

ASS. REC. BY:

REF:

CS/SPF18019030 / Avbe2

Special Instruction:

Survivor:

African

**ASSIGNMENT (Office)**

From (Person):

Frankie Thay

of

SPF

Date/Time:

19/10/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLV 1848G

Insured:

QX 746D

at Workshop m/s

MCS Garage

Tel:

82857623

of

10 Kaki Bukit Rd 2 #03-25

Policy No:

Claim No:

AEMD/105/009/2018/145

Sum Insured:

Excess:

Make of Veh:

D.O.A.

17/10/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

19/10/2018 10:17am

Person Contacted:

An Hock

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction ( ☒ ) Estimate

SLV 1848G - X

QX 746D - X

10/12/18

Submit LS \$2900 (Red 4773, 629)

Est Range-\$2.5k- \$3.5k

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
 repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLV1848G Yr Regn: 2008 / JuneType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Mit Evo 10 C.C. 1998Colour: White A/C: Insured / Std / NI / NASp. Reading: 157036 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: C24170005508Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45 R18R: 225/45 R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 19/10/18Survey held at: MCSDes. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP SPF.

RECEIVED 11 DEC 2018

Date/Time. File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time. File Return to?

2) 11/12 - typistDays Of Repair: 5Resurvey No. of Trip: 1

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format: TPLump Sum / I.B.I. (\$) 2900/2Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

280

280



# SINGAPORE POLICE FORCE

SPF Accidents Claims Section  
Automotive Engg & Mgmt Div  
Police Logistics Department  
No. 1 Mount Pleasant Road  
Block 8 Old Police Academy  
#02-12 Singapore 298333

Your Ref : SLV1848G

Our Ref : AEMD/105/009/2018/145

Date : 19 Oct 2018

Tel: 64784841

Fax: 64784848

LKK Auto Consultants Pte Ltd  
Paya Ubi Industrial Park  
51 Ubi Avenue 1 # 01/02-25  
Singapore 408933

**Via Fax only: 62564315**

Dear Sir,

## ACCIDENT INVOLVING GOVERNMENT VEHICLE QX746D AND MOTOR VEHICLE SLV1848G ON 01 OCTOBER 2018

We refer to the above matter.

- 2 Kindly arrange for a Pre-Repair Inspection for Vehicle SLV1848G at M/s MCS Garage 10 Kaki Bukit Road 2, #03-25 First east Centre Singapore 417868.
- 3 Please contact Mr Ah Hock @ 82857623 or Mr Kendrick @ 92700917 for appointment.
- 4 Thank you.

Yours faithfully,

Frankie Thay  
Safe Driving Manager  
for ASSISTANT DIRECTOR

A FORCE FOR THE NATION

## 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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	17/10/2018 15:04
Date Of Accident	17/10/2018 09:55
Exact Location Of Accident	MAXWELL RD TWDS ROBINSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1848G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG SOON HOONG BRUCE
NRIC No	S7214138E
Email Address	BRUCELEONG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97651848
Alternative Phone No	OFFICE-97651848

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	EVO 10
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	ETIOA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0009757
Cover Note Number	

### Driver

Name of Driver	LEONG SOON HOONG BRUCE
NRIC No	S7214138E
Date Of Birth	02/05/1972
Occupation	INDOOR
Date Of Driving Pass	29/12/1983
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97651848
Fax Number	
Contact Number	OFFICE-97651848
Email Address	BRUCELEONG@YAHOO.COM

Address	BLK 122 TOA PAYOH LOR 2 #04-1B
Postcode	310122
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	
Was any body injured in the Accident?	NO
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	MARINA BAY N.P.C
Police Station Address	ROAD: 1 PRINCE EDWARD LINK , POSTCODE: 078872 , 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 POLICE REPORT: T/20181017/2061.

### 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	QX746D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 lodging 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 situated 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 #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

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



# MCS Garage

TPSPF  
Veron.

10 Kaki Bukit Road 2 #03-25, First East Centre Singapore 471868

Tel: 9270 0917 / 6538 4322

CZ4A 0005908

Vehicle number: SLV1848G

Vehicle Made & Model: MITSUBISHI EVO 10

Qty	List Items	Amount \$
1	Rear bumper <i>torn</i>	892.00 ✓
2	Rear bumper side retainers - L/R @ 48 <i>RH new</i>	96.00 <del>48</del>
10	Rear bumper clips @ 4.50 <i>new</i>	45.00 <del>30</del>
1	Rear bumper difusser <i>new</i>	395.00 X.
1	Rear fender - RH <i>Repair</i>	915.00 X
1	Rear fender inner shield - RH <i>new</i>	89.00 X
1	Rear upper arm <i>new</i>	645.00 X
1	Rear lower arm <i>Best</i>	386.00 ✓
1	Rear camber arm <i>sent</i>	266.00 ✓
1	Rear knuckle arm <i>new</i>	590.00 X.
1	Rear wheel hub bearing <i>new</i>	451.00 ✓
<b>Sub-total</b>		4,770.00
<b>Less 10%</b>		477.00
<b>Total List</b>		4,293.00

2073  
1865.70

## Special Nett Items

1	Rear tyre - RH <i>new</i>	450.00 X
1 set	Rear wheel sport rim <i>new</i>	580.00 <del>450</del>
<b>Total Special Nett</b>		1,030.00

450.

## Labour Charges

To check rear electrical wiring	40.00 <del>30</del>
To re-seal anti-rust	60.00 X.
To remove, refix rear undercarriage	300.00 <del>220</del>
To remove, refix interior upholstery to facilitate repair works	120.00 <del>50</del>
To remove, refix rear reverse sensor	80.00 <del>40</del>
To check wheel alignment	150.00 <del>80</del>
To respray painting & etc	800.00 <del>500</del>
Panel beating, cut, weld, remove & replacing above parts	800.00 <del>400</del>
<b>Total Labour</b>	2,350.00

1320

**ESTIMATE PARTS & LABOUR GRAND TOTAL \$**

**7,673.00**

Acknowledged by Repairer:  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Consent to repair and/or replacement of parts and/or labour by the following:  
• To resurvey before/after repair works  
• To replace damaged part(s) during resurvey  
• Parts 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

total: 3635.70

L/S: 2.9K

Range: 2.5-3.5K



# 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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF18019030/Avbe2

ACCIDENT CLAIM SECTION(SINGAPORE POLICE  
FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD  
POLICE ACADEMYSINGAPORE 298333

Date : 11-12-2018



ATTN : FRANKIE THAY

Code : SPF

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 746D	Veh. Inspected	SLV 1848G
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2018/145	Excess (\$)	0.00
Assign From	FRANKIE THAY	Assign Date	19/10/2018

## 2. Vehicle Particulars & Condition

Make & Model	MITSUBISHI EVO 10	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	CZ4A0005908	Colour	WHITE
Odometer	157036	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/45 R18	MICHELIN	6 mm
L/H Front Tyre	225/45 R18	MICHELIN	6 mm
R/H Rear Tyre	225/45 R18	MICHELIN	6 mm
L/H Rear Tyre	225/45 R18	MICHELIN	6 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	17/10/2018	Inspection Date	19/10/2018
Survey held at	MCS GARAGE 10 KAKI BUKIT ROAD 2 #03-25 FIRST EAST CENTRE SINGAPORE 417868		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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# 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 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLV 1848G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TORN	892.00	892.00
2	REAR BUMPER SIDE RETAINERS - L/R @\$48.00	O/S NECESSARY	96.00	48.00
10	REAR BUMPER CLIPS @\$4.50	NECESSARY	45.00	30.00
1	REAR BUMPER DIFUSSER	NOT NECESSARY	395.00	-
1	REAR FENDER - RH	TO REPAIR SEE LABOUR	915.00	-
1	REAR FENDER INNER SHIELD - RH	NOT NECESSARY	89.00	-
1	REAR UPPER ARM	NOT NECESSARY	645.00	-
1	REAR LOWER ARM	BENT	386.00	386.00
1	REAR CAMBER ARM	BENT	266.00	266.00
1	REAR KNUCKLE ARM	NOT NECESSARY	590.00	-
1	REAR WHEEL HUB BEARING	NECESSARY	451.00	451.00
	LESS 10% DISCOUNT		-477.00	-207.30
			4,293.00	1,865.70
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR TYRE - RH (SN)	NOT NECESSARY	450.00	-
1	SET REAR WHEEL SPORT RIM (SN)	CUT	580.00	450.00
			1,030.00	450.00
<b><u>LABOUR</u></b>				
	TO CHECK REAR ELECTRICAL WIRING.	NOT NECESSARY	40.00	30.00
	TO RE-SEAL ANTI-RUST.		60.00	-
	TO REMOVE, REFIX REAR UNDERCARRIAGE.		300.00	220.00
	TO REMOVE, REFIX INTERIOR UPHOLSTERY TO FACILITATE REPAIR WORKS.		120.00	50.00
	TO REMOVE, REFIX REAR REVERSE SENSOR.		80.00	40.00
	TO CHECK WHEEL ALIGNMENT.		150.00	80.00
	TO RESPRAY PAINTING & ETC.		800.00	500.00
	PANEL BEATING, CUT, WELD, REMOVE & REPLACING ABOVE PARTS. INCLUSIVE OF THE REPAIR OF REAR FENDER - RH.		800.00	400.00
			2,350.00	1,320.00
<b>GRAND TOTAL</b>			<b>7,673.00</b>	<b>3,635.70</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,900.00</b>

Report Ref No. CS/SPF18019030/Avbe2



Report Ref No. CS/SPF18019030/Avbe2

**NOTES : THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,500-\$3,500**

**ADRIAN LING WAI PING**

**B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI**

**Licensed Appraiser**

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