

ASS. REC. BY:

REF: CS/QBE17019614/T11b54 Special Instruction:

SUPERVISOR: Taufik ASSIGNMENT (Office)From (Person): Jenny Toh of QBE Date/Time: 12.10.2017 1009am

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBB 2194B Insured: _____at Workshop m/s Woon Meng Tel: 6316 1131 / 6216 1151of 50 Bukit Batok St 23 # 01-06Policy No: _____ Claim No: V0002440Sum Insured: _____ Excess: \$500.00Make of Veh: _____ D.O.A. 10.10.2017
(Client's Record)CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: _____Date/Time: 12.10.2017 10:17am Person Contacted: Ms. Heng Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>GBB 2194B - X</u>
<u>13/10/17</u>	<u>Sent poli and inform Jenny, owner withdrawn claim.</u>
	<u>They wait only reporting due to hit and run case</u>
	<u>Pending addendum report.</u>

Surveyor:

Tanglin

ASSIGNMENT

GBB 2194B

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:

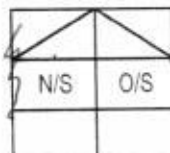
\$500

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

\$7500.

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Ms Mary

Veh No:

SDA 39364

Yr Regn:

2008 / Sep

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

Truck / Trailer or

Make:

Opel Combo

C.C

1248

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

174148

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

W0L0XCF 258.4015511

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:

185/60R15

R:

21

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

12/10/12

Survey held at

BKK

BKK

Wong mang

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
	Ms Mary afternoon call, owner withdraw claim, Ms Mary will mail addendum report
	hit 8 mm report only
	Owner withdraw claim
8/12/17	submit preli report

RECEIVED 03 DEC 2017

Date/Time, File Pass to?



Preli. Report

1) August



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

300

Report Format:

OD - withdraw

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

/)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$



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

QBE INSURANCE (SINGAPORE) PTE LTD

Ref : CS/QBE17019614/T1rb

1 RAFFLES QUAY #29-10 SOUTH
TOWERSINGAPORE 048583

Date : 12-10-2017



Code : QBE

1. Policy Particulars :- OWN DAMAGE

Insured Veh.	Veh. Inspected	GBB 2194B
Policy No.	Coverage (\$)	0.00
Claim No. V0002440	Excess (\$)	500.00
Assign From JENNY TOH	Assign Date	12/10/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No. HIDDEN	Year of Reg.	
Chassis No.	Colour	
Odometer -	Steering	
Brakes	Modification	
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date 10/10/2017	Inspection Date 12/10/2017
Survey held at	WOON MENG MOTOR PTE LTD 50 BUKIT BATOK ST 23 #01-06 MIDVIEW BUILDING SINGAPORE 659578

5a. Remarks

A)THE MARKET VALUE IS S\$------(EST. AVERAGE) B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.
--

Catherine Chong (LKK Auto)

From: Jenny Toh <jenny.toh@qbe.com>
Sent: Thursday, 12 October, 2017 10:09 AM
To: assignments
Cc: Jenny Toh
Subject: New Assignment - Accident involving GBB2194B ON 10.10.17
Attachments: 20171011125216.pdf

Our ref : V0002440

Dear Madam

Kindly survey the OD claim:

Insured : GBB2194B
Date of Accident :10/10/2017
Comprehensive
Excess : \$500.00
No estimate furnish yet.
Contact : As below

Kindly acknowledge receipt.

Jenny Toh
Senior Assistant, Claims
QBE Emerging Markets - Singapore

QBE Insurance (Singapore) Pte Ltd
Phone: +65 6477 1225
Email: jenny.toh@qbe.com
Visit us on the web at www.qbe.com.sg

-----Original Message-----

From: Syaheeda Nacah Binte Mohamed Othman
Sent: Wednesday, 11 October, 2017 1:38 PM
To: Jenny Toh <jenny.toh@qbe.com>
Cc: Heng Sew Sow <woonmeng@singnet.com.sg>
Subject: FW: Accident involving GBB2194B ON 10.10.17

Dear Jenny,

Please assist on OD.

Thank you

Syaheeda Othman
Senior Executive, Claims
QBE Asia Pacific - Singapore

QBE Insurance (Singapore) Pte Ltd
DID: +6477 1130 Fax : +6533 3270
Email: syaheeda.othman@qbe.com
Visit us on the web at www.qbe.com.sg

-----Original Message-----

From: Heng Sew Sow [mailto:woonmeng@singnet.com.sg]
Sent: Wednesday, 11 October, 2017 1:16 PM
To: Syaheeda Nacah Binte Mohamed Othman <syaheeda.othman@qbe.com>
Subject: Accident involving GBB2194B ON 10.10.17

Dear Syaheeda

We refer to the above accident

Kindly arrange a surveyor to survey of vehicle GBB2194B and attached GIA report for your reference.

