

2/03/2002

A: REC. BY:

REF:

CS3/SPF18006784/B-H²

Special Instruction:

DAR

Surveyor

Ma

ASSIGNMENT (Office)

From (Person):

Abdul Rahman

of

SPF

Date/Time:

13042018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PA 8611P

Insured:

QX 5185P

at Workshop m/s

Goldbell

Tel:

of

Blk 5035 Amk Ind Park 2 #01-345

Policy No:

Claim No:

AEMD/105/009/2018/033

Sum Insured:

Excess:

Make of Veh:

D.O.A.

07032018

(Client's Record)

CA / REV / REP. / REV 24 HRS wpt

19042018 @ 11am

H.O.D. Endorsement:

Date/Time:

16042018 1:2pm

Person Contacted:

Ramesh

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

Do Not Finalize

PA 8611P - CS3/EGL16017030/Ubc2

DA: 010916

QX 5185P - X

lump sum \$2100 - , 3 days

Submit DAR Reports.

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

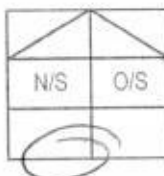
Claims No. _____

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: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FA861P.Yr Regn: FEB 2009

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MT ROSAC.C. 4899Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 209464

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: BE63DJF00101.

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: 7.00 R16 TRIANGLER: 205/80/R16

FIRENZA.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / CHTSD / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 07/03/2018D.O.I. 19/04/2018

Survey held at _____

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

No EST upon Survey.Repair & parts cost 2424.72

RECEIVED 20 AUG 2018.

TOTAL lim

15/8/18

Date/Time, File Pass to?



Preli. Report



Final Report

12/8 Typist

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: -Survey Fee: 280

Transportation

S + RS SI

Photos

Others

TOTAL

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Report Format: TP PARLump Sum / I.B.I. (\$) 2100



SINGAPORE POLICE FORCE

SPF Accidents Claims Section
Automotive Engg & Mgmt Div
Police Logistics Department
No. 1 Mount Pleasant Road
Block 8 Old Police Academy
#02-12 Singapore 298333

Your Ref : PA8611P

Our Ref : AEMD/105/009/2018/033

Date : 12 Apr 2018

Tel: 64784840

Fax: 64784848

M/s LKK Auto Consultants Pte Ltd
Paya Ubi Industrial Park
51 Ubi Avenue 1 #01/02-25
Singapore 408933

Via Fax Only: 62564315

Dear Sir,

RTA ON 7 MARCH 2018 INVOLVING GOVT VEHICLE QX5185P AND THE OTHER VEHICLE PA8611P

We refer to the above matter.

- 2 Please arrange for a Pre- Repair Inspection of vehicle no. **PA8611P** at **M/s Goldbell Workshop** of **Blk 5035 AMK Ind'l Pk 2 #01-345**, Singapore.
- 3 For appointment kindly contact **Mr Tok** at **HP : 93512643**.
- 4 Estimates were not provided by the workshop.
- 5 Thank you.

Yours faithfully,

Abdul Rahman
Accident Claims Officer
for ASST DIRECTOR

A FORCE FOR THE NATION



SINGAPORE POLICE FORCE

SPF Accidents Claims Section
Automotive Engg & Mgmt Div
Police Logistics Department
No. 1 Mount Pleasant Road
Block 8 Old Police Academy
#02-12 Singapore 298333

Your Ref: PA8611P

Our Ref: AEMD/105/009/2018/033

Date: 12 Apr 2018

Tel: 64784840

Fax: 64784848

M/s LKK Auto Consultants Pte Ltd
Paya Ubi Industrial Park
51 Ubi Avenue 1 #01/02-25
Singapore 408933

Via Fax Only: 62564315

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- 5 Thank you.

Yours faithfully,

Abdul Rahman
Accident Claims Officer
for ASST DIRECTOR

19/4/2018 @ 11.30
LKK Auto MA.
62418434

A FORCE FOR THE NATION

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	08/03/2018 13:03
Date Of Accident	07/03/2018 13:35
Exact Location Of Accident	ALONG RD 1, TRAVELING TWRD RD 2 PATERSON HILL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8611P
Insured/Policyholder	
Name Of Registered Owner	CITYLINE TRAVEL PTE LTD
Co Reg No	201620027D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93512643

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA BUS 4.9L MT 2WD 6T TURBO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN851284
Cover Note Number	

Driver

Name of Driver	LI PENG
Passport No/FIN	G2318201M
Date Of Birth	18/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93512643
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

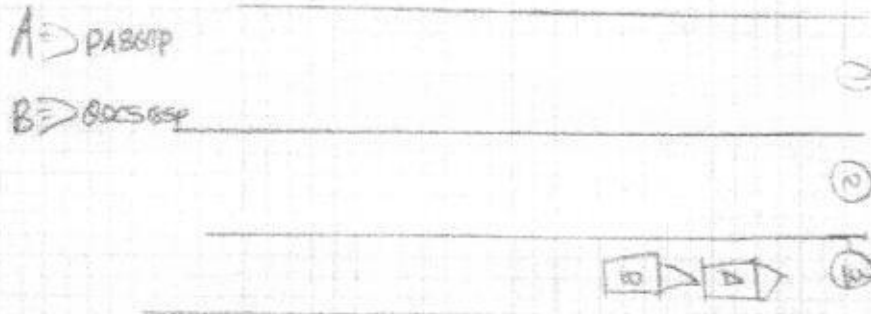
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX5185P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text: *Police report*

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.:

Accident Sketch Plan

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:

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

Common Statement

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/Model/Colour

Details of Properties if Other Party is not a Vehicle

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details of Properties if Other Party is not a Vehicle

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

if Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

if Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true & every aspect



Signature of Policy Holder

(Compulsory if applicable)



Signature of Driver & Time
if Driver is a Policy Holder

Date & Time

Date & Time

Common Statement

thongjessie@hotmail.com

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident: 02/03/18 Time: 13:35 Location of Accident: Along RD1 travelling towards RD2 junction Hill.

INSURED POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: PA8611P.
Name of Policyholder: Cityline Travel Ltd.
NIC/FIN/Passport/ROC (if Policyholder is company): 261620027D.
Address:
Contact Number:
Occupation:

Tel: - Ho: -

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model:
Type of Vehicle:
Exact Purpose for which vehicle was being used at the time of accident:

Saloon, MPV, Car, Van, Lorry, Bus, Motorcycle, Others:

Private Use -

Are you claiming under your own insurance policy?
Vehicle category:

☒ Yes ☐ No Remarks: TP.
☐ Private ☒ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:
Type of Policy:
Fleet Policy:
Policy Number:

☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☐ Yes ☒ No
CN851284.

DRIVER

Name of Driver:
NIC/FIN/Passport:
Date of Birth:
Occupation:
Driving Pass Date:
Gender:
Contact Number:
Address:
Email Address:
Was driver an employee of the insured's company?
If No, relationship of Driver with the insured:
Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):

Li Peng.
G2318201m
12/03/1981.
out door
11/07/2017.
112 93512643.

☒ Male ☐ Female
☒ Yes ☐ No

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/Head On etc):
Weather Conditions:
Road Surface:
Damage Area:

☒ Clear ☐ Rainy ☐ Cloudy
☒ Wet ☐ Dry ☐ Other

OTHER INFORMATION

Was there any foreign vehicles involved?
Was anybody injured in the accident? (including Witness)
Was any other vehicle(s) or property damaged?
Was there any camera video footage (if any)?

☒ No ☐ Yes
☒ No ☐ Yes
☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given?
If Yes, against whom?

☐ No ☒ Yes
☐ No ☒ Yes
☒ Yes ☐ No



redefining / insurance

Date: 07/05/2018

To: Owner of Vehicle Number PA 8611 P

The following has been advised to you via your workshop, BH AUTO WORKSHOP through their staff, Carolyn

Please tick the applicable box if you had been advised on the content as seen below.

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ The estimated waiting time for the spare parts to arrive is _____ The estimated arrival time does not include the repair period.
- ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- ☒ For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ Other: To Claim @ other workshop

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel: (65) 6724 0010 Fax: (65) 6724 0090
Operating Hours: Monday to Friday, 09:00 - 17:00
Lien: S665306280 / GST Reg. No.: M400017725

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: MRHA 18032475-01 Vehicle Registration No: PA 86HP
Name (as shown in NRIC): Cityline Travel Pte Ltd NRIC/FIN/Passport No: 2016200270
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore (-)
Contact (Tel): _____ Mobile No.: 65-93512643
Email Address: _____
Date of Accident: 07/02/2018 Time of Accident: 13:35
Place of Accident: Along RD1 travelling towards RD2 Paterson Hill.
Insurance Company: AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Reporting only to 2nd Party Claims.

Policyholder / Driver's Signature
Date:


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

Police Report



**SINGAPORE
POLICE FORCE**



T201803072124

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-160 SINGAPORE
570025
Tel No: 1800-4529959

Tel:

Report No: T201803072124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2018 16:10		Video Report No.: E/20180307/0117		Station Diary No.: 62	
Informant's Particulars					
Name of Informant: LI PENG			Address: APT BLK 454 CHOA CHU KANG AVENUE 4 #06-109 SINGAPORE 680454		
ID Type / ID No.: FIN NO / 02318201M			Contact No.: Home/Office: Mobile: 93512643		
Nationality: CHINESE			Email:		
Sex: Male	Age: 36	Date of Birth: 18/03/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BUS DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive No	Date/Time of Accident: 07/03/2018 13:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PATERSON HILL IRWELL BANK ROAD Land Post Number: 04				
Weather: heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
PA6611P	Bus/Coach/Minibus	mitsubishi	ROSA BUS 4.9L MT 2WD 6T TURBO	White		0
QX5185P	Car	TOYOTA	COROLLA 1.6	White		0

Police Report



SINGAPORE
POLICE FORCE



T120180307/2124

7 of 8

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570325
Tel No: 1800-4529889

Report No: T120180307/2124

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: Nil		Use of Pedestrian Crossing: NA	
Driver			
Name	LI PENG	ID No.	G2315201M
Related Vehicle	PA8511P (Bus/Cosch/Minibus)	Contact No.	93512543
Hospital/Clinic	Nil	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: Nil
Date Treatment	Nil	Date Discharge	Nil
No. of Days granted Medical Leave	Nil	Degree of Injury	Nil

Brief Details.

On 07 March 2018 at about 1.35pm, I was driving my company mini bus bearing registration number PA8511P along Paterson hill towards Inwell Bark Road. I was traveling on the center lane. As the vehicle in front of me stop, I followed suit and stop on line before the said vehicle.

All of a sudden, I felt a crashing impact coming from the rear of my vehicle. I alighted and discovered that a Police vehicle bearing registration number QX5185P had collided onto the rear of my company vehicle. Due to the accident, the rear portion of my company vehicle were damaged.

Later on, Traffic Police came and told me to lodge a Police report vide E/20180307/0117. Nobody is injured during the accident.

Police Report



SINGAPORE
POLICE FORCE



T201803072124

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No: T201803072124

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 65474585 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
Sgt 2 MUHAMMAD ZULHILMI BIN ABU
HASSAN

Signature Of Informant



Signature Of Interpreter:
Not applicable

Date/Time
07/03/2018 16:10

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No. 65476430

Classification Of Case:

Authentication Stamp
NP 153

	SINGAPORE POLICE FORCE	SH 070
		
SIGNATURE		

Veh. PA 8611P

DOI. 19.4.18

1. Rear bumper - dm \$1964.72
2. " " Reverse lamp - CRA \$102
3. " " brackets - BT \$319.

Labour

1. Remove rear bumper, including spray painting of damaged parts 300.00
 2. ~~spraying of undercoating and rust proofing~~ 60.00
Checking rear electrical wiring & lighting system for proper function 50.00
 3. Spray painting of the damaged parts 400.00
- ~~400.00~~

Repair days 3


17/8/2018



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

DAMAGE ASSESSMENT REPORT

AUTOMOTIVE ENGINEERING & MGT DIVISION Ref: CS3/SPF18006984/Btbs2

ACCIDENT CLAIM SECTION (SINGAPORE POLICE FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD
POLICE ACADEMY SINGAPORE 298333



ATTN: ABDUL RAHMAN

Code: SPF

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	QX 5185P	Veh. Inspected	PA 8611P
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2018/033	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	13/04/2018

2. Vehicle Particulars & Condition

Make & Model	MITSUBISHI ROSA	c.c	4899
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	BE63DJF00101	Colour	MULTI
Odometer	709464 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	7.00 R16	TRIANGLE	7 mm
L/H Front Tyre	7.00 R16	TRIANGLE	7 mm
R/H Rear Tyre	205/80R16	FIRENZA	7 mm
L/H Rear Tyre	205/80R16	FIRENZA	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	07/03/2018	Inspect Date / Time	19/04/2018 (04:40 PM)
Survey held at	BLK 5035 AMK IND PARK 2 #01-345		
Repairer	GOLDBELL ENGINEERING PTE LTD		

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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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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LKK Auto Consultants Pte Ltd

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

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

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OPINION ON REPAIR COST FOR VEHICLE NO. PA 8611P

Qty	Description of Parts	Condition	Recommended (\$)
	REPLACEMENT OF PARTS		
1	REAR BUMPER	DAMAGED	1,964.72
1	REAR BUMPER REVERSE LAMP	CRACKED	102.00
1	REAR BUMPER BRACKETS	BENT	319.00
	LESS 20% DISCOUNT		-477.14
			1,908.58
	LABOUR		
	REMOVE REAR BUMPER, INCLUDING SPRAY PAINTING OF DAMAGED PARTS.		300.00
	CHECK REAR ELECTRICAL WIRING & LIGHTING SYSTEM FOR PROPER FUNCTION.		30.00
	SPRAY PAINTING OF THE DAMAGED PARTS.		400.00
			730.00
	GRAND TOTAL		2,638.58
RECOMMENDED COST OF REPAIRS			2,100.00

Report Ref No. CS3/SPF18006984/Btbs2

LIM TEOW GUAN

Asst. 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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