

ASS. REC. BY:

REF: CG/SPF18019148/Ksb2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Frankie Thuy of SPF Date/Time: 22.10.2018

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLT 2653E Insured: QX 1018Rat Workshop m/s Butak Dee Auto Tel: 91004390of Blk 10 Amk Ind Park 2H # 04-01Policy No: _____ Claim No: HEMD/105/009/2018/147

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05.10.2018

(Client's Record)

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

23.10.2018

H.O.D. Endorsement: _____

Date/Time: 22.10.2018 450pm Person Contacted: Susan Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLT 2653E - X
	QX 1018R - X
	11 Lm @ 1200h

Signature

REF:

SPF

ASSIGNMENT

From: Date: 23-10-2018

Estimated Cost:

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

To Inspect Vehicle No: SLT 2653E

at Workshop m/s

Botak Dee Auto

of Blk 10 AMK Ind Park 2A #04-01

Insured:

Policy No.

Claims No.

Sum Insured:

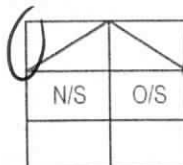
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

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 WP

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SLT 2653E Yr Regn: 10/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy / Harrier^{GA} C.C. 1998

Colour: M. Black A/C: Insured / Std / NI / NA

Sp. Reading: 17283 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTEK B364 10 J000586

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:

235/55R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm

R/Bal. 9 mm

L/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 5/10/18

D.O.I. 23/10/18

Survey held at

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

N/S 15m

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

Date / Time	Action / Instruction
	Do Not Finalize
24/10	File pass to Catherine
20/11/18	Submit Hs \$ 1,200/- @ 2 days (\$ 845.00 Red - 43%)
	Range - \$ 1,200/- - \$ 1,600/-
	RECEIVED - 8 NOV 2018

Date/Time, File Pass to?

1) 20/11/18
Typist

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair: 2

Resurvey No. of Trip: /

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I. (\$) 1,200/- Hs)

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 : SLT2653E

Our Ref : AEMD/105/09/2018/147

Tel: 64784841

Fax: 64784848

Date : 22 October 2018

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 QX1018R AND OTHER VEHICLE SLT2653E ON 5 OCTOBER 2018

We refer to the above matter.

- 2 Kindly arrange for a Pre-Repair Inspection for Vehicle SLT2653E at Botak Dee Auto Blk 10 Ang Mo Kio Industrial Park 2A, #04-01 Ang Mo Kio Autopoint, Singapore 568047.
- 3 Please contact M/s Susan at 91004390 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 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. 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	19/10/2018 16:13
Date Of Accident	05/10/2018 09:00
Exact Location Of Accident	MARSILING LANE BLK 16 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2653E
Insured/Policyholder	
Name Of Registered Owner	LAU SAU HWANG
NRIC No	S7475151B
Email Address	ERICLAU@SUMITOMO-CHEM.COM.SG
Mobile Phone No	(LOCAL) +65-91150955
Alternative Phone No	OTHERS-91150955

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	J 300000671 QMY
Cover Note Number	

Driver

Name of Driver	LAU SAU HWANG
NRIC No	S7475151B
Date Of Birth	17/04/1974
Occupation	INDOOR
Date Of Driving Pass	02/02/1999
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91150955
Fax Number	
Contact Number	OTHERS-91150955
Email Address	ERICLAU@SUMITOMO-CHEM.COM.SG

Address	114 WOODLANDS AVE 5 BELLEWOODS #11-31 SINGAPORE
Postcode	739017
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	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	2
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)	0
Details of Police Action	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
Circumstances of Accident	
REFER ATTACHED	
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	NA
Vehicle Make/Model/Colour	SPF VEHICLE
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)


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.



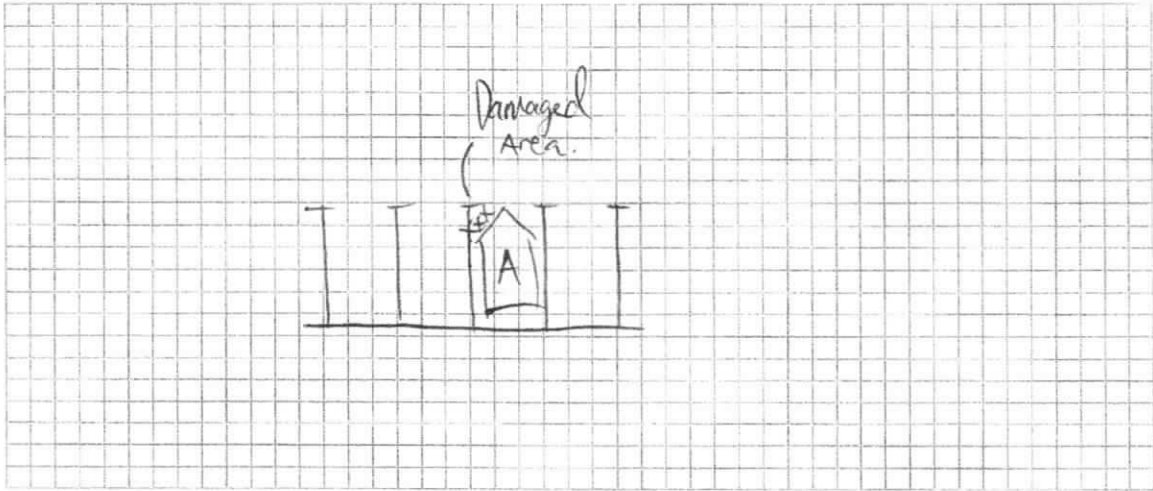
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer 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.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181006/7007

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

1 of 3

Report No. T/20181006/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2018 10:43		Vide Report No.: J/20181005/0131		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAU SAU HWANG			Address: 114 WOODLANDS AVENUE 5 #11-31 SINGAPORE 739017		
ID Type / ID No.: NRIC NO / S7475151B			Contact No.: Home/Office: Mobile: 91150955		
Nationality: SINGAPORE CITIZEN			Email: ericlau@sumitomo-chem.com.sg		
Sex: Male	Age: 44	Date of Birth: 17/04/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 05/10/2018 09:00	Type of Location: Car Park
Location: MARSILING LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT2653E	Car	TOYOTA	HARRIER+G +GRADE	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT2653E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	7VPCP1751340	24/10/2017	23/10/2018

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181006/7007

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

2 of 3

Report No. T/20181006/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAU SAU HWANG	ID No.	S7475151B
Related Vehicle	SLT2653E (Car)	Contact No.	91150955
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 05/10/2018 at about 1400hrs, Inspector Nashrun from Woodlands West NPC called me and asked me to check my car for any damages. After I checked my vehicle, I called Inspector Nashrun who told me that actually, a police car hit my car, probably when reversing the car. I then took photos of the damages and sent the photos to him. He then asked me to make a Traffic Accident report regarding the matter. My car only sustained scratches on the front bumper, on the left side nearer to the passenger side. I do not have any footage of the incident.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181006/7007

3 of 3

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

Report No. T/20181006/7007

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 /
MUHAMMAD FIRDAUS BIN SULEIMAN
Contact No.: 65476223

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:
06/10/2018 10:43

Classification Of Case:

BOTAK DEE AUTO

Repair for all kinds of Motor Vehicle
 Workshop : No. 10 Industrial Park 2A #04-01
 Ang Mo Kio Autopoint Singapore 568047
 Company Registration No. 53203907J
 HP : 91004390 / 91254449 Fax : 6484 1482
 Email : botakdeeauto@gmail.com

Automotive Engineering & Management
 M/s Division DATE 23.10.2018
 Police Logistics Department 1 Mount
 Pleasant Road CAR NO SLT 2653 E
 Block 8 Old Police Academy S298333 MAKE Toyota Harrier 2.0A

ESTIMATE COST OF REPAIR FOR THE ABOVE MENTIONED VEHICLE.
 YOUR INSURED : QX 1018 R

Qty	Pcs	JTEKB3GH10J000546	UNIT PRICE	AMOUNT
1	pc	Front bumper <i>298</i>	<i>Buclnd</i>	\$1,395.00 ✓
		Labour for dismantle front damage bumper & replace new front bumper.		\$300.00 <i>200</i>
		To respray front bumper assy.		\$400.00 <i>250</i>
<p><i>Not Withaird</i> <i>11 Lyr 8 1200</i> <i>Runny After Pain</i> <i>2 days</i></p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display 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 <p>Acknowledged by Repairer Signature: Date:</p>				Total \$2,095.00

BOTAK DEE AUTO.



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/SPF18019148/Ksbe2		
ACCIDENT CLAIM SECTION(SINGAPORE POLICE FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMY SINGAPORE 298333		Date : 27-11-2018		
ATTN : FRANKIE THAY		Code : SPF		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	QX 1018R	Veh. Inspected	SLT 2653E	
Policy No.		Coverage (\$)	0.00	
Claim No.	AEMD/105/009/2018/147	Excess (\$)	0.00	
Assign From	FRANKIE THAY	Assign Date	22/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA HARRIER (A)	c.c	1998	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTEKB3GH10J000546	Colour	METALLIC BLACK	
Odometer	17283	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/55 R18	BRIDGESTONE	9 mm	
L/H Front Tyre	235/55 R18	BRIDGESTONE	9 mm	
R/H Rear Tyre	235/55 R18	BRIDGESTONE	9 mm	
L/H Rear Tyre	235/55 R18	BRIDGESTONE	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	05/10/2018	Inspection Date	23/10/2018	
Survey held at	BOTAK DEE AUTO 10 ANG MO KIO INDUSTRIAL PARK 2A #04-01 AMK AUTOPOINT SINGAPORE 568047			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLT 2653E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	BUCKLED / DENTED		
	FRONT BUMPER		1,395.00	1,395.00
	LESS 20% DISCOUNT		-	-279.00
			1,395.00	1,116.00
	<u>LABOUR</u>			
	LABOUR FOR DISMANTLE FRONT DAMAGE BUMPER & REPLACE NEW FRONT BUMPER.		300.00	200.00
	TO RESPRAY FRONT BUMPER ASSY.		400.00	250.00
			700.00	450.00
GRAND TOTAL			2,095.00	1,566.00

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,200.00
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Report Ref No. CS/SPF18019148/Ksbe2

NOTES : THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$1,200-\$1,600

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.