

ASS. REC. BY:

REF: CS/SMO18004080/Urd3n2

Special Instruction:

Surveyor: Marcus

ASSIGNMENT (Office)

From (Person): Grace Teo

of SMO

Date/Time: 2/3/18 2:35pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJN 6217K

Insured: FBJ 5015Z

at Workshop m/s

Tan Kim Motor

Tel: 6858 5151

of

51 Defu Lane 10

Policy No:

Claim No: CMTD1800940/7HE

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 28/02/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 2:40pm 2/3/18

Person Contacted:

Alvin

Vehicle IN/OUT

Date/Time	Action/Instruction
	( ) Estimate
	SJN 6217K - X
	FBJ 5015Z - X
	Sent preli thru email

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SJN 6217at Workshop m/s Tan Lim

of \_\_\_\_\_

Insured: FSL 5042

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: 1 Consistent? : Yes or NoEst. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SJN 6217K Yr Regn: 2,09Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Honda Stream c.c. 1799Colour: Black A/C: Insured / Std / NI / NASp. Reading: 34072 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: RN 6105-6569Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/65R15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO orFront 6 Rear 6

R/Bal. \_\_\_\_\_ mm R/Bal. \_\_\_\_\_ mm

L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm

D.O.A. 28/2/18 D.O.I. 12/3/18

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear

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

Date / Time Action / Instruction 27A \$73020/3/18 confirmed 2/5 @ 1700 with willian.Paid: \$3500.16, 67%.

RECEIVED 27 MAR 2018

Date/Time, File Pass to?

☐ : Prel. Report1) typist☒ : 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

250Report Format: TPLump Sum / I.B.T. (\$) 1700



# 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				
SOMPO INSURANCE SINGAPORE PL		Ref : CS/SMO18004080/Urd3		
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 02-03-2018		
		Code : SMO		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	FBJ 5015Z	Veh. Inspected	SJN 6217K	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1800940/THE	Excess (\$)	0.00	
Assign From	GRACE TEO	Assign Date	02/03/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	28/02/2018	Inspection Date		
Survey held at	TAN LIM MOTOR PTE LTD 51 DEFU LANE 10 SINGAPORE 539216			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

## Nivitha (LKK Auto)

---

**From:** Teo, Grace <grace.teo@sompo.com.sg>  
**Sent:** Friday, 2 March 2018 2:35 PM  
**To:** 'Wei Shong' (wei.shong@tlmotor.com.sg); admin-d@lkkauto.com; assignments@lkkauto.com  
**Cc:** Choo, Thelma; Henry, Irene James  
**Subject:** CMTD1800940/THE- ACCIDENT INVLG FBJ5015Z & SJN6217K on 28.02.2018  
**Attachments:** 01032018185456.pdf

Our Claim Reference: CMTD1800940/THE  
Your Reference: SJN6217K

### WITHOUT PREJUDICE

Hi William,

We acknowledged receipt of your claim documents.

Please be informed that Thelma Choo the handler of this case.

We have appointed LKK AUTO to conduct the survey.

Aside to LKK,

Please make arrangement to conduct the survey for SJN6217K.

Aside to Thelma,

Please advise on the liability request from Tan Lim Motor Pte Ltd.

Best Regards

**Grace Teo**

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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**A Century of Trust**

**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

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**From:** Wei Shong [mailto:wei.shong@tlmotor.com.sg]  
**Sent:** Thursday, March 01, 2018 6:55 PM  
**To:** Claims - Motor Survey  
**Subject:** Arrange survey - SJN6217K and FBJ5015Z on 28.02.2018

Without Prejudice

Your ref: - FBJ5015Z

Our ref: - SJN6217K

Dear Sir/Mdm,

We enclose the following documents for your attention:-

- a. Copy of our client's GIA report;
- b. Copy of the estimated cost of repair.

Pursuant to paragraph 6.2 of Pre-Action Protocol for NIMA Cases, please let us know within **2 working days** whether you would like to conduct a pre-repair survey of our client's vehicle. If we do not hear from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please arrange for survey as soon as possible.

In addition, please confirm in writing whether you are agreeable to direct settle with us at 100% liability for this case.

We await for your favourable reply.

Thank you.

