

ASS. REC. BY:

REF:

CS3/LPC17023837/M12/8J2

Special Instruction:

Surveyor:

MA

ASSIGNMENT (Office)

From (Person):

Chng Hti

of

LPC

Date/Time:

15/12/17 @ 2:38pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GX 7879B

Insured:

SJL 4000S

at Workshop m/s:

E M Solution

Tel:

6456 0226

of

160 Sin Ming Drive # 03-18/19

Policy No:

Claim No:

17/17/17 / VP05 / 020280

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

13/12/2017

CA / REV / REP. / REV 24 HRS

18/12/17

H.O.D. Endorsement:

Date/Time:

2:47pm @ 15/12/17

Person Contacted:

Bernard

Vehicle:

IN OUT

Date/Time

Action/Instruction (X) Estimate

GX 7879B -X

SJL 4000S - CC4 / LPC16004236 / Aeb3y2

D.O.A: 12/10/2015

Dismantle: 18/12/17

After paint: 22/12/17 (G)

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:

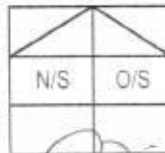
Excess:

(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:

Yr Regn:

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

Truck / Trailer or

Make:

C.C

Colour:

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

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:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

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 27 DEC 2017

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

Date/Time, File Return to?

2) 26/12 - typist

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:

S + RS, SI

Photos

Others

TOTAL

# Survey Department Check List (Case Handler)

Reference No.: CS3 | LPC 170 23837 | Mlv d3  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

## (1) Office Assign Form

|   |                                       | Y-Date | N-Date | Y-Date | N-Date |
|---|---------------------------------------|--------|--------|--------|--------|
| C | Reference No.                         | ✓      |        |        |        |
| C | Customer Code                         |        |        |        |        |
| N | Assign From                           |        |        |        |        |
| C | Assign Date                           | ✓      |        |        |        |
| C | Veh No (Inspected)                    | ✓      |        |        |        |
| C | Veh No (Insured)                      | ✓      |        |        |        |
| C | D.O.A                                 | ✓      |        |        |        |
| C | Policy No                             |        |        |        |        |
| C | Claim No                              | ✓      |        |        |        |
| C | Insurance Authorisation (CA /REV/REP) |        |        |        |        |
| C | Report Type                           | ✓      |        |        |        |
| C | Weekend Charges                       |        |        |        |        |
| N | Survey held at/Repairer               | ✓      |        |        |        |
| C | Excess                                |        |        |        |        |

**Surveyor (** ): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

|   |                        |   |  |  |  |
|---|------------------------|---|--|--|--|
| C | Vehicle No             | ✓ |  |  |  |
| C | Regn Month/Year        | ✓ |  |  |  |
| N | Vehicle Type           | ✓ |  |  |  |
| N | Make & Model           | ✓ |  |  |  |
| C | Engine Capacity. (C.C) | ✓ |  |  |  |
| N | Colour                 | ✓ |  |  |  |
| C | Odometer. (Sp.Reading) | ✓ |  |  |  |
| C | Chassis No             | ✓ |  |  |  |
| N | General Condition      | ✓ |  |  |  |
| N | Steering               | ✓ |  |  |  |
| N | Brake                  | ✓ |  |  |  |
| N | Modification (Modi)    | ✓ |  |  |  |
| C | Tyre Size              | ✓ |  |  |  |
| N | Tyre Make              | ✓ |  |  |  |
| C | Tyre Balance           | ✓ |  |  |  |
| C | Date of Inspection     | ✓ |  |  |  |
| N | Survey held            | ✓ |  |  |  |
| N | Des.of Damages         | ✓ |  |  |  |

## (2) System - (Views/Merimen)

|   |                                      |   |  |  |  |
|---|--------------------------------------|---|--|--|--|
| C | Damaged Vehicle Photographs Uploaded | ✓ |  |  |  |
|---|--------------------------------------|---|--|--|--|

## (3) Workshop Estimate/Assignment Form

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| N | ALL Parts condition                           |  |  |  |  |
| C | Market Value for OD cases                     |  |  |  |  |
| C | Estimate Repair Cost for PRI (RSI, TMI, MSIG) |  |  |  |  |
| C | Days of repair                                |  |  |  |  |
| C | Finalised Amount                              |  |  |  |  |
| C | Re-inspection Cases to Finalize within 5 Days |  |  |  |  |

