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SKX1225E

OD

Jun 8 2018 8:00PM

[ONG JOON SIANG]

Lee Kuan Hwa Motor Service

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From ERGO Insurance Pte. Ltd. (HQ) (ERGO_SG), sent on 18/06/2018 10:11 AM.

To LKK_HQ

Subject Alert - Adj Mandate Approved (S\$3830.20) - SKX1225E - Claim Handler: Steve Lim

Approved:3830.20.

DOCUMENTS SUMMARY

There are no documents.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

To: ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Steve Lim

Date: 14 Jun 2018

Preliminary Advice

Vehicle No	: SKX1225E	Accident Date	: 08/06/2018
Make	: HONDA CIVIC	Policy No.	: DMPC17SO12092
Assignment Date	: 13/06/2018	Excess	: S\$700.00
Date of Inspection	: 13/06/2018	Est. Duration of Repair	: 4 days
Inspection At	: Lee Kuan Hwa Motor Service (Sungei Kadut) 24 Sungei Kadut Street 4 Singapore 729050		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	4,379.45
Revised Amount	:S\$	3,830.20
Check Items (Estimated)	:S\$	0.00
Total	:S\$	3,830.20

Lump Sum Repair :S\$

Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	24,000.00
COE / PARF Rebate	:S\$	13,641.00
Salvage Value	:S\$	
Margin for Repair	:S\$	10,359.00

Remarks

- (X) The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- () Other comments :

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	12/06/2018 11:41
Date Of Accident	08/06/2018 20:25
Exact Location Of Accident	ALONG ROAD 1 CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1225E
Insured/Policyholder	
Name Of Registered Owner	ONG HO SENG
NRIC No	S0206571A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96374814
Alternative Phone No	OFFICE-68611559

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 L (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

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

Driver

Name of Driver	ONG JOON SIANG GABRIEL
NRIC No	S9130570D
Date Of Birth	26/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96515630
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

APT BLK 673A CHOA CHU KANG CRESCENT #07-413 SINGAPORE
681673

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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? 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

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 [OTHER]

CHOA CHU KANG N.P.C

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFERS POLICE REPORT

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

FBF2967S

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 INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBF2967S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

A - SKX1225E →
 B - FBF 2967S
 Along Road 1
 CHDA CHU KANG ROAD →

[illegible]

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

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

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.

X 

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.:



SINGAPORE POLICE FORCE



T/20180609/2062

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180609/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2018 12:59	Vide Report No.: J/20180608/0214	Station Diary No.: 67
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Informant's Particulars

Name of Informant: ONG JOON SIANG, GABRIEL			Address: APT BLK 673A CHOA CHU KANG CRESCENT #07-413 SINGAPORE 681673	
ID Type / ID No.: NRIC NO / S9130570D			Contact No.: Home/Office:	Mobile: 96515630
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 26/08/1991	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DIRECTOR			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: 08/06/2018 20:25	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG ROAD CHOA CHU KANG ROAD TOWARDS BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBF2967S	Motorcycle					0
SKX1225E	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180609/2062

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7559999

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Report No. T/20180609/2062

CONTINUATION OF REPORT

Driver			
Name	ONG JOON SIANG, GABRIEL		ID No. S9130570D
Related Vehicle	SKX1225E (Car)		Contact No. 96515630
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/06/2018 at about 2025hrs, I was travelling in my vehicle SKX1225E along the extreme right lane along Choa Chu Kang Road towards Bukit Panjang. Upon reaching the U-turn lane (located near to Phoenix LRT), I stopped to check for traffic clearance before proceeding into Choa Chu Kang Road (toward Bukit Batok).

After checking for clearance, I proceeded to make the U-turn and drove on the centre lane of Choa Chu Kang Road (toward Bukit Batok). At that juncture, I have already signaled to the left as I intended to make a lane change to the left to enter Phoenix Road ahead.

Out of sudden, as I was making the lane change, I heard a loud horn and felt an impact on the left side of my vehicle. As I was halfway through the lane, I drove forward and stopped at the bus stop.

I stepped out of my vehicle and observed a black motorcycle, FBF2967S had collided into my vehicle. The rider was spotted lying on the road about 10m away from the bus stop and was unconscious. I observed petrol started leaking from the motorcycle and a few of the rider's items were scattered around the location.

After a few by standers and myself tried communicating, the rider gain his consciousness and he complain of pain. One of the passer by called for ambulance and the rider was conveyed.

I wish to state that I was not injured and my vehicle was slightly damaged with dent on the front left portion. My vehicle's left side mirror was dislodged due to the collision. I did not managed to get any details of the rider. I do not have any camera installed in my vehicle. Police was at scene and advised me to lodge an accident report - J/20180608/0214- IO Faizal Tel:65476202.



**SINGAPORE
POLICE FORCE**



T/20180609/2062

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Report No. T/20180609/2062

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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:
J /
Staff Sgt MUHAMMAD KHALID HAFIZ BIN ELIAS

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
09/06/2018 12:59

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force