

DATE

ASS. REQ. BY

REF: CS3/EQ117020949/Wb52

range & days

Special Instructions

Surveyor: Wilson

ASSIGNMENT (Office)

From (Person): Elaine cheong of EQ1

Date/Time 2/11/2017 @ 11:08 am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLQ 8109L

Insured: GBC 1125C

at Workshop m/s Braven Auto

Tel: 8220 0338

of 25 kaki Bukit Road # 08-26 Synergy, 417800

Policy No: _____ Claim No: DM17H002395/EC

Sum Insured: _____ Excess: _____

Make of Veh:
(Client's Record)

D.O.A 25/10/2017

CA / REV / REP. / REV 24 HRS

'up'

W.O.D. Endorsement

Date/Time 12:40pm @ 2/11/17

Person Contacted Jumat

Vehicle IN OUT

Date/Time Action/Instruction (X) Estimate

SLQ 8109L - X

GBC 1125C - CC3/EQ115006098/H1hm3g2-D.O.A: 9/4/2015

PRS Wilson

REF:

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: **SLQ 8109 L**
at Workshop m/s: **Braven Auto**
of: **23 Kaler Bukt Rd #26**
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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

chain collision

Accident Report ~~Not~~ Given

Range

\$10,800 - \$11,800

RECEIVED 01 FEB 2018

11 Days Repair

Date/Time File Pass to?

31-01-2018

Date/Time File Return to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Photo

Costs

TOTAL

Report Format: PRS

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

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Insp (\$)

☐ Weekend (\$)

Veh No: **SLQ 8109 L** Yr Regn: **18/2/2008**

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

Truck / Trailer or

Make: **Mitsubishi Colt** cc: **1468**

Colour: **Silver** A/C: ☐ Insured / Std / NI / NA

Sp. Reading: **94758** T. Radio: ☐ Insured / Std / NI / NA

Eng/No: _____

C.No: **JMYXTZ 2TATZ 000233**

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: **205/45 R 16**

R: **205/45 R 16**

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

TOYO / YOKO or **Toyo (F)**
Bridgestone (R)

Front

R/Bal: **3** mm R/Bal: **3** mm

L/Bal: **3** mm L/Bal: **3** mm

D.O.A: **25/10/2017** D.O.I: **2/11/2017 @**

Survey held at: **Above Address. 25/10/2017**

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

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

URGENT

Signature

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
---	--	--	--

(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

--	--	--	--

Check By:

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014

**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

EQ INSURANCE COMPANY LTD

Ref : CS3/EQ17020949/Wb

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Date : 02-11-2017



Code : EQ1

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GBC 1125C	Veh. Inspected	SLQ 8109L
Policy No.		Coverage (\$)	0.00
Claim No.	DM17HO02395/EC	Excess (\$)	0.00
Assign From	ELAINE CHEONG	Assign Date	02/11/2017

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

--	--

5. General Information

Accident Date	13/09/2016	Inspection Date	02/11/2017
Survey held at	BRAVEN AUTO - 25 KAKI BUKIT RD #01-39		
Repairer	-		

5a. Remarks

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.
--

Catherine Chong (LKK Auto)

From: Elaine Cheong <elaine.cheong@eqinsurance.com.sg>
Sent: Thursday, 2 November, 2017 11:08 AM
To: PRI Cpaglar; 'assignments'
Subject: FW: Our ref: DM17HO02395/EC, Your ref: CP/PRI/SLQ8109/17.sc(sf)
Attachments: PRI-SLQ8109 form 2.pdf

WITHOUT PREJUDICE

Dear Sherie,

We refer to your email of 02.11.17.

Your letter dated 30.10.17 requested us to reply by **EMAIL ONLY** and do not reply by FAX but instead your reply to us was through FAX. Please note that we are not liable for any delay.

We regret to advise that we are not agreeable to your proposed list of surveyors and will be assigning our panel surveyor, M/s LKK Auto Consultants Pte Ltd, whom is on copy, to conduct the pre-repair survey.

Kindly advise name of workshop and venue urgently.

We reserve our rights on Post-Repair Inspection, kindly contact our appointed surveyor before you return your client's vehicle to him/her.

Aside to LKK,

Please liaise with TP solicitor on PRS accordingly.

Thank you.

Regards,

Elaine Cheong
Senior Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190
www.eqinsurance.com.sg



Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of

From: Janet Tan
Sent: Thursday, November 02, 2017 10:40 AM
To: Elaine Cheong
Subject: FW: Our ref: DM17HO02395/EC, Your ref: CP/PRI/SLQ8109/17.sc(sf)

Regards,

Janet Tan

Senior Executive | Claims




EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

did 65 6496 9032 | tel 65 6223 9433 ext 032 | fax 65 6223 4190

www.eqinsurance.com.sg

 A Member of Citystate



Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of

From: PRI Cpaglar [<mailto:pri@cpaglar.com.sg>]

Sent: Thursday, November 2, 2017 10:28 AM

To: Janet Tan <janet.tan@eqinsurance.com.sg>

Subject: Re: Our ref: DM17HO02395/EC, Your ref: CP/PRI/SLQ8109/17.sc(sf)

Dear Sir,

We refer to your email dated 31 October 2017.

