i>del</i>		585.10 ✓
1 pc	frt bumper lh retainer <i>new</i>		81.80 ✓
1 pc	frt bumper lh fog lamp cover <i>new</i>		79.00 ✗
1 pc	frt lh rim <i>ut</i>		2,409.20 1000 (SN)
			4189.10
		less 25%	1,047.28
			3,141.83
Panel beating.			500.00 200
Spray painting.			500.00 400
Wiring.			30.00 ✓
Alignment.			80.00 ✓
			4,251.83
		Plus 7% GST	297.62
			4,549.45

SD : Four thousand five hundred forty-nine & cents forty-five only.

*Adrian Lj*  
*H/S 17/01/20*  
*OK Days*

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: