22/03/2002

ASS. REC. BY:

REF: CS/SPF 17021452 / AQ0n2

Special Instruction:

ASSIGNMENT (Office)

Surveyor

From (Person): Abdul Rahman of SPF

Date/Time: 10.11.17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SBV 3843A

Insured: QX 854A

at Workshop m/s Everben Auto

Tel: 6743 7111

of Blk 302A Ubi Road 1 #01-49

Claim No: AEMD/105/009/2017/146

Policy No:

Excess:

Sum Insured:

D.O.A. 06.11.2017

Make of Veh: (Client's Record)

13.11.2017 @ after 2.30pm

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS / WP

Date/Time: 10.11.17 9.05am

Person Contacted: Stella

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SBV 3843A - X
	QX 854A - X

(08/11/17)

REF: SPF

Surveyor:

ASSIGNMENT

From: Date: 13.11.2017

Estimated Cost:

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

To Inspect Vehicle No: SBV 3843A

at Workshop m/s Eversen Auto

of Blk 3022A Ubi Rd 1 #01-49

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBV3843A. Yr Regn: 1992 1Sept

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

Make: Mercedes-Benz 200E c.c 1996

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

Sp.Reading 453172. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDB1240212B818880.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: 195/65R15.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO 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.	13/11/17.

Survey held at Eversen.

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
	TP Singapore Police Force.
23/11/17	Submit 4s $ 2950 CRed: 2955, 50 %.
	RECEIVED 23 NOV 2017

Date/Time, File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ Interview ($)

☐ Tech. Invs ($)

☐ Weekend ($)

Survey Fee:

Transportation: $ + RS SI

Photos

Others

250

TOTAL

Report Format : TP

Lump Sum / I.B.I: ($ 2950)

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

AUTOMOTIVE ENGINEERING & MGT DIVISION Ref : CS/SPF17021492/Agb

ACCIDENT CLAIM SECTION
(SINGAPORE POLICE FORCE)
1 MOUNT PLEASANT ROAD
BLK 8 OLD POLICE ACADEMYSINGAPORE 298333

Date : 10-11-2017

Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 854A	Veh. Inspected	SBV 3843A
Policy No.		Coverage ($)	0.00
Claim No.	AEMD/105/009/2017/146	Excess ($)	0.00
Assign From	ABDUL RAHMAN	Assign Date	10/11/2017

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	06/11/2017	Inspection Date	13/11/2017
Survey held at	EVER SEN AUTO SERVICE BLK 3022A UBI ROAD 1 #01-49 SINGAPORE 408716		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

SINGAPORE POLICE FORCE

SPF Accidents Claims Section
Automotive Engg & Mgmt Div
Police Logistics Department
No. 1 Mount Pleasant Road
Block 8 Old Police Academy
#02-12 Singapore 298333

Tel: 64784840
Fax: 64784848

Your Ref : SBV3843A

Our Ref : AEMD/105/009/2017/~~134~~ 14-6

Date : 9 November 2017

LKK Auto Consultants Pte Ltd
Paya Ubi Industrial Park
51 Ubi Avenue 1 #01/02-25
Singapore 408933

Via Fax only: 62564315

Dear Sir/Madam,

ACCIDENT ON 6 NOVEMBER 2017 INVOLVING GOVT VEHICLE QX854A AND OTHER VEHICLE SBV3843A

We refer to the above matter.

2 Please assist to arrange for a PRI of Vehicle no. **SBV3843A** at **M/s Ever Sen Auto Service** of **3022A Ubi Road 1 #01-49**, Singapore **408716**.

3 For appointment kindly contact **Ms Stella Kow** at **Tel: 67437111**.

4 Estimates were provided by the workshop.

5 Thank you.

Yours faithfully,

Abdul Rahman
Accident Claims Officer
for Assistant Director

A FORCE FOR THE NATION

NP 18 (1/15)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	6052J

Vehicle Details

Vehicle No.	SBV3843A
Vehicle to be Exported	No
Intended De-registration Date	23 Nov 2017
Vehicle Make	MERCEDES BENZ
Vehicle Model	200E AUTO
Primary Colour	Blue
Manufacturing Year	1992
Engine No.	10296322044882
Chassis No.	WDB1240212B818980
Maximum Power Output	-
Open Market Value	$48,989.00
Original Registration Date	15 Sep 1992
First Registration Date	15 Sep 1992
Transfer Count	4
Actual ARF Paid	$73,484.00

Intended PARF Rebate Details

PARF Eligibility	Forfeited
PARF Eligibility Expiry Date	-
PARF Rebate Amount	$0.00

Intended COE Rebate Details

COE Expiry Date	31 Oct 2019
COE Category	B - Car (1601cc & above)
COE Period(Years)	10
PQP Paid	$18,262.00
COE Rebate Amount	$3,539.00
Total Rebate Amount	**$3,539.00**

The information contained herein is correct as at 23 Nov 2017

OK

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 08/11/2017 16:25

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 witholding 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	08/11/2017 14:34
Date Of Accident	06/11/2017 14:20
Exact Location Of Accident	PAYA LEBAR ROAD BY UBI AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBV3843A
Insured/Policyholder	
Name Of Registered Owner	LIM HONG HUAT JOSEPH
NRIC No	S0016052J
Email Address	HONGHUAT@JOE.COM.SG
Mobile Phone No	(LOCAL) +65-97576577
Alternative Phone No	OTHERS-97576577
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	200E-2.0 (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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	VA2/GA089376
Cover Note Number	
Driver	
Name of Driver	LIM HONG HUAT JOSEPH
NRIC No	S0016052J
Date Of Birth	05/03/1949
Occupation	INDOOR
Date Of Driving Pass	02/06/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97576577
Fax Number	
Contact Number	OTHERS-97576577
EMail Address	HONGHUAT@JOE.COM.SG

Address	APT BLK 51 CHAI CHEE STREET # 11-318 SINGAPORE
Postcode	460051
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 81 ANG MO KIO AVE 3 , **POSTCODE**: 569929 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4519999 - **FAX NO**: 65535679
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

TP REVERSE HIT INSURED REFER TO ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

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	QX854A
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

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 claim 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.

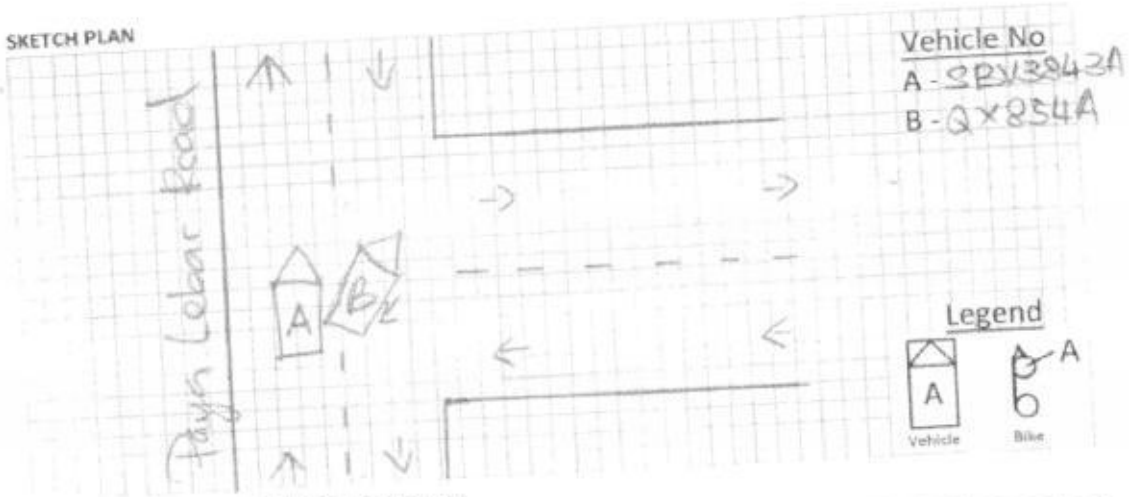
Policyholder's Signature
Date & Time: 21/11/17 3.24pm

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time: 9/11/17
2.24pm

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

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

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: 6/11/17 Time: 1420

2 Exact location of accident: Paya Lebar Road by Ubi Ave 3

3 Injuries even if slight: No ☐ Yes ☐ *

4 Material damage: To vehicles other than vehicles A and B: No ☐ Yes ☐ * — To objects other than vehicles: No ☐ Yes ☐ *

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)

Vehicle Video Camera Available: No ☐ Yes ☐

Registration No. (VEHICLE A): SBV3843A

6 Insured / policyholder (see insurance cert.)

Name (capital letters): Lim Hong Huat Joseph

Address:

NRIC / Passport no.: S0016052J

Tel no. (from 9am till 5pm): 97576577

HP:

