



# LONPAC INSURANCE BHD

Policy / Claim No : 18/18/18/VP05/020339.

Insured Veh No : SKE 6093K

Accident Date / Time : 13/1/18

At / along Sheng Shiong Carpark

Please select one of the following surveyors to inspect

T/P Veh No. SLS 7450X at workshop Esteem Performance Pte Ltd.

Lonpac's Fax No / Tel : 6296 2706 / 6250 7388

Please select one of the following surveyors:

No	Name of Surveyor	Please tick <input checked="" type="checkbox"/>
1	Wilson Teo	
2	Xing Guo Qiang	
3	Mohamad Taufikh	
4	Kalvin Ang	
5	Sebastian Yeang	
6	Adrian Ling	
7	Mohammed Rasul	
8	Marcus Chua	
9	Kenneth Kong	<input checked="" type="checkbox"/>
10	Ma Chin Fook	

Prepare by: Eric Woo

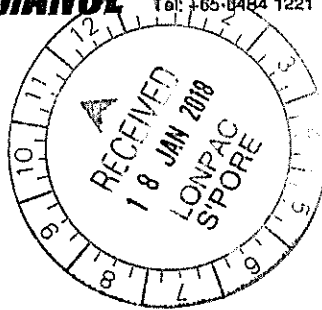
18/18/18/1805/000339



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.  
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Your Ref : SKE 6093 K  
Our Ref : SLS 7450 X



Date : 18<sup>TH</sup> Jan 2018 @ 14:25

The Motor Claims Dept  
Lonpac Insurance Bhd

Dear Sir / Madam,

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES (NIMA)**

We act for Goldbell Car Rental Pte Ltd who has appointed the under-mentioned workshop to repair his motor vehicle no.SLS 7450 X.

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

Name of workshop : Esteem Performance Pte Ltd

Address : Blk 5033 Ang Mo Kio Industrial Park 2, #01-259, Singapore 569536

Tel : 6484 1221

Fax : 6484 7829

We hereby give 2 clear days notice to conduct a pre-repair inspection of the said vehicle at the above-mentioned workshop during office hours.

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday. The above-mentioned workshop will commence repairs should you fail to conduct the pre-repair inspection.

Your Faithfully

Carmen Lim

Encl :GIA Report & Estimate



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## Repair Estimates

SLS 7450 X

Parts	(a) Cost / List Price Items	\$	<u>3,313.54</u>
	Plus/Less 25%	\$	<u>828.39</u>
	Total of Cost / List	\$	<u>2,485.16</u>
(	(b) Nett Price Items		
	Less		
	Total of Nett Item		
	(c) Special Nett Items	\$	<u>45.00</u>
Total Parts Cost		\$	<u>2,530.16</u>
Labour		\$	<u>1,020.00</u>
Total		\$	<u>3,550.16</u>

The above total will be subjected to 7% G.S.T.

Name of Surveyor : \_\_\_\_\_  
Company : \_\_\_\_\_  
Survey conducted on : \_\_\_\_\_ at \_\_\_\_\_

### Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : \_\_\_\_\_ day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : \_\_\_\_\_ Date: \_\_\_\_\_



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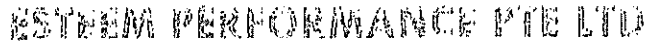
**Spare Parts**

Vehicle No. :	<b>SLS 7450 X</b>	Submit By :	<b>Carmen Lim</b>
Make & Model :	<b>TOYOTA PRIUS</b>	Year Manufacture :	<b>2017</b>
Chassis No. :	<b>JTEGD56M007149909</b>	Engine No. :	

**Cost / List**

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Front bumper	1	\$596.10		
2	Front bumper clip	10	\$40.00		
3	Front bumper reinforcement	1	\$455.95		
4	Front bumper side retainer LH	1	\$81.90		
5	Front bumper side retainer RH	1	\$81.90		
6	Front bumper bracket LH	1	\$278.90		
7	Front bumper bracket RH	1	\$278.90		
8	Front bumper sponge	1	\$89.80		
9	Front bumper sensor	1	\$411.79		
10	Front bumper lamp RH	1	\$998.30		
11	Front number plate	1	\$45.00	S.N	
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.



