

SS. REC. BY:

REF:

CS/SPT17023057/Dqbn2

Special Instructions:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Abdul Rahman

of

SPF

Date/Time:

05/12/2017

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YH 333

Insured:

QX 46R

at Workshop m/s

Teamwork Garage

Tel:

6844 2475

of

53 Ubi Ave 1 #01-24

Policy No:

Claim No:

AEMD / 103 / 009 / 2017 / 157

Sum Insured:

Excess:

Make of Veh:

D.O.A.

01.12.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

05/12/2017 10:24am

Person Contacted:

Chas

Vehicle IN / OUT

Date/Time

Action/Instruction

(✓) Estimate

Do Not Finalize

YH 333 - NA / INC 17022884 / 24

DUA: 01/12/2017

QX 46R - X

19/07/2018

Jinny 2/5 2200/- with 4 days of work (Ref to 2833, 562)

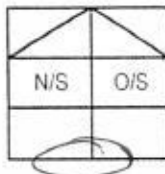
REF:

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: 4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: YH338 Yr Regn: Oct, 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or FEB21
 Make: Mitsubishi Canter FB C.C. 2998
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 39311 T/Radio: Insured / Std / NI / NA
 Eng/No: 4P10B85642
 C/No: FEB21EA10556
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 195/85 R15
 R: — 11 — (double)

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

Front Rear
 R/Bal. 5 mm R/Bal. 5/5 mm
 L/Bal. 5 mm L/Bal. 5/5 mm
 D.O.A. 01/12/2017 D.O.I. 05/12/2017
 Survey held at Teamwork Page ubi
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SPF QX46R

RECEIVED 19 JUL 2018

Date/Time, File Pass to?



: Preli. Report

1) 19/7/2018 Inspector

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation

) \$ + RS \$

) Photos

) Others

TOTAL

Report Format: TPLump Sum / I.B.I: (\$) 2200

250



SINGAPORE POLICE FORCE

SPF Accidents Claims Section
Automotive Engg & Mgmt Div
Police Logistics Department
No. 1 Mount Pleasant Road
Block 8 Old Police Academy
#02-12 Singapore 298333

Your Ref: YH33S

Our Ref: AEMD/105/009/2017/157

Date: 5 December 2017

Tel: 64784840

Fax: 64784848

LKK Auto Consultants Pte Ltd
Paya Ubi Industrial Park
51 Ubi Avenue 1 #01/02-25
Singapore 408933

Via Fax only: 62564315

Dear Sir/Madam,

ACCIDENT ON 1 DECEMBER 2017 INVOLVING GOVT VEHICLE QX46R AND OTHER VEHICLE YH33S

We refer to the above matter.

- 2 Please assist to arrange for a PRI of Vehicle no. **YH33S** at **Messrs Teamwork Garage Pte Ltd** of **53 Ubi Ave 1, Paya Ubi Industrial Park #01-24, Singapore 408934**.
- 3 For appointment kindly contact **Ms Chris** at **Tel: 68442475**.
- 4 Estimates were not provided by the workshop.
- 5 Thank you.

Yours faithfully,

Abdul Rahman
Accident Claims Officer
for Assistant Director

A FORCE FOR THE NATION

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	01/12/2017 15:05
Date Of Accident	01/12/2017 12:40
Exact Location Of Accident	PAYA LEBAR RD TWDS UPPER PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YH33S
Insured/Policyholder	
Name Of Registered Owner	PINK BEAUTY COSMETICS PTE LTD
Co Reg No	200517585W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63565226

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094958107
Cover Note Number	

Driver

Name of Driver	LAU PHENG HWEE, JENSEN (LIU BINGHUI)
NRIC No	S7829817J
Date Of Birth	09/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2001
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97676454
Fax Number	
Contact Number	OFFICE-97676454
Email Address	NOEMAIL

Address	BLK 306A PUNGGOL PLACE #06-39
Postcode	821306
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	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?	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)	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 STATEMENT.

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	QX46R
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 2

Vehicle Registration Number	SKD2454J
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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 LAU PHENG HWEE, JENSEN (LIU BINGHUI)

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? YH33S

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident 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 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:

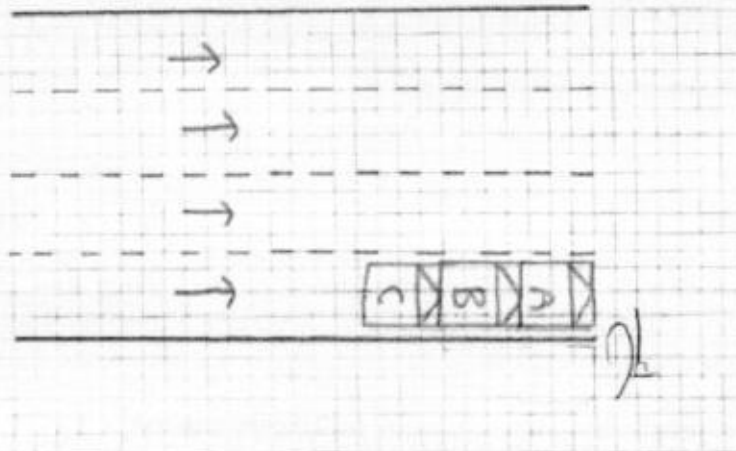
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

A - YH338
B - QX46R
C - SKD2454J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the first lane of Paya Lebar Road towards Upper Paya Lebar Road. My car was stationary with a safe distance away from the front vehicle as the traffic light was red. When the traffic light turned green and the front vehicle slowly moved off, and before I could move off, I suddenly felt an impact at the rear portion of my vehicle. When I came down of my car, I realized I was involved in an accident.

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:

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



TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Singapore 408934

Paya Ubi Industrial Park

Tel : 6844 2475 Fax : 6844 2474

E-mail : claims@teamworkgarage.com

Register number : 201015366H

3RD PARTY CLAIM ESTIMATION

SPF Accident Claims Section

Automotive Engg & Mgmt Div

Police Logistic Department

No. 1 Mount Pleasant Road

Block 8 Old Police Academy

Singapore 298333

Vehicle number	: YH335
Make / Model	: MITSUBISHI/CANTER
Chassis number	: FEB21EA10556
Accident date	: 01 DECEMBER 2017
Reference	: 1712-01

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	REAR TAILGATE LOWER MEMBER broken BT	540.00 ✓
2	REAR TAILLAMP NH	444.00 X
2	REAR TAILLAMP PANEL NH	300.00 X
		1284.00
	Less 25%	321.00
	Subtotal	963.00
	Balance C/F	963.00
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
	Balance B/F	963.00
1	REAR FLOOR BOARD CRANK	1500.00 800/-
1	REAR STEP PANEL broken	500.00 ✓
2	REAR STEP PANEL HOLDER BT	180.00 ✓
1	REAR NUMBER PLATE BT	80.00 35/-
		1515/-
	Subtotal	2260.00
	Balance C/F	3223.00
S/No	<u>LABOUR AND MISCELLANEOUS CHARGES</u>	
	Balance B/F	3223.00
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	60.00 NH
2	PANEL BEATING ON AFFECTED AREAS	800.00 600/-
3	SPRAY PAINTING ON AFFECTED AREAS	800.00 300/-
4	APPLY ANTI RUST ON AFFECTED AREAS	150.00 NH
		900/-
	Subtotal	1810.00
	Grand total	5033.00

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:

Not Actual

4/5mm

4 days.

LKK Auto

7

2820.00

2152200/-



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/SPF17023057/Dqbn2

ACCIDENT CLAIM SECTION
(SINGAPORE POLICE FORCE)

1 MOUNT PLEASANT ROAD

BLK 8 OLD POLICE ACADEMYSINGAPORE 298333

Date : 20-07-2018



Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 46R	Veh. Inspected	YH 33S
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2017/157	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	05/12/2017

2. Vehicle Particulars & Condition

Make & Model	MITSUBISHI CANTER FEB21	c.c	2998
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	FEB21EA10556	Colour	WHITE
Odometer	39311	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/85 R15	BRIDGESTONE	5 mm
L/H Front Tyre	195/85 R15	BRIDGESTONE	5 mm
R/H Rear Tyre	195/85 R15 (D)	BRIDGESTONE	5/5 mm
L/H Rear Tyre	195/85 R15 (D)	BRIDGESTONE	5/5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	01/12/2017	Inspection Date	05/12/2017
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		

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:	4 Working Days
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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. YH 33S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR TAILGATE LOWER MEMBER	BENT	540.00	540.00
2	REAR TAILLAMP	NOT NECESSARY	444.00	-
2	REAR TAILLAMP PANEL	NOT NECESSARY	300.00	-
	LESS 25% DISCOUNT		-321.00	-135.00
			963.00	405.00
SPECIAL NETT ITEMS				
1	REAR FLOOR BOARD (SN)	CRACKED	1,500.00	800.00
1	REAR STEP PANEL (SN)	BROKEN	500.00	500.00
2	REAR STEP PANEL HOLDER (SN)	BENT	180.00	180.00
1	REAR NUMBER PLATE (SN)	BENT	80.00	35.00
			2,260.00	1,515.00
LABOUR				
	CHECK REAR WIRING AND LIGHTING SYSTEM.	NOT NECESSARY	60.00	-
	PANEL BEATING ON AFFECTED AREAS.		800.00	600.00
	SPRAY PAINTIN ON AFFECTED AREAS.		800.00	300.00
	APPLY ANTI RUST ON AFFECTED AREAS.	NOT NECESSARY	150.00	-
			1,810.00	900.00
GRAND TOTAL			5,033.00	2,820.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,200.00

Report Ref No. CS/SPF17023057/Dqbn2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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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.