

2/03/2002

\*ASS. REC. BY:

REF:

CSS/LPC18008110 / Uqbar

Special Instruction:

\*Surveyor:

Marius

ASSIGNMENT (Office)

From (Person):

Gerald Poh

of

LPC

Date/Time:

03052018 10:19am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLS 8002A

Insured:

SGF 7333D

at Workshop m/s

Z - One Automotive

Tel:

9755 2115

of

Blk 1 Kaki Bukit Ave 6 #01-87

Policy No:

Claim No:

17/18/18 / VP05 / 020569

Sum Insured:

Excess:

Make of Veh:

D.O.A.

30042018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time:

03052018 3:04pm

Person Contacted:

Yvonne

Vehicle IN / OUT

Date/Time	Action/Instruction ( x ) Estimate
	SLS 8002A - x
	SGF 7333D - x
08/6/18	Submit PRS

ASS. REC. BY: Marcus

REF:

LPC

## ASSIGNMENT

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

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

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

To Inspect Vehicle No: SLS8002Aat Workshop m/s 2 one

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.

N/S	O/S

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

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

GIA / PR Seen: 2 Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SLS8002A Yr Regn: 10 17Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Toyota Sienna Hybrid 1496Colour: white A/C: Insured / Std / NI / NASp. Reading: 48425 T/Radio: Insured / Std / NI / NA

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

C/No: NHP170 7068217

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: 185/60R15

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

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

TOYO / YOKO or 4. fly

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. L mm R/Bal. L mmL/Bal. L mm L/Bal. L mmD.O.A. 30/4/18 D.O.I. 22/5/18 @ 1209pm

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

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

Rear

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

Date / Time	Action / Instruction
	<u>no settling. @ 12-20pm.</u>

RECEIVED 08 JUN 2018

Data/Time, File Pass to?

☐ : Prel. Report1) 08/6 1209pm☐ : Final Report

Data/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: 2

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: PRS

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

150

**Catherine Chong (LKK Auto)**

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**From:** GERALD POH WEE BIN <geraldpoh@lonpac.com>  
**Sent:** Thursday, 3 May, 2018 10:19 AM  
**To:** assignments@lkkauto.com  
**Cc:** MT\_Claim\_SG  
**Subject:** FW: URGENT - Accident involving SLS8002A & SGF7333D on 30/04/18 (Our Ref: PD/DL/1800696 (ml))  
**Attachments:** 2nd PRS Letter to Lonpac 03052018.pdf

Our Ref : 17/18/18/VP05/020569

Dear Catherine,

Please see attached and proceed with the pre-repair survey.

Best Regards  
Gerald Poh  
Senior Claims Executive | Lonpac Insurance Bhd  
300 Beach Road, #17-04/07 The Concourse, Singapore 199555  
Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706

---

**From:** Margaret Lim [mailto:MargaretLim@satwantlaw.com.sg]  
**Sent:** Thursday, 3 May, 2018 10:07 AM  
**To:** MT\_Claim\_SG  
**Cc:** service@z-one.com.sg; elleen@satwantlaw.com; Danny Lim  
**Subject:** Re: URGENT - Accident involving SLS8002A & SGF7333D on 30/04/18 (Our Ref: PD/DL/1800696 (ml))

WITHOUT PREJUDICE

Hi Gerald,

We have instructions to reject using your motor surveyor and propose using our surveyor from the list below:-

**List of Surveyors**

1. PAL'S APPRAISER PTE LTD  
1 Kaki Bukit Ave 6  
#01-53 Autobay@kaki Bukit  
Singapore 427883  
Contact Person : Dennis Yap Teck Wee  
Contact No. : 81818802

2. LCW APPRAISER PTE LTD  
54 Edgedale Plains  
#03-06  
Singapore 828821  
Contact Person : Yap Teck Lee  
Contact No. : 90998802

3. MC-CQY APPRAISER PTE LTD

1 Kaki Bukit Ave 6

#01-28 Autobay@kaki Bukit

Singapore 427883

Contact Person : Yap Teck Chye

Contact No. : 91188802

4. TREASURE APPRAISAL SERVICES

9 Joo Chiat Place

Singapore 427743

Contact Person : Dixon Yeo

Contact No. : 98331618

5. United Appraisal And Management Pte Ltd

Blk 9 Defu Lane 10

#01-500

Singapore 539190

Contact Person : Mark

Contact No. : 91461186

6. PROMINENT APPRASIER SERVICES

1 Simei Street 3

#02-24

Singapore 529890

Contact Person : Andrew How

Contact No. : 92952204

7. ST APPRAISAL SERVICES

Blk 633 Veerasamy Road

#05-132

Singapore 200633

Contact Person : T. T. Rajan

Contact No. : 98586761

8. CONSTANCT APPRAISER SERVICES

BLK 2 RIVERVALE LINK

#09-02

Singapore 545040

Contact Person : Sebastian Lim Yong Tian

Contact No. : 9007 5234

9. C L APPRAISER PTE LTD

NO. 46 SOO CHOW VIEW

Singapore 575438

Contact Person : ALAN CHEONG K.H.

