

ASS. REC. BY:

GR

REF:

CS3 / 20117022170 / Gbez

Special instruction:

Surveyor:

Wilson

ASSIGNMENT (Office)

From (Person):

Bazlin Ahmad

of

EGL

Date/Time:

21.11.2017 8.45am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKX 9352T

Insured:

GBC 2608U

at Workshop m/s

Ryder Auto

Tel:

9090 8277

of

Blk 1 Kaki Bukit Ave 6 # 01-56

Policy No:

Claim No:

DM17H002604/JT

Sum Insured:

Excess:

Make of Veh:

D.O.A.

18.11.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

22.11.2017 @ 10am

H.O.D. Endorsement:

Date/Time:

21.11.2017 10.10am

Person Contacted:

0190N

Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate
	SKX 9352T - X
	GBC 2608U - X
	Dismantle Part : 23.11.2017

PRS

*Handwritten initials*

EOI

Date: 22/11/2017

SKX 9352 T

02 Jan 2016

Estimated Cost:

CD (TP) WS (TP RES) OD RES EVA INV WY

To inspect Vehicle No: SKX 9352 T  
at Workshop: Ryder Auto  
of: Blk 1 Kaki Bukit Ave 6 #01-56

Name: Honda Vezel 1496  
Colour: Black  
SR Reading: 20932

Policy No:

Eng No: RU11105757

Claims No:

Gen Cond: Good Fair Poor Burnt

Sum Insured: Excess

Steering: Inc (Gear) Jammed / Leaked / Burnt or

Claims Record:

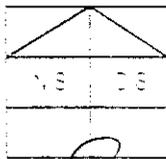
Brake: Inc (Gear) Jammed / Leaked / Burnt or

Make of Veh:

Mod: NH / SR / STD A / B / C

Policy Condition:

100m



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

Tyre Size: R 25/60R16

BS / DUX / EXNOVA / GY FS LIZA / MIO / OHTSU PIR SUM TOYO / YOKO or

Bas or Market Value:

Front: P Bal 6 --- R Bal 6  
L Bal 6 --- R Bal 6

DAC Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 8 days Res: Yes or No

Lim Sum: 30000 B Val: Yes or No

Surveyed at: WS Ryder Auto 22-11-17 12:30pm

QA / REV / REP. / 24 HRS

Des of Damages: Fr: Gear C/S N/S L/O Roof top or

Date: Person Contacted:

The U/C / Chassis/frame / Body Structure affected parts shown

Date/Time Action/Instructor

Estimated repair range \$6,000, - \$8,000.

*Handwritten signature and date: 23/3/2018*

RECEIVED 20 MAR 2018

Days To Be Reported:  Prelim. Report

Days Of Repair:

24 032018  Final Report

Resurvey No. of Trip

Sum Insured

Days To Be Reported

Add Fee:  5

5

Sum Insured

PRR: PRS

100  
100



# 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

EQ INSURANCE COMPANY LTD

Ref : CS3/EQ117022170/Wb

5 MAXWELL ROAD  
#17-00 TOWER BLOCK  
MND COMPLEX SINGAPORE 069110

Date : 21-11-2017



Code : EQI

## 1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GBC 2608U	Veh. Inspected	SKX 9352T
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	BAZLIN AHMAD	Assign Date	21/11/2017

## 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	18/11/2017	Inspection Date	21/11/2017
Survey held at	RYDER AUTO WORKSHOP LLP 1 KAKI BUKIT AVE 6 #01-56 SINGAPORE 417883		

## 5a. Remarks

<p>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.</p>
--

We shall be appointing our surveyor to attend to the pre-repair survey of your client's vehicle.

Below is a list of motor surveyors in our panel. Please revert within 2 working days if you agree or have any objections to the appointment of any of the motor surveyors. If we do not hear from you, you are deemed to have agreed to the appointment of any of the motor surveyors listed by us. Alternatively, please specify one or more of our proposed motor surveyors to the said assignment.

<p><b>1) AJAX Inspection Services Pte Ltd</b></p> <p>Tel: 6255 0808</p> <p>Fax: 6849 9155</p> <p>Contact person : Joey/Joseh</p>	<p><b>2) Automobile Inspection Services Pte Ltd</b></p> <p>Tel: 6286 0155</p> <p>Fax: 6284 1539</p> <p>Contact Person: Sophia</p>
<p><b>3) LBS Automotive Appraisal Pte Ltd</b></p> <p><b>L.B.S. Auto Consultants Pte Ltd</b></p> <p>Tel: 6281 6690 / 62832866</p> <p>Fax: 6281 8748</p> <p>Contact Person: Amy/ Grace</p>	<p><b>4) Priority Services</b></p> <p><b>Tel: 62934822</b></p> <p><b>Fax: 62963283</b></p> <p><b>Contact Person: Sharon Kho</b></p>
<p><b>5) RT Appraisal Pte Ltd</b></p> <p>Tel: 67486076</p> <p>Fax: 67480361</p> <p>Contact Person: Ricky Teng</p>	<p><b>6) LKK Auto Consultants Pte Ltd</b></p> <p>Tel: 6256-3561</p> <p>Fax: 6741-4108</p>
<p><b>7) Kelvin Automotive Appraising Services</b></p> <p>Tel: 81825263</p> <p>Fax: 67461148</p> <p>Contact Person: Kelvin</p>	<p><b>8) Automotive Appraiser &amp; Surveying Services</b></p> <p>Tel: 96623655</p> <p>Fax: 67655662</p> <p>Contact Person: Mr Chee</p>
<p><b>9) JP Knights Pte Ltd</b></p> <p>Tel: 63450068</p>	