Location : 50, Bukit Batok st 23 #01- 06 Midview Building (S) 659578 (Vehicle in)

Thank you.

Woon Meng Motor Pte Ltd
Tel ; 63161131
Fax : 63167050

Your message is ready to be sent with the following file or link
attachments:

20171011125216

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

IMPORTANT NOTICE : The information in this email is confidential and may also be privileged. If you are not the intended recipient, any use or dissemination of the information and any disclosure or copying of this email is unauthorised and strictly prohibited. If you have received this email in error, please promptly inform us by reply email or telephone. You should also delete this email and destroy any hard copies produced.

Your Ref: V0002440

Date: 13 October 2017

Our Ref: CS/QBE17019614/T1rb

The Motor Claims Department
QBE Insurance International Ltd

Dear Sir/Madam,

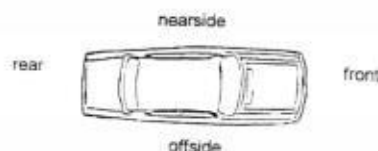
PRELIMINARY ADVICE OF VEHICLE NO. GBB 2194B .

We thank you for the instruction on 12/10/2017

Please be informed that we had conducted the inspection of the abovementioned vehicle 12/10/2017 at the premises of m/s: WOON MENG MOTOR PTE LTD and have the following to report:-

Repairer's Estimate (Gross)	: S\$ 5,161.25 .
Revised Estimate Amount	: S\$ 2,393.75 .
"Check" Items (Estimated)	: S\$ 300.00 .
Pre-Accident Value	: S\$ 7,500.00 .
COE/PARF value	: S\$ 1,315.00 .
Nett Value	: S\$ 6,185.00 .

Description of Damage:
The vehicle sustained damages
at the n/s body.



Comments:

We have not authorize repair.
Owner withdraw claim, repairer will
sent us the addendum report.

Yours faithfully
TAUFIKH
Automotive Assessor

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MM117138100 Vehicle Registration No: GBB 7194B

Name (as shown in NRIC) : Luen Trade Trading Pte Ltd NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 10/10/2017 Time of Accident : 13:00hrs

Place of Accident : Kallang Way

Insurance Company : QBE Insurance (Singapore) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

OD Claims Change to Reporting only

Policyholder / Driver's Signature
Date:



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

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	11/10/2017 12:36
Date Of Accident	10/10/2017 13:00
Exact Location Of Accident	KALLANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2194B
Insured/Policyholder	
Name Of Registered Owner	LUBRITRADE TRADING PTE LTD
Co Reg No	0
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84847378

Vehicle Particulars

Manufacturer	OPEL
Model	W0L0XCF2584015511

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 REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8- V0002440-MVA-R008
Cover Note Number	

Driver

Name of Driver	YEW YEW GRESS
NRIC No	S7309992G
Date Of Birth	17/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84847378
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Friday, October 13, 2017 10:19 AM
To: 'Jenny Toh'
Cc: SUR
Subject: RE: New Assignment - Accident involving GBB2194B ON 10.10.17
Attachments: GBB 2194B .pdf

Dear Jenny,

Enclosed preliminary revised for GBB 2194B.
We have not authorize repair.

According to repairer, the owner had withdrawn the claim. We are pending addendum report from repairer.

Thank you.

Best Regards,
Janice Lee (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: janicelee@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Admin-D (LKKAuto)
Sent: Thursday, October 12, 2017 10:50 AM
To: 'Jenny Toh' <jenny.toh@qbe.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: New Assignment - Accident involving GBB2194B ON 10.10.17

Dear Jenny,

Thank you for the assignment.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd
Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1,
#02-25 | S(408933)

-----Original Message-----

From: Jenny Toh [mailto:jenny.toh@qbe.com]
Sent: Thursday, 12 October, 2017 10:09 AM
To: assignments <assignments@lkkauto.com>
Cc: Jenny Toh <jenny.toh@qbe.com>
Subject: New Assignment - Accident involving GBB2194B ON 10.10.17