## (4) System - (Views/Merimen)

|   |                         |  |  |  |  |
|---|-------------------------|--|--|--|--|
| C | Resurvey photo Uploaded |  |  |  |  |
|---|-------------------------|--|--|--|--|

Check By: VERON 26/12/17  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014



# 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

LONPAC INSURANCE BHD

Ref : CS3/LPC17023837/M1d3

300 BEACH ROAD  
#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 15-12-2017



Code : LPC2

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

|              |                      |                |            |
|--------------|----------------------|----------------|------------|
| Insured Veh. | SJL 4000S            | Veh. Inspected | GX 7879B   |
| Policy No.   |                      | Coverage (\$)  | 0.00       |
| Claim No.    | 17/17/17/VP05/020280 | Excess (\$)    | 0.00       |
| Assign From  | ONG LI LI            | Assign Date    | 15/12/2017 |

## 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  | 13/12/2017   | Inspection Date |
| Survey held at | EM SOLUTION PTE LTD<br>160 SIN MING DRIVE #03-18/19<br>SIN MING AUTOCITY<br>SINGAPORE 575722 |                 |

## 5a. Remarks

|  |
|--|
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.<br>THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.<br>C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. |
|--|

## Nivitha (LKK Auto)

---

**From:** ONG LI LI <llong@lonpac.com>  
**Sent:** Friday, 15 December, 2017 2:38 PM  
**To:** Hui Ting; assignments@lkkauto.com; Catherine Chong (LKK Auto)  
**Cc:** MT\_Claim\_SG; Corene Chong  
**Subject:** RE: Our client's vehicle no. GX7879B (EM Solution); Your insured's vehicle no. SJL4000S - PRI 17/17/17/VP05/020280  
**Attachments:** E M Auto - Pre-Repair Notice (Lonpac)(GX7879B).pdf

Without Prejudice  
Save as to Costs

Dear Hui Ting

We are not agreeable to your list of Single Joint Experts and we shall appoint LKK Auto Consultants Pte Ltd for the pre-repair survey.

Dear LKK

Please refer to the attached and attend to the pre-repair survey.

Regards,  
Ong Li Li  
Senior Claims Executive | Lonpac Insurance Bhd  
300 Beach Road #17-04/07 The Concourse Singapore 199555  
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

---

**From:** Hui Ting [mailto:huiting@crossbordersllc.com]  
**Sent:** Friday, 15 December, 2017 2:30 PM  
**To:** GERALD POH WEE BIN  
**Cc:** MT\_Claim\_SG; Corene Chong  
**Subject:** RE: Our client's vehicle no. GX7879B (EM Solution); Your insured's vehicle no. SJL4000S - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

---

### WITHOUT PREJUDICE

Dear Sirs

1. We refer to your email dated 14 December 2017.
2. Our client objects appointing your surveyor as single joint expert.
3. We propose one of the motor surveyors named in the list below to conduct the joint pre-repair survey as a single joint expert:-

- |    |               |                             |
|----|---------------|-----------------------------|
| 1) | Dennis Yap    | Pal's Appriaser Pte Ltd     |
| 2) | Micheal Yap   | Mc-coy Appriaser Pte Ltd    |
| 3) | Andy Yap      | LCW Appriaser Pte Ltd       |
| 4) | B J Loi       | Par Automotive Consultancy  |
| 5) | Sebastian Lim | Constant Appraiser Services |

*SJL 2034  
Veh CAIR Repair  
Freemion Auto*

- |     |              |                             |
|-----|--------------|-----------------------------|
| 6)  | Lee Yew Hok  | Constant Appraiser Services |
| 7)  | Alan Cheong  | CL Appraiser Pte Ltd        |
| 8)  | Jason Lek    | JP Knights                  |
| 9)  | Tay Beng Hee | Autoprobe Consultants       |
| 10) | Samuel Phun  | Autoprobe Consultants       |

4. Please let us know within two (2) working days whether you are agreeable to the appointment of any of the above motor surveyors as a single joint expert.

Thank You.