Fax: 63445328

Contact Person: Edna Lee

If you object to all the motor surveyors as proposed by us, please provide a list of at least 10 motor surveyors whom you consider as suitable to appoint for our consideration. We shall revert to you within 2 working days.

Meanwhile, we reserve our rights on Post-Repair Inspection, kindly contact us or our appointed surveyor before you return your client's vehicle to him/her.

Thank You.

Regards,

**Bazlin Ahmad**

Executive - Claims

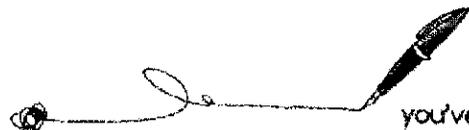
**eqnsurance**

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower (Block MND) Complex, Singapore 110011  
did 65 6496 9881 tel 65 6225 9433 ext 881 fax 65 6125 3100

[www.eqnsurance.com.sg](http://www.eqnsurance.com.sg)

 A Member of Citystate

 you've got a friend

*Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of*



**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 willful 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	18/11/2017 14:18
Date Of Accident	18/11/2017 10:45
Exact Location Of Accident	FARRER ROAD & JALAN KEMBANG MELATI JUNCTION
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SKX9352T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE LEONG KENG
NRIC No	S0104172Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90940723
Alternative Phone No	OFFICE-90940723

**Vehicle Particulars**

Manufacturer	HONDA
Model	VEZEL-1.5 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

**Insurance Company**

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number D 28866237 QMY

Cover Note Number

**Driver**

Name of Driver LEE LEONG KENG

NRIC No S0104172Z

Date Of Birth 07/03/1949

Occupation INDOOR

Date Of Driving Pass 01/12/1973

Driving Experience 43 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90940723

Fax Number

Contact Number OFFICE-90940723

EEmail Address NOEMAIL

Address 43 HINDHEDE WALK  
#05-03  
Postcode S587973  
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) 5

**Details of Police Action**

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE POST  
Police Station Address **ROAD:** BLK 1 TOH YI DRIVE , **POSTCODE:** 590001 , **COUNTRY:** SINGAPORE  
Police Station Contact **TEL NO:** 1800-4689999 - **FAX NO:** 64623782  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

PLEASE SEE ATTACHED POLICE REPORT. ATTENDED BY : SUSAN

**Attachment(s)**

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBC2608U  
Vehicle Make/Model/Colour NISSAN  
Details Of Properties  
Name of Driver PANG KWEE SEOW  
NRIC/Passport Number S7237498C  
Contact Number 98200120  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**SKETCH PLAN**

**IMPORTANT NOTICE**

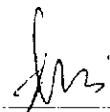
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

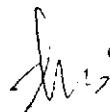
**8. Consent under the Personal Data Protection Act (PDPA)**

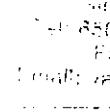
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my 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.

IDAC BUREAU BANGKOK (MAO)  
 1111/1111/1111/1111  
 1111/1111/1111/1111  
 1111/1111/1111/1111  
 1111/1111/1111/1111  
 1111/1111/1111/1111

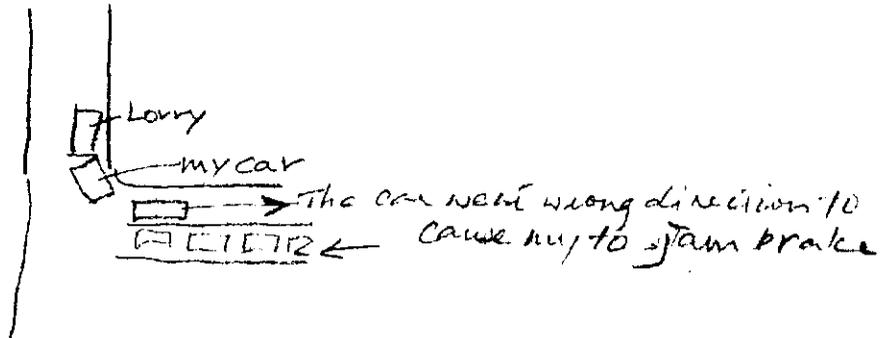
  
 Policyholder's Signature  
 Date & Time:

 18 NOV 2017  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

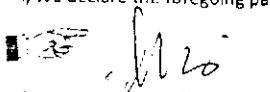


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for text entry. A diagonal line is drawn across the area, and the words "None to NA" are written in the center.

