

ASS. ETC. BY: CS3/LPC/8014544/Gsd37 3. Classification
 Surveyor: GQ **ASSIGNMENT (Office)**
 From/Person: Gerald Poh of LPC Date/Time: 27/09/2018
 Estimated Cost: Bill to
 OD: TP / WS / LP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: SKH1213Z Insured: SJV 8549C
 at Workshop no: Derrick Motor Works Tel: 9633 3593
 of: Blk 9002 Tampines St. 13 # 01-72
 Policy No: 1711818/vpis/020807 Claim No:
 Sum Insured: Excess
 Make of Veh: DOA 4/8/18
(Client's Record)
 CA / REV / REP / REV 24 HRS: up H.O.D. Endorsement:
 Date/Time: 9:20am 01/10/18 Person Contacted: Jeremy Vehicle: IN OUT

Date/Time	Action/Instruction (x) Estimate	
		DOA 15/1/17
		DOA
	<u>\$14328</u>	
	<u>25/10/2018</u>	
		MV - \$361K
		LTA - \$21,672/-
		NET Value - \$14,328/-

RECEIVED 20 OCT 2018

(02/11/13) wef
ASS. REC. BY: PRS

REF: LPC

12665 /

ASSIGNMENT

From: _____ Date: 10/8/16
Estimated Cost: _____
OP: TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SKH1213Z
at Workshop m/s: Demick Motor
of: Blk 9002, Ampires 81-93 #01-72
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: \$ ~~46k~~ 27k
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 21 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS up
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

O	
N/S	O/S

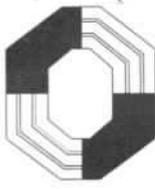
Veh No: SKH1213Z Yr Regn: 21 Apr 2010
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Volkswagen Golf c.c. 1984
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 127927 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WUW 888 1K8 9W 551126
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In order / Jammed / Leaked / Burnt or _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 225/40ZR18
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 10-08-18
Survey held at: w/s 11:40AM
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Rear O/S
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>\$20k - \$25k.</u>
	<u>Submit PRS report.</u>

RECEIVED 15 AUG 2018

MU: 37k 36k
lta: 21672
Net: 15328.14328 25/8/2018

Date/Time, File Pass to? 15/08/18 Preli. Report Final Report
1) Report
Date/Time, File Return to? _____
2) _____
Days Of Repair: _____
Resurvey No. of Trip: _____
Add Fee: Site Insp (\$ _____) Interview (\$ _____) Tech. Invs (\$ _____) Weekend (\$ _____)
Report Format: PRS-TP
Lump Sum / I.B.I.: (\$ _____)
Survey Fee: 450
Transportation: _____
Photos: _____
Others: _____
TOTAL: 450



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 17/18/18/VP05/020807

Your Ref : CS3/LPC18014544/Gsd3e2

25 September 2018

M/s LKK Auto Consultants Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 408933

Dear Sirs/Madam

PAPER SURVEY OF SKH1213Z (TOTAL LOSS)

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SKH1213Z
- b) GIA/Police report of SKH1213Z
- c) LTA vehicle registration details
- d) GIA report and photos of SJV8599C

Kindly study the documents and let us have your opinion on the adjusted repair cost within the next 10 days.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : mt_claim@lonpac.com

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Avenue 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883 Tel: 8181 8802 Fax: 6747 1017
Registration No.: 201000268D

Our Ref: TP/08-18005/DY/2018

12 September 2018

Matthew Lim Jun Ho
5 Tanah Merah Kecil Road
Singapore 466665

Dear Sir

INSPECTION AND ASSESSMENT OF A DAMAGED VEHICLE SKH 1213 Z ACCIDENT ON 4 AUGUST 2018

We thank you for your instruction on 6 August 2018, we have inspected the vehicle at Derrick Motor Works, Blk 9002 Tampines Street 93, #01-72 Tampines Ind Park A, Singapore 528836

VEHICLE PARTICULAR

Registration No.	: SKH 1213 Z	Colour	: Grey
Make/Model	: Volkswagen GTI	Speedo Reading	: 127927
Original Regn. Date	: 21 April 2010	Normal Rim	: Sport
Engine Capacity	: 1984cc	PARF Eligibility	: No
Chassis Number	: WVWZZZ1KZ9W551126	Min PARF	: -
Engine Number	: CCZ013873		

VEHICLE CONDITION

General Condition	: In order
Body Work	: In order
Steering	: In order
Foot Brake	: In order
Hand Brake	: In order

TYRE CONDITION

Front Tyre o/s : 5.00mm	Size : 225/40 R18	Made by	: Michelin
Front Tyre n/s : 5.00mm	Size : 225/40 R18	Made by	: Michelin
Rear Tyre o/s : 5.00mm	Size : 225/40 R18	Made by	: Michelin
Rear Tyre n/s : 5.00mm	Size : 225/40 R18	Made by	: Michelin

DESCRIPTION OF DAMAGES

The vehicle sustained a severe impact damages on the front, rear o/s and frontal portion, resulting rear boot cover, rear o/s fender, rear end panel badly push in and buckled, rear bumper distorted, rear o/s door bent, rear lamps cracked, rear exhaust pipe bent, the entire front portion smashed and shifted to o/s, both front air bag activated and etc.

For detail of the damages, kindly refer to the twenty four (24) copies of photographs attached herein.

VEHICLE VALUE

We have checked the vehicle pre-accident average market value, as at the time of accident is about **S\$36,900.00** (Thirty Six Thousand And Nine Hundred Only). COE / PARF rebate is about S\$21,672.00 (Twenty One Thousand Six Hundred And Seventy Two Only).

Therefore, market value of S\$36,900.00 less S\$21,672.00 balance liability will be about **S\$15,228.00** (Fifteen Thousand Two Hundred And Twenty-Eight Only).

COST OF REPAIR

There is no estimate submitted by the repairer. Due to the damages sustain, in our opinion, it is not economical to repair the damage vehicle and is to be treated as Total Loss.

IMPORTANT

As instructed we have not authorize the repair.
Please note that this report rendered by us herein is solely on our independent opinion, which is base on the available documents and inspection of the vehicle.

WITHOUT PREJUDICE, we trust this report will be of assistance to you in dealing with this matter.

If you have any query or discrepancy of this report, kindly inform us within two (2) weeks, or the report will be treated as correct.


Qualified Appraiser

Disclaimer

The rate and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rate and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport /Company Cert No.: S9211266G
 Owner ID Type: Singapore NRIC
 Owner Name: MATTHEW LIM JUN HO
 Registered Address: APT BLK 5 TANAH MERAH KECHIL ROAD #05-06 SINGAPORE 466665
 Mailing Address: -
 Birth Date: 01 Apr 1992

Vehicle Particulars

Vehicle No.: SKH1213Z
 Previous Vehicle No.: SJW8239L
 Effective Date of Ownership: 30 Nov 2017
 Original Regn Date: 21 Apr 2010
 Registration Date: 21 Apr 2010
 Year of Manufacture: 2009
 Vehicle Type: Passenger Motor Car
 Vehicle Scheme: -
 Vehicle Attachment 1: With Sun Roof
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: VOLKSWAGEN
 Vehicle Model: GOLF GTI 2.0LAT 5DR 5K19V3
 Primary Colour: Grey
 Secondary Colour: -
 Passenger Capacity: 4
 Chassis No.: WVVZZZ1KZ9W551126
 Engine No.: CCZ013873
 Engine Capacity /Power Rating: 1984 cc / -
 Maximum Power Output: 155.0 kW (207 bhp)
 Propellant: Petrol

Max Unladen Weight:	1339 kg
Maximum Laden Weight:	1890 kg
Open Market Value:	\$32,082.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Apr 2020
Minimum PARF Benefit:	\$16,041.00
No. of Transfers:	2
IU Label No.:	1123563032
COE No.:	2010030103001155M
COE Expiry Date:	20 Apr 2020
COE Category:	B - Car (1601cc & above)
COE Registration Category:	B - Car (1601cc & above)
Quota Premium (QP) / Prevailing Quota Premium:	\$23,889.00 / -
Actual QP Paid:	\$23,889.00
QP (Regn Cat):	\$23,889.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$23,889.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$32,082.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category B.

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	06/08/2018 16:15
Date Of Accident	04/08/2018 01:20
Exact Location Of Accident	TAMPINES EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH1213Z
Insured/Policyholder	
Name Of Registered Owner	MATTHEW LIM JUN HO
NRIC No	S9211266G
Email Address	MATTHEWLIMJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91398998
Alternative Phone No	OFFICE-91398998

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF GTI 2.0L AT 5DR 5K19V3
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA298018/1
Cover Note Number	28/11/2017-27/11/2018

Driver

Name of Driver	MATTHEW LIM JUN HO
NRIC No	S9211266G
Date Of Birth	01/04/1992
Occupation	INDOOR
Date Of Driving Pass	17/08/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91398998
Fax Number	
Contact Number	OFFICE-91398998
Email Address	MATTHEWLIMJH@GMAIL.COM

Address	5 TANAH MERAH KECHIL ROAD
Postcode	466665
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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)	2
Passenger 1	NAME: : ONG QI WEI GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

REFER TO ATTACHMENT

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	SJV8599C
Vehicle Make/Model/Colour	ALFA ROMEO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMRAN
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 SHD3409U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 ONG QI WEI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKH1213Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

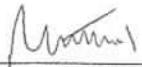
SKETCH PLAN

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)**

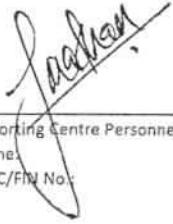
I understand, acknowledge, agree and consent that:

- (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.



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/20180806/7011

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

2 of 4

Report No. T/20180806/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKH1213Z	AXA INSURANCE SINGAPORE PTE LTD	GA298018	29/11/2017	27/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Frankie Yeung		ID No.	NIL
Related Vehicle	SHD3409U (Car)		Contact No.	97346998
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Amran		ID No.	NIL
Related Vehicle	SJV8599C (Car)		Contact No.	96912254
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	MATTHEW LIM JUN HO		ID No.	S9211266G
Related Vehicle	SKH1213Z (Car)		Contact No.	91398998
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**

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



T/20180806/7011

3 of 4

Report No. T/20180806/7011

CONTINUATION OF REPORT

Passenger			
Name	Ong Qi Wei	ID No.	S9133453D
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/08/2018	Date Discharge	04/08/2018
No. of Days granted Medical Leave	01	Degree of Injury	Serious

Brief Details.

I was traveling along TPE on the 3rd lane before Punggol exit when Vehicle SJV8599C swerve into my lane of travel and hit my Vehicle SKH1213Z at the front right portion pushing my vehicle into the divider crash barrier. Upon collision, my Vehicle SKH1213Z rear end spun out and was hit by oncoming Vehicle SHD3409U. Police was at the scene. Investigation Officer in charge is Lim Hong Lee DID 65476438.



**SINGAPORE
POLICE FORCE**

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



T/20180806/7011

4 of 4

Report No. T/20180806/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65476355

Authentication Stamp
NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 06/08/2018 15:45
Classification Of Case:

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	04/08/2018 12:15
Date Of Accident	04/08/2018 01:20
Exact Location Of Accident	TPE TOWARDS PUNGGOL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8599C
Insured/Policyholder	
Name Of Registered Owner	AMRAN BIN MOHAMMAD
NRIC No	S1790523F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96912254
Alternative Phone No	HOME-68819140

Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	159-2.2 JTS

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
------------------	-------------

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05019530
Cover Note Number	

Driver

Name of Driver	AMRAN BIN MOHAMMAD
NRIC No	S1790523F
Date Of Birth	30/12/1967
Occupation	INDOOR
Date Of Driving Pass	31/03/1995
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96912254
Fax Number	
Contact Number	HOME-68819140
EMail Address	NOEMAIL

Address	BLK 260B SENGKANG EAST WAY #04-440
Postcode	542260
Was driver an employee of the Insured's Company	NO
*If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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 Witness 1

Name	IRFAN
Phone Number	90180491
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH1213Z
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MATTHEW LIM JUN HO
NRIC/Passport Number	S9211266G
Contact Number	88180116

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	FRANKIE YEUNG
NRIC/Passport Number	
Contact Number	97346998
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	AMRAN BIN MOHAMMAD
Approximate Age	
Injuries Sustain	BRUISE
Injured person in which vehicle?	SJV8599C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

[Handwritten Signature]

Policyholder's Signature
Date & Time:

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

[Handwritten Signature]

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

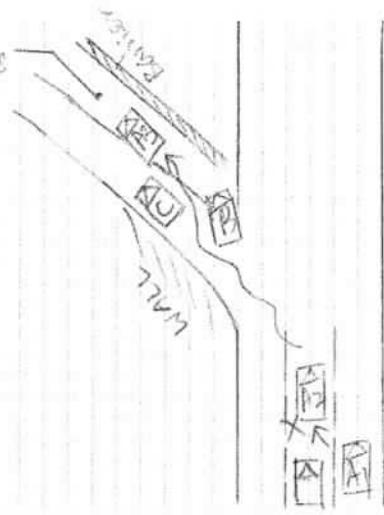


4/8/2018 @
11.35 AM

Sketch Plan Pg. 2

SKETCH PLAN

Kerb
with grass



A: SJV 859AC
B: SKH 1213Z
C: Taxi (Unknown)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

* Vehicle mounted kerb.

DECLARATION

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

Julean
Policyholder's Signature
Date & Time:
Company Chop (if applicable)

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

Shuman
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 41818 @
11-30A



Sketch Plan #2 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180804/2016

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3
Report No. T/20180804/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2018 04:33	Vide Report No.: G/20180804/0027	Station Diary No.: 32
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Informant's Particulars

Name of Informant: AMRAN BIN MOHAMMAD		Address: APT BLK 260B SENGKANG EAST WAY #04-440 SINGAPORE 542260	
ID Type / ID No.: NRIC NO / S1790523F		Contact No.: Home/Office: Mobile: 96912254	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 30/12/1967	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: AIRCRAFT TECHNICIAN		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/08/2018 01:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY toward TPE Exit 10			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV8599C	Car	ALFA ROMEO	ALFA 159 2.2JTS SEL ESPEED	Black	Seriously Damaged	0
SKH1213Z	Car	VOLKSWAGO N	GOLF GTI 2.0L AT 5DR 5K19V3	Grey		2



**SINGAPORE
POLICE FORCE**



T/20180804/2016

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180804/2016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV8599C	LONPAC INSURANCE BHD.	Z17VP05014624	10/08/2017	09/08/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	AMRAN BIN MOHAMMAD		ID No.	S1790523F
Related Vehicle	NIL		Contact No.	96912254
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 the 04/08/2018 at about 0120hrs, I was driving along TPE towards Punggol. I was driving my black colour Alfa Romeo, bearing the registration number SJV8599C, on the extreme right of the said expressway.

While I was changing my lane to the middle lane with the intention to exit Sengkang (TPE exit 10), there was a sudden hit coming from the rear of my said vehicle. Subsequently, I lost control of my vehicle and the car spin once. Thereafter, my vehicle was stop and I realized that my vehicle was already hit onto the left barricade of the road and on top of the grasspatch. I later notice that there was another two more vehicle, one is a Taxi (unknown plate number) another was a Volkswagen bearing the registration number SKH1213Z were also involved. A witness, known as Irfan, Hp: 90180491 came and approached me asking of my well being and told me that the vehicle that hit onto the rear of my vehicle has already fled. However, he could not recall the car registration number and it is in white colour. As I was in a state of shock at that point of time, trying to recall what happened I did not manage to get to ask about the incident to any of the driver. Moments after that, Traffic police and ambulance came attended to me.

I wish to state I do not have any in car vehicle camera. I also wish to state that I manage to get one witness, the Volkswagen's driver and taxi driver's particular only. I further wish to state that my vehicle was seriously damage where the airbags of my vehicle was being activated and had to be towed away, of which I do not know the total cost of damage to my said vehicle.



**SINGAPORE
POLICE FORCE**



T/20180804/2016

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

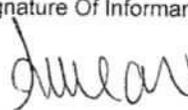
3 of 3
Report No. T/20180804/2016

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 / Sgt 2 MOHAMMAD HUSAINI BIN-MOHAMMAD YUSOFF	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2018 04:33
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



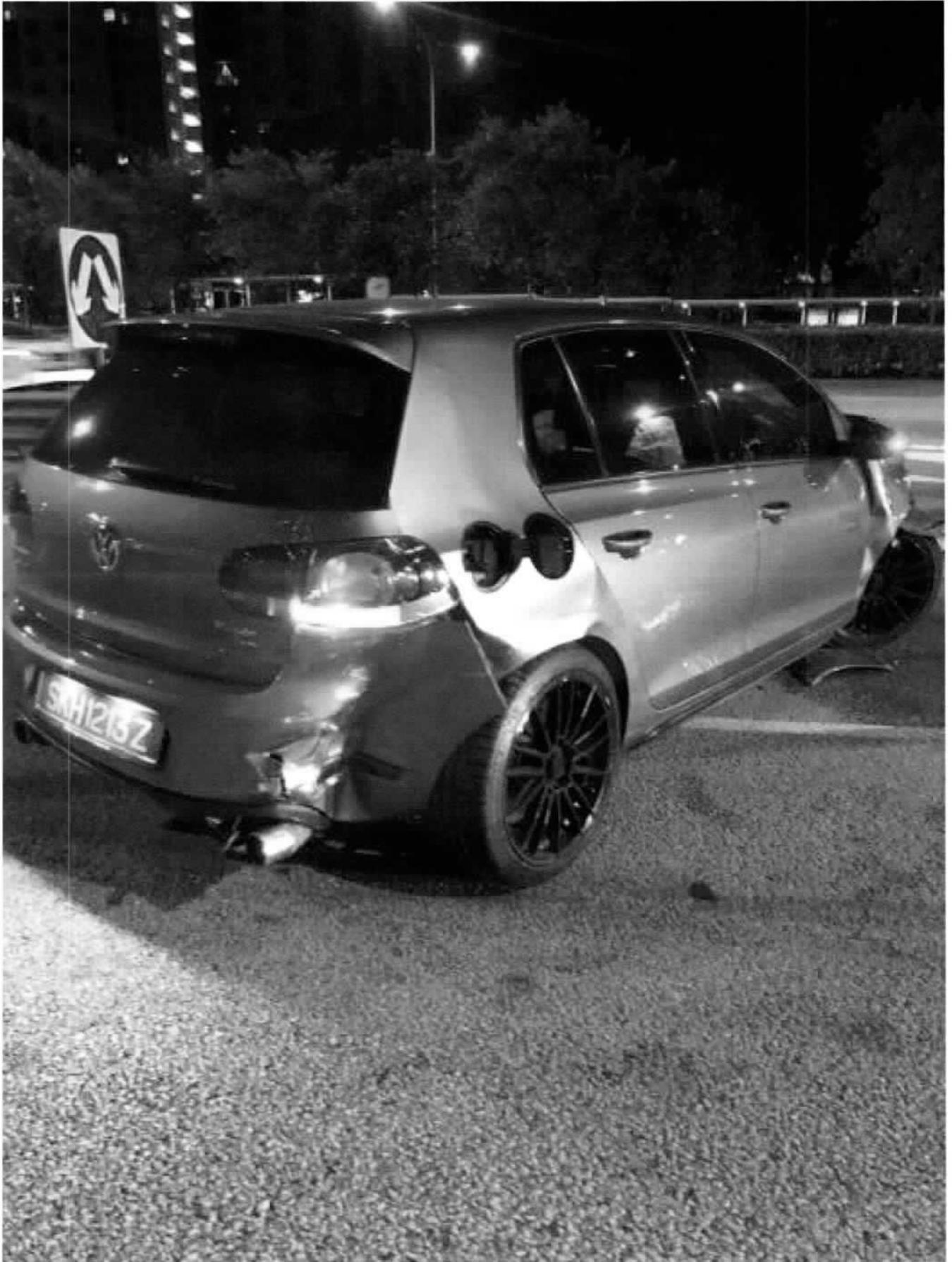
Accident Photo



Accident Photo



Accident Photo



Accident Photo



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1266G
Vehicle Details	
Vehicle No.:	SKH1213Z
Vehicle to be Exported:	No
Intended De-registration Date:	13 Aug 2018
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	GOLF GTI 2.0L AT 5DR 5K19V3
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	CCZ013873
Chassis No.:	WVWZZZ1KZ9W551126
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$32,082.00
Original Registration Date:	21 Apr 2010
First Registration Date:	21 Apr 2010
Transfer Count:	2
Actual ARF Paid:	\$32,082.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Apr 2020
PARF Rebate Amount:	\$17,645.00
Intended COE Rebate Details	
COE Expiry Date:	20 Apr 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$23,889.00
COE Rebate Amount:	\$4,027.00
Total Rebate Amount:	\$21,672.00

The information contained herein is correct as at 13 Aug 2018

OK



Your Ref : 17/18/18/VP05/020807

Date: 25th Oct 2018

Our Ref : CS3/LPC18014544/Gsd3e2-1

M/s Lonpac Insurance Bhd

300 Beach Road
#17-04/07 The Concourse
Singapore 199555
(The Motor Claims Department)

Dear Sirs/Madam,

**AUTOMOBILE INSPECTION REPORT OF ACCIDENT VEHICLE SKH 1213Z
ACCIDENT ON 04/08/2018**

Instruction was received to inspect the vehicle Reg. No. SKH 1213Z. The inspection was conducted on 10/08/2018 at the premises of M/s Derrick Motor Works, Blk 9002 #01-72, Tampines St 93, Singapore 528836.

The following vehicle information was recorded:

Registration Number	: SKH 1213Z
Make/Model	: Volkswagen GTI
Year of Registration	: 2010
Body Colour	: Grey
Chassis Number	: WWZZZ1KZ9W551126
Engine Capacity	: 1984 cc
Speedometer Reading	: 127927 km

The vehicle sustained damages at the front, rear o/s and undercarriage portion. (Details see photographs enclosed)

In view of this, we are of the opinion that it would be **uneconomical** to proceed with the repairs due to extensive repair cost and recommend it to be written off as **“Total Loss”**.

Market Value	S\$	36,000.00
Less: LTA Reimbursement Value (RV)	(S\$	21,672.00)
Nett Liability	S\$	<u>14,328.00</u>

Vehicle Inspected By:

XING GUO QIANG
M.MATAI, AMSAE-A
Automotive Assessor

K.K.LAU
MSc(Eng M), B Eng(Hons), Peng(UK),
MASME(USA), B Bus(Aust), MBA(UK),
IEng(UK), MIIE(mech), MinstAEA, MFIEA,
MIRTE, MIMI, MSAE, MCI Ard, AM, NIJAAR(USA),
AM CATARI(CAN), M.MATA(USA), M.MdATA(USA),
Licensed Appraiser

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