Estimated Co	Gnon pay Long	S MO Bill to:	Date/Time: 27 8 18 011. 200
To Inspect Ve at Workshop	STTP RES / OD RES / EVA / INV / MV 7 Shicle No: XD 8019P m/s Muh Hen Mo	cs or	Insured: SIQ 7154K Tel: 1107 0026
of Policy No: Sum Insured: Make of Veh	DI7M7PV01013449	Claim No:	CMTD 1803616  D.O.A 20/08/2018
(Client's Recor		Si hui	H.O.D. Endorsement  Vehicle IN LOUT
Date/Time	Action/Instruction ( ) Estimated by SOIGP - X SIR FISAK - X.	Visitalia de la Maria	
78/8/18	Informed Pay Loong pending Sound preli revised in	ng workshop via merimen	est via merimen

(OS/11/13) Wef  ASS. REC. BY: MEXCLS  REF:	Som	
	IGNMENT	
	V 62/92	1/ /3
From: Date:	Veh No. X 2007 1/2	Yr Regn.
	Type: M.Car / M.Cycle / Bus / Van / Lo	orry ( Tax <del>( Trime moyel -</del>
20.00	Tock/Trailer or (M)	12626
	Make Sutu C	150K . 15681
at Workshop m/s Nole (can	Colour Red	A/C: Insured / Std / NI / NA '
Insured:	Sp.Reading 243827	T/Radio: Insured / Std / N1 / NA
Policy No.	Eng/No: JAICY	2.0/-
Claims No:	Gen. Cond Good / Fair / Poor / Burnt	252kD7000051
Sum Insured: Excess:		
(Client's Record)	Steering: In order/ Jammed / Leaked /	(PESCO)/CONE
Make of Veh:	Brake: Ipardo / Jammed / Leaked / Modi / Nh / S/Rim / STD A/Rim or	
	Tyre Size: F: 2 S C	10200
(Policy Condition)	R:	WALLS
Remark: The veh had commenced its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA /	MIC / OUTSILIDID / SITER!
repair at the time of inspection.	TOYO / YOKO or	mic / Ort SU / PIR / SUMI /
Bal. or Market Value:	Front	Rear / /
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6	R/Bal. 6/6 6/6
GIAPR Seen Consistent?: Yes or No	L/Bal. 6 mm	L/Bal. 6/1 6/6
Est. Repairs:	D.O.A. 20/8/18	D.O.I. 27/8/16
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at	21/0/0
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S /	N/S / U/C / Roofton or
Vehicle: IN / OUT	SP	and the state of t
Date:Person Contacted:	The U/C Chassis frame / Body	Structure affected due to collision.
Date / Time   Action / Instruction   A 7 A 39132		
11		
18/18 confind L/5 = 68	Do with sihu.	(Red 3252.60, 35
(1100)	00 0.19 31Ma.	(Ked 3553.60, 35
PECE	IVED 0 7 SEP 2010	
RECE	1120 / 001	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
i) : Final Report	Resurvey No. of Trip: 2	Survey Fee:
Date/Time, File Return to?		Transportation: 250
279- typist Add Fee		_)S - RSS   10
Report Format : merimen	: interview (\$	) Photos
0 1181 10 - 1	: Tech. Invs (\$	) Others
Lump Sum / I.B.I: (5 6000 2	:Weekend (\$	260
		TOTAL



# 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

### Affiliated to Federation Internationale Des Experts En Automobile

SOMPO INSURANCE SINGAPORE PL

Ref: CS/SMO18015533/Uvd3

50 RAFFLES PLACE

Date: 27-08-2018



05-0	1/06	ALEBONICA DODE 049623	Date: 27-08-2018			
ING	APORE LAND TO	VERSINGAPORE 048623	Code: SMO			
alba		Policy Particular	rs :- THIRD PARTY CLAI	M		
	Insured Veh.	SJQ 7154K	Veh. Inspected	XD 8019P		
	Policy No.	D17MTPV01013449	Coverage (\$)	0.00		
	Claim No.	CMTD1803616	Excess (\$)	0.00		
	Assign From	MERIMEN (GNOH PAU LOONG)	Assign Date	27/08/2018		
2.	TENER TO MAKE	Vehicle Pa	rticulars & Condition	H07102 W 12 27 2 12 12 12		
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer -		Steering			
	Brakes		Modification			
	General					
3.		Con	ditions of Tyres			
2		Size	Make	Balance		
	R/H Front Tyre			mm		
	L/H Front Tyre			mm		
	R/H Rear Tyre			mm		
	L/H Rear Tyre			mm		
4.		Descr	iption of Damages	Value of the Secondary		
5.	Engine Na	THE LAND STREET	eral Information	27/08/2018		
1	Accident Date	20/08/2018	Inspection Date	2//00/2010		
	Survey held at	MAH LIAN MOTOR VEHICL	E REPAIRER			
		38 DEFU LANE 9 SINGAPORE 539278				
5a.	San Laborat		Remarks			
	A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A CE TO YOUR INSTRUCTION	"WITHOUT PREJUDICE" BA S, WE HAVE NOT AUTHOR	ASIS. ISED REPAIRS.		

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

Го:	50 Raff #05-01	Sompo Insurance Singapore Pte. Ltd. 50 Raffles Place #05-01/06, Singapore Land Tower Singapore 048623		LKK 51 U Paya Sing		
Attn:	GNOH	PAU LOONG	Date:	07 S	ep 2018	
		Pre	liminary Adv	/ice		
Incur	ed Vehicle	e No : SJQ7154K				
da pien	ehicle No			Accide	ent Date	: 20/08/2018
Make	niamichter and bir	:ISUZU CYZ52K (M)		Assign	ment Date	: 27/08/2018
		tion : 27/8/2018		esmine for	uration of Repa	ir :4
		:MAH LIAN MOTOR VEHI				
mspe	ction At	,WATTEIAN MOTOR VEH				
Point	t of Impa	ct / General Description of Dar	mages			
The	vehicle su	stained impact / damages front	portion and parts	claime	d are consisten	t to the accident.
		Repairer's Estimate (Gross	s) :	S\$	9,252.60	
		Revised Amount		S\$		LUMP SUM)
		Check Items (Estimated)		S\$	0.00	
		Total		S\$	6,000.00	
		lotal			0,000.00	
		Lump Sum Repair	1.	S\$		
		Lump Com respons				
		Total Loss Consideration				
		Total Loss Consideration				
		New for Old Value		S\$		
		Pre-Accident Value		S\$		
		COE / PARF Rebate		S\$		
		Salvage Value		S\$		
		Margin for Repair		S\$		
		margin for repair		arsiethur:		
Rem	arks					
Kein	arks					
1	V.					
1	The	vehicle is repairable at our a	djusted amount.	We h	ave also confi	rmed excess and polic
	cover	age. Kindly let us have your aut	horisation.			
,	1					
(	The	ehicle is uneconomical to be rep	paired, you are ad	vised	to invite tender	for the wreck.
	1		An all and a second contact of the			
( X	)	Tapya w	NO. 22 T V			
	Othe	comments :Vehicle survey on "	Without Prejudice			

# ...CLAIM SUBFOLDER...(New Assignment)

	FOLDER TRA	1								
Case	Notified	Est Submitted	The state of the s	Adj Rpt	Adj Sub	mitted	Ins Auth'ed	Status		
Main	21 Aug 2018		27 Aug 2018 11:29 Assign					The state of the s	Ssignme Case	nt
1	Main	Re	ference		Claim Details	T	Docume	nts	] [	Show All
CLAIM SU	BFOLDER DE	TAILS	allel a manufacture of the party of the part	January St.		[Created	by insurer]	THE RESERVE AND ADDRESS.	of the large state of	
Insured:	BEDOK TE	RANSPORT PTE L	TD, Co. Reg. N	lo.: 200311	554W					
Main Claimant:	LEONG SI	EW NAM								
Vehicle Reg No.:	XD8019	Р			Date of Loss:	20/08/20	18 09:00 - :59			
Claim Type:	TP / CM	P / CMTD1803616			Policy/Cover Note No.:	D17MTPV01013449 (Comprehensive) Coverage: 14/09/2017 - 24/11/2018				
Vehicle Reg No. (Insured):	SJQ7154	•			Policy No. (Claimant):					
					Excess:					
Repairer:	Mah Lian	Motor Vehicle Re	epairer (HQ) N	D. 38 DEFU	LANE 9, 539278	Defu Lane -	- Tel:			
Handling Insurer:	Sompo In	surance Singapo	ore Pte. Ltd. (H	Q) - Tel: 64	61 6555 [Han	dled by <b>GN</b>	OH PAU LOON	G - 632952	217]	
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final Rpt	due 05/0	9/2018]			
Driver/Cust dian (Insured):		(), NRIC: G791	7602N, Tel: +	6586549870						
Adj Asg. Remarks:	Please assi	ign to Marcus Chua	- As requested	by Third pa	rty.					
ASSOCIAT	ED MAIL RE	CEIVED						View All	Compose	Case Mail
There are n	o mail for this	case.								
ALL ASSO	CIATED TAS	KS⊟				View All	Search Tasks	Create N	New Task	Complete
Due Date	Priority	Type Task	Group Subj	ect Han	dler Assign	ed By	Completed O	n Cre	eated On	Done

### **View Sent Message**

This mall is associated with:

\*XD8019P (CMTD1803616)

[SJQ7154K] TP LEONG SIEW NAM Aug 20 2018 9:00AM [BEDOK TRANSPORT PTE LTD] Mah Lian Motor Vehicle Repairer

Resend	View Recipients	Print Message	Delete Message	Forward	
-			(LKK_HQ), sent		8 14:22 PM
From	LKK Auto Cons	sultants Pte Ltd	(LKK_HQ), Sent	011 20/00/202	

From PauLoong

TP SURVEY XD 8019P

Dear Pau Loong,

Subject

Please be informed that we have inspected the vehicle XD 8019P on 27/8/2018.

We are pending estimate from repairer.

Best Regards, Veron Chen

#### DOCUMENTS SUMMARY

There are no documents.

# VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths Agents for Trade Marks (Incorporated with limited liability)

ERIC NG CHING BOON WONG KENG LEONG RAYNEY AUDREY WONG SU-HSIEN PAUL YAP TAI BAN ANJALU DIO MUNIANDY SEGA PARAM ONG BOCK KEE ONG BOCK KEE
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
TAY HAO RAN
JANICE HAN JIA LIN
TAN YING KIAN SELWYN

Unique Entity Number: 200721148H ✓ HEAD OFFICE: 133 New Bridge Road #18-01/02 Chinatown Point Singapore 059413

Branch: 490 Toa Payoh Lorong 6 #03-11 HDB Hub Singapore 310490

CHEAD OFFICE

: (65) 65342811 (Hunting) FAX 1: (65) 65356802 (General) (65) 65355905 (Litigation) E-mail: jactan@visionlawiic.com

BRANCH

email: motorsurvey@sompo.com.sg

email: melvin.ye@sompo.com.sg

BY FAX: 6221 3147

TEL: 65 63580703 FAX: 65 63580448 (Conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE- KINDLY REPLY TO HEAD OFFICE FOR THIS MATTER

Our Ref:

AM.jt.lns.M46.107740.18 (sj)

Your Ref:

CMTD1803616

23 August 2018

SOMPO INSURANCE SINGAPORE PTE LTD

50 Raffles Place

#05-01/06 Singapore Land Tower

Singapore 048623

Attention: Motor Claims Department

Dear Sirs.

ACCIDENT INVOLVING XD 8019 P & SJQ 7154 K ON 20 AUGUST 2018 ALONG DEFU LANE 10 AT **ABOUT 0930 HOURS** 

We refer to your email dated 21 August 2018 informing that you wish to conduct a pre-repair survey and your List of Surveyors.

Our client confirmed appointment of Marcus Chua from LKK Auto Consultants as the Single Joint Expert for this matter.

Please be informed that the said vehicle can be inspected at:

Venue:

Mah Lian Motor Vehicle Repairer

No.38 Defu Lane 9

Singapore 539278

Contact Person:

Mr Goh / Ms Si Hui (6282 3336)

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours taithfully

FOR SURVEYOR

Please initial here after completion of pre-repair inspection. Thank you.