Regards  
Huiting  
TEL: 6812 6873

CrossBorders LLC  
133 New Bridge Road  
#23-03/04/05 Chinatown Point  
Singapore 059413  
Tel: (65) 6438 1323  
Fax: (65) 6438 2313

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---

**From:** GERALD POH WEE BIN [<mailto:geraldpoh@lonpac.com>]  
**Sent:** Thursday, December 14, 2017 12:16 PM  
**To:** Hui Ting <[huiting@crossbordersllc.com](mailto:huiting@crossbordersllc.com)>  
**Cc:** MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>  
**Subject:** RE: Our client's vehicle no. GX7879B (EM Solution); Your insured's vehicle no. SJL4000S - PRI

WITHOUT PREJUDICE

Our Ref : 17/17/17/VP05/020280

Dear Hui Ting,

Please see attached and revert to us.

Best Regards  
Gerald Poh  
Senior Claims Executive | Lonpac Insurance Bhd  
300 Beach Road, #17-04/07 The Concourse, Singapore 199555  
Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706

---

**From:** Hui Ting [<mailto:huiting@crossbordersllc.com>]  
**Sent:** Thursday, 14 December, 2017 11:30 AM

**To:** MT\_Claim\_SG

**Cc:** Corene Chong

**Subject:** Our client's vehicle no. GX7879B (EM Solution); Your insured's vehicle no. SJL4000S - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

---

**WITHOUT PREJUDICE**

Dear Sirs

1. Please find attached our PRI notice dated 14 December 2017 for your kind attention.
2. Please reply email to [corene@crossbordersllc.com](mailto:corene@crossbordersllc.com) & [huiting@crossbordersllc.com](mailto:huiting@crossbordersllc.com)

Thank You.

Regards

Huiting

TEL: 6812 6873

CrossBorders LLC  
133 New Bridge Road  
#23-03/04/05 Chinatown Point  
Singapore 059413  
Tel: (65) 6438 1323  
Fax: (65) 6438 2313

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# CrossBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: EM.tk.EMS (GX7879B)  
Your Ref: SJL4000S

14 December 2017

**Lonpac Insurance Bhd**  
**Singapore Office**  
100 Beach Road  
#19-00 Shaw Tower  
Singapore 189702

BY FAX: 6296 2706 ONLY

**URGENT**

Attn: Motor Claims Department

Dear Sirs

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION**  
**CLAIMANT: DK ENGINEERING TECHNOLOGY PTE LTD**  
**TRAFFIC ACCIDENT ON 13 DECEMBER 2017 AT 18:00 HRS ALONG**  
**WOODLANDS AVENUE 12 TOWARDS AVENUE 5 INVOLVING VEHICLES NO.**  
**GX7879B & SJL4000S & GBC7094H**

We are instructed by DK Engineering Technology Pte Ltd to notify you of a road accident on 13 December 2017 at about 18:00 hrs along Woodlands Avenue 12 towards Avenue 5 involving our clients' vehicle registration number GX7879B and vehicle registration number SJL4000S driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our clients' vehicle has been damaged. Before our clients proceeds to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our clients shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Venue: E M SOLUTION PTE LTD  
Address: 160, Sin Ming Drive  
Sin Autocity, #03-18/19  
Singapore 575722  
Contact: Bernard @ 6456 0226

Please liaise with the above workshop directly.

Yours faithfully

Amerjeet Singh

Email: [corene@crossbordersllc.com](mailto:corene@crossbordersllc.com) /  
[huiting@crossbordersllc.com](mailto:huiting@crossbordersllc.com)

encs

**PLEASE LET US KNOW THE DATE  
OF THE PRE-REPAIR INSPECTION**

CONFIDENTIALITY CAUTION

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

**CrossBORDERS LLC**

A LIMITED LIABILITY CORPORATION. REGISTRATION NUMBER 201305284K  
GST REGISTRATION NUMBER 201305284K

MAIN OFFICE  
133 NEW BRIDGE ROAD  
#23-03/04/05  
CHINATOWN POINT  
SINGAPORE 059413  
TEL: 6438 1323  
FAX: 6438 2313

BRANCH OFFICE  
1 JALAN BERSEH  
#03-12 NEW WORLD CENTRE  
SINGAPORE 209037

PLEASE SEND ALL  
CORRESPONDENCES TO  
THE MAIN OFFICE

WE DO NOT ACCEPT  
SERVICE BY FAX



## 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             | 14/12/2017 15:22                         |
| Date Of Accident           | 13/12/2017 18:00                         |
| Exact Location Of Accident | WOODLANDS AVE 12 TOWARDS WOODLANDS AVE 5 |
| Country/State of Loss      | SINGAPORE                                |

### DETAILS OF OWN VEHICLE

|  |  |
|--|--|
| Vehicle Registration Number  | GX7879B                                |
| <b>Insured/Policyholder</b>  |  |
| Name Of Registered Owner   | DK ENGINEERING TECHNOLOGY PTE. LTD.    |
| Co Reg No  | 201320899Z                             |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-90600720                        |
| <b>Vehicle Particulars</b>   |  |
| Manufacturer   | NISSAN                                 |
| Model  | URVAN                                  |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE                           |
| 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                     |
| <b>Insurance Company</b>   |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5061462016-04                          |
| Cover Note Number  |  |
| <b>Driver</b>  |  |
| Name of Driver   | DING XIANYU                            |
| NRIC No  | S8878936I                              |
| Date Of Birth  | 11/08/1988                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 29/04/2014                             |
| Driving Experience   | 3 YEARS AND 7 MONTHS                   |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-90600720                   |
| Fax Number   |  |
| Contact Number   |  |
| Email Address  | NOEMAIL                                |

|   |  |
|---|--|
| Address   | BLK 314 UBI AVE 1 #08-435<br>SINGAPORE |
| Postcode  | 400314                                 |
| 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 | DRIZZLING       |
| Road Surface       | WET             |

#### 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 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         | SJL4000S |
| 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 | GBC7294H |
|-----------------------------|----------|

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:

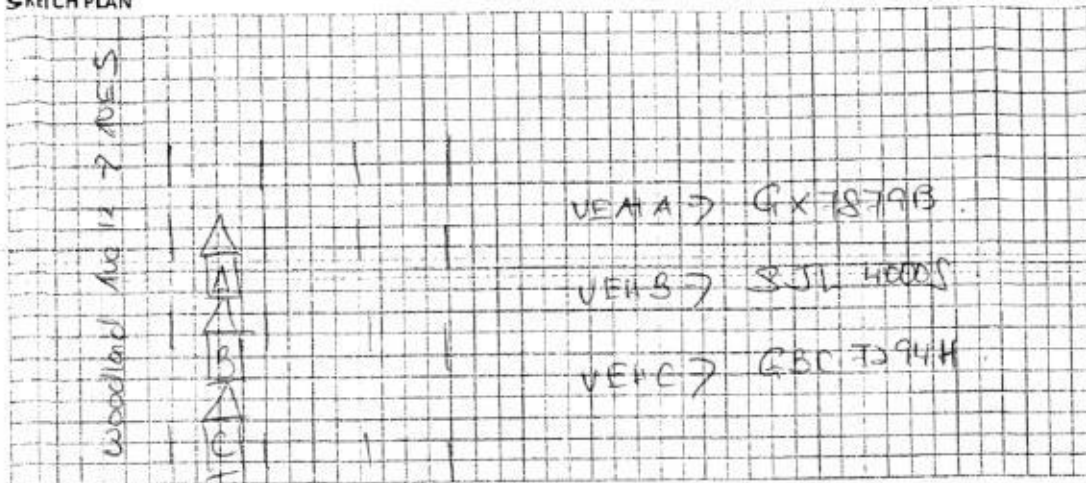
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



  
Director  
Engineering Technology Pte Ltd  
Date: 5/11/2014

  
Representative  
Signature  
Name  
Date: 5/11/2014

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/12/2017 at about 1800hrs, I was travelling on  
 Woodland Ave 12 towards Ave 5 direction on the extreme left lane.  
 Traffic was heavy. I stop my vehicle at the first stop too.  
 out of sudden vehicle C can stop on time and hit into  
 vehicle B. Due to the strong impact, vehicle B pushes and hit  
 onto my vehicle A.

DECLARATION



*[Signature]*  
 I hereby declare that the information provided is true and correct to the best of my knowledge and belief.  
 Date & Time

*[Signature]*  
 I hereby declare that the information provided is true and correct to the best of my knowledge and belief.  
 Date & Time

## Enquire PARF/COE Rebate for Registered Vehicle

|                                |                   |
|--------------------------------|-------------------|
| Vehicle Owner Particulars      |                   |
| Owner ID Type:                 | Company           |
| Owner ID:                      | 0899Z             |
| Vehicle Details                |                   |
| Vehicle No.:                   | GX7879B           |
| Vehicle to be Exported:        | No                |
| Intended De-registration Date: | 26 Dec 2017       |
| Vehicle Make:                  | NISSAN            |
| Vehicle Model:                 | URVAN             |
| Primary Colour:                | Silver            |
| Manufacturing Year:            | 2004              |
| Engine No.:                    | ZD30043578        |
| Chassis No.:                   | JN1MG4E25Z0711737 |
| Maximum Power Output:          | -                 |
| Open Market Value:             | \$22,223.00       |
| Original Registration Date:    | 17 Sep 2004       |
| First Registration Date:       | 17 Sep 2004       |
| Transfer Count:                | 5                 |
| Actual ARF Paid:               | \$1,112.00        |
| Intended PARF Rebate Details   |                   |
| PARF Eligibility:              | No                |
| PARF Eligibility Expiry Date:  | -                 |
| PARF Rebate Amount:            | \$0.00            |
| Intended COE Rebate Details    |                   |



|  |                         |
|--|-------------------------|
| COE Expiry Date:   | 31 Jul 2019             |
| COE Category:  | C - Goods Vehicle & Bus |
| COE Period(Years):   | 5                       |
| PQP Paid:  | \$20,383.00             |
| COE Rebate Amount:   | \$6,509.00              |
| <b>Total Rebate Amount:</b>  | <b>\$6,509.00</b>       |
| Message  |                         |
| Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle. |                         |

The information contained herein is correct as at 26 Dec 2017

OK





| <b>PRE-REPAIR INSPECTION REPORT</b>  |  |  |   |
|--|--|--|---|
| LONPAC INSURANCE BHD<br>300 BEACH ROAD<br>#17-04/07 THE CONCOURSESINGAPORE 199555  |  | Ref: CS3/LPC17023837/M1vd3s2<br>Date: 28-12-2017<br>Code: LPC2 |    |
| <b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>  |  |  |   |
| Insured Veh.   | SJL 4000S  | Veh. Inspected   | GX 7879B  |
| Policy No.   |  | Coverage (\$)  | 0.00  |
| Claim No.  | 17/17/17/VP05/020280   | Excess (\$)  | 0.00  |
| Assign From  | ONG LI LI  | Assign Date  | 15/12/2017  |
| <b>2. Vehicle Particulars &amp; Condition</b>  |  |  |   |
| Make & Model   | NISSAN   | c.c  | 2953  |
| Engine No.   | HIDDEN   | Year of Reg.   | 2004  |
| Chassis No.  | JN1MG4E25Z0711737  | Colour   | SILVER  |
| Odometer   | 439036 KM  | Steering   | IN ORDER  |
| Brakes   | IN ORDER   | Modification   | NIL   |
| General  | GOOD   |  |   |
| <b>3. Conditions of Tyres</b>  |  |  |   |
|  | Size   | Make   | Balance   |
| R/H Front Tyre   | 195 R15  | MAXXIS   | 7 mm  |
| L/H Front Tyre   | 195 R15  | MAXXIS   | 7 mm  |
| R/H Rear Tyre  | 195 R15  | MAXXIS   | 7 mm  |
| L/H Rear Tyre  | 195 R15  | MAXXIS   | 7 mm  |
| <b>4. Description of Damages</b>   |  |  |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.   |  |  |  |
| <b>5. General Information</b>  |  |  |   |
| Accident Date  | 13/12/2017   | Inspect Date / Time  | 18/12/2017 ( 10:00 AM )   |
| Survey held at   | EM SOLUTION PTE LTD<br>160 SIN MING DRIVE #03-18/19<br>SIN MING AUTOCITY<br>SINGAPORE 575722 |  |   |
| <b>5a. Remarks</b>   |  |  |   |
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.<br>THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.<br>C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. |  |  |   |

Report Ref No. CS3/LPC17023837/M1vd3s2

Inspected By



MA CHIN FOOK

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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