Contact No. : 9068 8689

10. AEON AUTO CONSULTANTS LLP

50 CHIN SWEE ROAD #09-04

Singapore 169874

Contact No. : 9768 7958

Kindly see attached our letter and the workshop details as below:-

Workshop: Z-One Automotive Pte Ltd  
Address: 1 Kaki Bukit Ave 6 #01-85/87 Autobay @ Kaki Bukit Singapore 417883  
Contact: Yvonne (HP: 97552115 / 62502115)

The vehicle is not in yet. Kindly liaise directly with the workshop for the PRS. Thank you.

**Thank you & Best Regards**  
**Margaret Lim (Branch Office)**  
**Secretary**

For and on behalf of

**SATWANT & ASSOCIATES**

Advocates & Solicitors | Notary Public | Commissioner for Oaths

**Main Office:** No. 3 Jalan Bingka, Singapore 588896 | tel: 6299 9470 | fax: 6299 5541

**Branch Office:** 450 Lorong 6 Toa Payoh #02-03 Harsing Centre Singapore 319394 | tel: 6221 6114 | fax: 6266 6925

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**From:** Margaret Lim  
**Sent:** Wednesday, May 2, 2018 5:15 PM  
**To:** [mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)  
**Cc:** [service@z-one.com.sg](mailto:service@z-one.com.sg); [elleen@satwantlaw.com](mailto:elleen@satwantlaw.com); Danny Lim  
**Subject:** URGENT - Accident involving SLS8002A & SGF7333D on 30/04/18 (Our Ref: PD/DL/1800696 (ml))

WITHOUT PREJUDICE

Hi,

Kindly see attached our PRS letter for your urgent attention. Thank you.

**Thank you & Best Regards**  
**Margaret Lim (Branch Office)**  
**Secretary**

For and on behalf of

**SATWANT & ASSOCIATES**

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**Satwant & Associates**

Advocates & Solicitors | Notary Public | Commissioner for Oaths

Main Office: No. 3 Jalan Bingka, Singapore 588896 | tel: 6299 9470 | fax: 6299 5541

Conveyancing: Blk 186 Toa Payoh Central #02-420, Singapore 310186 | tel: 6635 7493 | fax: 6635 7494

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## > Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	6152D
<b>Vehicle Details</b>	
Vehicle No.:	SLS8002A
Vehicle to be Exported:	No
Intended De-registration Date:	23 May 2018
Vehicle Make:	TOYOTA
Vehicle Model:	SIENTA HYBRID 1.5G CVT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	1NZR461728
Chassis No.:	NHP1707068217
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$26,753.00
Original Registration Date:	05 Oct 2017
First Registration Date:	05 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Oct 2027
PARF Rebate Amount:	\$3,750.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	04 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,902.00
COE Rebate Amount:	\$40,171.00
<b>Total Rebate Amount:</b>	<b>\$43,921.00</b>

The information contained herein is correct as at 23 May 2018

OK

MSME18057396 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 02/05/2018 17:04  
 SUBMITTED BY: Chia Pei Ying

## 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	02/05/2018 17:04
Date Of Accident	30/04/2018 17:20
Exact Location Of Accident	PIE TWDS CHANGI (NEAR STEVEN RD EXIT 19)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS8002A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA CARZ LEASING PTE LTD
Co Reg No	201606152D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62624666

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089505774-01
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD IZANNI BIN KAMARUDDIN
NRIC No	S9147884F
Date Of Birth	31/12/1991
Occupation	INDOOR
Date Of Driving Pass	23/04/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96340864
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address BLK 310C PUNGGOL WALK #04-580  
 Postcode 823310  
 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 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? 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) 2  
 Passenger 1  
 NAME: : UNKNOWN  
 GENDER: : MALE

### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name EUNOS NPP  
 Police Station Address ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 ,  
 COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT: T/20180502/2075.

### 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 SGF7333D  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver PAUL  
 NRIC/Passport Number  
 Contact Number 96622989  
 Address  
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MUHAMMAD IZANNI BIN KAMARUDDIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLS8002A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

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.
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:

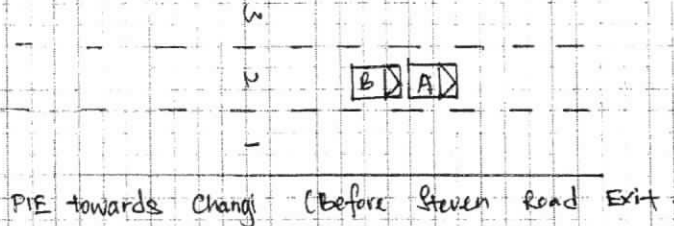
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Z-ONE

### SKETCH PLAN

Vehicle B: SGF 7333D



2 Refer to the Attach Police Report T|20180502|2075 2

~~DECLARATION~~

I/We declare the foregoing particulars are true in every respect.

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

## Sketch Plan #3 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180502/2075

1 of 4

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20180502/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/05/2018 13:10	Vide Report No.:	Station Diary No.: 15
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: MUHAMMAD IZANNI BIN KAMARUDDIN			Address: APT BLK 310C PUNGGOL WALK #04-580 SINGAPORE 823310		
ID Type / ID No.: NRIC NO / S9147884F			Contact No.: Home/Office: Mobile: 96340864		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 31/12/1991	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Private Hire			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/04/2018 17:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  PIE towards Changi, near Stevens Road Exit 19				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SGF7333D	Car	MERCEDES BENZ		Blue	Slightly Damaged	0
SLS8002A	Car	TOYOTA	Sienta	White	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS8002A	NTUC Income Insurance Co-Operative Limited			

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180502/2075

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 4

Report No. T/20180502/2075

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Paul	ID No.	-
Related Vehicle	SGF7333D (Car)	Contact No.	96622989
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
<b>Driver</b>			
Name	MUHAMMAD IZANNI BIN KAMARUDDIN	ID No.	S9147884F
Related Vehicle	SLS8002A (Car)	Contact No.	96340864
Hospital/Clinic	MY FAMILY CLINIC (PUNGGOL CENTRAL)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/04/2018	Date Discharge	30/04/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 30/04/2018 at about 5.20pm, I was driving along PIE (towards Changi) near Exit 19 Stevens Rd in lane no. 2, using my vehicle bearing registration number SLS8002A with one passenger seated at the rear passenger seat when one car in front of mine braked abruptly. As such, I also applied on my brakes and one car behind my car could not stop in time and collided with my car. The said car is one dark blue Mercedes Benz bearing registration number SGF7333D.

We drove to the road shoulder and got out of our vehicles to access the damages. My car's rear bumper sustained scratches, and the door of the car boot was badly dented inwards. The car behind mine sustained broken grill on the front side. We did not call for police or ambulance as all of us did not require immediate medical attention and we did not require any towing crew. We exchanged phone numbers and took pictures of the scene.

I felt pain in the back of my neck and upper back and after sending off my passenger at Sims Close, I went to My Family Clinic (Punggol Waterway Terrace) and was discharged with Medical Certificate (MC No. : 0000011497) valid for 4 days (30/04/2018 to 03/05/2018). My said passenger and the driver of SGF7333D did not inform me of any injuries.

I did not notice any CCTV at the said incident location and my car does not have any in-car camera. I am lodging this report as advised by my car workshop.

Sketch Plan #5 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180502/2075

3 of 4

Report No. T/20180502/2075

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

CONTINUATION OF REPORT

## Sketch Plan #6 Pg. 1

**SINGAPORE  
POLICE FORCE**

T/20180502/2075

4 of 4

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20180502/2075

## 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:

G /

Staff Sgt MOHAMED KHAIKEL BIN MUSTAFA  
BAOBED

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

02/05/2018 13:10

Classification Of Case:



**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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PRE-REPAIR INSPECTION REPORT				
LONPAC INSURANCE BHD		Ref: CS3/LPC18008110/Uqbe2		
300 BEACH ROAD #17-04/07 THE CONCOURSE		Date: 08-06-2018		
SINGAPORE 199555				
Code: LPC2				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SGF 7333D	Veh. Inspected	SLS 8002A	
Policy No.		Coverage (\$)	0.00	
Claim No.	17/18/18/VP05/020569	Excess (\$)	0.00	
Assign From	GERALD POH	Assign Date	03/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA SIENTA HYBRID (A)	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	NHP1707068217	Colour	WHITE	
Odometer	48425 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185/60 R15	HIFLY	8 mm	
L/H Front Tyre	185/60 R15	HIFLY	8 mm	
R/H Rear Tyre	185/60 R15	HIFLY	8 mm	
L/H Rear Tyre	185/60 R15	HIFLY	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
5. General Information				
Accident Date	30/04/2018	Inspect Date / Time	22/05/2018 ( 12:09 PM )	
Survey held at	BLK 1 KAKI BUKIT AVE 6 #01-87			
Repairer	Z-ONE AUTOMOTIVE 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.				

Report Ref No. CS3/LPC18008110/Uqbe2

Inspected By



CHUA KANG SENG

Licensed Appraiser



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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