

ASS. REC BY:

REF:

CS3 / SMO17020048 / Ugb

Special Instruction.

ongo 8 days

SUNJOY

MORONG

ASSIGNMENT (Office)

From (Person):

Gnon Pau Loong

of

SMO

Date/Time:

18.11.2017

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

SKV 2843A

Insured:

PL 3203 G

at Workshop m/s

Blumel Automotiv

Tel:

6745 2088

of

Blk 1 Kaki Bukit Ave 6 #0155

Policy No:

Claim No:

CMTD1703687 / GPL

Sum Insured:

Excess:

Make of Veh:

D.O.A

19.10.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

20.10.2017

H.O.D. Endorsement

Date/Time:

19.10.2017 4:50pm

Person Contacted:

Sally

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SKV 2843A X

PL 3203 G X

Dismantle Part: 23.10.2017

After repair: 27.10.2017

06/11/17 7:55pm Email to Sherry wing

22/11/17 4/5 @ 7500 confirmed with Henry. Sherry.
(Red: 1900, 20%).

RECEIVED 22 NOV 2017

Surveyor

ASSIGNMENT

From: _____ Date: 20.10.2017
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SKV 2843A
 at Workshop n/s: Bluwel
 of: Blk 1 Kaki Bukit Ave 6 #01-55
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 40
 IDAC Accident Rpt: Consistent? : Yes or No
 GIA / PR Seen: Consistent? : Yes or No
 Est. Repairs: 8 days Res: Yes or No
 Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKV 2843A Yr Regn: 4110
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or: _____
 Make: Volkswagen Scirocco 7984
 Colour: White A/C Insured / Std / NI / NA
 Sp. Reading: 134042 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WVWZEE13Z AV 42975-2
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 235/35-22.9
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or: Kumho

Front: 6 mm Rear: 6 mm
 R/Bal: 6 mm L/Bal: 6 mm
 D.O.A: 19/10/17 D.O.I: 20/10/17 @ 10.02am
 Survey held at: Bluwel

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

27A27555 No settlement.
 resurvey after repair 27-10-17
 7-8k.

RECEIVED 07.11.2017

Date/Time, File Pass to?

1) 07.11.2017

Date/Time, File Return to?

2)

Report Format :

PRS

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech Invs (\$

☐ Weekend (\$

Survey Fee:

Transportation:

\$ - RS \$

Photos

Others

TOTAL

100

60

60

220



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 : CS3/SMO17020048/Ugb-1

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERS SINGAPORE 048623

Date : 20-11-2017



Code : SMO

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 3203G	Veh. Inspected	SKV 2843A
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1703687/GPL	Excess (\$)	0.00
Assign From	GNOH PAU LOONG	Assign Date	18/11/2017

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	19/10/2017	Inspection Date	20/11/2017
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883		

5a. Remarks

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

Catherine Chong (LKK Auto)

From: Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>
Sent: Saturday, 18 November, 2017 3:16 PM
To: Igene Lim; Serene Tan
Cc: Catherine Chong (LKK Auto); assignments; 'Bluwel2088'
Subject: RE: Our Reference: CMTD1703687/GPL , Your Reference: MN/IG/B1/1711987/st , PRI
Attachments: 0341_001.pdf; 0342_001.pdf

Importance: High

Without Prejudice
By email & fax [6509 8482]

Dear Ms Igene,

With reference to the captioned, we acknowledge receipt of your letter dated 13.11.2017. We will be conducting a paper resurvey of your client's vehicle, however, your copy of the enclosed surveyor report is with black & white photos only.

Please provide us the scanned colour photos for our surveyor's perusal.

In the meantime, kindly hold hands, thank you.

By copy to M/s LKK AUTO,

Kindly assist in the above, thank you.

Best Regards

Gnoh Pau Loong

Claims Division

D: 6329 5217 | T: 6461 6555 | F: 6221 3147



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From: Serene Tan [mailto:serene.tan@mneduco.com.sg]

Sent: Thursday, 19 October, 2017 3:43 PM

To: Wong, Shi Yi Shery <Shery.Wong@sompo.com.sg>; assignments <assignments@lkkauto.com>

Cc: Henry, Irene James <irene.henry@sompo.com.sg>; Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>;

Catherine Chong (LKK Auto) <admin-d@lkkauto.com>; 'Bluwel2088' <bluwel2088@yahoo.com.sg>
Subject: RE: Our Reference: CMTD1703687/GPL , Your Reference: MN/IG/B1/1711987/st , PRI

Our Ref: MN.IG.B1.1711987.st (SKV 2843A)

WITHOUT PREJUDICE
SAVE AS TO COSTS

**NOTICE TO INSURERS OBJECTING TO THE LIST OF MOTOR SURVEYORS PROVIDED
WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2.6 OF THE STATE COURTS
PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)**

Dear Shery,

We refer to your reply on even date.

In compliance with paragraph 2.9 of the State Courts Practice Direction Amendment No. 1 of 2016, you may proceed to instruct your appointed surveyor M/s **LKK Auto Consultants** to conduct and/or complete the pre-repair survey within 2 working days from the date hereof.

Please reply to our branch office for this matter.

Thanks & Best Regards,
(For and on behalf of Mr Nedumaran Muthukrishnan)
Serene Tan (Ms)
M NEDUMARAN & CO
Advocates & Solicitors
Commissioner for Oaths

Branch Office:
11 Sin Ming Road
#B2-09 (Unit 2), Thomson V Two
Singapore 575629
Tel: 6509-8480 / 6509-8481
Fax: 6509-8482
Email : serene.tan@mneduco.com.sg

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From: Wong, Shi Yi Shery [mailto:Shery.Wong@sompo.com.sg]
Sent: Thursday, October 19, 2017 3:30 PM
To: Serene Tan <serene.tan@mneduco.com.sg>; assignments <assignments@lkkauto.com>
Cc: Henry, Irene James <irene.henry@sompo.com.sg>; Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>; Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Subject: FW: Our Reference: CMTD1703687/GPL , Your Reference: MN/IG/B1/1711987/st , PRI

Our Reference: CMTD1703687/GPL
Your Reference: MN/IG/B1/1711987/st

Date: 19TH October 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S M NEDUMARAN & CO

Accident involving SKV2843A and PC3203G on 19/10/2017

Dear Sirs,

We refer to your email reply dated 19/10/2017.

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 (SKV2843A).

Thank you.

Best Regards

Shery Wong

Claims Division

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



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

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disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy.

From: Serene Tan [mailto:serene.tan@mneduco.com.sg]
Sent: Thursday, October 19, 2017 3:24 PM
To: Wong, Shi Yi Shery
Cc: Henry, Irene James; Gnoh, Pau Loong
Subject: RE: Our Reference: CMTD1703687/GPL , Your Reference: MN/IG/B1/1711987/st , PRI

Our Ref : MN.IG.B1.1711987

WITHOUT PREJUDICE

SAVE AS TO COSTS

NOTICE TO INSURERS OBJECTING TO THE LIST OF MOTOR SURVEYORS PROVIDED WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 2.6 OF THE STATE COURTS PRACTICE DIRECTIONS (AMENDMENT NO. 1 OF 2016)

Hi Shery,

1. We refer to your email below.
2. We are instructed by **POON YIN MUN SHARON** , the claimant and/or **Bluwel Automotive Service Pte Ltd**, the motor workshop for **SKV 2843A** that they are not agreeable to the appointment of the motor surveyors as stated in your said email.
3. In compliance with The State Courts Practice Directions (Amendment No. 1 of 2016), we propose to use one of the below mentioned motor surveyor to conduct the joint pre-repair survey ("hereinafter referred to as PRS") as a Single Joint Expert ("hereinafter referred to as a SJE").

1.	NICKY SEAH (Absolute Appraisal Services)	6.	ANDREW HOW (Prominent Appraiser Services)
2.	MICHAEL YAP TECK CHYE (MC-COY Appraiser Pte Ltd)	7.	NG KONG BENG PATRICK (Carlink Consultancy)
3.	DIXON YEO (Treasure Appraisal Services)	8.	ANANDA KUMAR BISWAS S/O B N BISWAS (United Appraisal & Management Pte Ltd)
4.	LOI BOON JUAN (Par Automotive Consultancy)	9.	DENNIS YAP TECK WEE (PAL's Appraiser Pte Ltd)
5.	AMAS ONG AEON Auto Consultants LLP)	10.	ANDY YAP TECK LEE (LCW Appraiser Pte Ltd)

4. Please let us know within two (2) working days whether you agree to the appointment of any of the above motor surveyors as proposed by the claimant and/or the motor workshop as a Single Joint Expert ("hereinafter referred to as "SJE").

Please reply to our branch office for this matter.

Thanks & Best Regards,
(For and on behalf of Mr Nedumaran Muthukrishnan)

Serene Tan (Ms)
M NEDUMARAN & CO
Advocates & Solicitors
Commissioner for Oaths

Branch Office:

11 Sin Ming Road
#B2-09 (Unit 2), Thomson V Two
Singapore 575629
Tel: 6509-8480 / 6509-8481
Fax: 6509-8482

Email : serene.tan@mneduco.com.sg

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From: Wong, Shi Yi Shery [<mailto:Shery.Wong@sompo.com.sg>]
Sent: Thursday, October 19, 2017 2:49 PM
To: Igene Lim <igene.lim@mneduco.com.sg>; Serene Tan <serene.tan@mneduco.com.sg>
Cc: Henry, Irene James <irene.henry@sompo.com.sg>; Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>
Subject: Our Reference: CMTD1703687/GPL , Your Reference: MN/IG/B1/1711987/st , PRI

Our Reference: CMTD1703687/GPL
Your Reference: MN/IG/B1/1711987/st

Date: 19TH October 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S M NEDUMARAN & CO

Accident involving SKV2843A and PC3203G on 19/10/2017

Dear Sir

We refer to your Notice of Accident via fax dated 19/10/2017.

Please be informed that Pau Loong 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)	
		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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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	19/10/2017 15:38
Date Of Accident	19/10/2017 11:30
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2843A
Insured/Policyholder	
Name Of Registered Owner	POON YIN MUN, SHARON (PAN YANWEN)
NRIC No	S8908116E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81680603
Alternative Phone No	OFFICE-81680603

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 2.0L AT TSI 1379V3
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087949143
Cover Note Number	

Driver

Name of Driver	POON YIN MUN, SHARON (PAN YANWEN)
NRIC No	S8908116E
Date Of Birth	07/03/1989
Occupation	INDOOR
Date Of Driving Pass	25/06/2009
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81680603
Fax Number	
Contact Number	OFFICE-81680603
Email Address	NOEMAIL

Address	50A TOH TUCK ROAD #02-03
Postcode	596742
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER TO ATTACHED

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	PC3203G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NIZAMUDDIN MOHD IBRAHIM
NRIC/Passport Number	S7786289G
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

SKETCH PLAN

IMPORTANT NOTICE

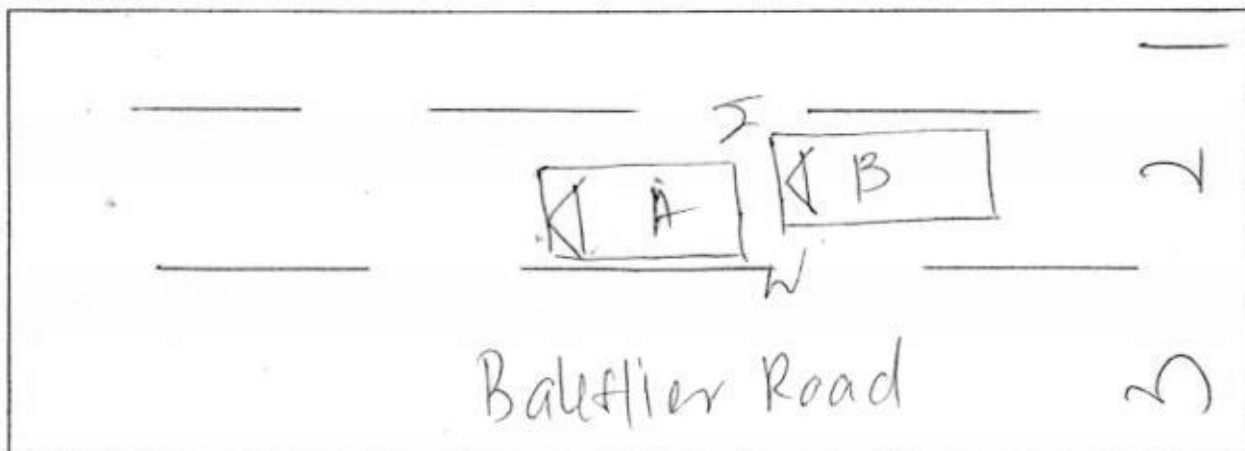
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





Sketch Plan #2

Describe Circumstances of the Accident

On 19/10/17 at about 11:30am, I was driving along Boleston Road on the left hand lane. Traffic volume was moderate. Vehicle B in front came to a stop and so I followed. Suddenly vehicle B came and hit the rear of my vehicle (A).

Declaration

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	19/10/17, 1:55pm Witnessed by Reporting Centre Personnel
---	---	---

Insurance Co. _____		
Vehicle NO. _____	Date Of Accident _____	
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input type="checkbox"/> Third Party Claim		

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	20/10/2017 13:50
Date Of Accident	19/10/2017 11:50
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3203G
Insured/Policyholder	
Name Of Registered Owner	SAPPHIRE TRANSPORT SERVICES
Co Reg No	NA
Email Address	KHAN_BOY24@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97411546
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTSCBU000079
Cover Note Number	

Driver

Name of Driver	NIZAMUDDIN MOHAMED IBRAHIM
NRIC No	S7786289G
Date Of Birth	11/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2010
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93887951
Fax Number	
Contact Number	OTHERS-97411546
Email Address	KHAN_BOY24@YAHOO.COM

Address	9 DUNLOP STREET
Postcode	209339
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

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	SKV2843A
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

Somp

Vehicle: PC
32039IMPORTANT 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.

S.T.S TRANSPORT SERVICES
H/P WO: 97411546
A.M.K ST.31. #02-329

Policyholder's Signature
Date & Time:

[Signature]
Date & Time:

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

20/10/17

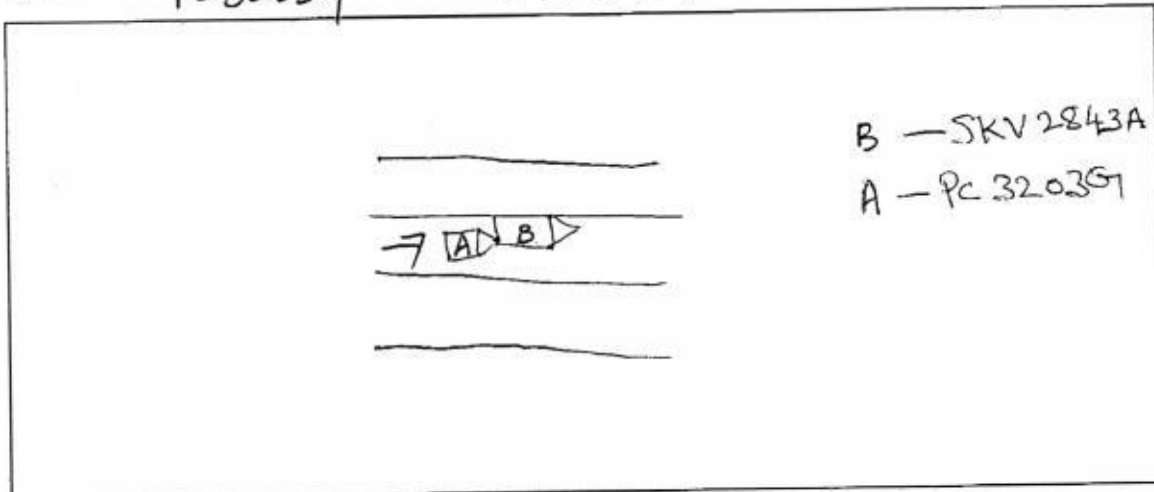
Reporting Centre Personnel's Signature
Name: *Heli*
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN

Date: 19/10/2017 Time: 11:50 AM Location: BALCASTERE ROAD
 My Vehicle A: PC 3203G Vehicle B: SKV 2843A Vehicle C/Others: ✓



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19/10/2017 @ 11:45 I CANT STOP SO I HIT THE CAR
 FROM TRAFFIC LIGHT

() Claim OD / TP at Ah Lim Motor () Claim OD / TP at other workshop (✓) Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop :

Email Address :

& Myself :

Email Address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Vehicle PC 3203G

S.T.S TRANSPORT SERVICES
 HIP WO: 97411548
 A.M.K ST.31. #02-329

Policyholder's Signature
 Date & Time:

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

Witnessed by Reporting Centre
 Personnel

GUARANTEE SIGNATURE

Driver's Particulars Pg. 1



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/02 Singapore 1 and Tower, Singapore 048693
Tel: 6401 0355 | Fax: 6221 3302 | Website: www.sompo.com.sg
Co Reg No: 198505490E | GST Reg No: M90005196

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No. : D17MTSCBU000079
1. Registration No. : PC3203G
2. Insured Name : SAPPHIRE TRANSPORT SERVICES
3. Commencement Date : 08 JANUARY 2017 00:00
4. Expiry Date : 07 JANUARY 2018 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$2000 - Section I
 : \$1000 - Section II

7. Persons or Classes of Persons entitled to drive*

b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

a) Use only for the carriage of passengers or goods in connection with the Insured's business.
b) Use only in the Republic of Singapore.

The Policy does not cover

1) Use for racing, pacemaking, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6225 3323

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

HP: THINK ONE CREDIT PTE LTD



I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.

Stella

Date/Time of Issue : 06 JANUARY 2017 18:03

*Limitation rendered inoperative by section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189).
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (s) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.

Intermediary Code & Name : 11513002 & SSTA INSURANCE AGENCY PTE LTD CI Code: 23H_NDHV24R4_DJMZAJ

Report Reference : TP / 17029-10/AY / 2017
Date of Report : 9 Nov 2017

Poon Yin Mun, Sharon (Pan Yanwen)
c/o No.1 Kaki Bukit Ave 6,
#01-53/55 AutoBay@ Kaki Bukit
Singapore 417883

THIRD PARTY SURVEY
ACCIDENT HAPPENED ON 19 Oct 2017

Workshop Address : Bluwel Automotive Service Pte Ltd
No.1 Kaki Bukit Ave 6
#01-53/55 AutoBay@ Kaki Bukit
Singapore 417883

As per your instruction dated **20 Oct 2017** with regard to the above matter. We have carried out a physical inspection on the said vehicle **SKV 2843 A**. We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No	: SKV 2843 A	Engine No	: CCZ046556
Model	: Volkswagen Scirocco	Mileage	: 134042
Year / Capacity	: 2010/1984	Colour	: White
Chassis No	: WVVZZZ13ZAV429752		

2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT O/S	: 235/35 R19	Kumho	4.00	mm	Sport
REAR O/S	: 235/35 R19	Kumho	4.00	mm	Sport
FRONT N/S	: 235/35 R19	Kumho	4.00	mm	Sport
REAR N/S	: 235/35 R19	Kumho	4.00	mm	Sport

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear o/s portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 9 working days to complete.
5. Enclosed number of photograph : 112 copies.
6. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey was done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.
7. Should you discover any discrepancy in the report, please kindly notify us within 2 weeks, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Vehicle No: **SKV 2843 A**
 Report No: **TP/ 17029-10/AY / 2017**

SPARE PARTS

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Rear tailgate <i>1607.17</i>	Damage	\$ 2015.00	\$ <i>DD</i> 2015.00 ✓
1	Rear tailgate inner lock	Damage	\$ 385.00	\$ <i>See</i> 385.00 x
1	Rear tailgate rubber	Necessary	\$ 353.00	\$ <i>see</i> 353.00 ✓
1	Rear o/s taillamp	Damage	\$ 482.00	\$ <i>see</i> 482.00 ✓
1	Rear end panel	Damage	\$ 1285.00	\$ <i>DD</i> 1285.00 ✓
1	Rear end panel inner trim	Intact	\$ 386.00	\$ <i>see</i> x
1	Rear bumper <i>1207.30</i>	Damage	\$ 1355.00	\$ <i>DD</i> 1355.00 ✓
1	Rear bumper centre bracket	Intact	\$ 95.00	\$ <i>see</i> x
1	Rear bumper lower grille	Damage	\$ 398.00	\$ <i>Dis</i> 398.00 ✓
1	Rear bumper o/s reflector	Damage	\$ 58.00	\$ <i>see</i> 58.00 ✓
1	Rear bumper side retainer	Necessary	\$ 48.00	\$ <i>see</i> 48.00 ✓
2	Rear bumper sensors	Damage	\$ 346.00	\$ <i>see</i> 346.00 ✓
1	Rear o/s fender <i>1797.60</i>	Damage	\$ 2074.80	\$ <i>see</i> 2074.80 ✓
1	Rear o/s fender air gate	Damage	\$ 35.00	\$ <i>see</i> 35.00 ✓
1	Rear o/s fender inner shield	Damage	\$ 148.00	\$ <i>see</i> 148.00 ✓
1	Rear o/s fender glass c/w moulding	Necessary	\$ 680.00	\$ <i>see</i> 680.00 x
			\$ 10143.80	\$ 9662.80
	Discount 10.0%		\$ 1014.38	\$ 966.28
			\$ 9129.42	\$ 8696.52
<u>Special Nett Items</u>				
1	Rear windscreen seal	Necessary	\$ 85.00	\$ <i>see</i> 85.00 <i>30</i>
1	Rear windscreen sealant	Necessary	\$ 60.00	\$ <i>see</i> 50.00 <i>40</i>
1	Rear o/s fender quarter glass sealant	Necessary	\$ 20.00	\$ <i>see</i> 20.00 ✓
			\$ 165.00	\$ 155.00

7765.07

Spare Parts Total \$ 9294.42 \$ 8851.52

Vehicle No: **SKV 2843 A**
 Report No: **TP/ 17029-10/AY / 2017**

LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 9294.42	\$ 8851.52
1	To remove and refit rear electrical wiring, replaced damaged lamps and test for proper functioning.	\$ 50.00	\$ 40.00 30
2	To remove and refit rear cushion seats, radio speaker board, interior upholstery to facilitate the repairs.	\$ 200.00	\$ 120.00 100
3	To remove and refit rear bumper sensor.	\$ 100.00	\$ 80.00 50
4	To remove and refit rear windscreen glass.	\$ 200.00	\$ 120.00 ✓
5	To remove and refit quarter glass to facilitate the repairs.	\$ 100.00	\$ 60.00 ✓
6	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 1600.00	\$ 1100.00 900
7	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 1600.00	\$ 1320.00 1000
8	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 200.00	\$ 120.00 90
Total		<u>\$ 13344.42</u>	<u>\$ 11811.52</u>
The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:		\$ 9400.00	9428.58 7542

SDLS: NINE THOUSAND FOUR HUNDRED ONLY


 Qualified Appraiser




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 : CS3/SMO17020048/Ugbs2-1	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 24-11-2017	
		Code : SMO	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	PC 3203G	Veh. Inspected	SKV 2843A
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1703687/GPL	Excess (\$)	0.00
Assign From	GNOH PAU LOONG	Assign Date	18/11/2017
2. Vehicle Particulars & Condition			
Make & Model	VOLKSWAGEN SCIROCCO (A)	c.c	1984
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	WWWZZZ13ZAV429752	Colour	WHITE
Odometer	134042	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	235/35ZR19	KUMHO	6 mm
L/H Front Tyre	235/35ZR19	KUMHO	6 mm
R/H Rear Tyre	235/35ZR19	KUMHO	6 mm
L/H Rear Tyre	235/35ZR19	KUMHO	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	19/10/2017	Inspection Date	20/10/2017
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883		
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:		8 Working Days	



