

Days & Range

Inspector

ASS: REC. BY:

REF: CS3 / EGI17021744 / Wbck

Special Instruction:

Surveyor: Wilson

ASSIGNMENT (Office)

From (Person): Yee Pei Li

of

EGT

Date/Time

14/11/17 @ 10:27am

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / ENV / MV / CS

To Inspect Vehicle No:

SGX 6691G

Insured:

GBC3245B

at Workshop m/s

EM Solution

Tel:

64560226

of 160 Sin Ming Drive # 03-18/19, S75722

Policy No:

Claim No:

DSMCV1702663

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 9/11/2017

CA / REV / REP. / REV 24 HRS

R.O.D. Endorsement:

Date/Time: 10:36am @ 14/11/17

Person Contacted

Bernard

Vehicle: IN LOU

Date/Time

Action/Instruction (X) Estimate

SGX 6691G - NA / AIG17008361 / F3-D.O.A : 26/04/2017

GBC3245B - X

Dismantled Part : 12/12/17 21/11/17

AAer Repair : 12/12/17

PR S
Wilson

ASSIGNMENT

From _____ Date _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No SGX 6691G
at Workshop no EM Station
of 160, Sin Ming Drive #23
Insured _____
Policy No _____
Claims No _____
Sum Insured _____ Excess _____
(Client's Report)
Make of Van _____

(Policy Condition)

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

N/S	OS

Bel. or Market Value: _____
JAC Accident Rpt. Consistent? : Yes or No
GIA - PR Seen Consistent? : Yes or No
Est. Repairs. 5 days Res. Yes or No
Lump Sum: _____ 3 Val. Yes or No

CA / REV / REP. / 24 HRS

Date _____ Person Contacted _____ Vehicle: IN / OUT

Lab No: SGX 6691G Reg: 31/8/2007
Type (M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Fiat Panhard cc 1368
Colour: Dark Grey Insured / Std / NI / NA
Sp Reading 108747 Insured / Std / NI / NA
Eng No _____
C No ZFA223000X05491873
Gen Cond: Good / Fair / Poor / Burnt
Steering (In order) / Jammed / Leaked / Burnt or
Brake (In order) / Jammed / Leaked / Burnt or
Mod. Nil / S/Rim STD A/Rim or
Tyre Size F: 195/65 R15
R: 195/65 R15
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO (YOKO) or Blue Earth (AGF)
Front _____ Rear _____
R Bal 4 mm R Bal 4 mm
L Bal 4 mm L Bal 4 mm
D.O.A 9/11/2017 DO 14/11/2017
Survey held at: As Above @ 1:32pm
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Right Rear
The U/C / Chassis frame / Body Structure affected due to collision

Date Time Action Instruction

Range #4900 - 105900

5 Days Repair

* Remark: Some Car - Then Follow

Date Time File Passed ☐ : Preli. Report

☐ : Final Report

Date Time File Returned

File pass back to catheine

Days Of Repair: At the same Time!

Resurvey No. of Trip:

Survey Fee

Transcription

Add Fee:

☐

Site Insp. \$

☐

Inter. Insp. \$

☐

Techn. Insp. \$

☐

Week-end \$

Report Format: PR S

Lump Sum / I.B.I. \$

50
50+50

150



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

ERGO INSURANCE PTE LTD

Ref : CS3/EGI17021744/Wb

5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
SINGAPORE 038985

Date : 14-11-2017



Code : EGI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GBC 3245B	Veh. Inspected	SGX 6691G
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	14/11/2017

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

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5. General Information

Accident Date	09/11/2017	Inspection Date	14/11/2017
Survey held at	EM SOLUTION PTE LTD 160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY SINGAPORE 575722		

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.
--

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

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

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
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(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

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Check By:

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014

Nur Syafigah (LKKAuto)

From: Nur Syafigah (LKKAuto)
Sent: Friday, 17 February, 2017 5:15 PM
To: Julia - Shu Fatt Auto Works
Cc: Admin A; Hsiao Tong (LKKAuto); Nur Syafigah (LKKAuto)
Subject: RE: Your Ref: SJK 6285D - ACCIDENT INVOLVING SKW 1413J (AIG) & SJK 6285D ON 24/10/2016

'Without Prejudice'

Dear Julia,

ACCIDENT INVOLVING SKW 1413J (AIG) & SJK 6285D ON 24/10/2016

We refer to the above matter.

We propose settlement as follows: -

1. Cost of Repair(w/GST)	\$ 6,794.50
2. Loss of Rental(w/GST)	\$ 1,540.80
3. LTA/GIA search fee	\$ 2.00
Total	\$ 8,337.30

Please confirm acceptance.

