

ASS. REC. BY:

REF:

C93 / LPC / 800032 / Wrbet

Special Instruction:

Agent:

Wilson

ASSIGNMENT (Office)

From (Person):

Gerald Poh

of

LPC

Date/Time:

04/02/2018 3pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

OCZ 5977B

Insured:

SGV 5290Y

at Workshop m/s

Koh &amp; Lim Molding

Tel:

91004390

of

160 Sin Ming Ave #05-14

Policy No:

Claim No:

17/18/18 / VP05 / 020318

Sum Insured:

Excess:

Make of Veh:

D.O.A.

03.01.2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 10p

H.O.D. Endorsement:

Date/Time:

04/02/2018 3:21pm

Person Contacted:

Susan

Vehicle

IN

OUT

Date/Time

Action/Instruction

X

5977B

OCZ 5977B - X

SGV 5290Y - X

Dismantle

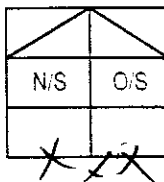
10/1/18

PRs  
Driver: W. Lim.

REF: LPC

# ASSIGNMENT

From: \_\_\_\_\_ Date: 05/01/2018  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: SC2 5977B  
 at Workshop mis: Koh & Lim Motoring  
 of: 160 Sin Ming Drive #05-14  
 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  
 Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SC2 5977B Yr Regn: 6/9/2016  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Honda Odyssey cc: 2356  
 Colour: Dark Grey A/C: Insured / Std / NI / NA  
 So. Reading: 29005 T. Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JHMRC 18904C 205375  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 235/40 R18  
 R: 235/40 R18  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front Rear  
 R. Bal. 4 mm R. Bal. 4 mm  
 L. Bal. 4 mm L. Bal. 4 mm  
 D.O.A. 31/12/18 D.O.I. 31/12/17  
 Survey held at: As Above  
 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

Submit PRS report

RECEIVED 7 JAN 2018

Date/Time File Pass to? ☐ : Preli. Report

typist ☐ : Final Report

Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp \$

☐ Interview \$

☐ Tech Ins \$

☐ Weekend \$

Photos

Charts

TOTAL

Report Format: PRs

Lump Sum / I.B.I. \$

450



# 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/LPC18000321/Wrb

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

Date : 05-01-2018



Code : LPC2

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

Insured Veh.	SGV 5290Y	Veh. Inspected	SCZ 5977B
Policy No.		Coverage (\$)	0.00
Claim No.	17/18/18/VP05/020318	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	04/01/2018

## 2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	03/01/2018	Inspection Date	05/01/2018
Survey held at	KOH & LIM MOTORING SERVICES BLK 160 SIN MING DRIVE #05-14 SINGAPORE 575722		

## 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.
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**Catherine Chong (LKK Auto)**

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**From:** GERALD POH WEE BIN <geraldpoh@lonpac.com>  
**Sent:** Thursday, 4 January, 2018 3:00 PM  
**To:** assignments@lkkauto.com  
**Cc:** MT\_Claim\_SG  
**Subject:** FW: Request For Surveyor

Our Ref : 17/18/18/VP05/020318

Dear Catherine,

Kindly proceed with the PRI at the given address below.

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

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**From:** Susan Lim/Fion Pee [mailto:kohlmmotoring@gmail.com]  
**Sent:** Thursday, 4 January, 2018 2:54 PM  
**To:** GERALD POH WEE BIN  
**Subject:** Re: Request For Surveyor

Hi Mr Poh,

Kindly arrange surveyor Ma Chin Fook to do PRI . Thank you.

Regards  
Susan (Hp 91004390)

On Thu, Jan 4, 2018 at 12:43 PM, GERALD POH WEE BIN <geraldpoh@lonpac.com> wrote:

WITHOUT PREJUDICE

Dear Susan,

Please see attached and let us hear from you.

Best Regards

04/01/2018 @ 3.21pm  
~~Ma~~ veh not in.  
Susan

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

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**From:** Susan Lim/Fion Pee [mailto:[kohlimmotoring@gmail.com](mailto:kohlimmotoring@gmail.com)]

**Sent:** Thursday, 4 January, 2018 12:18 PM

**To:** GERALD POH WEE BIN

**Subject:** Request For Surveyor

Dear Officer,

Kindly arrange your surveyor to conduct a survey for the following accident claim :

Survey Date: 29.08.2017 (Tuesday)

Our Vehicle : SCZ 5977 B

Your Insured : SGV 5290 Y

Subject : Accident Involving SCZ 5977 B & SGV 5290 Y On 03.01.2018.

Workshop : Koh & Lim Motoring Services

Address : 160 Sin Ming Drive #05-14 Singapore 575722

A copy of the GIA is attached for your reference.

Kindly confirm with us via email, fax([64841482](tel:64841482)) or phone (Hp [91004390](tel:91004390)). Thank you.

Vehicle SCZ 5977 B is in our workshop now.

Best Regards,

Susan

91004390

Koh & Lim Motoring Services

## 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	03/01/2018 17:34
Date Of Accident	03/01/2018 08:00
Exact Location Of Accident	SLE AFT S'PORE SPORTS SCH TWRDS KJE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ5977B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG LAY LING KAREN
NRIC No	S7120761G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97820953
Alternative Phone No	OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)

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

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	16-MH001062-R00
Cover Note Number	

### Driver

Name of Driver	LEE SENG LIP LINUS
NRIC No	S6901377E
Date Of Birth	12/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1988
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97672325
Fax Number	
Contact Number	
E-Mail Address	LINUS.LEE@ORANGETEE.COM

Address	BLK 7 MARYMOUNT TERRACE #08-02
Postcode	573963
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 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	SGV5290Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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:

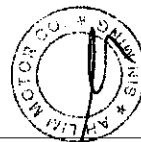
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 03/01/2018

16:02

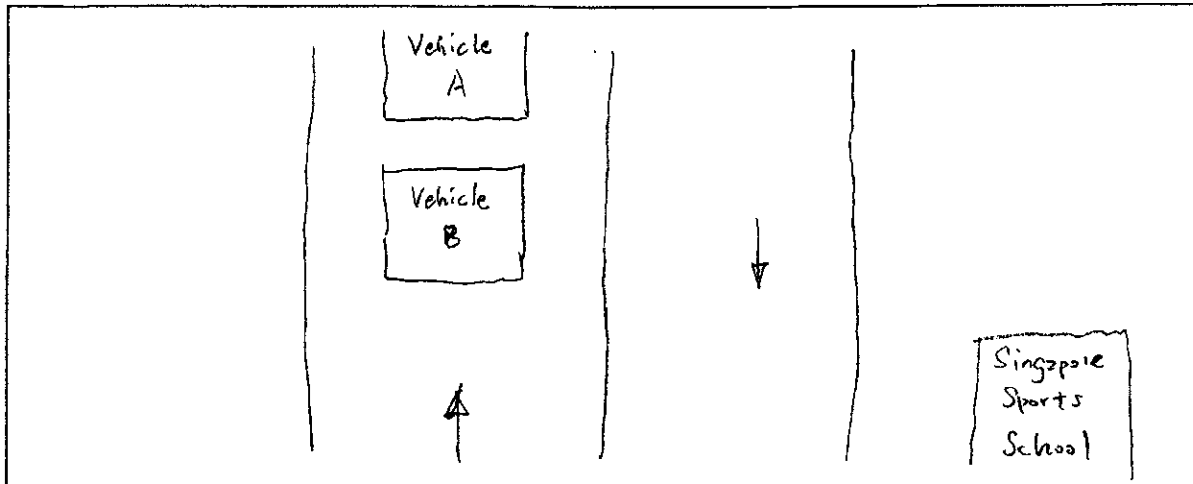
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Sketch Plan Pg. 2

### SKETCH PLAN

Accident Date: 03/01/2018 Time: 07:58 Location: SLE after Singapore Sports School towards KJE  
 My Vehicle A: SCZ 5977 B Vehicle B: SGV 5290 Y Vehicle C/Others: \_\_\_\_\_



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3 January 2018 about 07:58 am my vehicle was hit from the back by Vehicle B. There was a slowdown in traffic and I reduced my vehicle speed to 60 km/h just after passing the Singapore Sports School on my right. Suddenly there was a loud bang from the back and I realised that Vehicle B did not stop in time to cause the accident. I presumed her speed was at 75-80 km/h which caused a serious dent to the tailgate and bumper of my vehicle. The weather was fine and bright at the time of the accident. Vehicle B was driven by the driver by the name of Wendy (Mobile: 87867223)

( ) Claim OD / TP at Ah Lim Motor      (x) Claim OD / TP at other workshop      ( ) Reporting Only

Remarks: Please forward a copy of my efile accident report to

My workshop : KOH & LIM MOTORING  
 Email Address : kohlimmotoring@gmail.com  
 & Myself : linus.lee@orange-tee.com

Note: Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

### 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 03/01/2018

16:02

Witnessed by Reporting Centre

Personnel

GENERAL POLICE REPORT

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

7839R

### Vehicle Details

Vehicle No.:

GBC8187C

Vehicle to be Exported:

No

Intended De-registration Date:

08 Jan 2018

Vehicle Make:

ISUZU

Vehicle Model:

NHR85AUE4AC

Primary Colour:

Blue

Manufacturing Year:

2013

Engine No.:

4JJ1371384

Chassis No.:

JAANHR85ED7100091

Maximum Power Output:

-

Open Market Value:

\$23,179.00

Original Registration Date:

06 Dec 2013

First Registration Date:

06 Dec 2013

Transfer Count:

0

Actual ARF Paid:

\$1,159.00

### Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

05 Dec 2023

COE Category:

C - Goods Vehicle &amp; Bus

COE Period(Years):

10

QP Paid:

\$51,112.00

COE Rebate Amount:

\$30,196.00

Total Rebate Amount:

\$30,196.00

The information contained herein is correct as at 08 Jan 2018

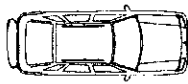
**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Ref: CS3/LPC18000321/Wrbe2 Date: 12-03-2018 Code: LPC2		
1. Policy Particulars (THIRD PARTY CLAIM)				
Insured Veh.	SGV 5290Y	Veh. Inspected	SCZ 5977B	
Policy No.		Coverage (\$)	0.00	
Claim No.	17/18/18/VP05/020318	Excess (\$)	0.00	
Assign From	GERALD POH	Assign Date	04/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA ODYSSEY	c.c	2356	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JHMRC1890GC205375	Colour	DARK GREY	
Odometer	29005 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/40 R18	GOODYEAR	4 mm	
L/H Front Tyre	235/40 R18	GOODYEAR	4 mm	
R/H Rear Tyre	235/40 R18	GOODYEAR	4 mm	
L/H Rear Tyre	235/40 R18	GOODYEAR	4 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	03/01/2018	Inspect Date / Time	05/01/2018 ( 01:39 PM )	
Survey held at	KOH & LIM MOTORING SERVICES BLK 160 SIN MING DRIVE #05-14 SINGAPORE 575722			
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.				

Report Ref No. CS3/LPC18000321/Wrbe2

**Inspected By**

WILSON TEO CHENG MING

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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