SULVEYOU :	МД	ACCTO	NIMENT (Office)			
			NMENT (Office)		او	1/10 A 0. 201 aux
From (Person Estimated Co	rom (Person): Grave TeO of SI			Dat	Date/Time: 3/4/18 @ 9.30	
A 14	S/TP RES/OD RI	ES LEVA LINULA	Bill to:			
	chicle No:	20		Insured:	SID 4	551L
at Workshop	m/s Mira	rlo work;	7			2568
of 48	10h Guan R	d East #	04-126			
Policy No:_				CMIDI	180141	6/GPL
Sum Insured			Excess:		TO MADE SERVICE NO.	
					_	111.010.10
Make of Veh				D.0	).A3	8105/5018
(Client's Recor	rd)	HRS Wp?				
(Client's Recor CA / REV	/ REP. / REV 24		octed: Nicole	1	I.O.D. Endwiser	ment
(Client's Recor CA / REV	10:30cm@3/4	Person Conts		1	I.O.D. Endwiser	ment
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(Client's Recor CA / REV Date/Time	Action/Lestruction	Person Control  (x) Esti		1	I.O.D. Endwiser	ment

REF:	
SMANTOL KEE:	
	ASSIGNMENT
From: Date:	Veh No. SLY 10824 Yr Regn: MAR 2018
Estimated Cost:	Type: M.Sar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Living of the Color
at Workshop m/s	1000 - 100
of	Sp.Reading THE T/Radio: Insured / Std / NI / NA
Insured:	
Policy No.	Eng/No:
	C/NO: CP711091548.
Claims No.	Gen, Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norder / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Will + S/Rim / STD A/Rim or
	Tyre Size: F: 60 (215
(Policy Condition)	R:
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO OF YEEO
Bal. or Market Value:	Eront Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent? ; Yes or No	L/Bal. L/Bal. (3 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 31 68 DOB D.O.I. 3 4 2018 @ 0310
Lum Sum: % 3 Val.: Yes or No	· Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear ) O/S / N/S / U/C / Rooftop or
Vehicle: I	A STATE OF THE PROPERTY OF THE
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction  ACC EST UPON Que	wen SK-LK- Swidays
140 521 octors 500	St. CC. Swamp
8/5 Submit PRS report.	
012 STANT 1 12 16/2011.	
-	
RECEIVED 0 8 MAY 20	18
RECEIVED 6 1977 20	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: - Survey Fee 100
Date/Time, File Return to?	Transportation
2) Ac	id Fee: Site Insp (\$ )_s+Rs_si
	Interview (\$ ) Photos
Report Format : PRQ	Tarb lovs (\$ ) cour
Lump Sum / I.B.I: (\$	Weekend (\$
THAT WAS A SECOND OF THE PROPERTY OF THE SECOND OF THE SEC	

### Nivitha (LKK Auto)

From:

Teo, Grace < grace.teo@sompo.com.sg>

Sent:

Tuesday, 3 April 2018 9:39 AM

To:

Daniel Poon & Co.; admin-d@lkkauto.com; assignments@lkkauto.com

Cc:

Gnoh, Pau Loong

Subject:

CMTD1801416/GPL - ACCIDENT INVOLVING SLD4551L & SLX1032H ON 31.03.2018

Attachments:

MW.pdf

Our Reference: CMTD1801416/GPL Your Reference: DP.sl.isk.10418.18.MIR

Without Prejudice

Date: 3rd April 2018

Attention:

M/S DANIEL POON & CO

Dear Sirs,

#### ACCIDENT INVOLVING SLD4551L & SLX1032H ON 31.03.2018

We refer to your email reply dated 03/04/2018.

We do not agree to your list of surveyors.

As such, we will be appointing our motor surveyor, **LKK AUTO** to conduct the pre-repair survey of your client's vehicle.

The pre-repair survey will include a survey of the vehicle when its damaged parts are being dismantled prior to the commencement of repairs.

We would like our motor surveyor to conduct a post repair inspection once your client's vehicle has been repaired.

The survey is conducted on a without Prejudice basis and without any admission of liability.

Yours faithfully,

Best Regards
Grace Teo
Claims Division

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



A Century of Trust

### Sompo Insurance Singapore Pte. Ltd.

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

Website: www.sompo.com.sq | Facebook: www.facebook.com/SompoSG

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From: Daniel Poon & Co. [mailto:law@dpco.com.sg]

Sent: Tuesday, April 03, 2018 9:20 AM

To: Teo, Grace Cc: Gnoh, Pau Loong

Subject: RE: CMTD1801416/GPL - ACCIDENT INVOLVING SLD4551L & SLX1032H ON 31.03.2018

Dear Sir/s,

We refer to your E-mail dated 02 April 2018.

We will not be appointing any of your appointed surveyor as a single joint expert.

Kindly note that in the event that you are not agreeable to our list of appointed surveyor attached with our fax dated 02 April 2018, kindly contact the workshop to arrange a pre-repair inspection.

Yours faithfully,

Daniel C. K. Poon Advocate & Solicitor

### DANIEL POON & CO.

Advocates & Solicitors Commissioners for Oaths Notary Public

133 New Bridge Road #11-02 Chinatown Point Singapore 059413 Tel: +65 6227 2469 Fax: +65 6225 2579 E-mail: law@dpco.com.sg

Note: We do not accept service of Court documents via email

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From: Teo, Grace [mailto:grace.teo@sompo.com.sg]

Sent: Monday, 2 April, 2018 4:43 PM

To: law@dpco.com.sg

Cc: Gnoh, Pau Loong < PauLoong.Gnoh@sompo.com.sg>

Subject: CMTD1801416/GPL - ACCIDENT INVOLVING SLD4551L & SLX1032H ON 31.03.2018

Our Reference: CMTD1801416/GPL Your Reference: DP.sl.isk.10418.18,MIR

Date: 2<sup>nd</sup> April 2018

Without Prejudice EMAIL ONLY

Attention:

M/S DANIEL POON & CO

Dear Sirs,

# ACCIDENT INVOLVING SLD4551L & SLX1032H ON 31.03.2018

We refer to your Notice of Accident dated 02/04/2018.

Please be informed that Gnoh Pau Loong the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

**Pre-Repair Survey** 

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards
Grace Teo
Claims Division

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



# 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 | Facebook: www.facebook.com/SompoSG

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Daniel Poon Choon Kow LL. B. (Hons), LLM

133 New Bridge Road #11-02 Chinatown Point Singapore 059413 Tel: +65 6227-2469 Fax: +65 6225-2579 Email: law@dpco.com.sg (UEN: 53130838C)

Our Ref:

DP.sl.isk.10418.18.MIR

Your Ref:

Please quote our reference number when replying

Date: 02 APRIL 2018

M/S SOMPO INSURANCE SINGAPORE PTE LTD **50 RAFFLES PLACE** #05-01/06 SINGAPORE LAND TOWER SINGAPORE 048623 ATTN: IRENE HENRY

EAX (6221-3147) ONLY

DEAR SIRS,

PRE-REPAIR INSPECTION

YOUR INSURED VEHICLE REGISTRATION NO: SLD 4551L ACCIDENT ON 31 MARCH 2018 INVOLVING SLX 1032H AND SLD 4551L ALONG PIE TOWARDS TUAS NEAR TO KALLANG EXIT

We are instructed to notify you of a road traffic accident on 31st March 2018 at about 13:30 along PIE towards Tuas near to Kallang exit involving our client's vehicle registration number SLX 1032H and vehicle registration number SLD 4551L driven by your insured at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair inspection of the vehicle, by the attached list of ten (10) surveyor which our client deemed suitable to be appointed.

If the aforesaid is not agreeable, kindly therefore instruct your appointed surveyor for a prerepair inspection of our client's vehicle at by making a prior appointment with the repairer stated below:-

M/S MIRACLE WORKZ PTE LTD 48 TOH GUAN ROAD EAST #04-126 ENTERPRISE HUB SINGAPORE 608586

ATTN: NICOLE (8204-5858 / 9647-2568 / OFFICE: 6793-0430)

... 2/-

0 2 APR 2018

# 2/ 3

Page 2 Messrs Daniel Poon & Co. Our Ref: DP.sl.isk.10418.18.MIR

Date: 02nd April 2018

If we do not receive any agreement from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully,

c.c. M/S MIRACLE WORKZ PTE LTD

FAX (6515-5434) ONLY

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0504E
Vehicle Details	
Vehicle No.:	SLX1032H
Vehicle to be Exported:	No
ntended De-registration Date:	08 May 2018
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	LEB6311577
Chassis No.:	GP71109548
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$21,447.00
Original Registration Date:	15 Mar 2018
First Registration Date:	15 Mar 2018
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Mar 2028
PARF Rebate Amount: Intended COE Rebate Details	\$3,750.00
COE Expiry Date:	14 Mar 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$39,001.00
COE Rebate Amount:	\$38,413.00
Total Rebate Amount:	\$42,163.00

The information contained herein is correct as at 08 May 2018

ОК

## 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 witholding 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.
- 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

	ACCIDENT STATEMENT				
Date Of Report	02/04/2018 15:48				
Date Of Accident	31/03/2018 13:30				
Exact Location Of Accident	PIE TOWARDS TUAS (NEAR KALLANG EXIT)				
Country/State of Loss	SINGAPORE				

	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX1032H

Insured/Policyholder

Name Of Registered Owner

MICRO CREDIT (CAR LEASING) PTE LTD

Co Reg No Email Address

200910504E NOEMAIL

Mobile Phone No

(LOCAL) +65-90499954

Alternative Phone No. OFFICE-90499954

**Vehicle Particulars** 

Manufacturer

HONDA

Model

SHUTTLE-1.5 G (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 HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5098445727 (CLASSIC)

Cover Note Number

Driver

Name of Driver MAS AGUS HARRYANTO BIN ARPONEN

NRIC No S8915631I Date Of Birth 04/05/1989 Occupation OUTDOOR Date Of Driving Pass 13/06/2008

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90499954

Fax Number

Contact Number OFFICE-90499954

EMail Address NOEMAIL Address

2 JALAN BUKIT MERAH

#11-5158

Postcode

S150002

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - RENTAL

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?

YES

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER:

: FEMALE

Passenger 2

NAME:

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT. ATTENDED BY: SUSAN

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

SLD4551L

Vehicle Make/Model/Colour

TOYOTA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

LOW LEONG CHAI

NRIC/Passport Number

S1249204I

Contact Number

983023592

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLV7964P

Vehicle Make/Model/Colour

SALOON

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)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SKA8182U

Vehicle Make/Model/Colour

SALOON

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)

### **DETAILS OF INJURED PERSON 1**

Name

DRIVER / PASSENGER

Approximate Age

Injuries Sustain

REFER TO POLICE REPORT

Injured person in which vehicle?

SLV7964P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

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
- 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
- 7. By the ladgment 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)

l 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)
  - (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
- (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
- 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.
- 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.
  - (1) 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

(iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's

MALEAS

FOC NO.

Date & Time

2 APR 2018

Driver's Signatur (If driver is hotely be policy holder). Date & Time:

IDAC BUKIT BATOK (VAC) 511 Bukit Batok Street 23 Singapore 659545 Tel: 6560 3312 Fax: 6569 0722

Email: vacbh@singnot.com.sg Reporting Centre Personnel's Signature

NRIC/FIN No

SKETCH PLAN			
OLE twenty Thes			@: 51x10324  @: 51x79(4)>  @: 51x79(4)>
Please Rifer	ICES OF THE ACCIDENT		
	20180331 /2019		
1 1			
		· · · · · · · · · · · · · · · · · · ·	
		120	
ECLARATION  We declare the foregoing p	articulars are true in every randed	APR 2018	IDAC BUKIT BATOK (VAC 511 Bukit Batok Street 23 Singapore 659545 Tel: 6560 3312 Fax: 6569 072 Empil: vacbb@singnet.com.se
licyholder benefit bet te & Time:	Driver's Signitude (If driver is not inc polic Date & Time	yholder)	Reporting Contro Personnel's Signatura Name: NRIC/FIN No :





Police Station Of Origin Queenstown N.P.C 3 Queensway #01-03 SIN

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 4 Report No. T/20180331/2069

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2018 16:07		Made:	Vide Report No.: G/20180331/0133	Station Diary No.		
Informa	nt's Partic	ulars		11 Strong Company House of the		
		YANTO BIN	Address: APT BLK 2 JALAN BUKIT 150002	Γ MERAH #11-5158 SINGAPORE		
ID Type / ID No.: NRIC NO / S89156311			Contact No.: Home/Office:	ontact No.:		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 28 04/05/1989			Type of Informant: Driver			
Race: Javanese		-	Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information Class: 3	on: Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/03/2018 13:30	Type of Location Straight Road
	EXPRESSWAY vards Tuas, near to Kalla	na exit		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head To R	lear		Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLD4551L	Car	TOYOTA	SIENTA HYBRID 1.5X A	Blue	Slightly Damaged	2
SLX1032H	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black	Slightly Damaged	2





Police Station Of Origin Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

2 01 4 Report No. T/20180331/2069

CONTINUATION OF REPORT

Any Pedestrian Ir						
No. of Pedestrian	Use of Pedestrian Crossing: NA			ing: NA		
Driver			SALE THE RESERVE		9800	
Name	LOW LEONG CHAI			ID No		S1249204I
Related Vehicle	SLD4551L (Car)			Conta	ct No.	98302592
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	ate Treatment NIL			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	
Driver		9 th 18 to 18	· 通用工具工具			
Name	MAS AGUS HERRYANTO BIN SARPONEN			ID No		S8915631I
Related Vehicle	SLX1032H (Car)			Conta	ct No.	90499954
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
	e Treatment NIL Da			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

### Brief Details.

On 31/03/2018 at about 1330 hrs, I was driving my car, SLX1032H along PIE towards Tuas, near to Kallang exit. I was on the most right lane. The traffic flow was slightly congested thus vehicles were moving slowly and intermittent. The vehicle infront of me came to a stop thus I stepped on my brake and came to a stop.

Suddenly, the car, SLD4551L behind me collided onto my car. My car inched forward due to the collision however did not hit onto the vehicle infront of me. I then got out of my car and realized that it is a chain collision. Total 4 cars were involved including my car. The last car, SKA8182U had collided onto the third car, SLV7964P who then hit onto the car behind my car. Due to the impact of collision between the fourth and third car, the car behind me got pushed forward and collided onto my car. I am sure that the car behind me had came to a stop before colliding onto my car.

Due to the collision, there are scratches and dents on the rear bumper and boot of my vehicle. There are also dents and scratches on the front and rear bumper of SLD4551L due to collision. I do not sustained injuries neither the driver and passenger of the car behind. However, the driver and a passenger of the third car were conveyed by Ambulance.

I wish to add that I do not have the particulars of the driver and passenger of the third and fourth car. Traffic Police and Ambulance were at scene. No government property damaged. I am lodging this report for insurance purposes.



701.0



Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 4 Report No. T/20180331/2069

CONTINUATION OF REPORT





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 4 of 4 Report No. T/20180331/2069

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: D / Sgt 2 HIDAYAT BIN SELAMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/03/2018 16:07
Officer In Charge Of Case: TP / GIT / Sgt 2 MARIAH BINTE ZAKARIA Contact No.: 65476433 SN 46	Classification Of Case:
Authentication Stamp	



# 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 INS	PECTION REPORT	
SOMPO INSURANCE SINGAPORE PL 50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWER SINGAPORE 048623			Ref: CS3/SMO18006049/M1d3e2	
			Date: 09-05-2018	
			Code: SMO	FESSORIUM SOOSEE TAN HATA-AN
1.		Policy Particulars	:- (THIRD PARTY CLAI	M)
	Insured Veh.	SLD 4551L	Veh. Inspected	SLX 1032H
	Policy No.		Coverage (\$)	0.00
	Claim No.	CMTD1801416/GPL	Excess (\$)	0,00
	Assign From	GRACE TEO	Assign Date	03/04/2018
2.		Vehicle Part	iculars & Condition	THE REAL PROPERTY.
	Make & Model	HONDA SHUTTLE	c.c	1496
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	GP71109548	Colour	BLACK
	Odometer	7486 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.	A THE REAL PROPERTY.	Condit	ions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	185/60 R15	YOKOHAMA	8 mm
	L/H Front Tyre	185/60 R15	YOKOHAMA	8 mm
	R/H Rear Tyre	185/60 R15	YOKOHAMA	8 mm
	L/H Rear Tyre	185/60 R15	YOKOHAMA	8 mm
١.		Descript	on of Damages	
	THE VEHICLE SUSTAINED DAMAGES AT THE REA		AR PORTION.	
5.	Mile and Berlins	Genera	Il Information	a tre were headen
	Accident Date	31/03/2018	Inspect Date / Time	03/04/2018 ( 03:10 PM )
	Survey held at	MIRACLE WORKZ PTE LTD		
		48 TOH GUAN ROAD EAST #04	4-126 ENTERPRISE HUB :	SINGAPORE 608586
ia.		R	emarks	
	B) THE REPAIR E: THE REPAIRER W C) ENCLOSED PL	ON WAS CONDUCTED ON A 'WI STIMATE WAS NOT PRESENTED IAS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE ED REPAIR COST OF THE DAMA	AT THE TIME OF INSPECTIMATE.  PHOTOGRAPHS	CTION.
b.	Estimate Days of Repair			
		MAL PERIOD FOR REPAIR:		ng Days

Report Ref No. CS3/SMO18006049/M1d3e2

Inspected By

MA CHIN FOOK

Automotive Assessor

Tu

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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