Kindly find our attached letter together with our list of surveyors.



Regards,

Sherie

For and on behalf of
Messrs C Paglar & Co
50 Chin Swee Road
#05-03 Thong Chai Building
Singapore 169874
Tel: 6536 5456
Fax: 6536 8706

On Tue, Oct 31, 2017 at 11:50 AM, Janet Tan <janet.tan@eqinsurance.com.sg> wrote:

Without Prejudice

Save As To Costs

Dear Sir,

We shall be appointing our surveyor to attend to the pre-repair survey of your client's vehicle.

Below is a list of motor surveyors in our panel. Please revert within 2 working days if you agree or have any objections to the appointment of any of the motor surveyors. If we do not hear from you, you are deemed to have agreed to the appointment of any of the motor surveyors listed by us. Alternatively, please specify one or more of our proposed motor surveyors to the said assignment.

1) AJAX Inspection Services Pte Ltd Tel: 6255 0808 Fax: 6849 9155	2) Automobile Inspection Services Pte Ltd Tel: 6286 0155 Fax: 6284 1539 Contact Person: Sophia
3) LBS Automotive Appraisal Pte Ltd L.B.S. Auto Consultants Pte Ltd Tel: 6281 6690 / 62832866 Fax: 6281 8748 Contact Person: Amy/ Grace	4) Priority Services Tel: 62934822 Fax: 62963283 Contact Person: Hui Lian
5) RT Appraisal Pte Ltd Tel: 67486076 Fax: 67480361 Contact Person: Ricky Teng	6) LKK Auto Consultants Pte Ltd Tel: 6256-3561 Fax: 6741-4108
7) Kelvin Automotive Appraising Services Tel: 81825263 Fax: 67461148 Contact Person: Kelvin	8) Automotive Appraiser & Surveying Services Tel: 96623655 Fax: 67655662 Contact Person: Mr Chee
9) JP Knights Pte Ltd	

Tel: 63450068

Fax: 63445328

Contact Person: Edna Lee

If you object to all the motor surveyors as proposed by us, please provide a list of at least 10 motor surveyors whom you consider as suitable to appoint for our consideration. We shall revert to you within 2 working days.

Meanwhile, we reserve our rights on Post-Repair Inspection, kindly contact us or our appointed surveyor before you return your client's vehicle to him/her.

Regards,

Janet Tan

Senior Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

did 65 6496 9032 | tel 65 6223 9433 ext 032 | fax 65 6223 4190

www.eqinsurance.com.sg

 A Member of Citystate



Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of

CPc

C PAGLAR & CO

ADVOCATES & SOLICITORS

UEN NO. 53130985A GST REG NO. M90371275E

50 Chin Swee Road
#05-03 Thong Chai Building
Singapore 169874

Telephone: (65) 6536 5456

Facsimile: (65) 6836 2195

Email: pri@cpaglar.com.sg

SERVICE OF COURT DOCUMENTS BY FACSIMILE
WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: GBC 1125C

Our Reference: CP/PRI/SLQ8109/17.sc

Date : 2nd November 2017

EQ INSURANCE COMPANY LIMITED

BY EMAIL

ATTN: MOTOR CLAIMS DEPT

Dear Sirs,

CORRESPONDENCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

We refer to your email/ fax dated 2nd November 2017.

Please note that the said vehicle can be inspected at:

BRAVEN AUTO PTE LTD

25 Kaki Bukit Road

#01-39 Synergy @ KB

Singapore 417800

Contact No.: 8220 0338 (Jumat)

(Please call the contact person within the next 2 days in advance)

KINDLY REPLY BY EMAIL ONLY: pri@cpaglar.com.sg

Please note that the vehicle will only be available for the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without any further notice or reference to you. All our client's rights are expressly reserved.

Yours faithfully,



C PAGLAR & CO

cc. [Client by Email heeyang1707@gmail.com Only] – (SLQ 8109L)

FOR SURVEYOR

Please initial here after completion of pre-repair inspection.