## Labour

Submit By : Carmen Lim  
Year of Manufacture : 2017

[illegible]

Company Reg No. 200005485N / GST No. 20-0005485-N

ME118008876 / Indeco Engineering Pte Ltd - Defu  
 ENTRY DATE & TIME: 18/01/2018 10:16  
 SUBMITTED BY: Lim Qel Mun

Your NCD will be affected due to late reporting  
 Actual e-Filing Submission Date & Time: 18/01/2018 10:43

### 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 willful 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 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	18/01/2018 10:16
Date Of Accident	13/01/2018 10:30
Exact Location Of Accident	BLK 722 CLEMENTI WEST ST 2 CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7450X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66039399

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA-2.4 7-SEATER (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V00030/VPZ/R03
Cover Note Number	

#### Driver

Name of Driver	CHUA GEOK TOH
NRIC No	S0146987H
Date Of Birth	08/11/1952
Occupation	INDOOR
Date Of Driving Pass	25/07/1974
Driving Experience	43 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81804732
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	754 CHOA CHU KANG NORTH 5 #09-217
Postcode	680754
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

**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?	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 AS 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	SKE6093K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KIM SOON
NRIC/Passport Number	S0016075Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLANIMPORTANT 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.
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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.

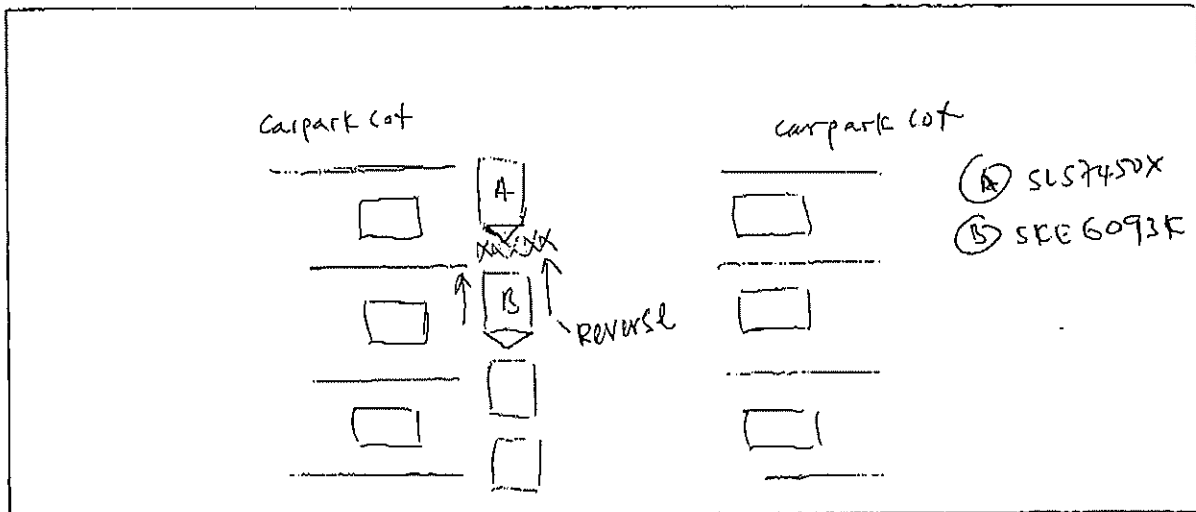
\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

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

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



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE ABOVE MENTIONED DATE AND TIME, MY VEHICLE WAS STATIONARY AT THE CARPARK OF BLK 722 CLEMENTI WEST ST 2, WHILE WAITING FOR AN EMPTY LOT, I NOTICED VEHICLE B WHICH WAS STATIONARY IN FRONT OF ME STARTED TO REVERSE. WITH THAT, I IMMEDIATELY APPLY HORN TO ALERT THE DRIVER OF VEHICLE B. HOWEVER, TO NO AVAL, AS A RESULT, THE REAR PORTION OF VEHICLE B HAD COLLIDED INTO THE FRONT PORTION OF MY VEHICLE, CAUSING DAMAGE. WE ALIGHTED FROM OUR VEHICLE AND EXCHANGED PARTICULAR. NO ONE WAS INJURED.

## 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 Personnel's Signature  
Name:  
NRIC/FIN No.: