

15/02/2010

INS. CASE OWNER:

Add

CS3

III1601

6434, K

LKK:  
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT  
7/9/16

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :SS

Is driver the owner? ( YES / NO )

If NO, Driver Name / Age :

Driver Tel No. :

HP:

D.O.A :

Nature of Accident :

(V/L-YES / NO)

Claim No. :

Policy No. :

No Estimate  
has submitted  
up to date.To check with  
Kenneth Again.DES  
711 RD CROSS GERVILLE RD  
MARKET & FOOD CENTRE

REPORT: YES / NO

1? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:

Supreme



INSRS:

WSP:

Tel :

Liability :

RMKS:



WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

11/9/16  
TJSSEG 91094  
SHD 8601K  
2/16/16 10010713/H2ubs  
VIA: 2/9/16

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days) Reduction:

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

SS

Loss of Rental (LOR):

SS

(

days)

Loss of Use (LOU):

SS

(\$

x

days)

Loss of Income (LOI):

SS

(\$

x

days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☐

(Tick only one)

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent )

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY SENT  
2/3/2020

PPH

ASS. REC. BY:

REF:

TH/

Kenneth

## 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. \_\_\_\_\_

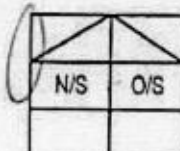
Sum Insured: \_\_\_\_\_

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: \_\_\_\_\_ 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: \_\_\_\_\_

Yr Regn: 10/12

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

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

c.c. 1585

Colour \_\_\_\_\_

A/C: Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_

T/Radio: Insured / Std / NI / NA

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

C/No: \_\_\_\_\_

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modl: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. \_\_\_\_\_

mm

R/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

L/Bal. \_\_\_\_\_

mm

D.O.A. \_\_\_\_\_

D.O.I. \_\_\_\_\_

Survey held at \_\_\_\_\_

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

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

Date / Time

Action / Instruction

7/9

In not ready

8/9

File pass to Customer

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$

Photos

Others

TOTAL


Add Fee: \_\_\_\_\_

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: \_\_\_\_\_

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




# 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			
INDIA INTERNATIONAL INSURANCE PL		Ref : CC4/III16016434/yb3	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 01-09-2016	
		Code : III2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHD 6601K	Veh. Inspected	SKG 9109U
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	01/09/2016
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer		Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	27/08/2016	Inspection Date	
Survey held at	SUPREME AUTO SERVICE PTE LTD 176 SIN MING DRIVE #02-01 SIN MING AUTOCARE SINGAPORE 575721		
<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.			

## 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 ability.
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 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 29/08/2016 19:49  
Date Of Accident 27/08/2016 11:15  
Exact Location Of Accident Upper Bukit Timah Road  
Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG9109U

#### Insured/Policyholder

Name Of Registered Owner YEO YONG PHENG  
NRIC No S1521988B  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-98898357  
Alternative Phone No Office-98898357

#### Vehicle Particulars

Manufacturer MERCEDES-BENZ  
Model C180 COUPE BLUE EFFICIENCY-1.6 (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 EQ Insurance Company Ltd  
Type Of Coverage Comprehensive  
Fleet Policy No  
Policy Number DMPPHQ16-003499  
Cover Note Number

#### Driver

Name of Driver LOH MARY  
NRIC No S1523538A  
Date Of Birth 13/08/1962  
Occupation Indoor  
Date Of Driving Pass 13/03/1985  
Driving Experience 31 Years And 5 Months  
Gender Female  
Mobile Number (Local) +65-98774059  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Spouse

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- Same Direction

Weather Conditions Clear

Road Surface Dry

### Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? Yes

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? 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 ATTACHED STATEMENT.

Are accident photos available for attachment? Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6601K

Vehicle Make/Model/Colour TAXI- MERC

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Details of Witness

Name

Phone Number

Email Address



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 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.
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.

Policyholder's Signature / Date & Time

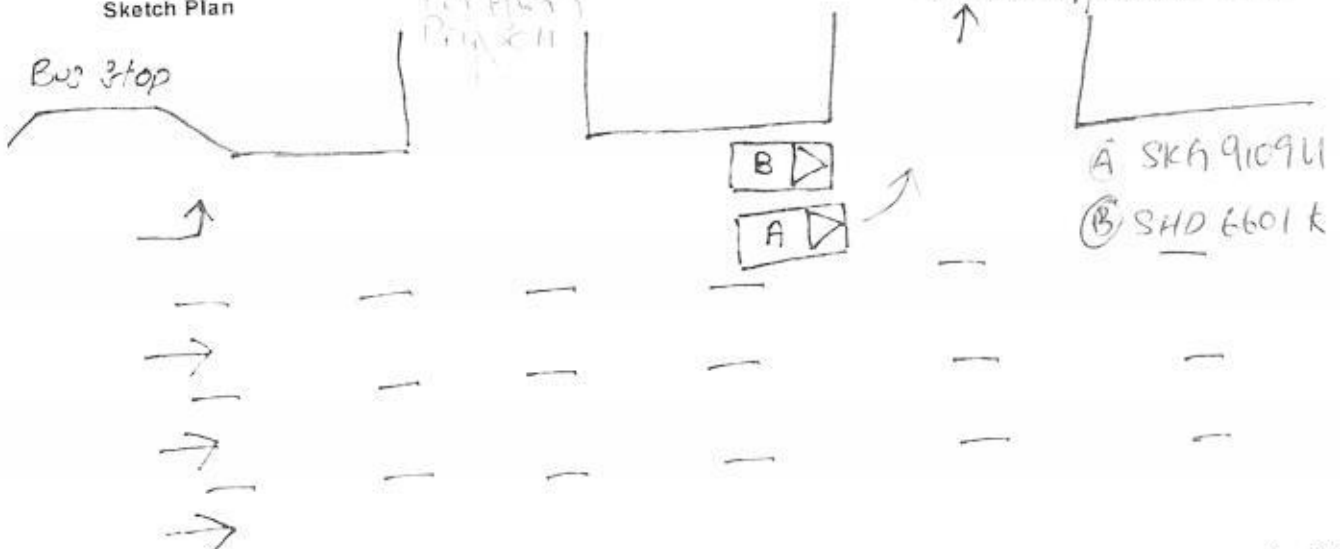
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

To market/Hawker Centre

Bus Stop



## Sketch Plan Pg.2

### Describe Circumstances of the Accident

I was driving on the extreme left lane of Upper Bukit Timah Road going to 7th Mile Bukit Timah Food Centre. The extreme left lane is wider than the other lanes and ahead of it were widen to split into 2 lanes for left turning. I signalled my intention to turn into the said destination while moving in my travelling lane, a taxi, taken the advantage of the wide lane, overtake me from the left and collided into the left front of my vehicle. The impact of the accident made my felt unwell after the accident. I took some photo at the scene after the accident.

### Declaration

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

Witnessed by Reporting Centre Personnel



**Catherine Chong (LKK Auto)**

---

**From:** Remya Viswanathan <remya@iii.com.sg>  
**Sent:** Wednesday, 31 August, 2016 2:25 PM  
**To:** 'memesan@supreme.sg'  
**Cc:** Adeline Tham; Roger Yap; Zuhaidah Samsuri; assignments  
**Subject:** ACCIDENT INVOLVING SHD6601K(III) & SKG9109U ON 27.08.2016  
**Attachments:** SHD6601K\_20160831141304.pdf; shd6601k.PDF

Dear Sir/Mdm,

**This Pre-Repair Survey is on Without Prejudice Basis.**

THIRD PARTY VEHICLE NO : SKG9109U

III INSURED VEHICLE NO. : SHD6601K

DATE OF LOSS : 27.08.2016

We acknowledge receipt of your email dated 31.08.2016.

Our insured has reported the above accident to us.

**In compliance to Pre-Action Protocol for NIMA cases, we note that**

-You have agreed to the appointment of our surveyor.

Therefore, we have appointed our surveyor **LKK Auto Consultant** to conduct the pre-repair survey.

This claim is handled by Ms Aida.

Please let us have your client's **accident report and repair estimate** for our appointed surveyor to conclude his report.