Our ref : V0002440

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5839M
Vehicle Details	
Vehicle No.:	GBB2194B
Vehicle to be Exported:	No
Intended De-registration Date:	13 Oct 2017
Vehicle Make:	OPEL
Vehicle Model:	COMBO-C 1.3DTJ MTA E4
Primary Colour:	Blue
Manufacturing Year:	2007
Engine No.:	Z13DTJ2164184
Chassis No.:	W0L0XCF2584015511
Maximum Power Output:	-
Open Market Value:	\$18,471.00
Original Registration Date:	25 Sep 2008
First Registration Date:	25 Sep 2008
Transfer Count:	0
Actual ARF Paid:	\$924.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 Sep 2018
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$13,889.00
COE Rebate Amount:	\$1,315.00
Total Rebate Amount:	\$1,315.00

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	11/10/2017 12:36
Date Of Accident	10/10/2017 13:00
Exact Location Of Accident	KALLANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2194B
Insured/Policyholder	
Name Of Registered Owner	LUBRITRADE TRADING PTE LTD
Co Reg No	0 199405839M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84847378

Vehicle Particulars

Manufacturer	OPEL
Model	W0L0XCF2584015511

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
------------------	--------------------

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8- V0002440-MVA-R008
Cover Note Number	

Driver

Name of Driver	YEW YEW GRESS
NRIC No	S7309992G
Date Of Birth	17/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84847378
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 703 CHOA CHU KANG ST 53 # 09- 54
Postcode 680703

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT TO POLICE REPORT NO : 2017/1010/2107.

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 UNKNOWN

Vehicle Make/Model/Colour

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

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

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.
☒ Claim Own Damage ☐ Claim TP ☐ Reporting Only ☐ Claim OD/TP at other workshop

Workshop name: _____

Describe Circumstances of the Accident

Refer to attachment to Police report no:
4/20171010/2407.

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

Witnessed by Reporting Centre
Personnel

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171010/2107

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171010/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2017 14:37	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YEW YEW GESS			Address: APT BLK 703 CHOA CHU KANG STREET 53 #09-54 HDB- CHOA CHU KANG SINGAPORE 680703	
ID Type / ID No.: NRIC NO / S7309992G			Contact No.:	Mobile: 84847378
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 44	Date of Birth: 17/03/1973	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ASSISTANT SALES MANAGER			Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/10/2017 13:00	Type of Location: Car Park
Location: Along Road 1 KALLANG WAY				
OPEN SPACE CARPARK.				
Weather:		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2194B	Lorry	OPEL	COMBO-C 1.3DTJ MTA E4	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20171010/2107

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171010/2107

CONTINUATION OF REPORT

Driver			
Name	YEW YEW GESS	ID No.	S7309992G
Related Vehicle	NIL	Contact No.	84847378
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 10/10/2017 at about 1230 hrs I had been to kallang way for lunch. i had parked my vehicle at the nearby open space car-park and left. when i had returned around 1330 hrs i had realised that the left side of the vehicle has been scratched all the way till the rear of the vehicle and also the left side mirror had been shattered.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20171010/2107

3 of 3

Report No. T/20171010/2107

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
BALAN S/O RAMIAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SSI 2 SOH PENG GUAN
Contact No.: 65476171

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/10/2017 14:37

Classification Of Case:

Signature:

Woon Meng Motor Pte Ltd

Office : 50 Bukit Batok St 23, #01-06 Midview Building, Singapore 659578

Workshop: 50 Bukit Batok St 23, #01-06 Midview Building, Singapore 659578

Tel: 6316 1131 HP: 9730 2017 Fax: 6316 7050

42, Sungei Kadut Ave, Singapore 729666 Tel : 63268523

(Email Adress : woonmeng @singnet.com.sg)

Co Reg No. 200603678M

GST Reg No. 20-0603678M

Estimate

OD Claim

To : QBE Insurance (Singapore) Pte Ltd
Motor Claims Dept

Date : 11 Oct 2017

Dear Sirs :

Fax : 65333270

RE : ESTIMATE COST FOR OPEL W0L0XCF2584015511 - GBB2194B
ALONG KALLANG WAY ON 10/10/2017

<u>ITEMS</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>PRICE</u>
1	Front side mirror housing n/s.	1pc	\$ 330.00 <i>bro ✓</i>
2	Front side mirror cover n/s.	1pc	\$ 70.00 <i>aut ✓</i>
3	Front side mirror n/s.	1pc	\$ 150.00 <i>ena ✓</i>
4	Front door outer moulding n/s.	1pc	\$ 70.00 <i>aut ✓</i>
5	Front fender lamp n/s.	1pc	\$ 25.00 <i>aut ✓</i>
6	Front wheel protector n/s.	1pc	\$ 85.00 <i>aut ✓</i>
7	Rear sliding door outer moulding n/s.	1pc	\$ 75.00 <i>ut ✓</i>
8	Rear sliding door lock n/s.	1pc	\$ 300.00 <i>?</i>
9	Rear sliding door rollar n/s.	1pc	\$ 400.00 <i>x sec ✓</i>
10	Rear sliding door outer handle n/s.	1pc	\$ 120.00 <i>ut ✓</i>
11	Rear sliding door n/s.	1pc	\$ 1,150.00 <i>Rx ✓</i>
			\$ 2,775.00
			\$ 416.25
			\$ 3,191.25
Sum Carried Forward			

Add 15%

Sum Carried Forward**\$ 3,191.25**

12 Front windscreen sealant.

2pcs \$ 40.00 x NN

Labour Charge & MiscTo remove, replace, repair & install
damaged parts. }

\$ 750.00 600

To R & R front windscreen glass.

\$ 120.00 x

To numbering logo.

to be check

To R & R wiring.

\$ 60.00 30

To putty & spray painting.

\$ 1,000.00 700

Total**\$ 5,161.25**

All prices quoted are subjected to 7% GST.

This is a computer generated document. No signature is required.

- 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:Tayliah 97495749
Ex \$500

Resort

Lumpsum

Resurvey after repair.

Sur @ lkkauto.com

5 days

13/10/17



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

QBE INSURANCE (SINGAPORE) PTE LTD

Ref : CS/QBE17019614/T1rbs2

1 RAFFLES QUAY #29-10 SOUTH
TOWERSINGAPORE 048583

Date : 21-12-2017



Code : QBE

1. Policy Particulars :- OWN DAMAGE

Insured Veh.		Veh. Inspected	GBB 2194B
Policy No.	8-V0002440-MVA-R008	Coverage (\$)	0.00
Claim No.	V0002440	Excess (\$)	500.00
Assign From	JENNY TOH	Assign Date	12/10/2017

2. Vehicle Particulars & Condition

Make & Model	OPEL COMBO	c.c	1248
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	W0L0XCF2584015511	Colour	WHITE
Odometer	174148	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	185/60R15	YOKOHAMA	6 mm
L/H Front Tyre	185/60R15	YOKOHAMA	6 mm
R/H Rear Tyre	185/60R15	YOKOHAMA	6 mm
L/H Rear Tyre	185/60R15	YOKOHAMA	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	10/10/2017	Inspection Date	12/10/2017
Survey held at	WOON MENG MOTOR PTE LTD 50 BUKIT BATOK ST 23 #01-06 MIDVIEW BUILDING SINGAPORE 659578		

5a. Remarks

A)THE MARKET VALUE IS S\$7,500.00(EST. AVERAGE) B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBB 2194B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT SIDE MIRROR HOUSING N/S (WCP)	BROKEN	330.00	330.00
1	FRONT SIDE MIRROR COVER N/S (WCP)	CUT	70.00	70.00
1	FRONT SIDE MIRROR N/S (WCP)	CRACKED	150.00	150.00
1	FRONT DOOR OUTER MOULDING N/S (WCP)	CUT	70.00	70.00
1	FRONT FENDER LAMP N/S (WCP)	CUT	25.00	25.00
1	FRONT WHEEL PROTECTOR N/S (WCP)	CUT	85.00	85.00
1	REAR SLIDING DOOR OUTER MOULDING N/S (WCP)	CUT	75.00	75.00
1	REAR SLIDING DOOR LOCK N/S (WCP)	* CHECK	300.00	-
1	REAR SLIDING DOOR ROLLAR N/S (WCP)	SERVICEABLE	400.00	-
1	REAR SLIDING DOOR OUTER HANDLE N/S (WCP)	CUT	120.00	120.00
1	REAR SLIDING DOOR N/S (WCP)	TO REPAIR SEE LABOUR	1,150.00	-
	COST PLUS 15%		416.25	138.75
			3,191.25	1,063.75
SPECIAL NETT ITEMS				
2	FRONT WINDSCREEN SEALANT (SN)	NOT NECESSARY	40.00	-
			40.00	-
LABOUR				
	TO REMOVE, REPLACE, REPAIR & INSTALL DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR SLIDING DOOR N/S.		750.00	600.00
	TO R & R FRONT WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	TO NUMBERING LOGO. (NPA)		-	-
	TO R & R WIRING.		60.00	30.00
	TO PUTTY & SPRAY PAINTING.		1,000.00	700.00
			-	-
			-	-
			-	-
			1,930.00	1,330.00
GRAND TOTAL			5,161.25	2,393.75
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$300.00 NETT)				2,393.75

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LESS EXCESS			-500.00
NETT LIABILITY			1,893.75

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MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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