

ASS. REC. BY

REF: CS3/SM017024666/Gcd3<sup>82</sup>

Special Instruction

Subject

ASSIGNMENT (Office)

From (Person): Grace Teo

of SMO

Date/Time: 4.04pm @ 28/12/17

Estimated Cost:

Bill to:

OD: TP/WS/TP RES/OD RES/EVA/ENV/MV/CS

To inspect Vehicle No: GBE G346M

Insured: SKJ 9384 A

at Workshop in/ Thiam Heng Huat

Tel: 8263 6295

of Blk 176 Sin Ming Autocare #05-14

Policy No:

Claim No: CMTD1704702/AGC

Sum Insured:

Excess:

Make of Veh:  
(Client's Record)

D.O.A. 20/12/2017

CA / REV / REP. / REV 24 HRS

'up'

H.O.D. Endorsement

Date/Time: 5.16pm @ 28/12/17

Person Contacted: Steven

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate	
	GBE G346M - X	10/1/18 - vehicle not in yet
	SKJ 9384 A - X	10/1/18 - VIN yet have to arrange with owner (He said will call back to arrange)
13/1/18 -	called no answer	20/1/18 - Temporary close file
22/1/18 -	VNI (Steven)	Revert thru email. (called) 21/1/18
28/1/18 -	vehicle still not in	
4/1/18 -	vehicle not in yet	

Dismantle: 26/1/2018

After repair: 27/1/2018

MS  
Xnl.

REF: SMO

B6269B

ASSIGNMENT

From: Date: 25/1/18

Estimated Cost:

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

To Inspect Vehicle No: GBE 6346 M  
at Workshop m/s: Thiam Heng Hwat  
of 176 Sin Ming Drive # 05-14

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.

<input checked="" type="checkbox"/>	
N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS <sup>1 up</sup>

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBE 6346 M Yr Regn: 12 Feb 2016  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Hiace C.C. 2982

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 128764 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KPH 2010 184 .007

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: ☒ STD A/Rim or

Tyre Size: F: 245/35 8R 20

R: 41

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

TOYO / YOKO or KUMHO

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 25-09-18

Survey held at W/S 1pm

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

N/S LA

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

Date / Time Action / Instruction

\$500 - \$1000

Date/Time, File Pass to?

☒ : Preli. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL

Report Format: PRE

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

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

MALM171873AA / Ah Lim Motor Company - AMK  
ENTRY DATE & TIME: 20/12/2017 17:22  
SUBMITTED BY: Mei Li Tan

## 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 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	20/12/2017 17:22
Date Of Accident	20/12/2017 07:40
Exact Location Of Accident	TOH GUAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	G8E6346M
Insured/Policyholder	
Name Of Registered Owner	CONSTANT FORWARDER
Cc Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94381470
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE VAN
Exact Purpose for which vehicle was being used at time of accident	WORK
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCHHQ17-000014
Cover Note Number	
Driver	
Name of Driver	TAN SUI MENG
NRIC No	S1312385C
Date Of Birth	24/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	06/11/1979
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94381470
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address APT BLK 45 JALAN TIGA @10-28  
 Postcode 390045  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - SOLE PROPRIETOR OF CO  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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? NO  
 Was any injured conveyed to hospital by ambulance?  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name MOUNTBATTEN NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 ,  
 COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-3449999 - FAX NO: 64474185  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO ATTACH 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 SKJ0384A  
 Vehicle Make/Model/Colour  
 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)

## Sketch Plan Pg. 1

## 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 Authorized 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 renewate 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:

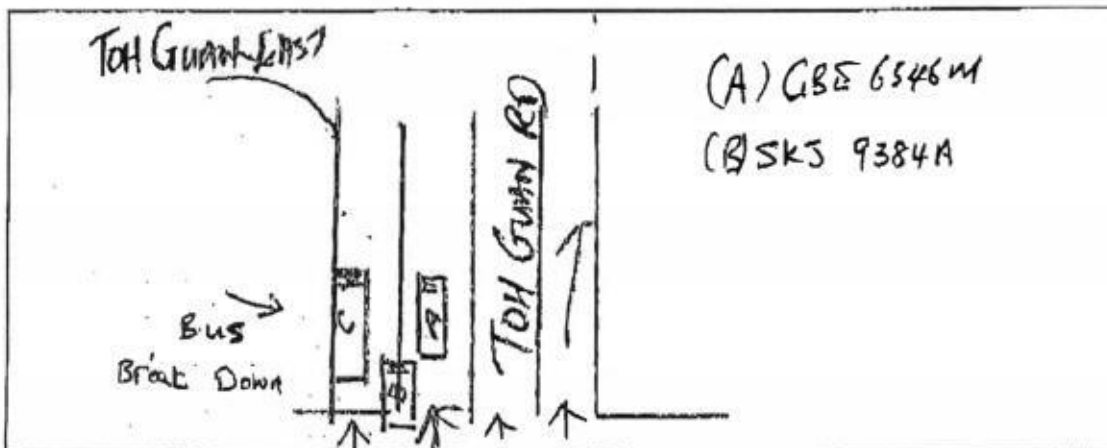
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**Sketch Plan Pg. 2**

### SKETCH PLAN

Accident Date: 20.12.2017 Time: 7.40 AM Location: Toh Gump RD

My Vehicle A: G8E 6346 m Vehicle B: SK3 9384 A Vehicle C/Other: Bus (breakdown)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

POLICE Report T-2017/220/2085

☐ Claim OD / TP at Ah Lim Motor      ☒ Claim OD / TP at other workshop      ☐ Reporting Only

Remarks : Please forward a copy of my effile accident report to

## My workshop

Email Address

## & Myself

Email Address

Thiamheng@gmail.com

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## 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 &amp; Time

Witnessed by Reporting Centre

### Personnel

Driver's Signature (If driver)  
Date & Time

Witnessed by Reporting Center Personnel 27/12/11



## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171220/2085

1 of 3

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390080  
Tel No: 1800-3449999

Report No. T/20171220/2085

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2017 14:57			Vide Report No.:		Station Diary No.: 12
<b>Name of Informant:</b> TAN SUI MENG					
<b>Address:</b> APT BLK 45 JALAN TIGA #10-28 SINGAPORE 390045					
<b>ID Type / ID No.:</b> NRIC NO / S1312385C			<b>Contact No.:</b> <b>Home/Office:</b> Mobile: 94381470		
<b>Nationality:</b> SINGAPORE CITIZEN			<b>Email:</b>		
<b>Sex:</b> Male	<b>Age:</b> 58	<b>Date of Birth:</b> 24/10/1958	<b>Type of Informant:</b> Driver		
<b>Race:</b> Chinese			<b>Language:</b>	<b>Institution / School Name:</b>	
<b>Occupation:</b> DRIVER			<b>Driving Licence Information:</b> <b>Class:</b> 3 <b>Date of Expiry:</b>		

<b>Type of Accident:</b>	Non-Injury	<b>Drink Drive:</b> No	<b>Date/Time of Accident:</b> 20/12/2017 07:40	<b>Type of Location:</b> Straight Road
<b>Location:</b> Along Road 1 Travelling Toward Road 2 TOH GUAN ROAD TOH GUAN ROAD EAST BEFORE THE JUNCTION				
<b>Weather:</b> Clear		<b>Road Surface:</b> Dry		<b>Road Speed Limit:</b> 50 Km/h
<b>Traffic Flow:</b> One Way		<b>Traffic Control:</b> Traffic Light - Working		<b>Traffic Volume:</b> Heavy
<b>Type of Collision:</b> Between Moving Vehicles - Side Swipe - Same Direction				<b>Anyone conveyed by ambulance:</b> No

<b>GBE8348M</b>	Van				Slightly Damaged	0
<b>SKJ8384A</b>	Car				Slightly Damaged	0

<b>Any Pedestrian Involved:</b> No	
<b>No. of Pedestrians Injured:</b> NIL	<b>Use of Pedestrian Crossing:</b> NA



## Police Report Pg. 2

**SINGAPORE  
POLICE FORCE**

T/20171220/2085

2 of 3

Police Station Of Origin:  
Mountbatten NPP  
80 Dakota Crescent #01-213 SINGAPORE  
390080  
Tel No: 1800-3449999

Report No. T/20171220/2085

## CONTINUATION OF REPORT

Name	TAN SUI MENG	ID No.	S1312385C
Related Vehicle	NIL	Contact No.	94381470
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 20/12/2017, at about 0740hrs, I was driving along Toh Guan Road, heading towards Toh Guan Road East in my van. I was driving on the second lane as there was a broken-down bus on the first lane. I attempted to change lane just after I passed the bus as I wanted to turn left into Toh Guan Road East which was ahead. As I was changing lane, a car (SKJ9384A) drove in between my van and the bus, as such the left side of my van scraped against the right side of the car. The driver of the car just drove off without stopping. I am not sure of the damages suffered by the said car. The bus was not damaged. My van suffered a slight scrape-scratch mark just above the front left wheel of my van. No pedestrians or government property was involved in the accident. I did not suffer any injuries and there were no other occupants in the vehicle other than me. I am lodging this report for recording and insurance purposes.

 > Back to OneMotoring**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	6269B
Vehicle Details	
Vehicle No.:	GBE6346M
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Sep 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE SUPER GL DARK PRIME3.0 A
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	1KD2571704
Chassis No.:	KDH2010184007
Maximum Power Output:	-
Open Market Value:	\$40,064.00
Original Registration Date:	12 Feb 2016
First Registration Date:	12 Feb 2016
Transfer Count:	0
Actual ARF Paid:	\$2,004.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	11 Feb 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$27,071.00
COE Rebate Amount:	\$19,977.00
<b>Total Rebate Amount:</b>	<b>\$19,977.00</b>

The information contained herein is correct as at 26 Sep 2018

OK





# 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/SMO17024666/Gcd3s2	
50 RAFFLES PLACE #05-01/06		Date: 03-10-2018	
SINGAPORE LAND TOWERS SINGAPORE 048623		Code: SMO	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SKJ 9384A	Veh. Inspected	GBE 6346M
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1704702/AGC	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	28/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA HIACE	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KDH2010184007	Colour	WHITE
Odometer	128764 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	245/35ZR20	KUMHO	6 mm
L/H Front Tyre	245/35ZR20	KUMHO	6 mm
R/H Rear Tyre	245/35ZR20	KUMHO	6 mm
L/H Rear Tyre	245/35ZR20	KUMHO	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.			
<b>5. General Information</b>			
Accident Date	20/12/2017	Inspect Date / Time	25/09/2018 ( 01:00 PM )
Survey held at	THIAM HENG HUAT PTE LTD 176 SIN MING DRIVE #05-14 SINGAPORE 575721		
<b>5a. Remarks</b>			
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 \$500-\$1,000			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	

Report Ref No. CS3/SMO17024666/Gcd3s2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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