**\*\*We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.**

**\*\*Surveyor kindly upload this assignment to Merimen.**

**Thank You.**

**Remya**  
Motor Claims Department  
India International Insurance Pte Ltd  
64 Cecil Street #04/#05 IOB Building  
Singapore 049711  
Tel : 63476100, Ext-217, Fax : 62244174  
E-mail: [remya@iii.com.sg](mailto:remya@iii.com.sg)

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

**DISCLAIMER:**

This email is intended solely for the person to whom it has been addressed.  
It may contain confidential and/or legally privileged information.

31.08.2016 @ 2.24pm

Mr. Chew veh not in



# SUPREME AUTO SERVICE PTE LTD

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

•Tel: 6452 8211 • Fax: 6451 7420

India International Insurance P/L  
Attn: Motor Claims Department

27/8/2016

Dear Sir,

RE : Request for PRI for SHD 6601K in an accident involving SKG 9109U  
UPP BT TIMAH RDX SERVICE RD 7 MARKET & FOOD CENTRE

We have been authorised by Xeo Yong Pheng, the registered owner of motor vehicle: SKG 9109U at the material time of accident to make a claim against your insured.

Please give us the list of panel of your 10 survey firms for our selection to inspect the above said vehicle or you may assign our choice from either one of the 2 survey firms, Premier Appraiser Services or LKK Auto Consultants Pte Ltd.


We will direct settle the claims with you if the survey is conduct by either of one the firms mentioned.

Kindly contact us at 64528211 before coming to ensure the vehicle is in the workshop.

Thank you.

Yours Sincerely,

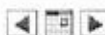
↓  
97368619 CHEW

  
Supreme Auto Service Pte Ltd

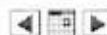
## Claim Audit

AUDIT TRAIL				
No.	On	Audit	Remarks	By
1	01 Sep 2016 12:38	<b>Cim Veh Model Changed</b>	(203600) MERCEDES-BENZ C180 COUPE BLUE EFFICIENCY 1.6 (A).	[A] Lau Shu Pei
2	01 Sep 2016 12:38	<b>Cim Created</b>	Reg No: SKG9109U. Acct Date: 2016/08/27. Claim Type: TP. Insurer: India International Insurance Pte Ltd (HQ). TP Insurer: EQ Insurance Company Ltd (HQ). Workshop: Supreme Auto Service Pte Ltd - Sin Ming (HQ)	[A] Lau Shu Pei
3	01 Sep 2016 12:38	<b>Adj Co Assigned</b>	LKK Auto Consultants Pte Ltd (HQ):	[A] Lau Shu Pei
4	01 Sep 2016 12:38	<b>Adj Next Rpt Changed</b>	Next Rpt:Final Rpt.Due Date:2016/09/13	[A] Lau Shu Pei
5	01 Sep 2016 12:38	<b>Adj Mandate Set</b>	Approved:0.00.Reinsp:Adj decides.	[A] Lau Shu Pei
6	01 Sep 2016 12:38	<b>Label Added</b>	(30653):Direct Settlement.	[A] Lau Shu Pei
7	01 Sep 2016 12:38	<b>Adj Adjuster Assigned</b>	[None] -> MARCUS CHUA	[A] Lau Shu Pei
8	07 Sep 2016 20:54	<b>Adj Mandate Request</b>	Cur.Req:0.00:LIABILITY : 100% REMARK : OI REPORTED ..IN CAR CAMERA CAPTURED VIBRATION FROM THE CONTACT POINT...KINDLY PROVIDE US A COPY OF VIDEO IF AVAILABLE FOR OUR FURTHER REVIEW	[A] Jasmine Khine Phoo Wai
9	08 Sep 2016 12:05	<b>Adj Adjuster Assigned</b>	MARCUS CHUA -> KENNETH KONG	[A] Lau Shu Pei
10	09 Sep 2016 15:20	<b>Adj Next Rpt Changed</b>	Next Rpt:Final Rpt.Due Date:2016/09/13. Mandate Remarks: I will be sending the video footage CD	[I] Zuhaidah Bte Samsuri
11	09 Sep 2016 15:20	<b>Adj Mandate Set</b>	Maintained:I will be sending the video footage CD	[I] Zuhaidah Bte Samsuri
12	13 May 2019 09:51	<b>Adj Mandate Request</b>	Cur.Req:0.00:PODS Liability: 0% Remarks: Insured video shows that third party changed lane and hit onto our taxi. We seek approval to reject Third party claim	[A] CHEW HSIAO TONG

