

22/03/2002

ASS. REC. BY:

REF:

CS3 / ED17024199 / mlbs 24

Special Instruction:

range & days

Surveyor:

Ma.

ASSIGNMENT (Office)

From (Person):

Bazim Ahmad

of

Edi

Date/Time:

20.12.2017 9:22am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM 1089C

Insured:

SKX 7553T

at Workshop m/s

Griffin Auto

Tel:

8781 8338

of

176 Sin Ming Dr #05-09

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

15.12.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wpi'

H.O.D. Endorsement:

Date/Time:

20.12.2017 11:57am

Person Contacted:

Edwin

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SLM 1089C - X

SKX 7553T - NA / ED17023971 / ml

DOA: 15/12/17

N/S	O/S

Survey Department Check List (Case Handler)

Reference No. :

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:

Case Handler Date

*C: Critical *N: Non-Critical

**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/EQI17024199/M1b

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Date : 21-12-2017



Code : EQI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SKX 7553T	Veh. Inspected	SLM 1089C
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	BAZLIN AHMAD	Assign Date	21/12/2017

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	15/12/2017	Inspection Date	21/12/2017
Survey held at	GRIFFIN AUTO SERVICES BLK 176 SIN MING DRIVE #05-09 SIN MING AUTOCARE SINGAPORE 575721		

5a. Remarks

--	--

Catherine Chong (LKK Auto)

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Sent: Wednesday, 20 December, 2017 9:22 AM
To: assignments
Cc: Admin A
Subject: FW: PRI REQUEST FOR ACCIDENT ON 15.12.2017 ALONG CTE TWDS CITY B4 BALESTIER EXIT INVOLVING SLM1089C, SKX7553T (EQ INS'D)
Attachments: SLL2075R 15.12.2017.pdf; SGK7721R 15.12.2017.pdf; SKC8409G 15.12.2017.pdf; SLM1089C 15.12.2017.pdf; SKX7553T 15.12.2017.pdf

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Bazlin Ahmad [mailto:bazlin.ahmad@eqinsurance.com.sg]

Sent: Wednesday, 20 December, 2017 9:10 AM

To: Admin A <admin-a@lkkauto.com>

Subject: RE: PRI REQUEST FOR ACCIDENT ON 15.12.2017 ALONG CTE TWDS CITY B4 BALESTIER EXIT INVOLVING SLM1089C, SKX7553T (EQ INS'D)

Dear LKK

We refer to the above new assignment, please find attached GIA reports.

Thank You.

Regards,

Lynn Ahmad

Executive | Claims


The logo for eqnsurance, featuring the word 'eqnsurance' in a lowercase, sans-serif font. The 'e' is stylized with a small circle above it.

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

did 65 6496 9881 | tel 65 6223 9433 ext 881 | fax 65 6223 4190

www.eqinsurance.com.sg

 A Member of Citystate

A stylized signature in black ink, followed by the text 'you've got a friend'.

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

From: Bazlin Ahmad

Sent: Wednesday, December 20, 2017 9:07 AM

To: 'Sally'; LKK AUTOCONSULTANTS (admin-a@lkkauto.com)

Subject: RE: PRI REQUEST FOR ACCIDENT ON 15.12.2017 ALONG CTE TWDS CITY B4 BALESTIER EXIT INVOLVING SLM1089C, SKX7553T (EQ INS'D)

Dear Sirs,

We object to all the surveyors as proposed. We shall be appointing our surveyor, **LKK Autoconsultants**, to attend to the pre-repair survey of your client's vehicle.

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.

Aside to LKK,

Please arrange to attend to the said Pre-repair survey.

Thank You.

Regards,

Lynn Ahmad

Executive | Claims

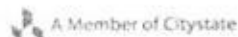


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From: Sally [<mailto:info@catherinelimllc.com>]

Sent: Wednesday, December 20, 2017 9:02 AM

To: Bazlin Ahmad

Subject: RE: PRI REQUEST FOR ACCIDENT ON 15.12.2017 ALONG CTE TWDS CITY B4 BALESTIER EXIT INVOLVING SLM1089C, SKX7553T (EQ INS'D)

Dear Bazlin (Without Prejudice)

We refer to your email.

Our client is not agreeable to your list of surveyor and attached herewith our client's list of surveyor as single joint expert. Please let us have your reply.

Regards

Sally Goh

Catherine Lim LLC

20 Havelock Road #03-01

Central Square

Singapore 059765

Email: info@catherinelimllc.com

From: Bazlin Ahmad [<mailto:bazlin.ahmad@eqinsurance.com.sg>]

Sent: Tuesday, December 19, 2017 4:51 PM

To: Shirley

Cc: Janet Tan

Subject: PRI REQUEST FOR ACCIDENT ON 15.12.2017 ALONG CTE TWDS CITY B4 BALESTIER EXIT INVOLVING SLM1089C, SKX7553T (EQ INS'D)

Without Prejudice

Dear Sir,

We refer to your Notice of Accident of even date.

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.

