

APP. RECEIVED

REF CS/SMO17022018/Atbn2

Solicitor

Adrian

ASSIGNMENT (Office)

Front/Person

Sherry Wong

SMO

Date/Time 17/11/17 @ 10:07am

Estimated Cost

Bill to

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

To Inspect Vehicle No

SKV 5411T

Insured

SKR 6412E

at Workshop no

SK Automobile

Tel

6702 1555

of 8 Kaki Bukit Ave 4, #08-46 Premier, 416875

Policy No

Claim No

CMTD1704067 / GPL

Sum Insured

Excess

Make of Veh

(Client's Record)

D.O.A 11/11/2017

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement

Date/Time 10:12am @ 17/11/17

Person Contacted

Mahamed

Vehicle

IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SKV 5411T - NBA / AIG17021684 / Y - D.O.A 11/11/2017

SKR 6412E - NBA / AIG17021684 / Y - D.O.A 11/11/2017

Lump Sum \$5,500 - (Red: 13104.19 : 70%)

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKV5411T. Yr Regn: 2017 MayType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Sylphy. C.C. 1598Colour: Bronze. A/C: Insured / Std / NI / NASp. Reading: 10580 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MNTBBAB1720.028348.Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/50R17.R: 215/50R17.

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

TOYO / YOKO or Fulken

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 17/11/17.Survey held at S.K.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 Sompo

RECEIVED 05 JAN 2018

Date/Time File Pass to?

☐ : Preli. Report
☒ : Final Report
Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee

Transportation

S + RS + SI

Photos

Others

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)Report Format: TPLump Sum / I.B.I. (\$) 5500

NOTES



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			
SOMPO INSURANCE SINGAPORE PL		Ref : CS/SMO17022018/Atb	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 17-11-2017	
		Code : SMO	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKR 6412E	Veh. Inspected	SKV 5411T
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1704067/GPL	Excess (\$)	0.00
Assign From	SHERY WONG	Assign Date	17/11/2017
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	11/11/2017	Inspection Date	17/11/2017
Survey held at	SK AUTOMOBILE PTE LTD 23 KAKI BUKIT AVE 4 # 03-01 SINGAPORE 415933		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Nivitha (LKK Auto)

From: Wong, Shi Yi Shery <Shery.Wong@sompo.com.sg>
Sent: Friday, 17 November, 2017 10:07 AM
To: assignments
Cc: 'Catherine Chong (LKK Auto)'; Henry, Irene James; Gnoh, Pau Loong; 'yeamweihong@skauto.com.sg'
Subject: FW: Arrange surveyor for SKV5411T Your Ref:SKR6412E
Attachments: Repair estimate.pdf

Our Reference: CMTD1704067/GPL

Hi,

Kindly assign your motor surveyor to conduct motor survey of the mentioned (SKV5411T).

Please refer to the email correspondence below.

Best Regards

Shery Wong

Claims Division

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

10:10am
v ✓
est ✓
Mohamad
Admin



Innovation for Wellbeing

SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

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From: Yeam Wei Hong [mailto:yeamweihong@skauto.com.sg]
Sent: Thursday, November 16, 2017 3:59 PM
To: Wong, Shi Yi Shery; Gnoh, Pau Loong
Cc: Henry, Irene James; SK Admin; xiongskauto@gmail.com
Subject: Re: Arrange surveyor for SKV5411T Your Ref:SKR6412E

Hi Pau Loong,

Good afternoon.

Hereby enclose with repair estimation as per your requested.

Kindly check from attachment.

Thank you.

Best regards,

Wei Hong

Estimator

SK Automobile Pte Ltd

8 Kaki Bukit Ave 4

#08-46/46 Premier@Kaki Bukit

Singapore 415875

Tel: +65 6702 1555

fax: +65 6702 1444



On Thu, Nov 16, 2017 at 3:50 PM, Wong, Shi Yi Shery <Shery.Wong@sompo.com.sg> wrote:

Our Claim Reference : CMTD1704067/GPL

Hi ,

We acknowledged receipt of your claim documents and have made necessary arrangement for survey.

Please be informed that Pau Loong is the handler of this case.

Thank you.

