

22/03/2002

ASS. REC. BY:

REF:

CS3 / CTU 8020576 / Jcb22

Special Instruction:

Surveyor:

H-J

**ASSIGNMENT (Office)**

From (Person):

Irene Tay

of

CTU

Date/Time:

13.11.2018 4:12pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKT 82510

Insured:

XD 6628U

at Workshop m/s

My Car Consultants

Tel:

8866 8832

of

53 Ubi Rd 1 #01-25

Policy No:

Claim No:

SNM18005284002

Sum Insured:

Excess:

Make of Veh:

D.O.A.

08/12/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

13.11.2018 1039am

Person Contacted:

Huigin

Vehicle: IN / OUT

Date/Time

Action/Instruction ( X ) Estimate

SKT 82510 - NA / LIP 18020242 / r3

DUP: 08/12/2018

XD 6628U - CC6 / CTU 8010171 / Ahasn2

DUP: 03/06/2018

Dismantle: 16/11/2018

PRS  
Hwee Jie

REF:

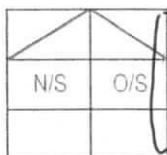
CTI

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s My Car Consultants  
 of 53 Ubi Ave 1 #01-25  
 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

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

Vehicle: IN / OUT

Veh No: SKT 8251 D Yr Regn: 24 Jun 2015  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or

Make: Honda City C.C. 1497  
 Colour: Grey A/C: Insured / Std / NI / NA  
 Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
 C/No: MRHGM666OGPO00114

Gen. Cond: Good / Fair / Poor / Burnt

Steering: None / Jammed / Leaked / Burnt or

Brake: None / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 185/55 R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / 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. 8/11/18 D.O.I. 14/11/18

Survey held at — @ 1340

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

O/S

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

Date / Time Action / Instruction

Range: \$8,000 - \$9,000  
3 days

19/11/2018

Date/Time File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time File Return to?

2)

Days Of Repair: 8

Resurvey No. of Trip: 1

Survey Fee:

Transportation

— S + RS — SI

Photos

Others

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech Invs (\$

☐ Weekend (\$

Report Format : PRS

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

TOTAL

150

150

## Catherine Chong (LKK Auto)

---

**From:** Irene Tay <irene.tay@sg.cntaiping.com>  
**Sent:** Tuesday, 13 November, 2018 4:12 PM  
**To:** ardiilah@aplp.com.sg  
**Cc:** assignments@lkkauto.com  
**Subject:** CTP REF NO. SNM18D05284C02 APLP REF NO. SKT8251D - ACCIDENT INVOLVING XD6628U AND SKT8251D ON 08 NOVEMBER 2018  
**Attachments:** 13112018153306.pdf

Dear LKK (Catherine),

Please liaise with AP Law Practice, Ardiilah at 6407-1429.

Thank you.

**Irene Tay**  
Executive  
Claims Department (Motor Division)

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Direct (65) 6389 6192  
Fax (65) 62247478/62247175  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
[www.sg.cntaiping.com](http://www.sg.cntaiping.com)



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*This message is confidential; its contents do not constitute a commitment by China Taiping Insurance (Singapore) Pte. Ltd. except where provided for in a written agreement between you and China Taiping Insurance (Singapore) Pte. Ltd. Any unauthorized disclosure, use or dissemination, either in whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.*

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**From:** Irene Tay  
**Sent:** Tuesday, 13 November, 2018 3:37 PM  
**To:** 'ardiilah@aplp.com.sg' <ardiilah@aplp.com.sg>  
**Cc:** 'ardiilah@aplp.com.sg' <ardiilah@aplp.com.sg>  
**Subject:** CTP REF NO. SNM18D05284C02 APLP REF NO. SKT8251D - ACCIDENT INVOLVING XD6628U AND SKT8251D ON 08 NOVEMBER 2018

**Without Prejudice**

Dear Sir,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

STA

LBS

LKK

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Case Handler: Elaine Cheong

Thank you.

**Irene Tay**  
Executive  
Claims Department (Motor Division)

**China Taiping Insurance (Singapore) Pte. Ltd.**  
3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Direct (65) 6389 6192  
Fax (65) 62247478/62247175  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
[www.sg.cntaiping.com](http://www.sg.cntaiping.com)



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## Catherine Chong (LKK Auto)

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**From:** Nur Ardiilah Ramli <ardiilah@aplp.com.sg>  
**Sent:** Wednesday, 14 November, 2018 10:24 AM  
**To:** Admin-D (LKKAuto); 'Irene Tay'  
**Cc:** assignments  
**Subject:** RE: CTP REF NO. SNM18D05284C02 APLP REF NO. SKT8251D - ACCIDENT INVOLVING XD6628U AND SKT8251D ON 08 NOVEMBER 2018

Dear Sir/Madam

**My Car Consultant**  
**53 Ubi Ave 1**  
**#01-25 Paya Ubi Industrial Park**  
**Singapore 408934**

**Contact person: Huiqin**  
**Tel: 88668832**

Please note that our clients' vehicle will only be available for pre-repair survey within the next two (2) working days. Our clients shall proceed to repair their vehicle thereafter without further notice or reference to you.

All our clients' rights are reserved.

**Ardiilah**  
**Secretary to Mr Charles Hoon**

**A P** Law Practice  
9 Temasek Boulevard #09-01 Suntec Tower 2 Singapore 038989  
T: 64071429 F: 64071427 E: [ardiilah@aplp.com.sg](mailto:ardiilah@aplp.com.sg)  
Singapore UEN No.: 53380739E

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**From:** Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Sent:** Tuesday, 13 November 2018 4:17 PM  
**To:** 'Irene Tay' <irene.tay@sg.cntaiping.com>; Nur Ardiilah Ramli <ardiilah@aplp.com.sg>  
**Cc:** assignments <assignments@lkkauto.com>  
**Subject:** RE: CTP REF NO. SNM18D05284C02 APLP REF NO. SKT8251D - ACCIDENT INVOLVING XD6628U AND SKT8251D ON 08 NOVEMBER 2018

Dear Irene,

Thank you for the assignment.

Dear Ardiilah,

Kindly provide us the workshop detail.

Best Regards,

**Catherine Chong** | Admin  
**LKK Auto Consultants Pte Ltd**

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	4911D
<b>Vehicle Details</b>	
Vehicle No.:	SKT8251D
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Nov 2018
Vehicle Make:	HONDA
Vehicle Model:	CITY 1.5 SV CVT
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	L15Z12704278
Chassis No.:	MRHGM6660GP000114
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$17,285.00
Original Registration Date:	24 Jun 2015
First Registration Date:	24 Jun 2015
Transfer Count:	0
Actual ARF Paid:	\$7,285.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jun 2025
PARF Rebate Amount:	\$5,463.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	23 Jun 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$66,000.00
COE Rebate Amount:	\$43,578.00
<b>Total Rebate Amount:</b>	<b>\$49,041.00</b>

The information contained herein is correct as at 16 Nov 2018

OK

## 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	08/11/2018 11:43
Date Of Accident	08/11/2018 08:00
Exact Location Of Accident	ALONG CTE BESIDE EXIT 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8251D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP ENG SENG
NRIC No	S1304911D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93880159
Alternative Phone No	OTHERS-93880159

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V05206/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	YAP ENG SENG
NRIC No	S1304911D
Date Of Birth	26/04/1958
Occupation	INDOOR
Date Of Driving Pass	29/11/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93880159
Fax Number	
Contact Number	OTHERS-93880159
Email Address	NOEMAIL

Address	BLK 28 BALAM ROAD #08-29
Postcode	370028
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?	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	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO. - FAX NO.
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181108/2030

#### 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	XD6628U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAKSHMANAN SUBRAMANIAN
NRIC/Passport Number	G7724570M
Contact Number	91676861
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	YAP ENG SENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKT8251D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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## Accident Sketch Plan

### 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 issuing 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 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 8/11/18

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name

NRIC/ID No.

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The info in the police report is correct.

## DECLARATION

We declare the foregoing particulars are true in every respect

Policyholder's Signature  
Date & Time: 8/11/18

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

Reporting Center Personnel's Signature  
Name:  
NRIC File No:

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20181108/2030

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No. 1800-8486999

2 of 3

Report No. T/20181108/2030

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	YAP ENG SENG		ID No S1304911D
Related Vehicle	SKT8251D (Car)		Contact No 93880159
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class 3 Date of Expiry: NIL
Date Treatment	08/11/2018	Date Discharge	08/11/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	Lakshmanan Subramanian		ID No G7724570M
Related Vehicle	XD6628U (Lorry)		Contact No 91676861
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class 4 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 08/11/2018 at about 0800hrs, I was driving my vehicle a grey in color Honda city bearing license plate number SKT8251D along Central Expressway (CTE) and was exiting via exit 10 when I noticed that there was a Volvo lorry bearing license plate number XD6628U driving very close on the lane beside me. Suddenly, the lorry then started moving into my lane and it resulted in his vehicle side-swiping the right side of my vehicle. It resulted in damages to the entire right side of my vehicle body. We then stopped at the side and exchanged particulars. However, I felt some discomfort and as such, proceeded to see a doctor and was awarded a 5 days medical certificate.

## Police Report



**SINGAPORE  
POLICE FORCE**



1/2018/1082030

Police Station Of Origin  
Geylang N.P.C.  
132 Rava Lebar Road SINGAPORE 409014  
Tel No: 1800-8486900

1 of 1  
Report No: 1/2018/1082030

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2018 11:00	Video Report No.:	Station Diary No.: 24
--	-------------------	--------------------------

## Informant's Particulars

Name of Informant YAP ENG SENG	Address: APT BLK 28 BALAM ROAD #08-29 SINGAPORE 370028		
ID Type / ID No. NRIC NO / S1304511D	Contact No.: Home/Office: Mobile: 93880159		
Nationality SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 50	Date of Birth: 25/04/1958	Type of Informant Driver
Race Chinese	Language	Institution / School Name	
Occupation Building construction engineer	Driving Licence Information Class: 3		Date of Expiry

## General Information of the Accident

General Information of the Accident				
Type of Accident	Injury Others	Drink Driver: No	Date/Time of Accident: 08/11/2018 08:00	Type of Location Expressway exit
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE beside Exit 10				
Weather Clear	Road Surface Dry		Road Speed Limit	
Traffic Flow One Way	Traffic Control Not Controlled		Traffic Volume Heavy	
Type of Collision Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SK18251D	Car	HONDA	CITY 1.5 SV CVT	Grey	Seriously Damaged	0
XD6628J	Lorry	VOLVO	FMX370 64R SLEEPER CAB	White	Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Police Report



**SINGAPORE  
POLICE FORCE**



T/2018/11082630

2 of 3

Police Station Of Origin:  
Ceylang N.P.C  
132 Paya Lebar Road SINGAPORE 400114  
Tel No. 1800-3456999

Report No. T/2018/11082630

## CONTINUATION OF REPORT

Driver			
Name	YAP ENG SENG	ID No	S1304911D
Related Vehicle	SKT8251D (Car)	Contact No.	93580159
Hospital/Clinic	MOLNT ALVERNIA HOSPITAL	Class of Driving License & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/11/2018	Date Discharge	08/11/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Lakshmanan Subramanian	ID No	G7724570M
Related Vehicle	XD6628U (Lorry)	Contact No	91876961
Hospital/Clinic	NIL	Class of Driving License & Expiry Date	Class: 4 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 08/11/2018 at about 0800hrs, I was driving my vehicle a grey in color Honda city bearing license plate number SKT8251D along Central Expressway (CTE) and was exiting via exit 10 when I noticed that there was a Volvo lorry bearing license plate number XD6628U driving very close on the lane beside me. Suddenly, the lorry then started moving into my lane and it resulted in his vehicle's de-swiping the right side of my vehicle. It resulted in damages to the entire right side of my vehicle body. We then stopped at the side and exchanged particulars. However, I felt some discomfort in as such, proceeded to see a doctor and was awarded a 5 days medical certificate.

Police Report



SINGAPORE  
POLICE FORCE



T201811052030

Police Station Of Origin  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No: T201811052030

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 65474855 stating the report number as reference.

Signature Of Officer Recording The Report

G +

Sgt 2 TOO YONG BOON

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time

08/11/2018 11:00

Officer In Charge Of Case

TP / AEIT /

Sr Staff Sgt MOHAMAD ZUL FAZDLI BIN  
ABDULLAH

Contact No.: 65475204

Authentication Stamp

UP-10

Classification Of Case

### ...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	16 Nov 2018		16 Nov 2018 15:27 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	-, Co. Reg. No.: -								
Main Claimant:	<b>YAP ENG SENG</b>								
Vehicle Reg. No.:	<b>SKT8251D</b>	Date of Loss:	08/11/2018 08:00 - :59 [40 Months and 15 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / SNM18D05284C02</b>	Policy/Cover Note No.:	DMCVSN1813761800						
Vehicle Reg. No. (Insured):	<b>XD6628U</b>	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	<b>My Car Consultant Pte Ltd (Ubi)</b> 53 Ubi Ave 1, #01-24, Paya Ubi Industrial Park, 408934 Ubi - Tel:								
Handling Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Irene Tay Hui Ping</b> - 638986192]								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>ONG HWEE JIE</b> ] ... [Final Rpt due 27/11/2018]								
Adj Asg. Remarks:	PLEASE SURVEY AND REVERT								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									



## Claim Documents

**\*SKT8251D (SNM18D05284C02)**  
**[XD6628U]**  
**TP**  
**YAP ENG SENG**  
**Nov 8 2018 8:00AM**  
**[-]**  
**My Car Consultant Pte Ltd**

Upload Documents		Upload Photos		Compose New Letter		View		View in Browser	
Photos/Images								3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)					Thumbnail	Print	
1	16/11/18 17:33	General View					Load PDF		
2	16/11/18 17:39	Photographs of Damaged Parts					Load PDF		

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	<a href="#">Reset</a>	<a href="#">Save</a>	<a href="#">Print</a>
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>			
<div></div>			
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer			
Note: Remarks are private unless you show it to other parties.			

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/CTI18020576/JCBE2

Date: 26/11/2018

## REFERENCE

Handling Insurer: China Taiping Insurance  
(Singapore) Pte. Ltd.

Policy No: DMCVSN1813761800

Claimant Vehicle  
No : SKT8251DInsured Vehicle  
No : XD6628U

Date of Loss: 08/11/2018

Nature of Claim: TP

Claim  
No: SNM18D05284C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: **SKT8251D**

Make &amp; Model: HONDA CITY, 1.5 (A)

Engine No: L15Z12704278

Reg. Date: 24/06/2015 (Man. Year: 2015)

Chassis No: MRHGM6660GP000114

Colour: Grey

Odometer: 0 km

Engine Capacity: 1497 cc

Market Value/New Car Price: N/A

Sum Insured (\$\$): **Market Value/New Car Price**

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size: 185/55 R16

Rear Tyre Size: 185/55 R16

Front Left Side: Bridgestone 6 mm

Rear Left Side: Bridgestone 6 mm

Front Right Side: Bridgestone 6 mm

Rear Right Side: Bridgestone 6 mm

*The above values represent the remaining tyre treads depth*

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Nett Amount (\$\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 16/11/2018

Date Inspected: 14/11/2018 Inspected At:

My Car Consultant Pte Ltd (Ubi)  
53 Ubi Ave 1, #01-24, Paya Ubi Industrial  
Park  
Singapore 408934

Estimated Period of Repair: 8.0 days

Adjuster: ONG HWEE JIE

Manager: CELINE FONG

*NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*

- 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.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$8,000.00 - \$9,000.00

## REPAIR DETAILS

### Reference

**Part Source:** MRM-SG      Version: 1.0 (Last Synchronised: 23 Nov 2018)

**Parts:** 143      HONDA CITY 1.5 (A) (Catalogue:Merimen Singapore 1.0)

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

**Print Code:** (Unsubmitted, no print-code for SKT8251D)

**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

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

### Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.
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< END OF ESTIMATES >