From (Person):	Shony wong	ASSIGNM of	MENT (Office)	Date/	Time: 13.11.2017 3.07 pr
Estimated Cost:	9		Bill to:		50
OD / TP WS	TP RES / OD RES / I	VAIVAILAVE 1889 DE	T cs	Insured:	688 7553R
at Workshop m	So So	on Budywert	27		9362 8159.
of	01)	1002 BUKH	murah Lane 3	# 01-83	
948 M 1870			Claim No: _	CMTD 13	04024/THE
Sum Insured:			Excess:		
Make of Veh:				D.O	A 10.11-2017
(Client's Record)	7	14.11.2017		
CA / REV	REP. / REV 24 HRS	i wpi	ADAM DATE OF THE PARTY OF		O.D. Endorsement.
Date/Time:	13.11.2017 3.30pm	_ Person Contact	ted: Roger	Vehic	le (N) OUT
Date/Time	Action/Instruction (X) Estin	ute		
	S(4) 9881T - X				
	688 7553 R - X	(
	Dismonth Part:	16-11-2019			

The state of the s	SIGNMENT
From: Date: 14/n1/7	Veh No. SCU 9881 T. Yr Regn: Zel J. Mul. Type: M.Cay/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD (TP) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: SCU 98617	Make Honda Vezel. Co 1491
	Make: flowed Vezel. c.o. 1996. Colour Khu A/C: Insured/Std/NI/NA
at Workshop m/s Soon Bodywerkz	Sp. Reading 62957 T/Radio: Insured / Std / NI / NA
of 31k1002 Bkf Merah, Lane 3 # 01-83	Optiosong C () /
Insured:	Eng/No:
Policy No.	Gen. Cond: Geod / Fair / Poor / Burnt
Claims No.	Steering; Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil (Sikim / STD A/Rim or
Make of Veh:	225/43/1
	Tyre Size: F: C / S/ 7/10
(Policy Condition)	R: ~ ~ ~
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO (YOK) or
*	
Bal, or Market Value: Consistent?: Yes or No	Front R/Bal. 6 mm R/Bal. 6 m
IDAO ACCIDENTIFICATE	100
D. V No.	D.O.A. D.O.I. (4 1 1 1 7 6
CSL Nepalis.	
· PRS'	Des. of Damages : Frt Rear I O/S I N/S I U/O I Rooftop or
CA / REV / REP. / 24 HRS WP' Vehicle: IN / OL	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
R14 000	0-\$15000 13days.
	0
•	
*	More
•	URGEN
	URGEN
Date/Time, File Pass to? : Prelli, Report	Days Of Repair:
Date/Time, File Pass to? : Prelli. Report	Days Of Repair: Resurvey No. of Trip: Survey Fee:
Date/Time, File Pass to? Prell. Report	
Date/Time, File Pass to? : Preli. Report 1) 11.12.1017 : Final Report	Resurvey No. of Trip: Survey Fee: Transportation
Date/Time. File Pass to? 1) 11.12.1017 : Preli. Report Date/Time. File Return to?	Resurvey No. of Trip: Survey Fee: Transportation.
Date/Time, File Pass to? 1) 11.12.1017 : Preli. Report Cate/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation: 0 See: Site Insp. (\$)S+RSSI

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. Y-Date N-Date Y-Date N-Date (1) Office Assign Form C Reference No. Customer Code C N Assign From C Assign Date Veh No (Inspected) C 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 Surveyor (): Case handler to make sure the surveryor completed all required information. (1) Assignment Form C Vehicle No C Regn Month/Year 1 N . Vehicle Type Make & Model C Engine Capacity. (C.C) N Colour C Odometer. (Sp.Reading) C Chassis No N General Condition N Steering N Brake Modification (Modi) C Tyre Size Tyre Make N C Tyre Balance C Date of Inspection N Survey held N Des.of Damages (2) System - (Views/Merimen) Damaged Vehicle Photographs Uploaded (3) Workshop Estimate/Assignment Form ALL Parts condition N Market Value for OD cases Estimate Repair Cost for PRI (RSI, TMI, MSIG) C C Days of repair C Finalised Amount Re-inspection Cases to Finalize within 5 Days (4) System - (Views/Merimen) Resurvey photo Uploaded Check By:

*C: Critical *N: Non-Critical

Case Handler

Date



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

SOM	PO INSURANCE	Affiliated to Federation Internation	Ref : CS3/SMO170216	1900	
SOIVII	PO INSURANCE	SINGAPOREFL	Ner . Coordino 1702 II	5507715	
#05-0		WERSINGAPORE 048623	Date: 13-11-2017 Code: SMO		
1.		Policy Particulars	:- (THIRD PARTY CLAIM	1)	
	Insured Veh.	GBB 7553R	Veh. Inspected	SCU 9881T	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	CMTD1704024/THE	Excess (\$)	0.00	
	Assign From	SHERY WONG	Assign Date	13/11/2017	
2.	A STATE OF THE STA	Vehicle Part	iculars & Condition		
	Make & Model		c.c	0	
	Engine No.	HIDDEN	Year of Reg.		
	Chassis No.		Colour		
	Odometer -		Steering		
	Brakes		Modification		
	General	AVE			
3.	200	Condi	tions 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.		Descript	ion of Damages		
5.		Gener	al Information		
	Accident Date	10/11/2017	Inspection Date	14/11/2017	
	Survey held at	SOON BODYWERKZ			
		BLK 1002 BUKIT MERAH LAN #01-83	E 3		
5a.			Remarks		
	B) THE REPAIR E	ON WAS CONDUCTED ON A "V STIMATE WAS NOT PRESENTE VAS TOLD TO PREPARE THE E LEASE FIND DAMAGED VEHICL	ED AT THE TIME OF INSPE STIMATE.		

Catherine Chong (LKK Auto)

From:

Wong, Shi Yi Shery <Shery.Wong@sompo.com.sg>

Sent:

Monday, 13 November, 2017 3:07 PM

To:

'riaz@justice.com.sg'; assignments

Cc:

Henry, Irene James; Choo, Thelma; 'Catherine Chong (LKK Auto)'

Subject:

FW: Our Reference: CMTD1704024/THE , Your Reference: SCU9881T (V) SBW , PRI

Attachments:

1398_001.pdf

Our Reference: CMTD1704024/THE Your Reference: SCU9881T (V) SBW

Date: 13TH November 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S C RIAZ LLC

Accident involving GBB7553R and SCU9881T on 10/11/2017

Dear Sirs,

We refer to your email reply dated 13/11/2017.

We do not agree to your list of surveyors.

As such, we will be appointing our motor surveyor, LKK AUTO to conduct the pre-repair survey of your client's vehicle.

The pre-repair survey will include a survey of the vehicle when its damaged parts are being dismantled prior to the commencement of repairs.

We would like our motor surveyor to conduct a post repair inspection once your client's vehicle has been repaired.

The survey is conducted on a without Prejudice basis and without any admission of liability.

Aside to LKK AUTO,

Kindly assign your motor surveyor to conduct motor survey of the mentioned (SCU9881T).

Thank you.

Best Regards Shery Wong Claims Division

D: 6329 5339 | T: 6461 6555 | F: 6221 3147



A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623 Website: www.sompo.com.sg | Facebook: www.facebook.com/SompoSG

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From: Huiling [mailto:riaz@justice.com.sg]
Sent: Monday, November 13, 2017 2:02 PM

To: Wong, Shi Yi Shery

Cc: Henry, Irene James; Choo, Thelma

Subject: RE: Our Reference: CMTD1704024/THE, Your Reference: SCU9881T (V) SBW, PRI

WITHOUT PREJUDICE

Dear sirs.

We refer to your below email.

On behalf of our client, we disagree with your appointment and nominates as the surveyor.

Please choose one out of the surveyor from the list below:-

- 1. Chang Fuh Keong, Dave
- 2. Ho Joo Loong, Danny
- Dennis Yap
- Michael Yap
- Lee Kok Weng
- Winson Goh
- Ong Ah Keng, Kent
- Ong Poh Meng
- Seah Kwang Boon
- 10. Thor Teck Soon, David

Kindly revert within the allotted time pursuant to NIMA protocol.

Thanks and Best Regards,

HUILING

RIAZ LLC 133 NEW BRIDGE ROAD # 09-09 CHINATOWN POINT SINGAPORE 059413 TEL 16534-0110 FAX: 6534-0220

···· DISCLAIMER****

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From: Wong, Shi Yi Shery [mailto:Shery.Wong@sompo.com.sg]

Sent: Monday, 13 November, 2017 12:57 PM
To: 'riaz@justice.com.sg' < riaz@justice.com.sg>

Cc: Henry, Irene James < irene.henry@sompo.com.sg >; Choo, Thelma < thelma.choo@sompo.com.sg >

Subject: Our Reference: CMTD1704024/THE, Your Reference: SCU9881T (V) SBW, PRI

Our Reference: CMTD1704024/THE Your Reference: SCU9881T (V) SBW

Date: 13TH November 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S C RIAZ LLC

Accident involving GBB7553R and SCU9881T on 10/11/2017

Dear Sir

We refer to your Notice of Accident via fax dated 13/11/2017.

Please be informed that Thelma is the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	

4		Ma Chin Fook (North area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards
Shery Wong
Claims Division

T: 6461 6555 | F: 6221 3147



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Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623 Website: www.sompo.com.sg | Facebook: www.facebook.com/SompoSG

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Your Ref: GBB 7553R

13/11/2017

GST REGISTRATION NUMBER : 200911678H

(LLB HONS) NUS

RIAZ QAYYUM DIRECTOR

TAN KOK SIANG (LLB HONS) LON (ASSOCIATE)

ABDUL HALIM BIN ROSALAN ILLB HONSI UTAS

(ASSOCIATE)

BY FAX ONLY

6221-3147

TO:

SOMPO INSURANCE SINGAPORE PTE LTD

50 Raffles Place

Our Ref: SCU 9881T (V) SBW

#05-01/06 Singapore Land Tower

Singapore 048623

Attn: Motor Claims Dept

NOTICE OF ACCIDENT

Dear Sir

We are instructed by our client to notify you of a road traffic accident on 10 November 2017 at about 2010 hours along the PIE towards BKE involving our client's vehicle registration number SCU 9881T and vehicle registration number GBB 7553R driven by you or your authorized driver at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client /we shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Name of workshop:

SOON BODYWERKZ AUTO PTE LTD

Address

1002 BUKIT MERAH LANE 3

#01-83

SINGAPORE 159719

Telephone no. :

6265 5929 9362 8159 (Roger)

Fax no.

6265 5729

Please let us hear from you by the stipulated time.

FOR SURVEYOR

Please initial here after completion of prerepair inspection. Thank you.

Appointed surveyor (Name & signature)

Date & time of inspection

cc client

Yours faithfully

133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413 TEL: 65340110 FAX: 65340220 EMAIL: RIAZGJUSTICE.COM.SG (PLEASE NOTE THAT OUR FAX IS NOT FOR SERVICE OF COURT DOCUMENTS) WWW.INJURYCLAIMS.SG



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.
- 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.		
(1) A THE RESERVE THE SECOND	ACCIDENT STATEMENT	是是是是
Date Of Report	11/11/2017 13:02	
Date Of Accident	10/11/2017 20:10	
Exact Location Of Accident	PIE TWDS BKE WOODLANDS	
Country/State of Loss	SINGAPORE	
的位置在中国企业的企业	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCU9881T	
Insured/Policyholder		
Name Of Registered Owner	LIM KHENG JOO	
김 경기 경기 경기 가지 않는 아무네 이 전쟁이 있다. 나는 일 하여 사		

NRIC No S8016355Z Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-98791489
Alternative Phone No OFFICE-98791489

Vehicle Particulars

Manufacturer HONDA

Model VEZEL 1.5S

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 SOMPO INSURANCE SINGAPORE PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number D19MTPV01007347

Cover Note Number

Driver

 Name of Driver
 LIM KHENG JOO

 NRIC No
 \$8016355Z

 Date Of Birth
 27/05/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 14/04/2011

Driving Experience 6 YEARS AND 6 MONTHS

Gender MALE

 Mobile Number
 (LOCAL) +65-98791489

 Fax Number
 (LOCAL) +65-98791489

 Contact Number
 OFFICE-98791489

EMail Address NOEMAIL

Address

4.

Postcode

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

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

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)

3

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

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

GBB7553R

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

SJA870G

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

8, 8

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 3

Vehicle Registration Number

SLJ3667L

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

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Airthorised Driver.
- 3. Information provided must be as <u>fruthful and accurate as possible</u>. 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 se 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 ("GtA") 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)
 - (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;
 - (by) 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 tirms), 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;
 - 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.

er's Signature Date & Time: 11/11/2017

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

NRIC/FIN No. HASBULLAH

ntre Personnel's Signature

GERRAL Shorthard Futer Vil

1. UUpm

SKETCH PLAN		Commence of the commence of th
		Holdell Hill
	TO	H\$67-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
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A) SLJ 36674 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
B) STA 8706	1111	PTS TO JUROPA
3 Rea 98817	++++	144-14-14-1-
SV Geb zekz P	+i++	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	J	Andread and and and and and and and and and a
As per palace report.		
		· · · · · · · · · · · · · · · · · · ·
Important:		- Reporting Only
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (24)		- Claim OD
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame		Claim TP Claim OD/ TP at other workshop
from the day of the occurrence.		- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time | 1 | 1 | 5 61 7

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

Reporting Centre Personnel's Signature

Name: HASBULLAH Nric/Fin No.





T/20171111/2055

1 of 5

Report No. T/20171111/2055

Police Station Of Origin: Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

DEDODT	OF A	TRAFFIC	ACCIDENT
HENDE INC.	5 HF 44	IPARTIC	PACCHEMIA

REPORT OF A TRAFFIC ACCIDENT				Station Diary No.		
Date/Time Report Made: 11/11/2017 12:01		ade:	Vide Report No.:	41		
	nt's Particu	iara				
Name of	Informant: NG JOO		Address: APT BLK 634 CHOA CHU KA SINGAPORE 680634	ANG NORTH 6 #09-293		
ID Type / ID No.: NRIC NO / S8016355Z		55Z	Contact No.: Home/Office: 64648098	Mobile: 98791489		
National			Email:	Ti .		
Sex: Male	Age:	Date of Birth: 27/05/1980	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Retail/Shop sales manager		nanager	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2017 20:10	Type of Location Bend
Location: Along Road 1 PAN ISLAND PIE towards E Weather: Raining	EXPRESSWAY	Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled	H	Traffic Volume: Heavy
Type of Collis	sion: ele Against - Others		8	Anyone conveyed by ambulance: No

Details of V	\$2000 BERNEST \$1000 BERNEST \$1000	Make	Model	Color	Condition	No of Passenger
Vehicle No.		IAIGIVO	Mose		Slightly	0
GBB7553R	Lorry				Damaged	
	0	HONDA	VEZEL 1.5S	Blue	Seriously	2
SCU9881T Car	Car	HONDA	VLZEE 1.00		Damaged	
	0				Slightly	0
SJA870G	Car				Damaged	
	-	_			Slightly	0
SLJ3667L	Car				Damaged	





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Report No. T/20171111/2055

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

Tel No: 1800-6659999

CONTINUATION OF REPORT

THE RESERVE AND ADDRESS OF THE PARTY OF THE	ehicle insurance	THE RESIDENCE OF THE PARTY OF T	Effective	Expiry Date
Vehicle No.	Insurance Company	15 10-011-0011-0-0-1-1-0		
	TENET SOMPO INSURANCE PTE.	D17MTPV0100734	28/05/2017	27/05/2018