Best Regards

Shery Wong

Claims Division

D: 6329 5339 | 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

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From: SK Admin [mailto:admin@skauto.com.sg]

Sent: Thursday, November 16, 2017 2:48 PM

To: Motor Survey

Cc: JING XIONG KHOO; Yeam Wei Hong

Subject: Arrange surveyor for SKV5411T Your Ref:SKR6412E

Dear Sir/Mdm,

We the repairers of motor vehicle no. SKV5411T

Kindly arrange surveyor to conduct a pre-repair inspection.

Location : 8 Kaki Bukit Ave 4#08-46

Premier @ Kaki Bukit

Singapore 415875

Contact No : 8121 0478 Xiong

We appreciate your early reply.

Thanks.

--

*Regards,
Huey Lee*

SK Automobile Pte Ltd

Tel: 6789 5155 Fax: 6783 5155

- Username / Email Add
password
f Connect * Sign Up New Account
* Forget Password

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Nissan Sylphy

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Make

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Depreciation

Reg Date

Eng Cap

Mileage

Veh Type

Status

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Singapore NRIC
Owner ID	0410Z
Vehicle Details	
Vehicle No.	SKV5411T
Vehicle to be Exported	Yes
Intended De-registration Date	14 Nov 2017
Vehicle Make	NISSAN
Vehicle Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Primary Colour	Grey
Manufacturing Year	2016
Engine No.	HR16995873B
Chassis No.	MNTBBAB17Z0028348
Maximum Power Output	85.0 kW (113 bhp)
Open Market Value	\$16,547.00
Original Registration Date	05 May 2017
First Registration Date	05 May 2017
Transfer Count	0
Actual ARF Paid	\$16,547.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	04 May 2027
PARF Rebate Amount	\$12,410.00
Intended COE Rebate Details	
COE Expiry Date	04 May 2027
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$51,600.00
COE Rebate Amount	\$41,280.00
Total Rebate Amount	\$53,690.00

The information contained herein is correct as at 14 Nov 2017

OK

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	13/11/2017 20:01
Date Of Accident	11/11/2017 19:20
Exact Location Of Accident	AYE TOWARDS MCE AFTER PORTSDOWN ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5411T
Insured/Policyholder	
Name Of Registered Owner	TAN PENG HOO
NRIC No	S1290410Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90289461
Alternative Phone No	OTHERS-90289461

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700003463
Cover Note Number	

Driver

Name of Driver	TAN PENG HOO
NRIC No	S1290410Z
Date Of Birth	17/02/1958
Occupation	INDOOR
Date Of Driving Pass	06/07/1979
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90289461
Fax Number	
Contact Number	OTHERS-90289461
Email Address	NOEMAIL

Address	BLK 947 JURONG WEST STREET 91
	#06-653
Postcode	640947
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	CLEAR
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SKR6412E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	SOMPO INSURANCE SINGAPORE PTE. LTD.
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	SLJ9192A
-----------------------------	----------

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 3

Vehicle Registration Number SKV3152D

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 TAN PENG HOO

Approximate Age

Injuries Sustain BACK AND NECK PAIN

Injured person in which vehicle? SKV5411T

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SOH BEE TIN

Approximate Age

Injuries Sustain BACK AND NECK PAIN

Injured person in which vehicle? SKV5411T

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name TAN HUI YU
Approximate Age
Injuries Sustain BACK AND NECK PAIN
Injured person in which vehicle? SKV5411T
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name WONG LUNG YU
Approximate Age
Injuries Sustain BACK AND NECK PAIN
Injured person in which vehicle? SKV5411T
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

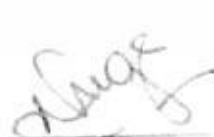
Sketch Plan


IMPORTANT NOTICE

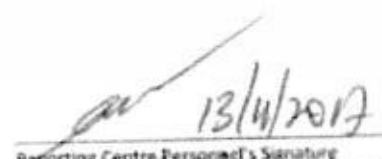
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

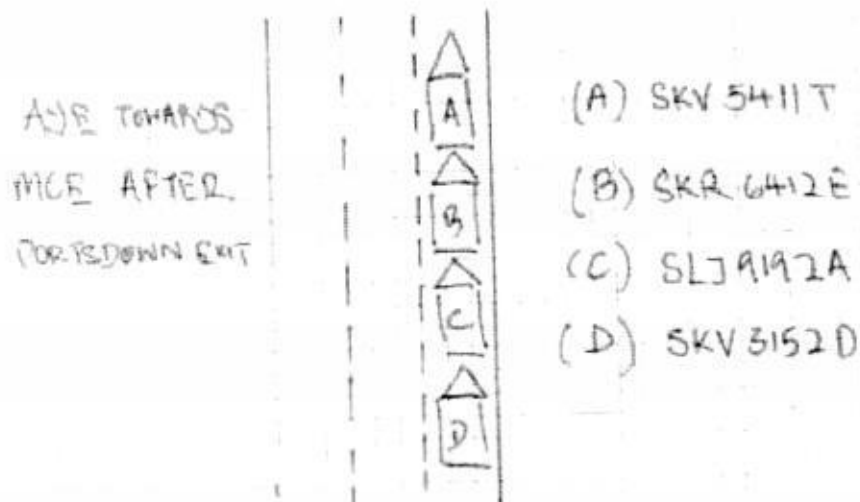
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, 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:


Reporting Centre Personnel's Signature
Name: Rosdi N/A/AB
NRIC/FIN No.:

Sketch Plan #2

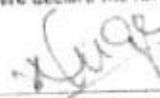


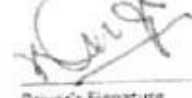
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards MCE along lane 1. Weather was clear but wet, traffic was moderate. The moment I was under Portstown flyover, I noticed the front vehicle slowing down and came to a halt, I followed suit and stopped my vehicle. Few seconds later, I felt an impact from the rear, I alighted and realised it was a chain collision involving 4 vehicles.

DECLARATION

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


Policyholder's Signature
Date & Time


Driver's Signature
(if driver is not the policyholder)


Reporting Centre Personnel's Signature
Name:

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	12/11/2017 18:10
Date Of Accident	11/11/2017 19:00
Exact Location Of Accident	AYE (CITY) BEFORE ALEXANDRA RD EXIT AFTER FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR6412E
Insured/Policyholder	
Name Of Registered Owner	NG LING YEN
NRIC No	S7479250B
Email Address	TEYBH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91822196
Alternative Phone No	OTHERS-91822196

Vehicle Particulars

Manufacturer	BMW
Model	X3 SDRIVE 20I HID NAV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	D17MTPV01003101
Cover Note Number	N.A

Driver

Name of Driver	TEY BUT HWA
NRIC No	S7435109C
Date Of Birth	15/10/1974
Occupation	INDOOR
Date Of Driving Pass	26/08/1994
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91822196
Fax Number	
Contact Number	
EEmail Address	TEYBH@HOTMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
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? 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) 2

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

I was driving along AYE(city) before Alexandra Rd exit on the extreme right lane. After Portsdown flyover, vehicle in front of me SKV5411T suddenly braked but i managed to stop on time to prevent collision. However, when my car was at a standstill, after a few seconds I felt an impact from the back. Vehicle SLJ9192A did not manage to stop on time and had collided on my rear portion. The collision pushed my car forward causing me to collide with the vehicle in front. There were no injuries. Visible damage to my front and rear portion of my vehicle.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: NA
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLJ9192A
Vehicle Make/Model/Colour MAZDA / 6 4-DOOR SEDAN 2.5L SP.6EAT SR LED
Details Of Properties N.A
Name of Driver N.A
NRIC/Passport Number
Contact Number 96988859
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 3

Details of Witness

Name
Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKV3152D
Vehicle Make/Model/Colour TOYOTA / HARRIER 2.4 A
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number 94383703
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKV5411T
Vehicle Make/Model/Colour NISSAN / SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number 90289461
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

Details of Witness

Name
Phone Number
Email Address

Sketch Plan

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 insurers who have insured vehicle(s) involved in this accident (all insurers 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 correspondence/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 be 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 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.

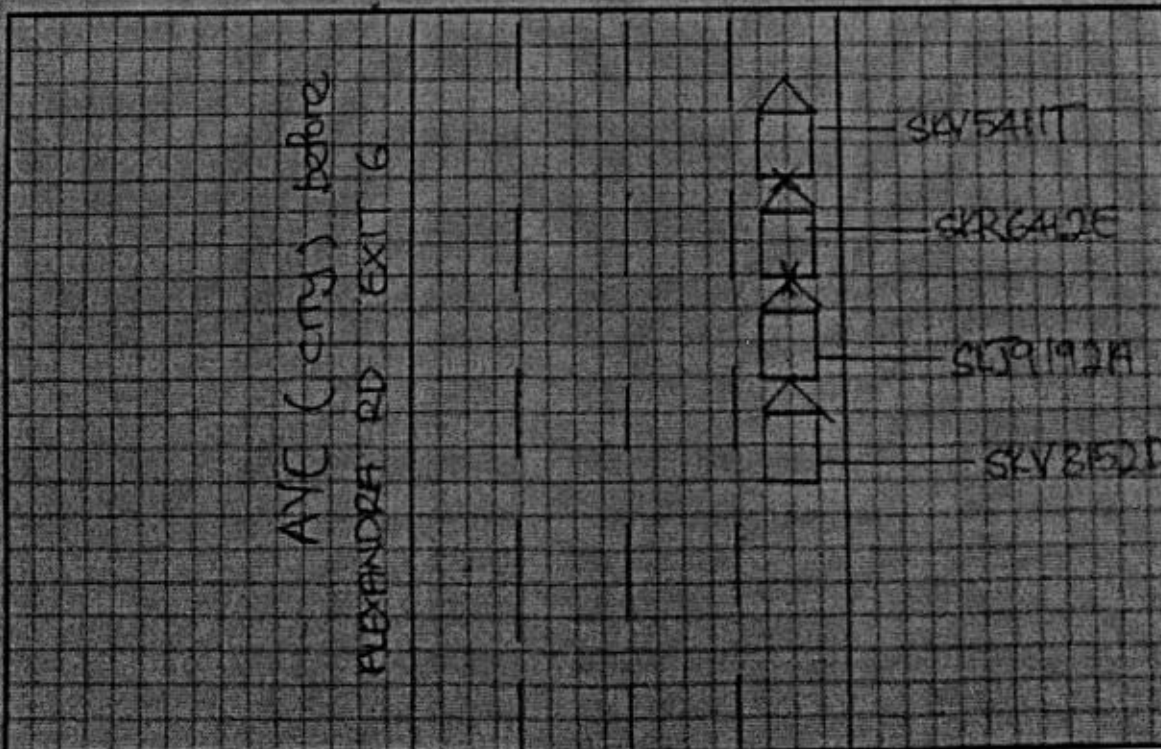
VERIFIED BY ALAN MARS
REPORTING OFFICER
Ammar Marican Bin
Khairudin

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was driving along AYE(city) before Alexandra Rd exit on the extreme right lane. After Portsdown flyover, vehicle in front of me SKV5411T suddenly braked but i managed to stop on time to prevent collision. However, when my car was at a standstill, after a few seconds I felt an impact from the back. Vehicle SLJ9192A did not manage to stop on time and had collided on my rear portion. The collision pushed my car forward causing me to collide with the vehicle in front. There were no injuries. Visible damage to my front and rear portion of my vehicle.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AMMAR HAMIZAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:



SK Automobile Pte Ltd
(Co Reg. No. 201500047H)
23 Kaki Bukit Ave 4 #03-01
Vicom Inspection Centre
Singapore 415933
Tel: 6789 5155 Fax : 6783 5155

TO	: SOMPO INSURANCE	DATE	: 14-Nov-17
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT	:		
<u>OWNER'S PARTICULAR</u>		<u>VEHICLE DETAILS</u>	
NAME	:	VEHICLE NO	: SKV5411T
ADDRESS	:	MODEL	: NISSAN SYLPHY
TEL. NO.	:	CHASSIS NO	: MNTBEAB17Z0025348
OWNER'S INSURANCE	:		
POLICY NO.	:		
<u>ACCIDENT DETAILS</u>	DATE :		
	TIME :		
THIRD PARTY REQUESTOR / CONTACT : WEI HONG / 91920930			

QUOTATION SUMMARY

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	REAR BUMPER ASSY <i>Defamed.</i>	1	\$ 950.00	\$ 950.00
2	REAR END PANEL <i>Defamed</i>	1	\$ 687.00	\$ 687.00
3	REAR FLOOR PANEL <i>Repair</i>	1	\$ 1,489.00	\$ 1,259.00
4	REAR BOOT LID <i>Defamed</i>	1	\$ 1,051.00	\$ 1,051.00

TOTAL PRICE \$ 3,947.00
LESS 30% \$ 1,184.10
SUB TOTAL PRICE \$ 2,762.90

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	REAR BUMPER SPONGE <i>Concluded</i>	1	\$ 189.60	\$ 189.60
2	REAR BUMPER REINFORCEMENT <i>Not in</i>	1	\$ 357.00	\$ 357.00
3	REAR BUMPER BEAM <i>Not in</i>	2	\$ 186.00	\$ 372.00
4	REAR BUMPER BRACKET <i>Defamed</i>	2	\$ 59.00	\$ 118.00
5	REAR BUMPER REFLECTOR <i>Concluded</i>	2	\$ 68.00	\$ 136.00

6	REAR END PANEL TOP GARNISH <i>del</i>	1	\$ 319.00	\$ 319.00	98
7	REAR CARGO BOX <i>del</i>	1	\$ 580.00	\$ 580.00	191.50
8	TAILLAMP ASSY <i>del</i>	2	\$ 798.60	\$ 1,597.20	580.40
9	TAILLAMP PANEL <i>Pyr</i>	2	\$ 296.00	\$ 592.00	x
10	SPARE TYRE TOP BOARD <i>tan</i>	1	\$ 248.00	\$ 248.00	✓
11	SPARE TYRE TOP LINING <i>del</i>	1	\$ 321.00	\$ 321.00	x
12	REAR FENDER SIDE INNER SHIELD <i>del</i>	2	\$ 675.00	\$ 1,350.00	x
13	REAR WHEELHOUSE LINER <i>del</i>	2	\$ 85.50	\$ 171.00	x
14	BOOT LID LAMP <i>del</i>	2	\$ 485.00	\$ 970.00	x
15	BOOT LID INNER LOCK <i>del</i>	1	\$ 220.80	\$ 220.80	✓
16	BOOT LID STRIKER <i>del</i>	1	\$ 50.60	\$ 50.60	x
17	BOOT LID RUBBER STOPPER <i>del</i>	1	\$ 18.00	\$ 18.00	x
18	BOOT LID INNER TRIM <i>del</i>	1	\$ 386.00	\$ 386.00	x
19	BOOT LID HINGE <i>del</i>	2	\$ 95.00	\$ 190.00	x
20	BOOT LID TOP CHROME MOULDING <i>del</i>	1	\$ 359.00	\$ 359.00	✓
21	BOOT LID BOTTOM CHROME MOULDING <i>del</i>	1	\$ 421.00	\$ 421.00	172.70
22	BOOT LID WEATHERSTRIP <i>del</i>	1	\$ 220.00	\$ 220.00	✓
23	BOOT LID EMBLEM "SYLPHY" <i>del</i>	1	\$ 68.40	\$ 68.40	✓
24	BOOT LID EMBLEM <i>del</i>	1	\$ 78.00	\$ 78.00	✓
25	EXHAUST PIPE SILENCER <i>del</i>	1	\$ 989.50	\$ 989.50	740.80
26	EXHAUST MOUNTING <i>del</i>	2	\$ 32.00	\$ 56.00	x

3421.20
3079.08

TOTAL PRICE \$ 10,378.10
LESS 10% \$ 1,037.81
SUB TOTAL PRICE \$ 9,340.29

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR NUMBER PLATE WITH CASING <i>Best</i>	1	\$ 50.00	\$ 50.00
2	REAR FENDER SIDE INNER TRIM CLIP SET <i>new</i>	1	\$ 78.00	\$ 78.00
3	REAR BUMPER CLIP SET <i>new</i>	1	\$ 72.00	\$ 72.00
4	BOOT LID INNER TRIM CLIP SET <i>new</i>	1	\$ 35.00	\$ 35.00
5	BOOT LID EMBLEM "PURE-DRIVE" <i>new</i>	1	\$ 80.00	\$ 80.00
6	TAILLAMP CLIP SET <i>new</i>	1	\$ 26.00	\$ 26.00
7	TAILLAMP PANEL SEALANT <i>new</i>	1	\$ 80.00	\$ 80.00
8	REAR-VIEW CAMERA SET <i>original new new</i>	1	\$ 950.00	\$ 950.00
9	REVERSE SENSOR <i>original</i>	1	\$ 300.00	\$ 300.00
10	REAR END PANEL TOP GARNISH CLIP SET <i>new</i>	1	\$ 40.00	\$ 40.00
11	REAR END PANEL SEALANT <i>new</i>	1	\$ 90.00	\$ 90.00
12	REAR FLOOR PANEL SEALANT <i>new new</i>	1	\$ 90.00	\$ 90.00
13	REAR FLOOR PANEL INSULATOR <i>new new</i>	1	\$ 250.00	\$ 250.00

TOTAL

\$ 2,141.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

1	PANEL BEATING, REMOVAL AND REPLACING PARTS.	\$ 1,600.00	800	
2	TO SPRAY PAINTING AFFECTED AREAS.	\$ 1,400.00	800	
3	TO APPLY TUFF COAT.	\$ 200.00	50	
4	PERFORM REAR CHECK WIRING.	\$ 80.00	30	
5	REMOVE AND REFIT CUSHION SEAT/UPHOLSTERY AND ROOF LINING TO FACILATE REPAIR.	\$ 250.00	40	
6	REMOVE AND REFIT REVERSE SENSOR.	\$ 150.00	50	
7	REMOVE AND INSTALL FUEL TANK TO FACILATE REPAIR.	\$ 200.00	X	
8	TRANSFER BOOT LID MECHANISM.	\$ 100.00	X	
9	CONDUCT WATER LEAKAGE TEST.	\$ 150.00	X	
10	REMOVE AND REFIT REAR-VIEW CAMERA. ADJUST CAMERA ANGLE.	\$ 150.00	50	
11	REMOVE AND REPLACE EXHAUST PIPE SILENCER.	\$ 80.00	/	

TOTAL

\$ 4,360.00

1900

ESTIMATE REPORT

TOTAL PARTS COST : \$ 14,244.19
 TOTAL LABOUR COST : \$ 4,360.00
 TOTAL REPAIR COST : \$ 18,604.19

APPROVED DETAILS

EXCESS :
 NO. OF DAYS :
 RE-SURVEY :

PART BY PART OR LUMP SUM :

DATE & TIME OF SURVEY :
 SURVEYED BY :
 CONTACT NUMBER :

Adrian Lj

L/s 17/11/17.

06 Days.

Total: 6907.23

L/s: 5.5K.



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				
SOMPO INSURANCE SINGAPORE PL			Ref : CS/SMO17022018/Atbn2	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623			Date : 10-01-2018 Code : SMO	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKR 6412E	Veh. Inspected	SKV 5411T	
Policy No.	D17MTPV01003101	Coverage (\$)	0.00	
Claim No.	CMTD1704067/GPL	Excess (\$)	0.00	
Assign From	SHERY WONG	Assign Date	17/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN SYLPHY	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	MNTBBAB17Z0028348	Colour	BRONZE	
Odometer	10580	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/50 R17	FALKEN	6 mm	
L/H Front Tyre	215/50 R17	FALKEN	6 mm	
R/H Rear Tyre	215/50 R17	FALKEN	6 mm	
L/H Rear Tyre	215/50 R17	FALKEN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/11/2017	Inspection Date	17/11/2017	
Survey held at	SK AUTOMOBILE PTE LTD 23 KAKI BUKIT AVE 4 # 03-01 SINGAPORE 415933			
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:		6 Working Days		



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TEL: 6256 3561 FAX: 6256 4315

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKV 5411T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER ASSY	DEFORMED	950.00	632.70
1	REAR END PANEL	DENTED	687.00	540.90
1	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	1,259.00	-
1	REAR BOOT LID	DENTED	1,051.00	850.90
	LESS 30% DISCOUNT		-1,184.10	-607.35
			2,762.90	1,417.15
<u>NETT ITEMS</u>				
1	REAR BUMPER SPONGE (N)	CRACKED	189.60	189.60
1	REAR BUMPER REINFORCEMENT (N)	NOT NECESSARY	357.00	-
2	REAR BUMPER BEAM @\$186.00 (N)	NOT NECESSARY	372.00	-
2	REAR BUMPER BRACKET @\$59.00 (N)	DENTED	118.00	118.00
2	REAR BUMPER REFLECTOR @\$68.00 (N)	CRACKED	136.00	136.00
1	REAR END PANEL TOP GARNISH (N)	DEFORMED	319.00	98.00
1	REAR CARGO BOX (N)	CRACKED	580.00	191.50
2	TAILLAMP ASSY @\$798.60 (N)	CRACKED	1,597.20	580.40
2	TAILLAMP PANEL @\$296.00 (N)	TO REPAIR SEE LABOUR	592.00	-
1	SPARE TYRE TOP BOARD (N)	TORN	248.00	248.00
1	SPARE TRYE TOP LINING (N)	NOT NECESSARY	321.00	-
2	REAR FENDER SIDE INNER SHIELD @\$675.00 (N)	NOT NECESSARY	1,350.00	-
2	REAR WHEELHOUSE LINER @\$85.50 (N)	NOT NECESSARY	171.00	-
2	BOOT LID LAMP @\$485.00 (N)	NOT NECESSARY	970.00	-
1	BOOT LID INNER LOCK (N)	DAMAGED	220.80	220.80
1	BOOT LID STRIKER (N)	NOT NECESSARY	50.60	-
1	BOOT LID RUBBER STOPPER (N)	NOT NECESSARY	18.00	-
1	BOOT LID INNER TRIM (N)	NOT NECESSARY	386.00	-
2	BOOT LID HINGE @\$95.00 (N)	NOT NECESSARY	190.00	-
1	BOOT LID TOP CHROME MOULDING (N)	CRACKED	359.00	359.00
1	BOOT LID BOTTOM CHROME MOULDING (N)	CUT	421.00	172.70
1	BOOT LID WEATHERSTRIP (N)	CUT	220.00	220.00
1	BOOT LID EMBLEM "SYLPHY" (N)	NECESSARY	68.40	68.40
1	BOOT LID EMBLEM (N)	NECESSARY	78.00	78.00
1	EXHAUST PIPE SILENCER (N)	BENT	989.50	740.80

Report Ref No. CS/SMO17022018/Atbn2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	EXHAUST MOUNTING @\$32.00 (N)	NOT NECESSARY	56.00	-
	LESS 10% DISCOUNT		-1,037.81	-342.12
			9,340.29	3,079.08
	<u>SPECIAL NETT ITEMS</u>			
1	REAR NUMBER PLATE WITH CASING (SN)	BENT	50.00	50.00
1	SET REAR FENDER SIDE INNER TRIM CLIP (SN)	NOT NECESSARY	78.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	72.00	30.00
1	SET BOOT LID INNER TRIM CLIP (SN)	NECESSARY	35.00	35.00
1	BOOT LID EMBLEM "PURE-DRIVE" (SN)	NECESSARY	80.00	60.00
1	SET TAILLAMP CLIP (SN)	NECESSARY	26.00	26.00
1	TAILLAMP PANEL SEALANT (SN)	NOT NECESSARY	80.00	-
1	SET REAR-VIEW CAMERA (SN)	NOT NECESSARY	950.00	-
1	REVERSE SENSOR (SN)	DAMAGED	300.00	220.00
1	SET REAR END PANEL TOP GARNISH CLIP (SN)	NECESSARY	40.00	10.00
1	REAR END PANEL SEALANT (SN)	NECESSARY	90.00	60.00
1	REAR FLOOR PANEL SEALANT (SN)	NOT NECESSARY	90.00	-
1	REAR FLOOR PANEL INSULATOT (SN)	NOT NECESSARY	250.00	-
			2,141.00	491.00
	<u>LABOUR</u>			
	PANEL BEATING,REMOVAL AND REPLACING PARTS.INCLUSIVE OF THE REPAIR OF REAR FLOOR PANEL AND TAILLAMP PANEL.		1,600.00	800.00
	TO SPRAY PAINTING AFFECTED AREAS.		1,400.00	800.00
	TO APPLY TUFF COAT.		200.00	50.00
	PERFORM REAR CHECK WIRING.		80.00	30.00
	REMOVE AND REFIT CUSHION SEAT/UPHOLSTERY AND ROOF LINING TO FACILATE REPAIR.		250.00	40.00
	REMOVE AND REFIT REVERSE SENSOR.		150.00	50.00
	REMOVE AND INSTALL FUEL TANK TO FACILATE REPAIR.	NOT NECESSARY	200.00	-
	TRANSFER BOOT LID MECHANISM.	NOT NECESSARY	100.00	-
	CONDUCT WATER LEAKAGE TEST.	NOT NECESSARY	150.00	-
	REMOVE AND REFIT REAR-VIEW CAMERA.ADJUST CAMERA ANGLE.		150.00	50.00
	REMOVE AND REPLACE EXHAUST PIPE SILENCER.		80.00	80.00
			4,360.00	1,900.00
	GRAND TOTAL		18,604.19	6,887.23

Report Ref No. CS/SMO17022018/Atbn2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			5,500.00
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Report Ref No. CS/SMO17022018/Atbn2

ADRIAN LING WAI PING

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

Licensed Appraiser

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