Appointed surveyor

ANJALLI M (HEAD OFFICE)

Date & Time of Inspection:

nercus Hela 27/8/18

cc: XD 8019 P - By Fax: 6289-3336

NB.: Any settlement of offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude our client from claiming injury-related damages arising from this accident.

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its

# 1/ 10

MKFS18108137 / Kan Fook Sing Molor Workshop - Defu ENTRY DATE & TIME 21/08/2018 10:12 SUBMITTED BY Yon Boo

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Contact Number

EMail Address

Fax Number

- 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
- 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 ladgement 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,	consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/08/2018 10:12
Date Of Accident	20/08/2018 09:30
Exact Location Of Accident	ALONG DEFU LANE 10
Country/State of Loss	SINGAPORE
<b>以下的</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD8019P
Insured/Policyholder	TO THE PARTY OF TH
Name Of Registered Owner	BOON POH REFUSE DISPOSAL PTE LTD
Co Reg No	- SOON FOR REPUSE DISPOSAL PTE LTD
Email Address	BOONPOH@PACIFIC.NET.SG
Mobile Phone No	(LOCAL) +65-97325226
Alternative Phone No	OFFICE-62843282
Vehicle Particulars	
Manufacturer	ISUZU
Model	
Exact Purpose for which vehicle was being used a time of accident	CYZ52K-15.7 D (M)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO.
Policy Number	A 28634716 MKC
Cover Note Number	06/11/2017 TO 05/11/2018
Driver	307 112017 10 03/11/2018
Name of Driver	LEONG SIEW NAME CONTROL
NRIC No	LEONG SIEW NAM (LIANG ZHAONAN) \$7339985H
Date Of Birth	02/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2010
Driving Experience	
Gender	8 YEARS AND 1 MONTH

MALE

NOEMAIL

(LOCAL) +65-93232599

(LOCAL) +65-62843492

OFFICE-62843372

Address

APT BLK 541 ANG MO KIO AVE 10 #02-2348 (S) 560541

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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

NO

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

ANG MO KIO SOUTH N.P.C.

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER WITH POLICE REPORT T/20180820/2167

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJQ7154K

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LU SHITAO

NRIC/Passport Number

G7917602N

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

LEONG SIEW NAM (LIANG ZHAONAN) / S7339985H

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

CHANGI GENERAL HOSPITAL - 5DAYS OF MC

XD8019P

YES

NO

APT BLK 541 ANG MO KIO AVE 10 #02-2348 (S) 560541

#### Accident Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Oriver.
- 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
- 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 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)
  - (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, involces, 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
- (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.
- 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:

Oriver's Signature

(If driver a not the policyholder)

Date & Time:

Reporting Centre

Personnel's Signature

NRIC/FIN No

### Accident Sketch Plan Pg. 1

Reporting Onto	<b>→</b> -	_/	7	_		_		N S 1
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Restor Wild police report 7/20180820/2167  Restore to Mary 2000000000000000000000000000000000000	ECCDIDE CIDAL	15	41 , 1			B: =	5-70 7	
Reporting Only  ARATION declare the foregoing particulars are true in every respect.	ESCRIBE CIRCUMSTA	NCES OF THE ACC	CIDENT				, 20 4	INF
Reporting Only  ARATION declare the foregoing particulars are true in every respect.	R - C-	/						
Resolve to ARD P > 18   2   2   2   2   2   2   2   2   2	Kater	With 1	Do live	- Co-le	ort-	7/00	18083	0/2167
ARATION declare the foregoing particulars are true in every respect.	The second secon							
ARATION declare the foregoing particulars are true in every respect.								
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ARATION declare the foregoing particulars are true in every respect.				All All sections				
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ARATION  leclare the foregoing particulars are true in every respect.								
ARATION declare the foregoing particulars are true in every respect.								
ARATION declare the foregoing particulars are true in every respect.					Province Co.	/ 1P±5	History	Character
ARATION declare the foregoing particulars are true in every respect.					Inclusive its	/ 1914, 2 dose	17/2/72.   42	27=12
ARATION declare the foregoing particulars are true in every respect.					Vende to	1 1Packy DBOD P	2000 De /	2/2-12
ARATION  declare the foregoing particulars are true in every respect.					XIII   XIIII   XIII	an Damage C. xim	101	2/2012
ARATION declare the foregoing particulars are true in every respect.						Porting Only On Damage Control and Perty States	101	2/2-12
ARATION declare the foregoing particulars are true in every respect.						Porting Only On Damage Control and Perty States	101	2/3-18
declare the foregoing particulars are true in every respect.						eporting Only on Damage Craim and Perty City on ther Workshop	101	2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
declare the foregoing particulars are true in every respect.						eporting Only on Damage Craim and Perty City on ther Workshop	101	2/2012
declare the foregoing particulars are true in every respect.						eporting Only on Damage Craim and Perty City on ther Workshop	101	2/2/2
218/18	ARATION					eporting Only on Damage Craim and Perty City on ther Workshop	101	2/12
2/8/18	LARATION declare the foregoing o	articulars are true in				eporting Only on Damage Craim and Perty City on ther Workshop	101	2/2012
~ 218/18 //n	ARATION declare the foregoing p	articulars are true in	every respect.			eporting Only on Damage Craim and Perty City on ther Workshop	101	2/3>12
THE STATE OF THE S	ARATION declare the foregoing p	articulars are true in	every respect.			eporting Only on Damage Craim and Perty City on ther Workshop	101	2/2 12

#### police report Pg. 1





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

1 of 3 Report No. T/20180820/2167

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2018 20:08		Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars	EN PROPERTY METERS	CONTROL OF THE STATE OF THE STA
Name of Informant: LEONG SIEW NAM			Address:	KIO AVENUE 10 #02-2348
ID Type / ID No.: NRIC NO / S7339985H Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office:	Makila occorra	
		Home/Office: Mobile: 93232599  Email:		
Sex: Male	Age:	Date of Birth: 02/11/1973	Type of Informant:	
Race: Chinese Occupation: Driver		Language: Institution / School Name		
		Driving Licence Informa Class: 3,4	tion: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2018 09:30	Type of Location Straight Road
Location: Along Road 1 DEFU LANE Weather: Clear	10	Road Surface:		oad Speed Limit:
Traffic Flow:		Dry		
Dual Carriage		Traffic Control:		raffic Volume: oderate
Type of Collisi			A	

Vehicle No.	Type	Make	Mone	Calabarana	POLICE CONTRACTOR	TOTAL CONTRACTOR OF THE STATE O
SJQ7154K	Car	TOYOTA	TAIOUR TOWN	COLORESTE	Condition	No of Passenge
	Odi	TOYOTA				1
XD8019P	Truck	ISUZU				

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	Tose of Fedesilian Crossing: NA

#### police report Pg. 1



T/20180820/2187

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

2 of 3 Report No. T/20180820/2167

Tel No: 1800-4519999

CONTINUATION OF REPORT

Name	LU SHITAO		ID No.		G7917602N	
Related Vehicle	SJQ7154K (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Drivin Licen Expin	ng	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL		
Drivers and page gran	ted Medical Leave NIL	Degree of	f Injury	NIL		
Name	LI SONO	West March	388	<b>经</b> 价的是	Explication of course	
Nonie	LEONG SIEW NAM		ID No		S7339985H	
Related Vehicle	XD8019P (Truck)		Conta	ct No.	93232599	
Hospital/Clinic	The state of the s		Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL	
Date Treatment		Date Disch			2018	
vo. of Days grant	ed Medical Leave   05	Degree of	Injury	NII		

#### Brief Details.

On 20/08/2018 at approximately 0930hrs, I was driving along Defu Lane 10 when suddenly a car bearing: SJQ7154K which was exiting from Defu Lane 9 drove out without checking its blind spot. When I saw that, I applied emergency brake immediately and honk at the driver to alert him however I was unable to stop in time and ended up colliding into the right side of the said vehicle. After the accident, I alighted from my truck to check on the driver and to exchange particulars with him. The front bumper of my truck, the right side and rear bumper of the other vehicle was damaged. Due to the accident, I sustain injury to my right knee and right elbow. I went to changi general hospital for medical treatment and was given 5 days MC ref EMD2018163041.

#### police report Pg. 1



T/20180820/2167

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

3 of 3 Report No. T/20180820/2167

Tel No: 1800-4519999

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: F / Sgl 2 YEO YUE LONG ROGER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/08/2018 20:08
Officer In Charge Of Case: TP / AEIT-/ SSI KASMAWATI BTE SAMIAN Contact No. x65476179	Classification Of Case:
Authentication Stamp NP168	

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	2	
Owner ID Type:	Company	
Owner ID: Vehicle Details	3718Z	
Vehicle No.:	XD8019P	
Vehicle to be Exported:	No	
Intended De-registration Date:	31 Aug 2018	
Vehicle Make:	ISUZU	
Vehicle Model:	CYZ52K	
Primary Colour:	Red	
Manufacturing Year:	2013	
Engine No.:	6WG1419301	
Chassis No.:	JALCYZ52KD7000051	
Maximum Power Output:	**	
Open Market Value:	\$81,703.00	
Original Registration Date:	06 Nov 2013	
First Registration Date:	06 Nov 2013	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$4,086.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	05 Nov 2023	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$76,310.00	
COE Rebate Amount:	\$39,532.00	
Total Rebate Amount:	\$39,532.00	

The information contained herein is correct as at 31 Aug 2018

ОК

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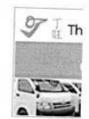
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Isuzu CYZ52K

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Any

2013

Any

Isuzu CYZ52K Tipper

\$115,000

\$23,700 /yr

08-Jul-2013

15,681 cc

Fuel Type: Diesel

10 Wheels Tipper Truck, Good Condition, New Paintwork. High Loan And High Trade-In Are Available. Call Now For More Convince Auto

Posted: 07-Aug-2018 Tags: 2013 Isuzu CYZ52K, Isuzu CYZ52K, Isuzu, CYZ52K, Used Isuzu

Save this search criteria, to get email alerts whenever a match is found.

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Compare

# MAH LIAN MOTOR VEHICLE REPAIRER

No.38 Defu Lane 9 Singapore 539278

TEL: 62823336 FAX: 62893336 Email: mahlian@singnet.com.sg GST:M90362564P RCB NO:201327339E

M/S:

TEL:

MSIG Insurance (Singapore) Pte Ltd

4 Shenton Way, #21-01 SGX Centre 2

Singapore 068807

6827 7602

ATTN: Motor Claim Department

Your Ref No: Claim Type:

BOON POH REFUSE PL Own Damage

Accident Date:

20/08/2018

Estimate No:

ES1700298 28 Aug 2018

Date:

Policy No:

Veh Reg No:

Make/Model:

Chassis No:

Engine No: Reg. Date:

JALCYZ52KD7000051 6WG1419301

A28634716MKC

ISUZU CYZ52K

06/11/2013

XD8019P

Estimate Renair Cost to Vehicle No :XD8019P

FAX: 6827 2708

	Description	U/Price	Quantity	List Price	Amount
	Description .		no M	<u>SS</u>	<u>SS</u>
	List Price				
1	Front Bumper 7/5	1,229.00	1 PC	1,229.00 _	
2	Front Bumper Bracket LH/RH	85.00	2 PC	170.00 -	
3	Front Bumper Top Step Garnish LH/RH MS7W/	85.00	2 PC	170.00 4	120
4	Front Bumper Top Center Step Garnish De wege		19C	310.00	
5	Front Bumper Center Grille 34/Cm	185.00	2 PC	370.00	_
6	Front Bumper Bottom Grille De 1	135.00	1 PC	135.00	_
7	Front Bumper Bottom Garnish	155.00	1 PC	155.00	_
8	Headlamp Assy LH/RH M/s Cre 3/( 3/2)	334.00	2 PC	668.00 -	_
9	Headlamp Rim LH/RH Sul/cne	98.00	2 PC	196.00	
10	Headlamp Bracket LH/RH	273.00	2 PC	546.00	_
11	Front Bumper Signal Lamp LH/RH Ch	80.00	2 PC	160.00	
12	Front Bumper Fog Lamp LH/RH CM	212.00	2 PC	424.00	
13	Front Bumper Side Bracket LH/RH	175.00	2 PC	350.00	
14	Front Bumper Lamp Bracket LH/RH 11	135.00	2 PC	270.00	6
15	Front Bottom Step Garnish LH	380.00	1 PC	380.00	
16	Front Bottom Step Aluminuim Mat LH (M	220.00	1 PC	220.00 -	_
17	Front Crossmember	750.00	1 PC	750.00 -	
18	Transmission Oil Cooler Assy P41	1,080.00	1 PC	1,080.00 4	_
19	Front Crossmember Under Protector	431.00	1 PC	431.00	7/11
	,			8,014.00	10.5
		15%	Less 10%	801.40	7,212.60 /5%
	Net Price	-200			7510.
600	. 1	40.00	1 PC	40.00	14
20	Front Number Plate	40.00	110 _	40.00	40.00
	Labour				-
21	Labour to dismantle & refix lamps, wiring and refocus.	250.00	1 JOB	250.00	30
22		900.00		900.00	
22	A second				
23	To spray & painting all accident area .	650.00	1 JOB	050.00	400
24		200.00	1 JOB _	200.00	SV
	(B) (E			2,000.00	2,000.00
					_

7604.15

# MAH LIAN MOTOR VEHICLE REPAIRER

No.38 Defu Lane 9 Singapore 539278 TEL: 62823336 FAX: 62893336 Email: mahlian@singnet.com.sg GST:M90362564P RCB NO:201327339E

M/S:

MSIG Insurance (Singapore) Pte Ltd

4 Shenton Way, #21-01 SGX Centre 2

Singapore 068807

TEL:

6827 7602

FAX: 6827 2708

ATTN: Motor Claim Department BOON POH REFUSE PL

Your Ref No: Claim Type:

Own Damage

Accident Date:

20/08/2018

Estimate No:

ES1700298

Date:

28 Aug 2018 A28634716MKC

Policy No: Veh Reg No:

XD8019P

Make/Model:

ISUZU CYZ52K

Chassis No:

JALCYZ52KD7000051

Engine No:

6WG1419301

Reg. Date:

06/11/2013

### Estimate Repair Cost to Vehicle No :XD8019P

U/Price	Quantity	List Price	Amount
		SS	SS
		Total	S\$ 9,252.60
	Add G	ST @ 7%	647.68
	Total Amoun	t Payable	S\$ 9,900.28
	U/Price	Add G	SS

TOTAL: SINGAPORE DOLLAR NINE THOUSAND NINE HUNDRED AND CENTS TWENTY EIGHT ONLY

For MAH LIAN MOTOR VEHICLE REPAIRER

AUTHORISED SIGNATURE

#### LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting.
- To display damaged part(s) during resurvey
- . Paris prices are subject to confirmation
- . Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- . Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

#### 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

## VEHICLE DAMAGE INSPECTION REPORT

Our File No:

SJQ7154K

D17MTPV01013449

Engine No:

Odometer:

Chassis No:

CS/SMO18015533/UVD3N2

6WG1419301

243827 km

JALCYZ52KD7000051

Date:

14/09/2018

REFERENCE

Handling Insurer:

Claimant

Vehicle No:

Date of Loss:

Sompo Insurance Singapore Pte.

Ltd.

XD8019P

20/08/2018

Insured Vehicle

Policy No:

No:

TP Nature of Claim:

Claim

No:

CMTD1803616

DESCRIPTION & IDENTIFICATION OF VEHICLE

Rea No:

XD8019P

Make & Model:

ISUZU CYZ52K, 15.7 D (M) 06/11/2013 (Man. Year: 2013)

Reg. Date: Colour:

Red 15681 cc

**Engine Capacity:** Market Value/New Car

N/A

Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable): Yes Engine Modification:

Yes Footbrake (Serviceable): **Pre-accident Condition:** 

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size: Front Left Side:

Bridgestone 6 mm Bridgestone 6 mm

295/80R22.5

Rear Tyre Size: Rear Left Side:

295/80R22.5(D/D) Bridgestone 6/66/6 mm

Rear Right Side:

Bridgestone 6/66/6 mm

Front Right Side: The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts	Repairer's 7,252.60	Adjuster's 6,524.15	Difference 728.45	Diff % 10.04
Miscellaneous Items	0.00	0.00	0.00	
Labour Paintwork Labour	2,000.00	1,080.00 0.00	920.00 0.00	46.00
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$) Approved Total (Overridden) (S\$)	9,252.60	7,604.15 6,000.00	1,648.45	17.82
(S\$)	9,252.60	6,000.00	3,252.60	35.15
+ GST 7.00/7.00% (S\$)	647.68	420.00	227.68	35.15
Nett Amount (S\$)	9,900.28	6,420.00	3,480.28	35.15

INSPECTION

Date of Assignment:

27/08/2018

Date Inspected:

27/08/2018 Inspected At:

Mah Lian Motor Vehicle Repairer (HQ)

NO. 38 DEFU LANE 9 Singapore 539278

Estimated Period of Repair:

4.0 days

Adjuster: MARCUS CHUA

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

### REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 14 Sep 2018)

Parts: N/A ISUZU CYZ52K 15.7 D (M) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for XD8019P)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition F	Repairer's	Amount
1:	1		*FRONT BUMPER	Distorted	1,229.00 FL *	
2	2		*FRONT BUMPER BRACKET LH/RH	Bent	170.00 FL	*170.00 FL
3	1		*FRONT BUMPER TOP STEP GARNISH	N/s Twisted	170.00 FL	*85.00 FL
4	1		*FRONT BUMPER TOP CENTER STEP GARNISH	Deformed/Warped	310.00 FL	*310.00 FL
5	2		*FRONT BUMPER CENTER GRILLE *FRONT BUMPER BOTTOM GRILLE	Bent/Cracked Distorted	370.00 FL 135.00 FL	*370.00 FL *135.00 FL
7	1 2		*FRONT BUMPER BOTTOM GARNISH *HEADLAMP ASSY LH/RH	Distorted N/s Cracked/O/s Broken	155.00 FL 668.00 FL	*155.00 FL *668.00 FL
9	2		*HEADLAMP RIM LH/RH *HEADLAMP BRACKET LH/RH	Bent/Cracked Bent	196.00 FL 546.00 FL	*196.00 FL *546.00 FL
11	2 2		*FRONT BUMPER SIGNAL LAMP LH/RH *FRONT BUMPER FOG LAMP LH/RH	Cracked Cracked	160.00 FL 424.00 FL	*160.00 FL *424.00 FL
13	2		*FRONT BUMPER SIDE BRACKET LH/RH *FRONT BUMPER LAMP BRACKET LH/RH	Bent Not Necessary	350.00 FL 270.00 FL	*350.00 FL *- FL
14 15	1		*FRONT BOTTOM STEP GARNISH LH	Distorted	380.00 FL 220.00 FL	*380.00 FL *220.00 FL
16 17	1		*FRONT BOTTOM STEP ALUMINIUM MAT LH *FRONT CROSSMEMBER	Dented	750.00 FL	*750.00 FL *1,080.00 FL
18 19	1		*TRANSMISSION OIL COOLER ASSY  *FRONT CROSSMEMBER UNDER PROTECTOR	Punctured Distorted	431.00 FL	
20	1		*FRONT NUMBER PLATE	Bent	40.00 FS	*14.00 FS
F=Fr	anchise	part. S=	SpcNett. L=ListItemDisc.	Sub Total (S\$)	8,054.00	7,673.00
			- List Item Discount on L			1,148.85
				Total Parts (S\$)	7,252.60	6,524.15

Report was unsubmitted during this print-out.

# Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No.	Particulars	Lab.Type	Repairer's	Amount
Labo	our Items			20.00
1	LABOUR TO DISMANTLE & REFIX LAMPS, WIRING AND REFOCUS	New	250.00	30.00
2	LABOUR TO CUT & WELD & DISMANTLE & REMOVE & REFIT ALL DENTED PARTS	New	900.00	600.00
3	TO SPRAY & PAINTING ALL ACCIDENT AREA	New	650.00	400.00
4	TO RUST PROOFING AT ACCIDENT AREA	New	200.00	50.00
	Gross Labor	ur Cost (S\$)	2,000.00	1,080.00
	Report was unsubmitted duri	ng this print-out.		

< END OF ESTIMATES >