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

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

Best Regards,

Syaf | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-5792 | email: NurSyafigah@lkkauto.com | fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Save the Earth. Print only when necessary.

This email may contain confidential and/or privileged information. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this email. Any unauthorized copying, disclosure or distribution of the material in this email is strictly forbidden.

From: Julia - Shu Fatt Auto Works [<mailto:shufatt@singnet.com.sg>]
Sent: Wednesday, 4 January, 2017 5:57 PM
To: Nur Syafigah (LKKAuto) <NurSyafigah@lkkauto.com>
Subject: RE: Your Ref: SJK 6285D - ACCIDENT INVOLVING SKW 1413J (AIG) & SJK 6285D ON 24/10/2016

Miss Nur Syafigah
Without prejudice

Nivitha (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Tuesday, 14 November, 2017 10:27 AM
To: 'admin-d@lkkauto.com'
Subject: OI : GBC3245B / TP : SGX6691G/LKK / DOA : 09/11/2017
Attachments: GBC3245B - SAS.pdf; SGX6691G - SAS.pdf; 4TH VEH GBF505E - SAS.pdf; RE: Our client's vehicle no. SGX6691G (EM Solution); Your insured's vehi... (28.7 KB); SGX6691G - PRI NOTICE.pdf

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey from **CROSS BORDERS LLC**,

ADDRESS : **E M SOLUTION PTE LTD**
160 SIN MING DRIVE
SIN AUTOCITY #03-18/19
SINGAPORE 575722

PERSON TO CONTACT : **BERNARD @ 6456 0226**

ERGO OFFICER-IN-CHARGE : **STEVE LIM**

Note: To survey on without prejudice basis. Please advise the consistency of damages to third party vehicle. Try to obtain estimate from workshop and inform the repairer in writing, that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.

Please update the survey status via Survey.Report@ergo.com.sg.

Attached are our insured and third parties' SAS (note: reports not to be released to any Third Party). No estimates was provided.

Kindly acknowledge receipt of this email.

Thank you.

Best Regards

Yee Pei Li
Claims Assistant (Motor)
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
DID: 65 6829 9194
Fax: 65 6829 9247
Website: www.ergo.com.sg



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TravelProtect comes with comprehensive benefits at some of the most affordable prices available in the market.

ERGO
TravelProtect

Your Global Safety Net

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 3178D

Vehicle Details

Vehicle No.: SGX6691G
Vehicle to be Exported: Yes
Intended De-registration Date: 19 Apr 2018
Vehicle Make: FIAT
Vehicle Model: DOBLO PANORAMA 1.4 M ACTIVE
Primary Colour: Grey
Manufacturing Year: 2007
Engine No.: 350A10003630038
Chassis No.: ZFA22300005491873
Maximum Power Output: 57.0 kW (76 bhp)
Open Market Value: \$16,808.00
Original Registration Date: 31 Aug 2007
First Registration Date: 31 Aug 2007
Transfer Count: 2
Actual ARF Paid: \$18,489.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 30 Aug 2022
COE Category: E - Open Category
COE Period(Years): 5
PQP Paid: \$22,700.00
COE Rebate Amount: \$19,807.00
Total Rebate Amount: \$19,807.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 19 Apr 2018

OK

Police Station Of Origin:
 Hongang N.P.C
 60 Hongang Avenue 9 SINGAPORE 538775
 Tel No: 1800-4890999



Report No. T/20110822/4018
 1 of 3



REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2011 12:32		Vide Report No.:		Station Diary No.: 45
Informant's Particulars				
Name of Informant: TAN ENG HAN				
Address: APT BLK 199 BOON LAY DRIVE #01-65 SINGAPORE 640199				
ID Type / ID No.: NRIC NO / S1152563F		Contact No.:		
Sex: Male	Age: 55	Home/Office: Mobile/Pager: 92387689		
Date of Birth: 09/05/1956	Type of Informant: Driver			
Race: Chinese	Language:			
Occupation: Taxi Driver		Driving Licence Information: Class: 2,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident: Non-Injury	Hit and Run	Drink Drive: No	Date/Time of Accident: 22/08/2011 11:00	Type of Location: Straight Road
Location: Along Road 1 SIMS WAY PAN ISLAND EXPRESSWAY At the Junction of Sims Avenue				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				
Anyone conveyed by ambulance: No				

Details of Vehicle Involved				
No.	Vehicle	Make	Model	Colour
SBQ9099	Car	MERCEDES	ES BENZ	Brown
SGX1122	Car	HONDA	Black	Slightly Damaged
SHD2621	Car	HONDA	Brown	Slightly Damaged
B				

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

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 for a fee.

ACCIDENT STATEMENT

Date Of Report	10/11/2017 14:32
Date Of Accident	09/11/2017 15:20
Exact Location Of Accident	PIE TOWARDS JURONG BEFORE TOH GUAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX6691G
Insured Policyholder	
Name Of Registered Owner	VERTEX PHARMACY PTE LTD
Co Reg No	200823178D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93856495
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089224792
Cover Note Number	
Driver	
Name of Driver	MANSOOR HELAL AHAMED
NRIC No	G3356576W
Date Of Birth	29/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98520534
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 1112 SERANGOON ROAD
 Postcode 328201
 Was driver an employee of the Insured's Company YES
 If ☒ Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 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? YES
 Was any other material or property damaged? YES
 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 THOMSON NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS DRIVING MY VEHICLE (SGX6691G) ALONG PIE TOWARDS TUAS NEAR TO TOH GUAN. I NOTICE THAT THE CAR (SLL7615A) IN FRONT OF ME SLOWED DOWN AND CAME TO A STOPPED. AS SUCH I APPLIED MY BRAKE TP SLOW DOWN. AS I WAS SLOWING DOWN I NOTICE THAT THERE IS A LORRY (GBF505E) WAS COMING AT ME VERY FAST. I THEN SUDDENLY FELT AN IMPACT COMING FRIM THE REAR. THE IMPACT WAS STRONG THAT IT HIT ONTO THE VEHICLE IN FRONT OF ME. I NOTICE THAT THE SAID LORRY HAD HIT ONTO ME FROM THE REAR. DUE TO THE IMPACT, AFTER I HIT ONTO THE CAR IN FRONT OF ME, MY VEHICLE SWERVES TO THE RIGHT. SUDDENLY I FELT ANOTHER IMPACT COMING FROM THE RIGHT SIDE. I NOTICE ANOTHER LORRY (GBC3245B) HAD HIT ONTO ME. I THEN ALIGHT MY VEHICLE TO MAKE A CHECK. I THEN EXCHANGE PARTICULARS WITH THE TWO LORRY DRIVERS. ONE DONE O ACTIVATED MY OWN TOWING SERVICE AS MY VEHICLE WAS UNABLE TO MOVE. AFTER WHICH I WENT TO MOUNT ALVERNIA HOSPITAL AND WAS GIVEN 3 DAYS MEDICAL LEAVE.

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 GBF505E
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver RATHINAM PRABAKARAN
 NRIC/Passport Number G2393847U
 Contact Number 98930047
 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

GBC3245B

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

LOURDUSAMY DAVID IRUDHAYARAJ

NRIC/Passport Number

G7013257K

Contact Number

84715106

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

SLL7615A

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

MANSOOR HELAL AHAMED

Approximate Age

Injuries Sustain

REFER POLICE REPORT

Injured person in which vehicle?

SGX6691G

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

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, regulatory, 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.



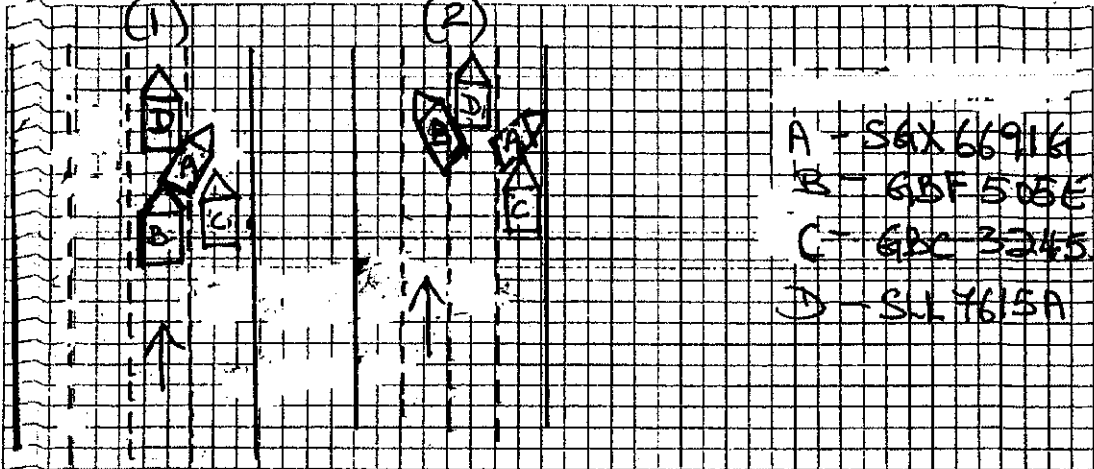
[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

Sketch Plan #2 Pg. 1

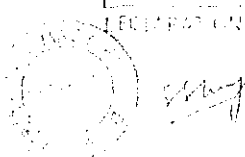
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/11/2017 @ 15:20 hrs, I was driving along PIE towards Surong before Toh Guan. Front vehicle stopped, I followed and stopped my vehicle also. Vehicle behind did not stop on time and collided onto my vehicle. The impact caused my vehicle into lane 1 and another vehicle collided onto my vehicle right side portion.

Total 4 vehicles involved in the accident



M.H.L.

[Handwritten signature]

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171109/2152

Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

57025

TelNo: 1800-4529999

1 of 4

Report No. T/20171109/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2017 20:03		Vide Report No.:		Station Diary No.: 125
Informant's Particulars				
Name of Informant: MANSOOR HELAL AHAMED		Address: 1112A SERANGOON ROAD SINGAPORE 328201		
ID Type / ID No.: NRIC NO / G3356576W		Contact No.: Home/Office: Mobile: 98520534		
Nationality: INDIAN		Email:		
Sex: Male	Age: 24	Date of Birth: 29/05/1993	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: COMPUTER SYSTEMS ENGINEER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/11/2017 15:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Tuas near Toh Guan exit				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No. DECS246B	Type Lorry	Make	Model	Color	Condition Slightly Damaged	No of Passenger

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171109/2152

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 4

Report No. T/20171109/2152

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Lourdusamy David Irudhayaraj	ID No.	G7013257K
Related Vehicle	GBC3245B (Lorry)	Contact No.	84715106
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	Rathinam Prabakaran	ID No.	G2393847U
Related Vehicle	GBF505E (Lorry)	Contact No.	98930047
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	MANSOOR HELAL AHAMED	ID No.	G3356576W
Related Vehicle	SGX6691G (Van)	Contact No.	98520634
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/11/2017	Date Discharge	10/11/2017
No. of Days granted Medical Leave	1	Degree of Injury	Minor



**SINGAPORE
POLICE FORCE**



T/20171109/2152

Police Station Of Origin:

Thomson NPP

25 Lin Ming Road #01-180 SINGAPORE

57025

Tel No: 1800-4529999

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Report No. T/20171109/2152

CONTINUATION OF REPORT

another impact coming from my right side. I then notice another lorry(GBC3245B) had hit onto me.

I then alight my vehicle to make a check. I then exchange particulars with the two lorry drivers. Once done I activated my own towing service as my vehicle was unable to move. After which I went to Mount A Ivenia Hospital and was given 3 days medical leave

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171109/2152

Police Station Of Origin:

4 of 4

Thomson NPP

Report No. T/20171109/2152

25 Min Ming Road #01-180 SINGAPORE

57025

CONTINUATION OF REPORT

Tel No: 1800-4529999

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:

E/

Sgt 2 MUHAMMAD RIDZUAN BIN AEDUL
RAHMAN

Signature Of Informant:

[Handwritten signature]

Signature Of Informant:

Not applicable

Signature Of Informant:

Not applicable





**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

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PRE-REPAIR INSPECTION REPORT			
ERGO INSURANCE PTE LTD		Ref: CS3/EG17021744/Wbe2	
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 22-05-2018	
FIVE SINGAPORE 038985		Code: EGI	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	GBC 3245B	Veh. Inspected	SGX 6691G
Policy No.		Coverage (\$)	0.00
Claim No.	DSMCV1702663	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	14/11/2017
2. Vehicle Particulars & Condition			
Make & Model	FIAT PANORAMA	c.c	1368
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	ZFA22300005491873	Colour	DARK GREY
Odometer	108747 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/60 R15	YOKOHAMA	4 mm
L/H Front Tyre	195/60 R15	YOKOHAMA	4 mm
R/H Rear Tyre	195/60 R15	YOKOHAMA	4 mm
L/H Rear Tyre	195/60 R15	YOKOHAMA	4 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.			
5. General Information			
Accident Date	09/11/2017	Inspect Date / Time	14/11/2017 (01:32 PM)
Survey held at	EM SOLUTION PTE LTD 160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY SINGAPORE 575722		
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 \$4,900-\$5,900			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days	

Report Ref No. CS3/EG17021744/Wbe2

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

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