Details of Person					
Any Pedestrian In				0	In an ALA
No. of Pedestrians Injured: NIL Use of			f Pedestrian Crossing: NA		
Passenger	医生物性外的性态性炎炎炎炎			Service of the servic	Paragraphic and provide the services
Name	Ming Shi		ID No.		NIL
Related Vehicle	NIL		Conta	ct No.	90233401
Hospital/Clinic	NIL		Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Data Tarabasant	MIII	Date	Discharge	NIL	
Date Treatment			ee of Injury		
	ted Medical Leave NIL				
Passenger	Chen Nee		ID No.		NIL
Name			15 110		
Related Vehicle	NIL		Conta	ct No.	93691472
Hospital/Clinic	NIL		Class Driving Licent Expiry	g e &	Class: NIL Date of Expiry: NIL
D T	NIII	Date	Discharge	NIL	
Date Treatment			ee of Injury	41 ton 21 - 1	
	ted Medical Leave NIL	Envertage :			
Driver Name	LIM KHENG JOO		ID No		S8016355Z
Related Vehicle	NIL		Conta	ct No.	64648098
Hospital/Clinic	NIL		Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Data Tanatment	nent NIL Date D		Discharge	NIL	
Date Treatment	of Days granted Medical Leave NIL Degree				



T/20171111/2055

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Report No. T/20171111/2055

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Name	Ong Geok Hoon		ID No.		S7736644Z
Related Vehicle	NIL		Contact No.		96720848
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	NIL Date Disc		NIL	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		e of Injury NIL		
Driver					
Name	Tee Boon Kiat		ID No		S2559478I
Related Vehicle	NIL		Contact No.		82532475
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc		charge	NIL	
	o. of Days granted Medical Leave NIL		Degree of Injury NIL		
Driver					
Name	Lim Tai Soon		ID No.		NIL
Related Vehicle	NIL		Contact No.		98208960
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc		charge	NIL	
	ted Medical Leave NIL	Degree o	THE RESERVE OF THE PERSON NAMED IN	NIL	

Brief Details.

On the 10/11/17 while I was driving along PIE towards BKE at about 2008hrs. There were two filter lanes going towards BKE. I was travelling on the most right lane of the filter lane. There was a car (SJA870G) infront of me. The distance between the car (SJA870G) infront of me and my car was around 3 cars length. Out of a sudden, the driver of the car SJA870G jammed its braked and it came to a complete stop. I managed to stop my car on time without colliding with the rear portion of the car infront of me. A few seconds after my car came to a complete stop, I felt a hard impact coming from the rear of my car. The impact caused my car to moved forward and colliding with the rear portion of the car infront of me. I got down of my car and realized that a lorry bearing the registration number GBB7553R had collided onto the rear portion of my car.

The window at the back of my car shattered and the front of my car bonnet was dented and the front





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Report No. T/20171111/2055

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

Tel No: 1800-6659999

CONTINUATION OF REPORT

bumper came off.. I then realised that I was involved in a 4-car accident. There was 2 passenger in my car namely Chen Nee and Ming Shi. Chen Nee sprained her neck however she did not get any medical leave.

I suffered some pain at the back of my neck and head. I went to Mount Alvernia to get my self checked and received 3 days of medical leave.





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Report No. T/20171111/2055

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

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: J / KAM QUAN SHENG NICHOLAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2017 12:01
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	
Singapore Police Force	

Catherine Chong (LKK Auto)

From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>

Sent: Thursday, 30 November, 2017 4:22 PM
To: 'Wong, Shi Yi Shery'; 'assignments'
Cc: 'Henry, Irene James'; 'Choo, Thelma'

Subject: RE: Our Reference: CMTD1704024/THE , Your Reference: SCU9881T (V) SBW , PRI

Dear Shery,

Refer to your assignment on 13.11.2017 at 3.07PM.

Please be informed that we have inspected the vehicle SCU 9881T on 14.11.2017 at 5.15PM.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

We will submit our report accordingly.

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)

From: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]

Sent: Monday, 13 November, 2017 3:32 PM

To: 'Wong, Shi Yi Shery' <Shery.Wong@sompo.com.sg>; 'assignments' <assignments@lkkauto.com>
Cc: 'Henry, Irene James' <irene.henry@sompo.com.sg>; 'Choo, Thelma' <thelma.choo@sompo.com.sg>

Subject: RE: Our Reference: CMTD1704024/THE, Your Reference: SCU9881T (V) SBW, PRI

Dear Shery,

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)

From: Wong, Shi Yi Shery [mailto:Shery.Wong@sompo.com.sg]

Sent: Monday, 13 November, 2017 3:07 PM

To: 'riaz@justice.com.sg' <riaz@justice.com.sg>; assignments <assignments@lkkauto.com>

Cc: Henry, Irene James <irene.henry@sompo.com.sg>; Choo, Thelma <thelma.choo@sompo.com.sg>; 'Catherine

Chong (LKK Auto)' <admin-d@lkkauto.com>

Subject: FW: Our Reference: CMTD1704024/THE, Your Reference: SCU9881T (V) SBW, PRI

Our Reference: CMTD1704024/THE Your Reference: SCU9881T (V) SBW

Date: 13[™] November 2017

Without Prejudice



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 INS	PECTION REPORT			
0 R	PO INSURANCE : AFFLES PLACE # GAPORE LAND TO		Ref: CS3/SMO17021630 Date: 12-12-2017 Code: SMO	0/T1bs2		
١.		Policy Particulars	:- (THIRD PARTY CLAIM)			
	Insured Veh.	GBB 7553R	Veh. Inspected	SCU 9881T		
	Policy No.		Coverage (\$)	0.00 0.00 13/11/2017		
	Claim No.	CMTD1704024/THE	Excess (\$)			
	Assign From	SHERY WONG	Assign Date			
		Vehicle Par	ticulars & Condition			
	Make & Model	HONDA VEZEL	c.c	1496		
	Engine No.	HIDDEN	Year of Reg.	2015		
	Chassis No.	RU11019363	Colour	BLUE		
	Odometer	62985 KM	Steering	IN ORDER		
	Brakes	IN ORDER	Modification	SPORTS RIM		
	General	GOOD				
		Cond	itions of Tyres			
		Size	Make	Balance		
	R/H Front Tyre	225/45 R18	YOKOHAMA	6 mm		
	L/H Front Tyre	225/45 R18	YOKOHAMA	6 mm		
	R/H Rear Tyre	225/45 R18	YOKOHAMA	6 mm		
	L/H Rear Tyre	225/45 R18	YOKOHAMA	6 mm		
		Descrip	tion of Damages			
	THE VEHICLE SU AND UNDERCAR	STAINED DAMAGES AT THE FR RIAGE.	RONT AND REAR PORTION			
j.		Gene	ral Information			
	Accident Date	10/11/2017	Inspect Date / Time	14/11/2017 (05:15 PM)		
	Survey held at	SOON BODYWERKZ				
	1836	BLK 1002 BUKIT MERAH LANE 3 #01-83				
ia.	Remarks					
	B) THE REPAIR E THE REPAIRER V	ON WAS CONDUCTED ON A 'V STIMATE WAS NOT PRESENTE VAS TOLD TO PREPARE THE E LEASE FIND DAMAGED VEHICL ED REPAIR COST OF THE DAM	ED AT THE TIME OF INSPEC STIMATE. E PHOTOGRAPHS.	TION.		
		Estimate Days of Repair				
5b.		MAL PERIOD FOR REPAIR:	13 Worki			

Report Ref No. CS3/SMO17021630/T1bs2

Inspected By

bushing

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

Automotive Assessor

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