Regards,



**Lam Wei Shong**  
**William**  
[wei.shong@tlmotor.com.sg](mailto:wei.shong@tlmotor.com.sg)

O. +65 6858 5151  
F. +65 6858 0877

**Tan Lim Motor Pte Ltd**  
51 Defu Lane 10  
Singapore 539216  
<http://www.tlmotor.com.sg>

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Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: CMTD1800940/THE  
Our Ref: CS/SMO18004080/Urd3

The Motor Claims Department  
SOMPO INSURANCE SINGAPORE PTE LTD

*Without Prejudice*

Dear Sir/Madam,

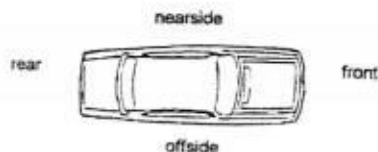
**PRELIMINARY ADVICE OF VEHICLE NO. SJN 6217K .**

We thank you for the instruction on 02/03/2018.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12/03/2018 at the premises of M/s TAN LIM MOTOR PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ 5,200.16 .
Revised Estimate Amount	: S\$ 2,161.44 .
"Check" Items Amount	: S\$ .
Market Value	: S\$ .
LTA Reimbursement Value	: S\$ .
Nett Value	: S\$ .

Description of Damage:  
The vehicle sustained damages  
at the o/s rear portion.



Comments/ Present Status:  
Damages Consistent.

Yours faithfully

MARCUS CHUA  
Automotive Assessor

## 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 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	01/03/2018 11:34
Date Of Accident	28/02/2018 19:00
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6217K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KAREN CHNG SIEW KENG
NRIC No	S1206101C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82227371
Alternative Phone No	OTHERS-93891762

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0004470
Cover Note Number	23.02.2018 TO 22.02.2019

### Driver

Name of Driver	JUDY CHNG SIEW BEE
NRIC No	S1554474J
Date Of Birth	26/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	31/03/1984
Driving Experience	33 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93891762
Fax Number	
Contact Number	
Email Address	J-SB1@HOTMAIL.COM

Address 41A LORONG ONG LYE  
 Postcode 536410  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SIBLING  
 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  
 Number of vehicles involved in the accident 3  
 Was any body injured in the Accident? YES  
 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) 4  
 Passenger 1 NAME: : KAREN CHNG SIEW KENG  
 GENDER: : FEMALE  
 Passenger 2 NAME: : CHNG YOKE HUAT  
 GENDER: : MALE  
 Passenger 3 NAME: : CHOO AH MOY  
 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

refer to Police Report:- T/20180301/2085

#### 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 FBJ5015Z  
 Vehicle Make/Model/Colour  
 Details Of Properties MOTORCYCLE



Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD AFIQ BIN ABDUL MALEK
NRIC/Passport Number	S9833252I
Contact Number	9647 8167
Address	BLOCK 84B LORONG 2 TOA PAYOH #02-303
Postcode	312084
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT7336M
Vehicle Make/Model/Colour	MERCEDES BENZ E220D
Details Of Properties	SALOON CAR
Vehicle Category	PRIVATE CAR
Name of Driver	ROSS LEE JUN JIE
NRIC/Passport Number	S9238354G
Contact Number	8518 8111
Address	16 ROSYTH ROAD
Postcode	546156
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AFIQ BIN ABDUL MALEK
Approximate Age	20
Injuries Sustain	
Injured person in which vehicle?	FBJ5015Z
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
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.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 01/03/18 01:54:6h

Reporting Centre Personnel's Signature  
Name: Len Wei Shun  
NRIC/FIN No: 06864052h

Sketch Plan Pg. 2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report:- 7/20180301/2085

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: 01/03/14 0946h

Reporting Centre Personnel's Signature  
Name: Lam Wai Shing  
NRIC/ID No: 66864052K

# eTiQa

Insurance

## INTERVIEW FORM

Name (Driver) : Judy Chng Siew Bee

Policy No : M0004470

Vehicle No : STN 6217.4

Place of Accident : Upper Selegie Road

Insured Driver's relationship with Insured : Sibling

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 3

Injury to Insured and/or Insured driver, please indicate which hospital:  
No

Third Party Vehicle No (if any) : FBJ 5015 Z / SLT 7336 M

No of passenger(s) in Third Party Vehicle : 0 / 1

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
FBJ 5015 Z rider injury /

Type of collision and the extensiveness of the damages to all vehicles involved:  
Chain Collision

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
No

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) : JUDY CHNG

I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) : [Signature]

Workshop Name: Tan Lim Motor Pte Ltd



**Etiqa Insurance Berhad** (Company Reg. No. T09FC0054K)  
1 North Bridge Road, #08-01 High Street Centre, Singapore 179054  
Tel: +65 6336 0477 Fax: +65 6339 2109

Approved by: [Signature] **Maybank** Group

## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180301/2085

1 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20180301/2085

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2018 14:31	Vide Report No.:	Station Diary No.: 60
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: JUDY CHNG SIEW BEE			Address: 41A LORONG ONG LYE SINGAPORE 536410	
ID Type / ID No.: NRIC NO / S1554474J			Contact No.: Home/Office:	Mobile: 93891762
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 55	Date of Birth: 26/10/1962	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD towards Nex Shopping Mall				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ5015Z	Motorcycle				Slightly Damaged	0
SJN6217K	Car				Slightly Damaged	3
SLT7336M	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20180301/2085

2 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20180301/2085

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MUHAMMAD AFIQ BIN ABDUL MALEK	ID No.	S9833252I
Related Vehicle	FBJ5015Z (Motorcycle)	Contact No.	96478167
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	JUDY CHNG SIEW BEE	ID No.	S1554474J
Related Vehicle	SJN6217K (Car)	Contact No.	93891762
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ROSS LEE JUN JIE	ID No.	S9238354G
Related Vehicle	SLT7336M (Car)	Contact No.	85188111
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 28/02/2018 at about 1900hrs, I was driving my vehicle SJN6217K (Honda), on the center lane along Upper Serangoon Road towards NEX Shopping Mall. Suddenly, I felt an impact from my vehicle's right rear portion. I alighted and realised that a motorcycle FBJ5015Z which was travelling between center lane and the extreme right lane, had hit onto the right rear portion of my car. I later found out that the motorcycle was hit by another car SLT336M (Mercedes), which was changing lane from the extreme right lane, thus causing the motorcycle to hit onto my vehicle.



SINGAPORE  
POLICE FORCE



T/20180301/2085

3 of 3

Report No. T/20180301/2085

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

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:

F /

Sgt 2 AIMAN BIN MUHAMAD SALEH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/03/2018 14:31

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

SN 154

Authentication Stamp

NP168

Singapore Police Force



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo





## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 6101C

### Vehicle Details

Vehicle No.: SJN6217K  
Vehicle to be Exported: No  
Intended De-registration Date: 12 Mar 2018  
Vehicle Make: HONDA  
Vehicle Model: STREAM 1.8X A  
Primary Colour: Black  
Manufacturing Year: 2008  
Engine No.: R18A1763315  
Chassis No.: RN61056569  
Maximum Power Output: 103.0 kW (138 bhp)  
Open Market Value: \$16,536.00  
Original Registration Date: 23 Feb 2009  
First Registration Date: 23 Feb 2009  
Transfer Count: 0  
Actual ARF Paid: \$16,536.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 22 Feb 2019  
PARF Rebate Amount: \$8,268.00

### Intended COE Rebate Details

COE Expiry Date: 22 Feb 2019  
COE Category: B - Car (1601cc & above)  
COE Period(Years): 10  
QP Paid: \$4,889.00  
COE Rebate Amount: \$462.00  
**Total Rebate Amount: \$8,730.00**

The information contained herein is correct as at 12 Mar 2018

OK



陳林峰私人有限公司  
TAN LIM MOTOR PTE LTD

51 Defu Lane 10 Singapore 539216

Tel : 68585151 ( 24 Hours ) Fax : 68580877

GST Regn. No. : M2-8922054-2

Sompo Insured's Veh No : FBJ5015Z

Date of Accident : 28 February 2018

Miss Karen Chng Siew Keng (Not driving)

Date : 01 March 2018

Estimate To Repair SJN6217K - Honda Stream 1.8X A

Chassis No : RN61056569

S/No	Quantity	Description	Amount
<u>LIST ITEMS</u>			
01	1 pc	rear bumper	\$ 741.10
02	1 pc	o/s rear bumper side retainer	\$ 27.30
03	10 ps	rear bumper clips @ \$3.90	\$ 39.00
04	1 pc	o/s rear fender	\$ 858.30
05	1 pc	o/s rear bumper rubber grommet	\$ 77.80
06	1 pc	o/s rear fender window glass weatherstrip	\$ 65.00
07	1 pc	rear exhaust box assy	\$ 741.40
08	1 pc	rear exhaust box mount	\$ 87.80
Less 20 %			\$ 2,637.70
			\$ 527.54
			\$ 2,110.16
<u>SPECIAL NETT ITEMS</u>			
09	1 set	rear bumper parking sensor	\$ 450.00
10	1 pc	o/s rear fender window glass sealant	\$ 180.00
11	1 pc	o/s rear fender window glass inner sponge seal	\$ 100.00
			\$ 730.00
<u>LABOUR &amp; MISC. CHARGES</u>			
01		To remove and refit right rear window glass.	\$ 100.00
02		To remove and refit interior fittings, trimmings, garnish and other, to enable repair.	\$ 120.00
03		To reinstall of rear bumper parking sensor.	\$ 150.00
04		To rust-proofing of the affected areas.	\$ 180.00
05		To check electrical lighting concerned.	\$ 60.00
06		Panel beating, knocking and straighten the necessary portion, remove and renewal of parts, adjust and realign the same.	\$ 900.00
07		Putty and spray painting of the affected portion.	\$ 850.00
			\$ 2,360.00
Total			\$ 5,200.16
			2161.44

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

Signature of Repairer

Confirmed  
on 14/03/18



TAN LIM MOTOR PTE LTD

Sompo Insured's Veh No : FBJ5015Z  
Date of Accident : 28 February 2018

4 days repair

51 Defu Lane 10 Singapore 539216  
Tel : 68585151 ( 24 Hours ) Fax : 68580877  
GST Regn. No. : M2-8922054-2

not Affected  
date

45 1700

Miss Karen Chng Siew Keng (Not driving)

Date : 01 March 2018

12/3/18  
4/5 1700

12/03/18 0430h

Estimate To Repair SJN6217K - Honda Stream 1.8X A  
Chassis No : RN61056569

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07		Putty and spray painting of the affected portion.	\$ 850.00
			\$ 2,360.00
Total			\$ 5,200.16

65.40

lower panel 245.10

LS 976.80 781.44

1665.70  
20%  
1332.56

2161.44

2712.56

20%

2170.04

LS \$ 2100



## 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

SOMPO INSURANCE SINGAPORE PL

Ref : CS/SMO18004080/Urd3n2

50 RAFFLES PLACE

#05-01/06

SINGAPORE LAND TOWERS SINGAPORE 048623

Date : 28-03-2018



Code : SMO

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

Insured Veh.	FBJ 5015Z	Veh. Inspected	SJN 6217K
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1800940/THE	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	02/03/2018

### 2. Vehicle Particulars & Condition

Make & Model	HONDA STREAM (A)	c.c	1799
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	RN61056569	Colour	BLACK
Odometer	34072	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R15	MICHELIN	6 mm
L/H Front Tyre	205/65 R15	MICHELIN	6 mm
R/H Rear Tyre	205/65 R15	MICHELIN	6 mm
L/H Rear Tyre	205/65 R15	MICHELIN	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	28/02/2018	Inspection Date	12/03/2018
Survey held at	TAN LIM MOTOR PTE LTD 51 DEFU LANE 10 SINGAPORE 539216		

### 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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### 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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJN 6217K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TORN	741.10	665.40
1	O/S REAR BUMPER SIDE RETAINER	BENT	27.30	27.30
10	REAR BUMPER CLIPS @\$3.90	NECESSARY	39.00	39.00
1	O/S REAR FENDER LOWER PANEL	BADLY DENTED	858.30	245.10
1	O/S REAR BUMPER RUBBER GROMMET	NOT NECESSARY	77.80	-
1	O/S REAR FENDER WINDOW GLASS WEATHERSTRIP	NOT NECESSARY	65.00	-
1	REAR EXHAUST BOX ASSY	TO REPAIR SEE LABOUR	741.40	-
1	REAR EXHAUST BOX MOUNT	NOT NECESSARY	87.80	-
	LESS 20% DISCOUNT		-527.54	-195.36
			2,110.16	781.44
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET REAR BUMPER PARKING SENSOR (SN)	NOT NECESSARY	450.00	-
1	O/S REAR FENDER WINDOW GLASS SEALANT (SN)	NOT NECESSARY	180.00	-
1	O/S REAR FENDER WINDOW GLASS INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-
			730.00	-
<b><u>LABOUR</u></b>				
	TO REMOVE AND REFIT RIGHT REAR WINDOW GLASS.	NOT NECESSARY	100.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMMINGS, GARNISH AND OTHER, TO ENABLE REPAIR.		120.00	80.00
	TO REINSTALL OF REAR BUMPER PARKING SENSOR.		150.00	50.00
	TO RUST-PROOFING OF THE AFFECTED AREA.		180.00	30.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		60.00	20.00
	PANEL BEATING, KNOCKING AND STRAIGHTEN THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF REAR EXHAUST BOX ASSY.		900.00	600.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		850.00	600.00
			2,360.00	1,380.00
<b>GRAND TOTAL</b>			<b>5,200.16</b>	<b>2,161.44</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>1,700.00</b>

Report Ref No. CS/SMO18004080/Urd3n2



Report Ref No. CS/SMO18004080/Urd3n2

CHUA KANG SENG

Licensed Appraiser

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