Date From



Date To



Audit Type None

Go

### ACTIVITY

[07/09/2016 20:52] Jasmine Khine Phoo Wai:

LIABILITY : UNCLEAR

REMARK : OI REPORTED ..IN CAR CAMERA CAPTURED VIBRATION FROM THE CONTACT POINT...KINDLY PROVIDE US A COPY OF VIDEO IF AVAILABLE FOR OUR FURTHER REVIEW

### Merimen Billing for this case - Transaction History

Bill Ref No	Bill Date	Acc Type	Acc Name	Co Name (Branch)	Ref 1	Ref 2	Amount
No billing items							

## Print Received Message

This mail is associated with :

**\*SKG9109U (MCT16081191)**

**[SHD6601K]**

TP

YEO YONG PHENG

Aug 27 2016 12:00AM

[COMFORT TRANSPORTATION PTE LTD]

Supreme Auto Service Pte Ltd

**From** India International Insurance Pte Ltd (HQ) (III\_SG), sent on 13/05/2019 16:17 PM.  
**To** LKK\_HQ  
**Subject** Alert - Adj Mandate Maintained - SKG9109U - Claim Handler: Zuhaidah Bte Samsuri

Maintained: This case is 50/50 as TP had signal left to enter the minor road but took a wide turn, thus OID overtook TP on the left (single wide lane). Furthermore, OID had recovered only 50% from TP insurer.

## Hsiao Tong (LKKAuto)

---

**From:** Hsiao Tong (LKKAuto)  
**Sent:** Saturday, 18 May 2019 1:25 PM  
**To:** admin (admin@supreme.sg)  
**Cc:** Admin A; Kenneth Kong (LKKAuto)  
**Subject:** Your ref: SKG 9109U \*Our Ref: CC4/III16016434/Kmb3 [ACCIDENT INVOLVING SHD 6601K(III) AND SKG 9109U ON 27/08/2016]

Your ref: **SKG 9109U**  
Our Ref: CC4/III16016434/Kmb3

**Without Prejudice**

Dear Sirs,

### **ACCIDENT INVOLVING SHD 6601K(III) AND SKG 9109U ON 27/08/2016**

We refer to the above matter.

Please be informed that we have our principal instruction to offer 50% toward your client's claim.

Kindly advise if your client is still pursuing third party claim against our insured on this matter. If so, kindly send us your repair estimate for our necessary action.

Appreciate an early reply.

"Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement."

Best Regards,

**Hsiao Tong, Chew** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) | fax: 6741-4108

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

## Hsiao Tong (LKKAUTO)

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**From:** Hsiao Tong (LKKAUTO)  
**Sent:** Monday, 2 March 2020 4:38 PM  
**To:** 'aida@iii.com.sg'  
**Cc:** Admin A  
**Subject:** Your Ref: MCT16081191 // LKK Ref: CC4/III16016434/Kpb3 [ACCIDENT INVOLVING SHD 6601K(III) AND SKG 9109U ON 27/08/2016]  
**Attachments:** EMAIL TO TP DD 180519.pdf

Your Ref: MCT16081191  
LKK Ref: CC4/III16016434/Kpb3

Dear Sirs/Madam,

### ACCIDENT INVOLVING SHD 6601K(III) AND SKG 9109U ON 27/08/2016

We refer to the above matter.

We have offered 50% to third party on 18/05/2019. Up-to-date, we did not receive any follow-up made from Third Party for their claim.

In view of non-development from the third-party, we will proceed to temporarily close this outstanding claim file and submit our PRI report (no estimate was given) to your good-office.

In future, if there are any new developments from the claimant, we will inform you for our further handling.

Thank you.