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

<p>Tel: 81825263</p> <p>Fax: 67461148</p> <p>Contact Person: Kelvin</p>	<p>Tel: 96623655</p> <p>Fax: 67655662</p> <p>Contact Person: Mr Chee</p>
<p>9) JP Knights Pte Ltd</p> <p>Tel: 63450068</p> <p>Fax: 63445328</p> <p>Contact Person: Edna Lee</p>	

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,

Lynn Ahmad
Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block, MND Complex, Singapore 069110
did 65 6496 9881 | tel 65 6223 9433 ext 881 | fax 65 6223 4190
www.eqinsurance.com.sg



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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	18/12/2017 11:32
Date Of Accident	15/12/2017 16:30
Exact Location Of Accident	CTE TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1089C
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	NA
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-87168228

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	17-MI000277-R00
Cover Note Number	

Driver

Name of Driver	KOH HWEE TAT (XU HUIDA)
NRIC No	S7521375A
Date Of Birth	15/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1995
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85181791
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 445 TAMPINES ST 42 #02-12 SINGAPORE
Postcode	520445
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	WET

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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
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	SKX7553T
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 SGK7721R

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 3

Vehicle Registration Number SLL2075R

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 4

Vehicle Registration Number SKC8409G

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	KOH HWEE TAT (XU HUIDA)
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SLM1089C
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

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.



[Handwritten Signature]

[Handwritten Signature]

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.:

SKETCH PLAN

A - SLM1089C
B - SKX755JT
C - SGK7721R
D - SLL2075R
E - SKC8409G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

DECLARATION

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



[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171216/2055

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20171216/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2017 12:05	Vide Report No.:	Station Diary No.: 59
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: KOH HWEE TAT		Address: APT BLK 445 TAMPINES STREET 42 #02-12 SINGAPORE 520445	
ID Type / ID No.: NRIC NO / S7521375A		Contact No.: Home/Office: Mobile: 85181791	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 15/07/1975	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2017 16:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Central Expressway towards Ayer Rajah Expressway before Balestier Road Exit				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK7721R	Car	VOLKSWAGO N	TOUAREG 3.6 V6	Black	Slightly Damaged	0
SKC8409G	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	Beige	Slightly Damaged	0
SKX7553T	Car	TOYOTA	WISH 1.8 CVT	Silver	Slightly Damaged	0

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171216/2055

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 4

Report No. T/20171216/2055

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL2075R	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	Blue	Slightly Damaged	0
SLM1089C	Car	HONDA	SHUTTLE 1.5G A	White	Slightly Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH HWEE TAT	ID No.	S7521375A
Related Vehicle	SLM1089C (Car)	Contact No.	85181791
Hospital/Clinic	THOMSON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	15/12/2017	Date Discharge	15/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 15/12/2017, at about 1630hrs, I was travelling along Central Expressway towards Ayer Rajah Expressway in my White Honda Shuttle (V1) Registration plate number: SLM 1089C)

I was travelling in the extreme right lane of the four lane at a speed of approximately 80km/h. It was near to the Balestier Road exit, the vehicles (V3 - Reg No: SLL2075R & V2 - Reg No: SGK7721R) in front of me applied emergency brake and came to a stop. I followed through and my vehicle stopped. Subsequently, I felt an impact coming from the back and noticed that a Toyota vehicle (V4 - Reg No: SKX7553T) had collided into the rear of my vehicle in which cause a chained of collision with the front two vehicles. A few seconds later, another vehicle (V5 - Reg No: SKC8409G) hit onto the earlier vehicle whom had hit my rear and that cause another second collision.

We alighted and exchanged particulars with each other before moving off. At the point of time, no one was injured. The drivers of the Black Volkswagen Vehicle (V2 - Registration plate no. SGK7721R) is namely Alvin Khoo Boon Leong S7135749Z, Tel: 90228582 and he other drivers of the Silver Toyota Wish Vehicle (V4 - Registration plate no. SKX7553T) is namely San Chung Sing S7236506B, Tel: 98419084.

There were several dents and scratches observed on the front and rear bumper of my vehicle. I do not have a CCTV installed in my vehicle. There is no witness to the accident however there was a male passenger who was in my vehicle during the incident.

After the accident, I suffered some backache, neck pain and giddiness. Thus I went to seek medical

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171216/2055

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 4

Report No. T/20171216/2055

CONTINUATION OF REPORT

treatment and was given 3 days MC.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20171216/2055

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

4 of 4

Report No. T/20171216/2055

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:
G /
Staff Sgt MUHAMMAD FIRDAUS BIN MISWAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/12/2017 12:05

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

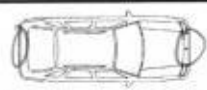
**LKK Auto Consultants Pte Ltd**

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

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PRE-REPAIR INSPECTION REPORT			
EQ INSURANCE COMPANY LTD		Ref:	CS3/EQ17024199/M1bs2
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEX SINGAPORE 069110		Date:	11-05-2018
		Code:	EQI
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SKX 7553T	Veh. Inspected	SLM 1089C
Policy No.		Coverage (\$)	0.00
Claim No.	DM17HO02860/JT	Excess (\$)	0.00
Assign From	BAZLIN AHMAD	Assign Date	20/12/2017
2. Vehicle Particulars & Condition			
Make & Model	HONDA SHUTTLE 1.5G	c.c	0
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	GK81005723	Colour	WHITE
Odometer	056860 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	175/65R15	TOYO	7 mm
L/H Front Tyre	175/65R15	TOYO	7 mm
R/H Rear Tyre	175/65R15	YOKOHAMA	6 mm
L/H Rear Tyre	175/65R15	YOKOHAMA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.			
5. General Information			
Accident Date	15/12/2017	Inspect Date / Time	21/12/2017 (02:14 PM)
Survey held at	GRIFFIN AUTO SERVICES BLK 176 SIN MING DRIVE #05-09 SIN MING AUTOCARE SINGAPORE 575721		
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 \$13,000-\$14,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		7 Working Days	

Report Ref No. CS3/EQ17024199/M1bs2

Inspected By

MA CHIN FOOK

Automotive Assessor

K.K. LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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