

22/03/2002

ASS. REC. BY:

REF:

CS3/SM018008338/Dzabet

Special Instruction:

Surveyor:

Bryan.

ASSIGNMENT (Office)

From (Person):

Melvin Ye

of

SMO

Date/Time:

07052018 11:43am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLS 3507T

Insured:

SKE 8868D

at Workshop m/s

Teamwork

Tel:

6344 2475

of

53 Ubi Ave 1 #01-24

Policy No:

Claim No:

CMTD 1801901 / HCY

Sum Insured:

Excess:

Make of Veh:

D.O.A.

28042018

(Client's Record)

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

08052018

H.O.D. Endorsement:

Date/Time:

07052018 1:40 pm

Person Contacted:

JO

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SLS 3507T - NA / INC18007936 / 24

DCA: 280418

SKE 8868D - NA / ASI14023318 / 02

DCA: 161214

Dismantle: 9/5/18

After repair: 15/5/18

098-1
Surrounding

REF:

ASSIGNMENT

COE March 2019

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: 8 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLS 350TT Yr Regn: 2009 March
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Hisson Passage C.C. 2488
Colour: Purple A/C: Insured / Std / NI / NA
Sp. Reading: 190864 T/Radio: Insured / Std / NI / NA
Eng/No: QR25767180A
C/No: SH1TAAU3120100537
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Ind / Jammed / Leaked / Burnt or
Brake: Ind / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 215/65 R16 R: 215/65 R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMK
TOYO / YOKO or

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 28042018

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.

Rear

R/Bal. 5 mm

L/Bal. 5 mm

D.O.I. 08052018 @ 211pm

Teamwork Page ubi

Front y 0/3 Front

Date / Time Action / Instruction

Sompo PRS

MV 25K

Vehicle balance abt 10 mths

LTA 17.5K

w/7 depre of 9K.1 year

HL 7.5K

Repr range is nett value. of value 7.5K with 8 days.

RECEIVED 20 JUL 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format : PRS

Lump Sum / I.B.I. (\$) _____

100

60

60

220

Catherine Chong (LKK Auto)

From: Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>
Sent: Monday, 7 May, 2018 11:43 AM
To: Lheny; admin-d@lkkauto.com; assignments@lkkauto.com
Cc: Han, Bernard; Teo, Grace
Subject: RE: Your Ref: CY.SLS3507T.18.TWG(HW).WP(Lh) DOA : 28.04.2018 Our ref: CMTD1801901/HCY
Attachments: PRS.pdf

Our Reference: CMTD1801901/HCY
Your Reference: CY.SLS3507T.18.TWG(HW).WP(Lh)

Dear Sir,

We refer to your reply dated 07/05/2018.

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.

Kindly provide us the address of location and contact for our motor surveyor to conduct the pre-repair survey.

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.

Dear LKK Auto,

Please make arrangement to conduct the survey for SLS3507T.

Please be informed that Mr Bernard Han is the handler of this case.

Best Regards

Melvin Ye

Claims Division

D: 6322 4667 | T: 6461 6555 | F: 6221 3302



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SOMPO

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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From: Lheny [<mailto:lheny@yoga-legal.com>]

Sent: Monday, 7 May, 2018 9:53 AM

To: Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>

Cc: Teo, Grace <grace.teo@sompo.com.sg>; Han, Bernard <Bernard.han@sompo.com.sg>

Subject: RE: Your Ref: CY.SLS3507T.18.TWG(HW).WP(Lh) DOA : 28.04.2018 Our ref: CMTD1801901/HCY

WITHOUT PREJUDICE

Dear Melvin Ye

We refer to your email on the even date.

Please be informed that we are not agreeable to your proposed motor surveyors. Instead we propose you choose a surveyor from our list of surveyors as appended below:-

1. Wnson Goh
2. Alan Chong
2. Winson Goh

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors you will be deemed to have agreed to the any of the above motor surveyors as a "single joint expert".

We will accordingly inform you who the "single joint expert" is to facilitate your conduct of a pre-repair survey.

Best regards,

Lheny

M/s C YOGARAJAH LLC
883 North Bridge Road
#19-05 Southbank
Singapore 198785

Tel: 6292 5838

Fax: 6292 5938

Email: lheny@yoga-legal.com

From: Ye, Yong Kang Melvin [<mailto:melvin.ye@sompo.com.sg>]

Sent: Monday, 7 May, 2018 9:40 AM

To: lheny@yoga-legal.com

Cc: Teo, Grace; Han, Bernard

Subject: Your Ref: CY.SLS3507T.18.TWG(HW).WP(Lh) DOA : 28.04.2018 Our ref: CMTD1801901/HCY

Our Reference: CMTD1801901/HCY

Your Reference: CY.SLS3507T.18.TWG(HW).WP(Lh)

Date: 7 May 2018

Without Prejudice

Attention:
M/S C.YOGARAJAH LLC

Dear Sir,

ACCIDENT INVOLVING SLS 3507T & SKE8868D ON 28.04.2018

We refer to your Notice of Accident dated 04/05/2018.

Please be informed that Mr Bernard Han is 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
Melvin Ye

Claims Division

D: 6322 4667 | T: 6461 6555 | F: 6221 3302



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[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4961C
Vehicle Details	
Vehicle No.:	SLS3507T
Vehicle to be Exported:	No
Intended De-registration Date:	19 Jul 2018
Vehicle Make:	NISSAN
Vehicle Model:	PRESAGE 2.5 HIGHWAY STAR 4AT
Primary Colour:	Purple
Manufacturing Year:	2009
Engine No.:	QR25767180A
Chassis No.:	JN1TAAU31Z0100537
Maximum Power Output:	120.0 kW (160 bhp)
Open Market Value:	\$34,891.00
Original Registration Date:	31 Mar 2009
First Registration Date:	31 Mar 2009
Transfer Count:	2
Actual ARF Paid:	\$34,891.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Mar 2019
PARF Rebate Amount:	\$17,445.00
Intended COE Rebate Details	
COE Expiry Date:	30 Mar 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$3,000.00
COE Rebate Amount:	\$47.00
Total Rebate Amount:	\$17,492.00

The information contained herein is correct as at 19 Jul 2018

OK

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	30/04/2018 16:50
Date Of Accident	28/04/2018 23:30
Exact Location Of Accident	PIE (TUAS) BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3507T
Insured/Policyholder	
Name Of Registered Owner	RIA WENDARI
NRIC No	S8474961C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90056221
Alternative Phone No	OFFICE-90056221

Vehicle Particulars

Manufacturer	NISSAN
Model	PRESAGE 2.5 HIGHWAY STAR 4AT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095937219
Cover Note Number	

Driver

Name of Driver	NG MIAO CHEU, JOVIN (HUANG MIAOZHOU)
NRIC No	S8533959A
Date Of Birth	13/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	10/08/2010
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91850881
Fax Number	
Contact Number	OFFICE-91850881
Email Address	NOEMAIL

Address	BLK 52 CHAI CHEE STREET #10-328
Postcode	460052
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	DDB4361 (MOTORCYCLE)
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)	5
Passenger 1	NAME: : NG YONG JUN JOHAN GENDER: : MALE
Passenger 2	NAME: : NG ZHEN QI REAN GENDER: : FEMALE
Passenger 3	NAME: : NG ZHEN YAN RENE GENDER: : FEMALE
Passenger 4	NAME: : RIA WENDARI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180429/2004.

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	DDB4361
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 2

Vehicle Registration Number	SKE8868D
Vehicle Make/Model/Colour	BMW
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	NG MIAO CHEU, JOVIN (HUANG MIAOZHOU)
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SLS3507T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NG YONG JUN JOHAN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLS3507T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	NG ZHEN QI REAN
Approximate Age	
Injuries Sustain	NECK & BACK

Injured person in which vehicle?	SLS3507T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	NG ZHEN YAN RENE
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLS3507T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	RIA WENDARI
Approximate Age	
Injuries Sustain	LEG & BACK
Injured person in which vehicle?	SLS3507T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 rescind 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.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A - SK 25077
Vehicle B - JB 4361
Vehicle C - SK 58880

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.:

GRABAC SketchPlanForm_V3

Police Report



SINGAPORE
POLICE FORCE



T/20180428/2004

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180428/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2018 01:16		Vide Report No.: G/20180428/0322		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG MIAO CHEU, JOVIN			Address: APT BLK 52 CHAI CHEE ST HDB-BEDOK SINGAPORE 460052		
ID Type / ID No.: NRIC NO / S8533959A			Contact No.: Home/Office: Mobile: 91850881		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 13/10/1985	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/04/2018 23:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(TUAS) 12.5KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
DDB4361	Motorcycle				Slightly Damaged	1
SKE8868D	Car	BMW	530I LED NAV HUD MSPT	Grey	Slightly Damaged	0
SLS3507T	Car	NISSAN	PRESAGE 2.5 HIGHWAY STAR 4AT	Purple	Slightly Damaged	4

Police Report



SINGAPORE
POLICE FORCE



1/20180420/2004

Police Station Of Origin:
Traffic Police Division HQ
19 Ulu Avenue 3 SINGAPORE 408866
Tel No: 95470000

2 of 2

Report No. T/20180420/2004

CONTINUATION OF REPORT

Brief Details:

ON THE ABOVE MENTION DATE TIME AND LOCATION

I WAS TRAVELLING ALONG PIE(TJAS) TOWARDS KPE(ECP). LANE 1 WAS HAVING ROAD BLOCK AS A RESULT LANE 2 HAVE TO SLOW DOWN ON THEIR PACE. I WAS TRAVELLING ON LANE 4, A MOTORCYCLE WAS TRAVELLING ON LANE 3. THE OTHER VEHICLE TRAVELLING ON LANE 2 CHANGE HIS LANE TO LANE 3. I BELIEVE HE DID NOT SEE THE MOTORCYCLIST COMING AND SUCH, IT COLLIDE ON THE LEFT REAR OF THAT VEHICLE AND IT SKIDDED AND HIT MY VEHICLE FRONT RIGHT SIDE.

Police Report



SINGAPORE
POLICE FORCE



T/20180429/2004

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180429/2004

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:

TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/04/2018 01:16

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

Authentication Stamp
NP168


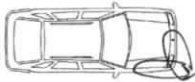
**LKK Auto Consultants Pte Ltd**

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 INSPECTION REPORT				
SOMPO INSURANCE SINGAPORE PL		Ref: CS3/SMO18008338/Dz4be2		
50 RAFFLES PLACE #05-01/06		Date: 24-07-2018		
SINGAPORE LAND TOWER SINGAPORE 048623				
Code: SMO				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SKE 8868D	Veh. Inspected	SLS 3507T	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1801901/HCY	Excess (\$)	0.00	
Assign From	MELVIN YE	Assign Date	07/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN PRESAGE	c.c	2488	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JN1TAAU31Z0100537	Colour	PURPLE	
Odometer	190854 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/65 R16	SUMITOMO	5 mm	
L/H Front Tyre	215/65 R16	SUMITOMO	5 mm	
R/H Rear Tyre	215/65 R16	SUMITOMO	5 mm	
L/H Rear Tyre	215/65 R16	SUMITOMO	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND O/S FRONT PORTION.				
5. General Information				
Accident Date	28/04/2018	Inspect Date / Time	08/05/2018 (02:11 PM)	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934			
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$7,500.00				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		8 Working Days		

Report Ref No. CS3/SMO18008338/Dz4be2

Inspected By



ANG BRYAN TANI

Automotive Assessor / Investigator



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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