7 Vehicle

Make, type: Mercedes Benz 200E A 1796cc

8 Insurance company: AXA ☐C ☐TPFT ☐TPO

Does the policy cover damage to vehicle A? No ☐ Yes ☐

Policy No.: VAJ/GA089376

9 Driver ☒ Same as Owner

Name (capital letters):

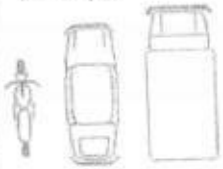
NRIC / Passport no.:

Class of licence: 3

HP:

Gender: Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

A		B
☐1	Chain Collision	☐1
☐2	Collided into Bicyclist	☐2
☐3	Collided into Motorcyclist	☐3
☐4	Collided into Parked Vehicle	☐4
☐5	Collided into Pedestrian	☐5
☐6	Collided into Property	☐6
☐7	Collision - Change/Cross Lane	☐7
☐8	Collision - Cross Junction	☐8
☐9	Collision - Head on Collision	☐9
☐10	Collision - Head to Rear	☐10
☐11	Collision - Major/Minor Rd	☐11
☐12	Collision - Opening Door of Vehicle	☐12
☐13	Collision - Roundabout	☐13
☐14	Collision - U-Turn	☐14
☐15	Drink Driving / Drug Influence	☐15
☐16	Fire, Explosion or Lightning	☐16
☐17	Flood	☐17
☐18	Hit and Run / Vandalism / Damaged whilst Parked	☐18
☐19	Hit by Falling Tree / Other Objects	☐19
☐20	No Collision	☐20
☐21	Side Swipe	☐21
☐22	Theft	☐22

← State TOTAL number of boxes marked with a cross →

13 Sketch of accident when impact occurred 13

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4 ☐

15 Signatures of drivers 15

A Lim Hong Huat

B

Registration No. (VEHICLE B): QX854A

6 Insured / policyholder (see insurance cert.)

Name (capital letters):

Address:

NRIC / Passport no.:

Tel no. (from 9am till 5pm):

HP:

7 Vehicle

Make, type:

8 Insurance company ☐C ☐TPFT ☐TPO

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available):

9 Driver (See driving licence) (If different from insured B above)

Name (capital letters):

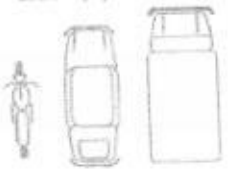
NRIC / Passport no.:

Class of licence:

HP:

Gender: Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow(→)



11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in this statement after signing. Subsequently, each driver should take one copy

For injured's Individual Statement (Part II) see overleaf →

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Own Workshop Email / Fax (if any): Email: Howchuat@pacific.com.sg

Insured

1 Occupation (if more than one, state all)

2 Vehicle registration no. | C.C. | If commercial vehicle, state permissible carrying capacity

Of which vehicle are you the owner?

☐ A ☐ B

3 Is driver the owner? Yes ☐ No ☐ If no, State Relationship of Driver with Owner | State the vehicle number and name of insurer of driver's own vehicle (where applicable)

4 Exact purpose for which vehicle was being used at time of accident ☐ Private use ☐ Commercial use ☐ Hire & reward ☐ Private Hire ☐ Others - please specify

5 Is the vehicle still in use? Yes ☐ No ☐ If no, state where it is at present | Tel no.

6 Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ No ☐

If so, state action to be taken ☐ Third Party ☐ Reporting Only ☐ Third Party (Own Workshop)

Driver or person in charge of vehicle at the time of accident (including Insured)

7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
5/3/49	Indoor ☐ Outdoor ☐	3/6/15	Yes ☐ No ☐	Yes ☐ No ☐

8 Give details of any pre-existing impairment of sight or hearing and of any other disability

9 Full details of all driving convictions including pending prosecutions in the last 36 months

Date	Offence	Penalty

Injured persons

10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
			Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐

Damage to property & vehicles (other than vehicles A and B)

11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)

Police action

12 Was the accident reported to the Police? Yes ☐ No ☐

If yes, please state which Police station

13 Was notice of intended prosecution given? Yes ☐ No ☐

If yes, against whom?

Accident details

14 Weather conditions: Clear ☐ Raining ☐ Others

15 Road surface: Wet ☐ Dry ☐ Others

16 Speed of vehicles: A km/hr B km/hr

17 What warnings were given by driver or other party?

18 Were street lights illuminated? Yes ☐ No ☐

19 What lights were displayed on your vehicle/the other vehicle(s)?

20 If your vehicle is commercial, state weight of load carried at time of accident

21 State how accident happened, width of roads, speed limits, etc (Refer to attached)

22 State number of Passengers (including Driver)

Declaration

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

Policyholder's signature Date 9/11/17

Driver's signature (if driver is not the policyholder) Date

SINGAPORE POLICE FORCE

T/20171106/2166

Report No. T/20171106/2166

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
06/11/2017 17:08	G/20171106/0104	140

Informant's Particulars

Name of Informant: LIM HONG HUAT JOSEPH			Address: APT BLK 51 CHAI CHEE STREET #11-318 SINGAPORE 460051	
ID Type / ID No.: NRIC NO / S0016052J			Contact No.: Home/Office:	Mobile: 97576577
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 68	Date of Birth: 05/03/1949	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Other commercial and marketing sales representatives			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 06/11/2017 14:20	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 PAYA LEBAR ROAD UBI AVENUE 3 Paya Lebar Road by Ubi Ave 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Rear to Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
QX854A	Car				Slightly Damaged	0
SBV3843A	Car	MERCEDES BENZ	200E AUTO	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBV3843A	AXA INSURANCE SINGAPORE PTE LTD	GA089376	01/03/2017	28/02/2018

SINGAPORE POLICE FORCE

T/20171106/2166

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Report No. T/20171106/2166

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tai Choon Hean	ID No.	SI98715
Related Vehicle	QX854A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM HONG HUAT JOSEPH	ID No.	S0016052J
Related Vehicle	SBV3843A (Car)	Contact No.	97576577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/11/2017 at about 1420hrs i was at the T junction of Paya Lebar and Ubi Ave 3 driving my Blue Mercedes SBV3843A when the light turn green the Police vehicle QX854A inch forward but due to the jammed traffic he was not able to make the right turn.

Then the lights turn red he reverse and i horn at him but it was too late. The rear of his vehicle had hit the right side of my vehicle causing my driver door and rear right passenger door to be damage.

SINGAPORE POLICE FORCE

T/20171106/2166

Report No. T/20171106/2166

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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 YAP PENG TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2017 17:08
Officer In Charge Of Case: TP / DDGVT / Staff Sgt LIM JUN HUI, ADRIAN Contact No.: 65476350	Classification Of Case: SN 065
Authentication Stamp NP168	Singapore Police Force

EVER SEN AUTO SERVICE

BLK 3022A UBI ROAD 1 #01-49
SINGAPORE 408716
Tel No. : 67437111 Fax No. : 67489611
E-Mail : eversenauto@singnet.com.sg
Tax Reg. No. : M90364266L Buss. Reg. No. : B24044500/K

SPF ACCIDENT CLAIMS SECTION
1 MOUNT PLEASANT ROAD
SINGAPORE 298333
attn:ABDUL RAHMAN MOHAMAD SALIM

Attention : Motor Claim Department

Contact : 64784840 Fax No. : 64784848

A: Phing

Estimate : TI17/011

Date : 08/11/2017
Vehicle Num. : SBV 3843 A
Make/Model : MERCEDES E200
Chassis/Eng# :
Accident Date : 06/11/2017
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular		Unit Price	Amount S$
		LIST ITEMS :			
1.	RH R	CHROME MOULDING Del'd			212.00
2.		DOOR PROTECTOR -REAR RH Del'd			345.00
3.		DOOR PROTECTOR -FRONT RH Del'd			385.00
4.	RH F	CHROME MOULDING	1359		222.00
5.	1	POWER WINDOW MOTOR & REGULATOR	1223.10		465.00
6.	1	DOOR WEATHERSTRIP - REAR RH			195.00
7.		DOOR LOCK INNER REAR RH			245.00
		List TotalS$:			2,069.00
		NETT ITEMS :			
1.	1	DOOR ASSY REAR RH Dented	1400		1,340.00
2.	2	DOOR HINGE REAR RH		133.00	266.00
3.	2 SET	CLIPS	1260	75.00	~~150.00~~ 60.
		Nett Total S$:			1,756.00
		LABOUR :			
		ACCIDENT REPAIR PANEL BEATING			~~700.00~~ 400.
		TRANSFER ACCESSORIES TO NEW DOOR			~~200.00~~ 80.
		RESPRAY PAINT WORK ON REPAIR AREA			~~900.00~~ 700
		RUSTPROOFING TREATMENT			~~200.00~~ 40.

CONTINUE /...

EVER SEN AUTO SERVICE

BLK 3022A UBI ROAD 1 #01-49
SINGAPORE 408716
Tel No. : 67437111 Fax No. : 67489611
E-Mail : eversenauto@singnet.com.sg
Tax Reg. No. : M90364266L Buss. Reg. No. : B24044500/K

SPF ACCIDENT CLAIMS SECTION
1 MOUNT PLEASANT ROAD
SINGAPORE 298333
attn:ABDUL RAHMAN MOHAMAD SALIM

Attention : Motor Claim Department

Contact : 64784840 Fax No. : 64784848

Estimate : TI17/011

Date : 08/11/2017
Vehicle Num. : SBV 3843 A
Make/Model : MERCEDES E200
Chassis/Eng# :
Accident Date : 06/11/2017
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		WIRING SERVICE	1250	~~80.00~~ 30
		Labour Total S$:		2,080.00

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:

Adrian Ling
13/11/17

bal: 3733.10
2/S: 2950.
04 Days.

SingDollars : Five Thousand Nine Hundred Five Only

Total S$: 5,905.00

EVER SEN AUTO SERVICE

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

AUTOMOTIVE ENGINEERING & MGT DIVISION Ref : CS/SPF17021492/Agbn2

ACCIDENT CLAIM SECTION
(SINGAPORE POLICE FORCE)
1 MOUNT PLEASANT ROAD
BLK 8 OLD POLICE ACADEMYSINGAPORE 298333

Date : 27-11-2017

Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	QX 854A	Veh. Inspected	SBV 3843A
	Policy No.		Coverage ($)	0.00
	Claim No.	AEMD/105/009/2017/146	Excess ($)	0.00
	Assign From	ABDUL RAHMAN	Assign Date	10/11/2017

2. Vehicle Particulars & Condition

	Make & Model	MERCEDES BENZ 200E	c.c	1996
	Engine No.	HIDDEN	Year of Reg.	1992
	Chassis No.	WDB1240212B818980	Colour	BLUE
	Odometer	453172	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	Make	Balance
	R/H Front Tyre	195/65 R15	BRIDGESTONE	6 mm
	L/H Front Tyre	195/65 R15	BRIDGESTONE	6 mm
	R/H Rear Tyre	195/65 R15	BRIDGESTONE	6 mm
	L/H Rear Tyre	195/65 R15	BRIDGESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	06/11/2017	Inspection Date	13/11/2017
	Survey held at	EVER SEN AUTO SERVICE BLK 3022A UBI ROAD 1 #01-49 SINGAPORE 408716		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **4 Working Days**

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBV 3843A

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	CHROME MOULDING RH R	DEFORMED	212.00	212.00
1	DOOR PROTECTOR-REAR RH	DEFORMED	345.00	345.00
1	DOOR PROTECTOR-FRONT RH	DEFORMED	385.00	385.00
1	CHROME MOULDING RH F	CUT	222.00	222.00
1	POWER WINDOW MOTOR & REGULATOR	NOT NECESSARY	465.00	-
1	DOOR WEATHERSTRIP-REAR RH	NECESSARY	195.00	195.00
1	DOOR LOCK INNER REAR RH	NOT NECESSARY	245.00	-
	LESS 10% DISCOUNT		-	-135.90
			2,069.00	1,223.10
	NETT ITEMS			
1	DOOR ASSY REAR RH (N)	DENTED	1,340.00	1,340.00
2	DOOR HINGE REAR RH @$133.00 (N)	NOT NECESSARY	266.00	-
2	SET CLIP @$75.00 (N)	NECESSARY	150.00	60.00
	LESS 10% DISCOUNT		-	-140.00
			1,756.00	1,260.00
	LABOUR			
	ACCIDENT REPAIR PANEL BEATING.		700.00	400.00
	TRANSFER ACCESSORIES TO NEW DOOR.		200.00	80.00
	RESPRAY PAINT WORK ON REPAIR AREA.		900.00	700.00
	RUSTPROOFING TREATMENT.		200.00	40.00
	WIRING SERVICE.		80.00	30.00
			2,080.00	1,250.00
	GRAND TOTAL		**5,905.00**	**3,733.10**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**2,950.00**

Report Ref No. CS/SPF17021492/Agbn2

ADRIAN LING WAI PING

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

Licensed Appraiser