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKV 2843A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR TAILGATE	DENTED	2,015.00	1,607.17
1	REAR TAILGATE INNER LOCK	SERVICEABLE	385.00	-
1	REAR TAILGATE RUBBER	NECESSARY	353.00	353.00
1	REAR O/S TAILLAMP	CRACKED	482.00	482.00
1	REAR END PANEL	DENTED	1,285.00	1,285.00
1	REAR END PANEL INNER TRIM	NOT NECESSARY	386.00	-
1	REAR BUMPER	DISTORTED	1,355.00	1,207.30
1	REAR BUMPER CENTRE BRACKET	NOT NECESSARY	95.00	-
1	REAR BUMPER LOWER GRILLE	DISTORTED	398.00	398.00
1	REAR BUMPER O/S REFLECTOR	CRACKED	58.00	58.00
1	REAR BUMPER SIDE RETAINER	BENT	48.00	48.00
2	REAR BUMPER SENSORS	SHORTED	346.00	346.00
1	REAR O/S FENDER	DENTED / BUCKLED	2,074.80	1,797.60
1	REAR O/S FENDER AIR GATE	TWISTED	35.00	35.00
1	REAR O/S FENDER INNER SHIELD	TORN	148.00	148.00
1	REAR O/S FENDER GLASS C/W MOULDING	NOT NECESSARY	680.00	-
	LESS 10% DISCOUNT		-1,014.38	-776.51
			9,129.42	6,988.56
SPECIAL NETT ITEMS				
1	REAR WINDSCREEN SEAL (SN)	NECESSARY	85.00	30.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	60.00	40.00
1	REAR O/S FENDER QUARTER GLASS SEALANT (SN)	NECESSARY	20.00	20.00
			165.00	90.00
LABOUR				
	TO REMOVE AND REFIT REAR ELECTRICAL WIRING, REPLACED DAMAGED LAMPS AND TEST FOR PROPER FUNCTIONING.		50.00	30.00
	TO REMOVE AND REFIT REAR CUSHION SEATS, RADIO SPEAKER BOARD, INTERIOR UPHOLSTERY TO FACILITATE THE REPAIRS.		200.00	100.00
	TO REMOVE AND REFIT REAR BUMPER SENSOR.		100.00	50.00
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS.		200.00	120.00
	TO REMOVE AND REFIT QUARTER GLASS TO FACILITATE THE REPAIRS.		100.00	60.00

Report Ref No. CS3/SMO17020048/Ugbs2-1



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TEL: 6256 3561 FAX: 6256 4315

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

Page No.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REPLACE THE ABOVE DAMAGED PARTS, STRAIGHTEN, KNOCK OUT, REALIGN AND REPAIR INCLUDING CUT AND WELD BODY PANELS. TO RE-ADJUST TO THE ORIGINAL POSITION USING POWER TOOLS.		1,600.00	900.00
	TO SPRAY PAINT ON THE REPLACED AND REPAIRED PARTS, PREPARE SPRAY SUCH AS MASKING TAPE THE UNAFFECTED AREAS WITH PAPER, CLEANING AND SANDING OF SURFACES, FINAL POLISHING AND WAXING ARE ALSO AVAILABLE.		1,600.00	1,000.00
	TO APPLY UNDERCOATING ON THE REPAIRED AND REPLACED PANELS FOR RUST PROTECTION.		200.00	90.00
			4,050.00	2,350.00
GRAND TOTAL			13,344.42	9,428.56
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				7,500.00

Report Ref No. CS3/SMO17020048/Ugbs2-1

CHUA KANG SENG

Licensed Appraiser

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