Thank you

.....
Appointed Surveyor (Name & Signature)

.....
Date & Time of Inspection

Form 3

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	26/10/2017 13:02
Date Of Accident	25/10/2017 18:00
Exact Location Of Accident	KALLANG PAYA LEBAR EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8109L
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	BRAELISS ENTERPRISE PTE. LTD.
Co Reg No	201429970C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82220338

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	MITSUBISHI COLT TURBO VERSION-R
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5082685699-01
Cover Note Number	

Driver

Name of Driver	KALAISELVAN S/O JAYARAMAN
NRIC No	S8536346H
Date Of Birth	01/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2007
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87497658
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	25 KAKI BUKIT ROAD 4 #01-39 SYNERGY @ KB
Postcode	417800
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	CHAIN COLLISION
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
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20171026/2016. ATTENDED BY SIT1

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	GBC1125C
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	

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ7843C

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

Email Address

DETAILS OF INJURED PERSON 1

Name KALAISELVAN S/O JAYARAMAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLQ8109L

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident 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.
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:

26 OCT 2017

IDAC KAKI BUKIT(VAC)

Reported to and Received by's Signature
Name: Singapore 415933
NRIC/IN No Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



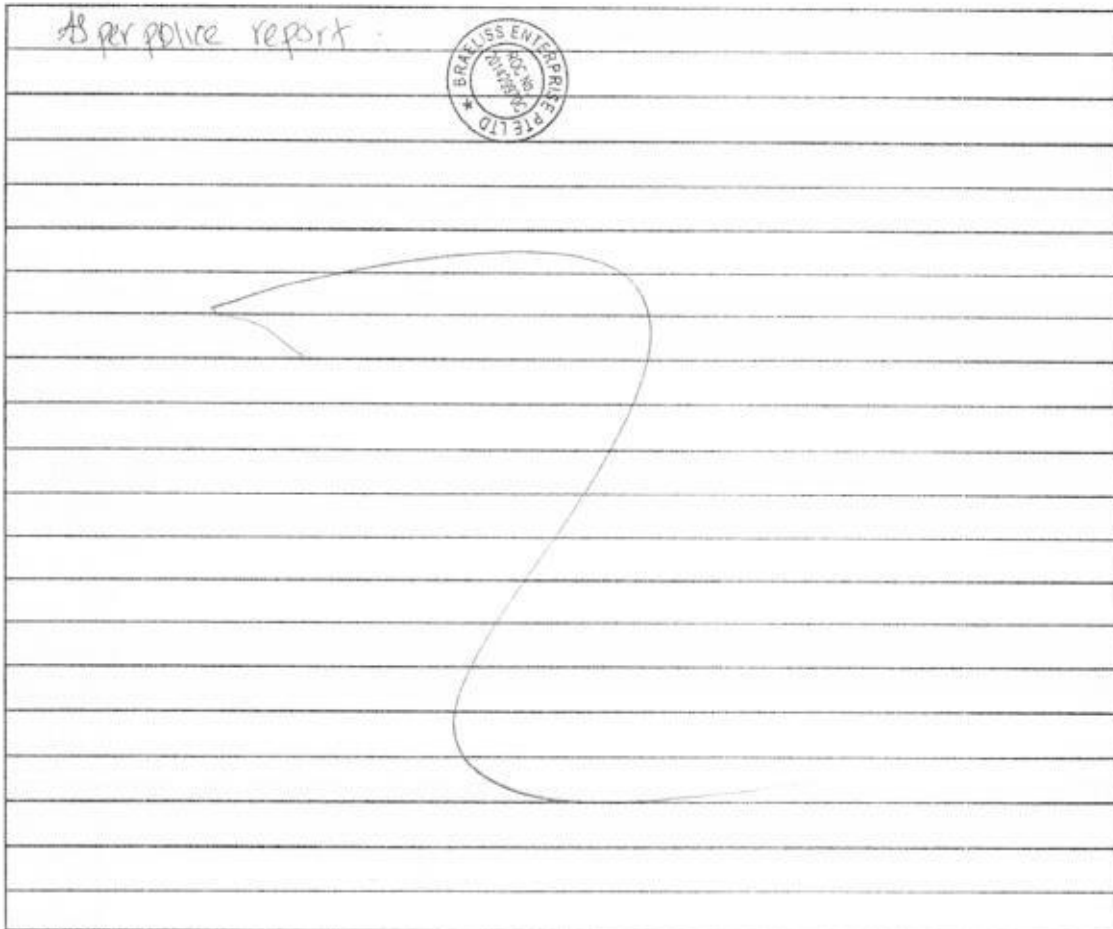
Handwritten details on the sketch plan grid:

- Vehicle A: SL 97843G
- Vehicle B: SL 981092
- Vehicle C: 98C 11252

A circular stamp is visible on the right side of the grid.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report



A large handwritten '2' is drawn across the grid.

DECLARATION

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

26 OCT 2011

Policyholder
Date & Time:

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

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Reporting Centre Singapore 115933
Name: Tel: 67416697
HBC/FIN No: Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171026/2016

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20171026/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2017 11:13		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: KALAISELVAN S/O JAYARAMAN			Address: APT BLK 132 EDGEDALE PLAINS #07-36 SINGAPORE 820132		
ID Type / ID No.: NRIC NO / S8536346H			Contact No.: Home/Office: Mobile: 87497658		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 01/11/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2017 18:00	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY TAMPINES EXPRESSWAY After KPE tunnel towards TPE at 2nd lane				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1125C	Van	NISSAN	URVAN 3.0 5MT ABS AB 5DR LWB PANEL	Silver	Slightly Damaged	0
SLQ7843G	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Blue	Slightly Damaged	1

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171026/2016

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20171026/2016

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ8109L	Car	MITSUBISHI	MITSUBISHI COLT TURBO VERSION-R	Silver	Seriously Damaged	0

Brief Details.

On 25/10/2017 about 1800hrs, I was driving a rental vehicle SLQ8109L along KPE towards TPE at lane 2. I had already drove out of KPE tunnel and there was a vehicle in front of me SLQ7843G came to a stop. I subsequently came to an emergency stop and I managed to stop in time and came to a stationary stop and did not hit against the front vehicle.

Suddenly, I felt an impact from the rear of the vehicle and the impact was so strong that my vehicle had protruded in front and hit against the front vehicle SLQ7843G. After the impact, I felt pain at my leg area. There were members of public came by and assisted me out of my vehicle and I discovered that I had got into an accident with vehicle SLQ7843G and the rear vehicle GBC1125C. I managed to exchange particulars with both of the drivers and took photos of the scene.

I then contacted the rental company and informed about the issue. I was then informed that they will engaged a tow truck to tow the rental vehicle as it was seriously damaged. Aetos officers and EMAS was at scene too. I was also informed that the ambulance and police are on the way. I then saw that the accident had cause congestion at the KPE tunnel as such I decided to move my rental vehicle away. I still managed to drove off my rental vehicle out of the Expressway and stop along a bus stop along Tampines Road and wait for my tow truck.

After a while, tow truck came and tow away the vehicle. I followed them to Kaki Bukit workshop. I then settled things there and I took a cab to the Blk 122A Edgedale Plains #01-187 for a check-up. As I felt pain.

After I alighted from the cab, I went to Edgedale Medical Clinic located at Blk 122A Edgedale Plains #01-187 for check and I was entitled with a total of 5 days medical leave from 25/10/2017 to 29/10/2017.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20171026/2016

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3




Report No: T/20171026/2016

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: F / Sgt 2 IVIN ONG HONG CHUAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2017 11:13
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case: 
Authentication Stamp NP168	

Edgedale Medical Clinic

Blk 122A Edgedale Plains #01-187 S(821122)

Tel: 6635 2272 Email: edgedaleclinic@gmail.com

Medical Certificate

Date : 25 Oct 2017

MC No. : 0000007839

This is to certify that :

Name : KALAISELVAN S/O JAYARAMAN

NRIC : S8536346H

is Unfit for Duty for 5 days

from 25/10/2017 to 29/10/2017 inclusive.



Dr Yan Shiyuan
B.Sc(Pharmacy), NUS
MBBS, University of Queensland
MCR No. M18892A

Dr Yan Shiyuan

B.Sc (Pharmacy), NUS
MBBS, University of Queensland

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.


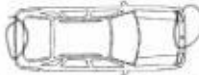
**LKK Auto Consultants Pte Ltd**

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

PRE-REPAIR INSPECTION REPORT			
EQ INSURANCE COMPANY LTD		Ref: CS3/EQI17020949/Wbs2	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date: 08-02-2018	
		Code: EQI	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	GBC 1125C	Veh. Inspected	SLQ 8109L
Policy No.		Coverage (\$)	0.00
Claim No.	DM17HO02395/EC	Excess (\$)	0.00
Assign From	ELAINE CHEONG	Assign Date	02/11/2017
2. Vehicle Particulars & Condition			
Make & Model	MITSUBISHI COLT	c.c	1468
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JMYXTZZTATZ000233	Colour	SILVER
Odometer	94758 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/45R16	TOYO	3 mm
L/H Front Tyre	205/45R16	TOYO	3 mm
R/H Rear Tyre	205/45R16	BRIDGESTONE	3 mm
L/H Rear Tyre	205/45R16	BRIDGESTONE	3 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.			
5. General Information			
Accident Date	25/10/2017	Inspect Date / Time	02/11/2017 (02:59 PM)
Survey held at	BRAVEN AUTO - 25 KAKI BUKIT RD #01-39		
Repairer	-		
5a. Remarks			
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. D)THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$10,800-\$11,800			

Report Ref No. CS3/EQI17020949/Wbs2

Inspected By

WILSON TEO CHENG MING

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MinstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.