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)  
 Date & Time:

18 NOV 2017

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

**IDAC BUKIT BATOK (VAC)**  
 511 Bukit Batok St 23  
 Singapore 659545  
 Tel: 6567 3427 / 6560 3312  
 Fax: 6569 0722  
 Email: vacbb@singnet.com.sg





Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20171118/2040

CONTINUATION OF REPORT

Driver			
Name	Pang Kwee Seow		ID No. S7237498C
Related Vehicle	GBC2608U (Lorry)		Contact No. 98200120
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	LEE LEONG KENG		ID No. S0104172Z
Related Vehicle	SKX9352T (Car)		Contact No. 90940723
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time, location I was driving my vehicle (SKX9352T) at Farrer rd turning left into Jln Kembang Melati when another vehicle turn abruptly into my lane and caused my vehicle to jam break. I wish to state that the vehicle (SFD1117J) was travelling against the flow of traffic. A truck driver with vehicle bearing the plate number of (GBC2608U) had collided into the rear right bumper of my vehicle. My vehicle sustained a dent on the rear of the right bumper and the right windscreen as well.

I noticed the vehicle number to be (SFD1117J) that caused my vehicle to jam break. I managed to exchange particulars with the truck driver at the said location. I also wish to state that he has a office number that he can be contacted at as well (63663107). I wish to state that my vehicle has an in car camera only on the front but I am unsure whether it is still recording as I have never checked the contents of the recording and the memory was only 16GB. I noticed a LTA camera was situated at the vicinity but I am unsure whether it is pointing towards the direction of the incident. I am lodging this report for my insurance claims as well.



**SINGAPORE  
POLICE FORCE**

Ryder Auto Pte Ltd



T/20171118/2040

3 of 3

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20171118/2040

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 VERNETTA HOONG JING WEN	
Signature Of Interpreter: Not applicable	
	SN 170
Officer In Charge Of Case: TP / GI Sgt SGT TANG SIEW PING Contact No.: 65476430	
Authentication Stamp NP168 Singapore Police Force	

Signature Of Informant:	
Date/Time: 18/11/2017 12:05	
Classification Of Case:	

65476430  
Sgt Tang Siew Ping

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	4172Z

### Vehicle Details

Vehicle No.	SKX9352T
Vehicle to be Exported	No
Intended De-registration Date	24 Nov 2017
Vehicle Make	HONDA
Vehicle Model	VEZEL 1.5X A
Primary Colour	Black
Manufacturing Year	2015
Engine No.	L15B4025758
Chassis No.	RU11105757
Maximum Power Output	96.0 kW (128 bhp)
Open Market Value	\$18,902.00
Original Registration Date	02 Jan 2016
First Registration Date	02 Jan 2016
Transfer Count	0
Actual ARF Paid	\$8,902.00

### Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	01 Jan 2026
PARF Rebate Amount	\$6,676.00

### Intended COE Rebate Details

COE Expiry Date	01 Jan 2026
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$56,001.00
COE Rebate Amount	\$45,387.00
<b>Total Rebate Amount</b>	<b>\$52,063.00</b>

The information contained herein is correct as at 24 Nov 2017

OK



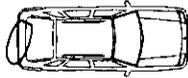
# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT			
EQ INSURANCE COMPANY LTD		Ref: CS3/EQ17022170/Gbe2	
5 MAXWELL ROAD M#17-00 TOWER BLOCK MND		Date: 29-03-2018	
COMPLEXSINGAPORE 069110		Code: EQI	
1. Policy Particulars - (THIRD PARTY CLAIM)			
Insured Veh.	GBC 2608U	Veh. Inspected	SKX 9352T
Policy No.		Coverage (\$)	0.00
Claim No.	DM17HO02604/JT	Excess (\$)	0.00
Assign From	BAZLIN AHMAD	Assign Date	21/11/2017
2. Vehicle Particulars & Condition			
Make & Model	HONDA VEZEL	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	RU11105757	Colour	BLACK
Odometer	20932 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/60 R16	DUNLOP	6 mm
L/H Front Tyre	215/60 R16	DUNLOP	6 mm
R/H Rear Tyre	215/60 R16	DUNLOP	6 mm
L/H Rear Tyre	215/60 R16	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	18/11/2017	Inspect Date / Time	22/11/2017 ( 12:30 PM )
Survey held at	RYDER AUTO WORKSHOP LLP 1 KAKI BUKIT AVE 6 #01-56 SINGAPORE 417883		
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 \$6,000-\$8,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		8 Working Days	

Report Ref No. CS3/EQ17022170/Gbe2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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