

ASS. REC. BY:

REF: CS/TPS18021123/Ktbz

Special Instruction:

SURVILOR

Mellman

ASSIGNMENT (Office)

From (Person): Janice Goh of ICS Date/Time: 22/11/2018 11:34am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 9640C Insured: GBC 8713J

at Workshop m/s Trans Cab Tel:

of No. 2 Amk 94 63

Policy No: MCVBA00002701 Claim No: DMCV18000904/JH

Sum Insured: Excess:

Make of Veh: D.O.A. 20-11-2018
(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 22/11/2018 Person Contacted: Candy Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 9640C - CS/TP15001851/Ktbz OCA: 28/11/2015
	GBC 8713J - X
	Lump Sum \$1750/- (Red: 16548.24 : 90%)

REF: TCS

ASSIGNMENT

From: Date: 22.11.2018

Estimated Cost:

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

To Inspect Vehicle No: SHD 9640C

at Workshop m/s: Trans Cab

of No. 2 Amk St 63

Insured:

Policy No:

Claims No:

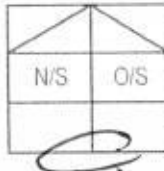
Sum Insured: Excess:

(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: 02 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD 9640C Yr Regn: 08 12

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

Truck / Trailer or

Make: Chevrolet Epica C.C. 1991

Colour: White 1R A/C: Insured / Std / NI / NA

Sp. Reading: 608959 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KL1LA69RJB 100034

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R:

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

TOYO / YOKO or Giti

Front

Rear

R/Bal. 9 mm

R/Bal. 8 mm

L/Bal. 9 mm

L/Bal. 8 mm

D.O.A. 20/11/18

D.O.I. 22/11/18

Survey held at

Des. 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

23/11 File pass to Catherine

RECEIVED 05 DEC 2018

Date/Time, File Pass to?



: Preli. Report

1) 5/12 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: -

Report Format:

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

TP 1750/-

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

450

10

460

Catherine Chong (LKK Auto)

From: ECICS Claims <claims@ecics.com.sg>
Sent: Thursday, 22 November, 2018 11:34 AM
To: Candy Kong; 'assignments'
Cc: ECICS Claims
Subject: RE: ARRANGE FOR SURVEY SHD9640C
Attachments: img-Y22090042-0001.pdf

Without Prejudice

Hi Candy

Thank you for your email.
We will appoint LKK for the PRS.

Aside to LKK

Please assist to arrange TP survey.
Our claim no DMCV1800090H/JG

Thank you.

Regards,
Janice Goh
Claims Division
DID: +65 6303 0182
FAX: +65 6338 9267

ECICS Limited
10 Eunos Road 8, Singapore Post Center #09-04A, Singapore 408600

WITH IMMEDIATE EFFECT FOR ALL PRE-REPAIR INSPECTION/SURVEY, please email to motorsurvey@ecics.com.sg directly.

**Please bear with us should we take longer to response as we are currently experiencing a high volume of claims.
Thank you for your kind patience and understanding.**

-----Original Message-----

From: Candy Kong [<mailto:candy.kong@transcab.com.sg>]
Sent: Thursday, 22 November, 2018 9:35 AM
To: ECICS Claims
Subject: ARRANGE FOR SURVEY SHD9640C

DEAR ALL,

PLS ARRANGE LKK AUTO CONSULTANTS PTE LTD TO SURVEY

Please arrange for survey as below :

GBC8713J - 20.11.2018 at 1915Hrs - SHD9640C

Lunch time : 12pm - 1pm.

Kindly pls dun arrange survey during lunch time.

"We Agree to let your In-house surveyor assess/ survey our vehicle with estimate

Thks & Rdgs
Candy Kong
Claims Service Assistant

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet

This email has been checked for viruses by AVG.

<https://www.avg.com>

[ECICS Facebook] [ECICS Twitter] [ECICS Limited]

This message may contain privileged and confidential information and is only intended for use by the addressee. No representation, warranty, guarantee or undertaking expressed or implied is made by ECICS Limited; as to the fairness, accuracy or completeness of any information, projections or opinions contained in this message. Any unauthorized disclosure, use or dissemination either in whole or in part is prohibited. If you are not the addressee indicated in this message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email. Opinions contained herein are the personal opinions of the sender and do not necessarily represent the views of ECICS Limited.

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	21/11/2018 11:04
Date Of Accident	20/11/2018 19:15
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9640C
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	TAXI

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	LIM BOON CHOY
NRIC No	S1117213Z
Date Of Birth	29/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	17/07/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96786191
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 24 HOUGANG AVE 3 #05-402
Postcode	530024
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20181121/2005

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	GBC8713J
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	GOODS VEHICLE
Name of Driver	VEERAPPAN PONNIAH
NRIC/Passport Number	034980764
Contact Number	90080107
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG8139X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	ADRIAN TAN RAY KIAT
NRIC/Passport Number	S9538113H
Contact Number	96695624
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM BOON CHOY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD9640C
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.

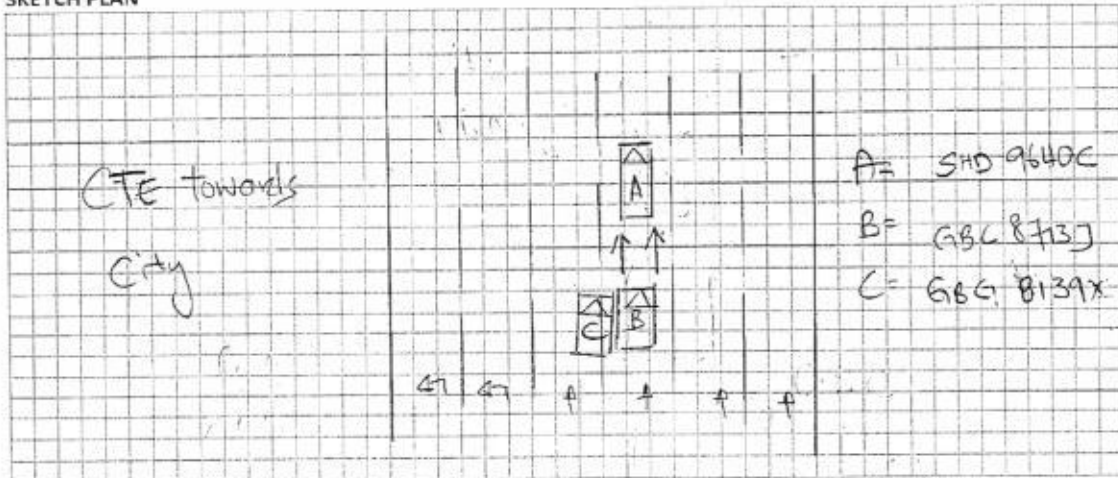
Policyholder's Signature
Date & Time:

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

pls see attach police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

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

1. The first step is to identify the problem. This involves understanding the current situation and what needs to be changed.

1 of 4

Report No. T/20181121/2005

Date/Time Report Made: 21/11/2018 00:35	Vide Report No.: F/20181120/0200	Station Diary No.: 10
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Name of Informant: LIM BOON CHOY			Address: APT BLK 24 HOUGANG AVENUE 3 #05-402 SINGAPORE 530024		
ID Type / ID No.: NRIC NO / S1117213Z			Contact No.: Home/Office: Mobile: 96786191		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 29/06/1955	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:		Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2018 19:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE towards City, near Braddell Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC8713J	Lorry					1
GBG8539Z	Lorry					1
SHD9640C	Car	CHEVROLET		Red	Slightly Damaged	3

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181121/2005

2 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181121/2005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VEERAPPAN PONNIAH	ID No.	G6196103N
Related Vehicle	GBC8713J (Lorry)	Contact No.	90080107
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	ADRIAN TAN RAY KIAT	ID No.	S9538113H
Related Vehicle	GBG8539Z (Lorry)	Contact No.	96695624
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	LIM BOON CHOY	ID No.	S1117213Z
Related Vehicle	SHD9640C (Car)	Contact No.	96786191
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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181121/2005

3 of 4

Report No. T/20181121/2005

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Passenger			
Name	Xian	ID No.	NIL
Related Vehicle	SHD9640C (Car)	Contact No.	90693583
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

Brief Details.

On 20/11/2018 at about 7.15 pm, I was driving my taxi (SHD9640C) along CTE towards city. During the material time, I have one couple and a child (about 4-year old) on board my vehicle. I was travelling along the third lane (from the extreme right lane). While cruising along CTE, Braddell exit, a lorry (GBC8713J) had collided onto the rear of my taxi.

As such, I alighted from my taxi to check what had happened. It was later established that the said lorry had collided with the another lorry (GBG8539Z) before the collision with me.

Soon after, police arrived at the accident site. My passengers and I were not injured. After exchanging the particulars with the other drivers, I left the scene.

Later at about 10.00 pm, I received call from Traffic Police and I was advised to lodge a police report for the accident.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181121/2005

4 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181121/2005

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:

E /

Sr Staff Sgt LOW WEE KEONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/11/2018 00:35

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE
SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20181121/2096

1 of 3

Report No. T/20181121/2096

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2018 16:12	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars			
Name of Informant: LIM BOON CHOY		Address: APT BLK 24 HOUGANG AVENUE 3 #05-402 SINGAPORE 530024	
ID Type / ID No.: NRIC NO / S1117213Z		Contact No.: Home/Office: Mobile: 96786191	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 29/06/1955	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2018 19:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE TOWARDS CITY NEAR BRADDELL EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
GBG8139X	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20181121/2096

2 of 3

Report No. T/20181121/2096

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT

Brief Details.

Reference my previous Traffic Accident Report T/20181121/2068, I wish to amend one of the vehicle involved from GBG8539Z to GBG8139X(Corrected One). That is all.



**SINGAPORE
POLICE FORCE**



T/20181121/2096

3 of 3

Report No. T/20181121/2096

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

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 BOH YONG SENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/11/2018 16:12

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No: 65476202 SN 085

Classification Of Case:

Authentication Stamp
NP168

Signature:

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20181121/2068

1 of 4

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20181121/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2018 14:11	Vide Report No.: T/20181121/2005	Station Diary No.: 18
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Informant's Particulars

Name of Informant: LIM BOON CHOY			Address: APT BLK 24 HOUGANG AVENUE 3 #05-402 SINGAPORE 530024		
ID Type / ID No.: NRIC NO / S1117213Z			Contact No.: Home/Office: Mobile: 96786191		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 29/06/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2018 19:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE TOWARDS CITY NEAR BRADDELL EXIT				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage 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
GBC8713J	Lorry					1
GBG8539Z	Lorry					1
SHD9640C	Car				Slightly Damaged	3

066 8139



**SINGAPORE
POLICE FORCE**



T/20181121/2068

2 of 4

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20181121/2068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	VEERAPPAN PONNIAH	ID No.	G6196103N
Related Vehicle	GBC8713J (Lorry)	Contact No.	90080107
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
Name	ADRIAN TAN RAY KIAT	ID No.	S9538113H
Related Vehicle	GBG8539Z (Lorry)	Contact No.	96695624
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
Name	XIAN	ID No.	NIL
Related Vehicle	SHD9640C (Car)	Contact No.	90693583
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

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20181121/2068

4 of 4

Report No. T/20181121/2068

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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: G / Sgt 3 SIM FAWWAZ BIN SIM HASHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/11/2018 14:11
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN ABYAS Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168	



**SINGAPORE
POLICE FORCE**



T/20181121/2068

3 of 4

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20181121/2068

CONTINUATION OF REPORT

Driver			
Name	LIM BOON CHOY	ID No.	S1117213Z
Related Vehicle	SHD9640C (Car)	Contact No.	96786191
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/11/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 21/11/2018 at 0035hr, I lodged a traffic accident report vide T/20181121/2005.

On 21/2018 at 1330hr, I went to Sunshine Clinic to check my injuries and received 5 days of MC from 21/11/2018 to 25/11/2018. I am lodging this report to include the MC in my report. That is all.

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No.: 6287 6666 Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

SHD 9640C**AAD1811-184***Not Authorized*
61 Sep @ 1750h

Vehicle No.:
 Chassis No.:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :

SHD 9640C

KL1LA69RJB100034

CHEVROLET

EPICA 2.0

20.11.2018

ECICS**PART****LIST**

1	1	Rear Bumper	\$	<i>Bt/unt</i> 1,202.00	✓
2	1	Rear Bumper Beam	\$	<i>Bu</i> 239.94	✓
3	1	Rear Bumper Centre Absorber	\$	<i>Sn</i> 260.00	X
4	1	Rear Bumper Side Retainer RH	\$	<i>Sn</i> 68.76	}
5	1	Rear Bumper Side Retainer LH	\$	<i>Sn</i> 68.76	
6	1	Rear Bumper Reflectors RH	\$	<i>Sn</i> 119.74	
7	1	Rear Bumper Reflectors LH	\$	<i>Sn</i> 119.74	
8	1	Rear Bumper Tow Hook Cover	\$	<i>Sn</i> 93.00	
9	1	Rear End Panel Outer	\$	<i>R</i> 623.76	
10	1	Rear End Panel Inner Trim	\$	<i>Sn</i> 263.84	
11	1	Rear Luggage Floor Panel	\$	<i>R</i> 973.00	
12	1	Rear Luggage Floor Panel Insulator	\$	<i>Sn</i> 63.50	
13	1	Rear Luggage Floor Panel Trim Board	\$	<i>Sn</i> 378.00	
14	1	Bootlid	\$	<i>R</i> 973.00	} X
15	1	Bootlid inner trim board	\$	<i>Sn</i> 400.00	
16	1	Bootlid Weatherstrip	\$	<i>Sn</i> 344.28	
17	1	Bootlid Lock - Top	\$	<i>R</i> 466.56	
18	1	Bootlid 'CHEVROLET' Badge	\$	<i>un</i> 120.62	
19	1	Bootlid Logo	\$	<i>un</i> 138.84	
20	1	Bootlid 'EPICA LT' Badge	\$	<i>un</i> 119.84	
21	1	Bootlid Reflector Centre	\$	<i>Sn</i> 217.97	
22	1	Bootlid Reflector RH	\$	<i>Sn</i> 128.40	
23	1	Bootlid Reflector LH	\$	<i>Sn</i> 128.40	
24	1	Rear Tail Lamp RH	\$	<i>Sn</i> 479.30	
25	1	Rear Tail Lamp LH	\$	<i>Sn</i> 479.30	
26	1	Rear Exhaust Box (Muffler A-EXH,RR)	\$	<i>R</i> 1,110.00	
27	1	Rear boot advertisement sticker	\$	<i>un</i> 300.00	
28	1	Rear bumper advertisement sticker	\$	<i>un</i> 250.00	

Trans-cab Auto Services Pte Ltd

AAD1811-184

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 9640C

TOTAL	\$	10,130.55
10%	\$	1,013.06
	\$	9,117.50

Specical Nett

1	1Set	Bootlid inner trim board Clip	\$	<i>nn</i>	40.00	<i>X</i>
2	1Set	Rear Bumper Parking Sensor	\$	<i>Sn</i>	300.00	<i>X</i>
3	1Set	Rear Bumper Fastener Clip	\$	<i>nn</i>	44.00	
4	1Set	Rear Fender Inner Trim Clip LH	\$	<i>nn</i>	30.00	} <i>X</i>
5	1Set	Rear Bumper End Dust Cover Clip	\$	<i>nn</i>	30.00	
6	1	Rear Exhaust Mounting	\$	<i>Sn</i>	300.00	
7	2	Rear Windscreen Sealant	\$	<i>nn</i>	80.00	
8	1	Rear Windscreen Inner Sponge Seal	\$	<i>nn</i>	100.00	
9	1	Spare Tyre	\$	<i>Sn</i>	180.00	
10	1	Spare Wheel Rim	\$	<i>Sn</i>	126.74	

TOTAL	\$	1,230.74
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TOTAL PARTS	\$	10,348.24
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Panel Beating, Knocking And Straightening The
Necessary Portion, Remove And Renewal Of
Parts, Adjust And Realign The Same

\$	3,500.00	<i>3001</i>
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To Check Electrical Lighting Concerned.

\$	170.00	<i>151</i>
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To Rust-Proofing Of The Affected Areas.

\$	170.00	<i>nn X</i>
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Putty And Spray Painting Of The Affected Portion.

\$	3,000.00	<i>4001</i>
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To reinstall rear bumper parking sensor.

\$	170.00	<i>601</i>
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Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 9640C**AAD1811-184**To transfer of end panel fittings and conduct
water seepage test.\$ 170.00 *50/*To transfer of boot fittings and conduct water
seepage test.\$ *na* 170.00 *X*To remove and refit interior fittings, trimings,
garnish, fittings and other, to enable repair.\$ *na* 380.00 *X*To check steering geometry and computer wheel
alignment\$ *na* 220.00 *X*

\$ 7,950.00

TOTAL \$ 18,298.24

Repair Days (LUMP SUM)~~10 DAYS~~*2 days*

LKK Auto Consultants hence notify
the Repairer of the following:

- 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

Acknowledged by Repairer

Signature:

Date:

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: CS/ICS18021123/KTBN2

Date: 11/12/2018

REFERENCE

Handling Insurer:	ECICS Limited	Policy No:	MCV18A00002701
Claimant Vehicle No :	SHD9640C	Insured Vehicle No :	GBC8713J
Date of Loss:	20/11/2018	Nature of Claim:	TP
		Claim No:	DMCV1800090H/JG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD9640C	Engine No:	Z20S1456229K
Make & Model:	CHEVROLET EPICA, 2.0 (A)	Chassis No:	KL1LA69RJBB100034
Reg. Date:	24/08/2012 (Man. Year: 2011)	Odometer:	608959 km
Colour:	White/Red		
Engine Capacity:	1991 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	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:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Giti 9 mm	Rear Left Side:	Giti 8 mm
Front Right Side:	Giti 9 mm	Rear Right Side:	Giti 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	10,348.23	1,341.75	9,006.48	87.03
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,950.00	825.00	7,125.00	89.62
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	18,298.23	2,166.75	16,131.48	88.16
Approved Total (Overridden) (S\$)		1,750.00		
(S\$)	18,298.23	1,750.00	16,548.23	90.44
+ GST 7.00/7.00% (S\$)	1,280.88	122.50	1,158.38	90.44
Nett Amount (S\$)	19,579.11	1,872.50	17,706.61	90.44

INSPECTION

Date of Assignment: 22/11/2018

Date Inspected: 22/11/2018 Inspected At:

Trans Cab Auto Services Pte Ltd - Amk (HQ)
No 2 Ang Mo Kio St 63
Singapore 569111

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

Manager: DENISE TAY KWEE CHENG

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.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 11 Dec 2018)
Parts: 143	CHEVROLET EPICA 2.0 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHD9640C)	
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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Bent/Cracked	1,202.00 FL	*1,202.00 FL
2	1		*REAR BUMPER BEAM	Buckled	239.94 FL	*239.94 FL
3	1		*REAR BUMPER CENTRE ABSORBER	Serviceable	260.00 FL	*- FL
4	1		*REAR BUMPER SIDE RETAINER RH	Serviceable	68.76 FL	*- FL
5	1		*REAR BUMPER SIDE RETAINER LH	Serviceable	68.76 FL	*- FL
6	1		*REAR BUMPER REFLECTORS RH	Serviceable	119.74 FL	*- FL
7	1		*REAR BUMPER REFLECTORS LH	Serviceable	119.74 FL	*- FL
8	1		*REAR BUMPER TOW HOOK COVER	Serviceable	93.00 FL	*- FL
9	1		*REAR END PANEL OUTER	Repair	623.76 FL	*- FL
10	1		*REAR END PANEL INNER TRIM	Serviceable	263.84 FL	*- FL
11	1		*REAR LUGGAGE FLOOR PANEL	Repair	973.00 FL	*- FL
12	1		*REAR LUGGAGE FLOOR PANEL INSULATOR	Serviceable	63.50 FL	*- FL
13	1		*REAR LUGGAGE FLOOR PANEL TRIM BOARD	Serviceable	378.00 FL	*- FL
14	1		*BOOTLID	Repair	973.00 FL	*- FL
15	1		*BOOTLID INNER TRIM BOARD	Serviceable	400.00 FL	*- FL
16	1		*BOOTLID WEATHERSTRIP	Serviceable	344.28 FL	*- FL
17	1		*BOOTLID LOCK-TOP	Repair	466.56 FL	*- FL
18	1		*BOOTLID CHEVROLET BADGE	Not Necessary	120.62 FL	*- FL
19	1		*BOOTLID LOGO	Not Necessary	138.84 FL	*- FL
20	1		*BOOTLID EPICA LT BADGE	Not Necessary	119.84 FL	*- FL
21	1		*BOOTLID REFLECTOR CENTRE	Serviceable	217.97 FL	*- FL
22	1		*BOOTLID REFLECTOR RH	Serviceable	128.40 FL	*- FL
23	1		*BOOTLID REFLECTOR LH	Serviceable	128.40 FL	*- FL
24	1		*REAR TAIL LAMP RH	Serviceable	479.30 FL	*- FL
25	1		*REAR TAIL LAMP LH	Serviceable	479.30 FL	*- FL
26	1		*REAR EXHAUST BOX (MUFFLER A-EXH,RR)	Repair	1,110.00 FL	*- FL
27	1		*REAR BOOT ADVERTISEMENT STICKER	Not Necessary	300.00 FL	*- FL
28	1		*REAR BUMPER ADVERTISEMENT STICKER	Not Necessary	250.00 FL	*- FL
29	1		*SET BOOTLID INNER TRIM BOARD CLIP	Not Necessary	40.00 FS	*- FS
30	1		*SET REAR BUMPER PARKING SENSOR	Serviceable	300.00 FS	*- FS
31	1		*SET REAR BUMPER FASTENER CLIP	Necessary	44.00 FS	*44.00 FS
32	1		*SET REAR FENDER INNER TRIM CLIP LH	Not Necessary	30.00 FS	*- FS
33	1		*SET REAR BUMPER END DUST COVER CLIP	Not Necessary	30.00 FS	*- FS
34	1		*REAR EXHAUST MOUNTING	Serviceable	300.00 FS	*- FS
35	2		*REAR WINDSCREEN SEALANT	Not Necessary	80.00 FS	*- FS
36	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS	*- FS
37	1		*SPARE TYRE	Serviceable	180.00 FS	*- FS
38	1		*SPARE WHEEL RIM	Serviceable	126.74 FS	*- FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	11,361.29	1,485.94
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,013.06	144.19
Total Parts (\$\$)	10,348.23	1,341.75

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	3,500.00	300.00
2	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	15.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	-
4	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	400.00
5	TO REINSTALL REAR BUMPER PARKING SENSOR	New	170.00	60.00
6	TO TRANSFER OF END PANEL FITTINGS AND CONDUCT WATER SEEPAGE TEST	New	170.00	50.00
7	TO TRANSFER OF BOOT FITTINGS AND CONDUCT WATER SEEPAGE TEST	New	170.00	-
8	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	-
9	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	-
Gross Labour Cost (S\$)			7,950.00	825.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >