

ASS. REC. BY:

REF:

C8/SPF/7022437/Mirberz

Special Instruction:

Surveyor:

Ma

ASSIGNMENT (Office)

From (Person): Abdul Rahman

of

SPF

Date/Time:

23/11/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKA 1127B

Insured:

OX 516B

at Workshop m/s

A T Performance

Tel:

96866219

of

160 S/M Drive # 07-18/19 S/M Auto City

Policy No:

Claim No:

AEND/105/009/2017/152

Sum Insured:

Excess:

Make of Veh:

D.O.A

18/11/17

(Client's Record)

CA / REV / REP. / REV 24 HRS

06-12-2017

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Alvin

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate	Do Not Finalize
	SKA 1127B X	
	OX 516B X	
	Submit \$730 (P/P)	
	Red: \$470, 39%.	

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: _____

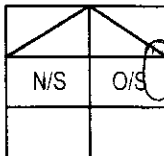
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No.

SKA127B

Yr Regn

AN / 2011

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

HONDA ACCORD

C.C. 2354

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

14868

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

MRHCP2 630APO 60054

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:

R:

225/50/17

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

TOYO / YOKO or

Front

Rear

R/Bal.

7 mm

R/Bal.

7 mm

L/Bal.

7 mm

L/Bal.

7 mm

D.O.A.

21/12/2017

D.O.I.

6/12/2017

Survey held at _____

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 _____

RECEIVED

Date/Time. File Pass to?



Preli. Report



Final Report

1) topst

Date/Time. File Return to?

Days Of Repair: 2

Resurvey No. of Trip: -

Survey Fee:

Transportation.

2)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format :

TP

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

730

) S+RS. SI

Photos

Others

TOTAL



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF17022437/M1rb

ACCIDENT CLAIM SECTION
(SINGAPORE POLICE FORCE)
1 MOUNT PLEASANT ROAD

Date : 24-11-2017



BLK 8 OLD POLICE ACADEMY SINGAPORE 298333

Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 516B	Veh. Inspected	SKA 1127B
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2017/152	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	23/11/2017

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	18/11/2017	Inspection Date	06/12/2017
Survey held at	160 SIN MING DRIVE #07-18		
Repairer	A T PERFORMANCE		

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.
--

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	20/11/2017 10:24
Date Of Accident	18/11/2017 08:00
Exact Location Of Accident	POTONG PASIR AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA1127B
Insured/Policyholder	
Name Of Registered Owner	QUEK JIN PARD
NRIC No	S1605529H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97858100
Alternative Phone No	OTHERS-97858100

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M489443
Cover Note Number	

Driver

Name of Driver	QUEK JIN PARD
NRIC No	S1605529H
Date Of Birth	08/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1984
Driving Experience	33 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97858100
Fax Number	
Contact Number	OTHERS-97858100
Email Address	NOEMAIL

Address	BLK 114 POTONG PASIR AVENUE 1 #11-868
Postcode	350114
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	COLLIDED INTO PARKED VEHICLE
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT

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	NA
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
------	--

Phone Number

Email Address

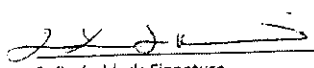
SKETCH PLAN

IMPORTANT NOTICE

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.

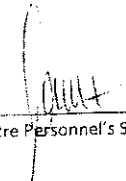

Policyholder's Signature

Date & Time: 18/11/17 @ 12:15 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

STRETCH PLAIN

BLK 113

(A) SKA1127B.

224

BLK 114

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20171118/2020

DECLARATION

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

Policyholder's Signature

Date & Time: 18/11/17 @ 1215 HRS

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

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



SINGAPORE POLICE FORCE



T/20171118/2020

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20171118/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2017 08:51		Vide Report No.: E/20171118/0050	Station Diary No.: 39
Informant's Particulars			
Name of Informant: QUEK JIN PARD		Address: APT BLK 114 POTONG PASIR AVENUE 1 #11-868 SINGAPORE 350114	
ID Type / ID No.: NRIC NO / S1605529H		Contact No.: Home/Office: Mobile: 97858100	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 08/10/1963	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: OFFICE FURNITURE PERSONNEL		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 18/11/2017 08:00	Type of Location: Car Park
Location: Along Road 1 POTONG PASIR AVENUE 1 Carpark between Blk 113 and 114 Potong Pasir Avenue 1.				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKA1127B	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20171118/2020

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20171118/2020

CONTINUATION OF REPORT

Vehicle Owner			
Name	QUEK JIN PARD	ID No.	S1605529H
Related Vehicle	NIL	Contact No.	97858100
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 18/11/2017 at about 0800hrs, I went down from my unit to my vehicle with my daughter as I intent to send her to her grandmother's house at Boon Keng. At that point of time, I discovered a police note placed on the windscreen of my vehicle stating that I was involved in a minor RTA. Subsequently, I sent my daughter to boon keng and decided to go to Toa Payoh NPC to check with the police.

When I came to the police station, I did not realized that my vehicle was damaged. Hence, I went back to my vehicle and discovered that there were red colored scratches and dent marks on the along the right side of my vehicle. I am unsure of the lot number and will make a check after lodging this report. I am lodging this report as instructed by the police.



**SINGAPORE
POLICE FORCE**



T/20171118/2020

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20171118/2020

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 1 LAM WENG HONG, ANDREW

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

18/11/2017 08:51

Classification Of Case:

Authentication Stamp

NP168

ESTIMATE REPAIR COST

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

A T PERFORMANCE

BLK 14 SIN MING IND EST #01-21
SINGAPORE 575658

TEL: 6453 5112

FAX: 6552 2061

Regn. No. 52983289E

Messrs. Quek Jin Pard
Blk 114 Potong Pasir Ave 1 #11-868
Singapore 350114

Date 06/12/17

Vehicle No. SKA1127B Honda Accord

Quantity	Items/Descriptions	Prices
	Labour charges to remove door trims, repair, weld and panel beat front and rear RH door, refit and realign.	500.00 200
	To putty and paint front and rear RH door and all other affected sections.	600.00 400.
	To rustproof repaired sections.	100.00 30.
	<p><i>NA Bunkham</i></p> <p><i>LABOUR ONLY.</i></p> <p><i>After paint photo</i></p> <p><i>LKK Auto (M)</i></p> <p><i>6/12/2017.</i></p> <p><i>2nd day 3</i></p> <p><i>\$720/-</i></p>	
Total:		\$1,200.00



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF17022437/M1rbe2

ACCIDENT CLAIM SECTION
(SINGAPORE POLICE FORCE)

1 MOUNT PLEASANT ROAD

BLK 8 OLD POLICE ACADEMYSINGAPORE 298333

Date : 09-02-2018



Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 516B	Veh. Inspected	SKA 1127B
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2017/152	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	23/11/2017

2. Vehicle Particulars & Condition

Make & Model	HONDA ACCORD	c.c	2354
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	MRHCP2630AP060054	Colour	GREY
Odometer	148618	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/50 R17	GOODYEAR	7 mm
L/H Front Tyre	225/50 R17	GOODYEAR	7 mm
R/H Rear Tyre	225/50 R17	GOODYEAR	7 mm
L/H Rear Tyre	225/50 R17	GOODYEAR	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	18/11/2017	Inspection Date	06/12/2017
Survey held at	160 SIN MING DRIVE #07-18		
Repairer	A T PERFORMANCE		

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:	2 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKA 1127B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	LABOUR CHARGES TO REMOVE DOOR TRIMS, REPAIR, WELD AND PANEL BEAT FRONT AND REAR RH DOOR, REFIT AND REALIGN.		500.00	300.00
	TO PUTTY AND PAINT FRONT AND REAR RH DOOR AND ALL OTHER AFFECTED SECTIONS.		600.00	400.00
	TO RUSTPROOF REPAIRED SECTIONS.		100.00	30.00
			1,200.00	730.00
	GRAND TOTAL		1,200.00	730.00
RECOMMENDED COST OF REPAIRS				730.00

Report Ref No. CS/SPF17022437/M1rbe2

MA CHIN FOOK

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.