Best Regards,

**Hsiao Tong, Chew (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) | fax: 6741-4108

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



## ...CLAIM SUBFOLDER...(Pending for Survey Report)

PRI

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	01 Sep 2016 <a href="#">Edit Reg</a>		01 Sep 2016 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:	<b>COMFORT TRANSPORTATION PTE LTD</b> , Co. Reg. No.: 199303821R		
Main Claimant:	<b>YEO YONG PHENG</b> , ID: S1521988B		
Vehicle Reg. No.:	<b>SKG9109U</b>	Date of Loss:	27/08/2016 00:00 - :59 [46 Months and 26 Days From LTA Reg Date (Man Yr)]
Claim Type:	<b>TP / MCT16081191</b>	Policy/Cover Note No.:	MCOM0015
Vehicle Reg. No. (Insured):	<b>SHD6601K</b>	Policy No. (Claimant):	DMPPHQ16-003499
		Excess:	
Repairer:	<b>Supreme Auto Service Pte Ltd (HQ)</b> 176 Sin Ming Drive #02-01, Sin Ming Autocare, 575721 Sin Ming - Tel: 64528211		
Handling Insurer:	<b>India International Insurance Pte Ltd (HQ)</b> - Tel: 63476100 ... [Handled by <b>Zuhaidah Bte Samsuri</b> - 6347 6070]		
Claimant's Insurer:	<b>EQ Insurance Company Ltd (HQ)</b> - Tel: 6223 9433		
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KENNETH KONG</b> ] ... [Final Rpt due 13/09/2016]		

### ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

- III\_SG (13/05/2019): Alert - Adj Mandate Maintained - SKG9109U - Claim Handler: Zuhaidah Bte Samsuri
- III\_SG (09/09/2016): Alert - Adj Mandate Maintained - SKG9109U - Claim Handler: Zuhaidah Bte Samsuri

### ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									



**\*SKG9109U (MCT16081191)**  
**[SHD6601K]**

**YEO YONG PHENG**

Aug 27 2016 12:00AM

**[COMFORT TRANSPORTATION PTE LTD]**  
**Supreme Auto Service Pte Ltd**

## Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>				
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				



## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/III16016434/KPA3S2

Date: 04/03/2020

## REFERENCE

Handling Insurer:	India International Insurance Pte Ltd	Policy No:	MCOM0015	
Claimant Vehicle No :	SKG9109U	Insured Vehicle No :	SHD6601K	
Date of Loss:	27/08/2016	Nature of Claim:	TP	Claim No: MCT16081191

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SKG9109U		Engine No:	HIDDEN
Make & Model:	MERCEDES-BENZ C180 COUPE BLUE EFFICIENCY, 1.6 (A)		Chassis No:	WDD2043312F944888
Reg. Date:	01/10/2012 (Man. Year: 2012)		Odometer:	72699 km
Colour:	Metallic Dark Blue			
Engine Capacity:	1595 cc			
Market Value/New Car Price:	N/A			
Sum Insured (S\$):	Market Value/New Car Price			

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	

## CONDITION OF TYRES

Front Tyre Size:	225/45 R17	Rear Tyre Size:	225/45 R17
Front Left Side:	Michelin 6 mm	Rear Left Side:	Michelin 6 mm
Front Right Side:	Michelin 6 mm	Rear Right Side:	Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment:	01/09/2016	
Date Inspected:	07/09/2016	Inspected At: Supreme Auto Service Pte Ltd (HQ) 176 Sin Ming Drive #02-01, Sin Ming Autocare Singapore 575721
Estimated Period of Repair:	0.0 days	

Adjuster: KENNETH KONG

Manager: CHEW HSIAO TONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.



- 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.

## REPAIR DETAILS

### Reference

**Part Source:** MRM-SG      Version: 1.0 (Last Synchronised: 04 Mar 2020)

**Parts:** M1-COUPE    MERCEDES-BENZ C180 COUPE BLUE EFFICIENCY 1.6 (A) (Catalogue:Merimen Singapore 1.0)

**Labour:** Repairer's    (Price-denominated Standard List)

**Print Code:** (Unsubmitted, no print-code for SKG9109U)

**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk \*.

### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >