

ASS. REC. BY: MAV REF: CS3/LPC18017159/Nvd31 Special Instruction: 52

Surveyor: MAV ASSIGNMENT (Office)

From (Person): Gerald poh of LPC Date/Time: 30-11-2018

Estimated Cost: Bill to

OD / TP / WS / IP RES / OD RES / EVA / ENV / MV / CS

To Inspect Vehicle No: SLD 5138 R Insured: SJH 6579 Y

at Workshop to: Bluwel Automotive Tel: 6745 2088

of 1 kaki Bkt Ave 6 # 01-55

Policy No: 1818/18/vpos/020923 Claim No: 1818/18/vpos/020923

Site located: Excess:

Make of Veh: D.O.A. 19/09/2018

(Client's Record): 21/09/2018

CA / REV / REP. / REV 24 HRS up H.O.D. Endorsement:

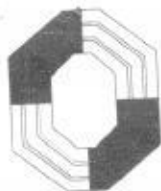
Date/Time: 41pm 20/9/18 Person Contacted: Jully Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SLD 5138 R - CC3/A1618012173/Nja3</u> <u>DoA: 01/7/18</u>
	<u>SJH 6579 Y - X.</u>
<u>5/10/18</u>	<u>Submit PRS report</u>
<u>6/12/18</u>	<u>Sumit L/S \$5000 7h (Red 1800, 2690)</u>

RECEIVED 06 DEC 2018

No bill  
By email first.





# **LONPAC INSURANCE BHD**

(S98FC5635C)

Our Ref : 18/18/18/VP05/020923

Your Ref : CS3/LPC18017159/Uvd3n2

28 November 2018

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

Dear Sirs/Madam

## **PAPER SURVEY OF SLD5138R**

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SLD5138R
- b) GIA report of SLD5138Y
- c) GIA report & photos of SJH6579Y

Kindly study the documents and let us have your report by 15 December 2018.

Yours faithfully

**GERALD POH**  
**SENIOR EXECUTIVE**  
**(CLAIMS)**  
Email : [mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)

## 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	20/09/2018 12:55
Date Of Accident	19/09/2018 19:30
Exact Location Of Accident	MCE TWDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5138R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG POH CHYE
NRIC No	S0163967F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94246885
Alternative Phone No	OFFICE-94246885

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE

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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100470883-02
Cover Note Number	

### Driver

Name of Driver	ANG SIOK WAN
NRIC No	S7802179I
Date Of Birth	27/01/1978
Occupation	INDOOR
Date Of Driving Pass	21/08/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94246885
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 134 TAMPINES ST 11 #12-224  
 Postcode 521134  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured CHILDREN  
 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 RAINING  
 Road Surface WET

#### 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? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

ON THE ABOVE MENTIONED DATE AND TIME, I WAS TRAVELLING ALONG MCE TOWARDS ECP ON THE MOST OUTER RIGHT LANE. SUDDENLY, I FELT A LBANG AT THE REAR OF MY CAR. I STOPPED MY CAR AND ALIGHTED TO CHECK. I FOUND OUT THAT CAR B HAS HIT THE REAR OF MY CAR AND THERE WAS ANOTHER CAR BEHIND CAR B. I WAS INVOLVED IN A 3 CAR CHAIN COLLISION.

#### 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 SJH6579Y  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver THAM PEK HWA SHERINA  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD8438E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	POON YOKE PUI
NRIC/Passport Number	S85088451
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	ANG SIOK WAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLD5138R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	


## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 &amp; Time: 20/9/18, 12:37pm

  
 Driver's Signature

(If driver is not the policyholder)

Date &amp; Time: 20/9/18, 12:37pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

BUH001

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date & time, I was traveling along MCE towards ECP on the most outer right lane. Suddenly I felt a bang at the rear of my car. I stopped my car and alighted to check. I found out that car B has hit the rear of my car and there was another car behind car B. I was involved in a 3 car chain collision.

Car A - SLD 5138 R  
Car B - SJH 6579 Y  
Car C - SLD 8438 E

DECLARATION

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

Policyholder's Signature

Date & Time: 20/9/18, 1230 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/9/18, 1230 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

2



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report 20/09/2018 15:03  
 Date Of Accident 19/09/2018 19:30  
 Exact Location Of Accident MCE TWDS ECP  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH6579Y  
**Insured/Policyholder**  
 Name Of Registered Owner THAM PEK HWA SHERINA @ SHAYLA THAM  
 NRIC No S8120372E  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-96398389  
 Alternative Phone No OFFICE-96398389

### Vehicle Particulars

Manufacturer MAZDA  
 Model 2  
 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 LONPAC INSURANCE BHD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number Z18VP05019750  
 Cover Note Number

### Driver

Name of Driver THAM PEK HWA SHERINA @ SHAYLA THAM  
 NRIC No S8120372E  
 Date Of Birth 17/07/1981  
 Occupation INDOOR  
 Date Of Driving Pass 19/08/2003  
 Driving Experience 15 YEARS AND 1 MONTH  
 Gender FEMALE  
 Mobile Number +65-96398389  
 Fax Number  
 Contact Number OFFICE-96398389  
 EMail Address NOEMAIL

Address BLK 106 BEDOK NORTH AVE 4 #13-1976  
 Postcode 460106  
 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 CHAIN COLLISION  
 Weather Conditions RAINING  
 Road Surface WET

### 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? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

ON 19/09/2018 AT ABOUT 7.30PM, I WAS DRIVING ALONG MCE ON THE MOST OUTER RIGHT LANE. SUDDENLY, I FELT A BANG AT THE BACK OF MY CAR AND THE GREAT IMPACT CAUSED MY CAR TO MOVE FORWARD AND HIT CAR C. I ALIGHTED FROM MY CAR AND FOUND OUT THAT CAR B HAS HIT THE REAR OF MY CAR AND THE GREAT IMPACT CAUSED MY CAR TO MOVE FORWARD AND HIT CAR C. I WAS INVOLVED IN A 3 CARS CHAIN COLLISION.

### 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 SLD8438E  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver POON YOKE PUI  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD5138R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SIOK WAN
NRIC/Passport Number	S7802179I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	THAM PEK HWA SHERINA @ SHAYLA THAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJH6579Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## 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 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: 20/9/18, 1230p



Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/9/18, 1234

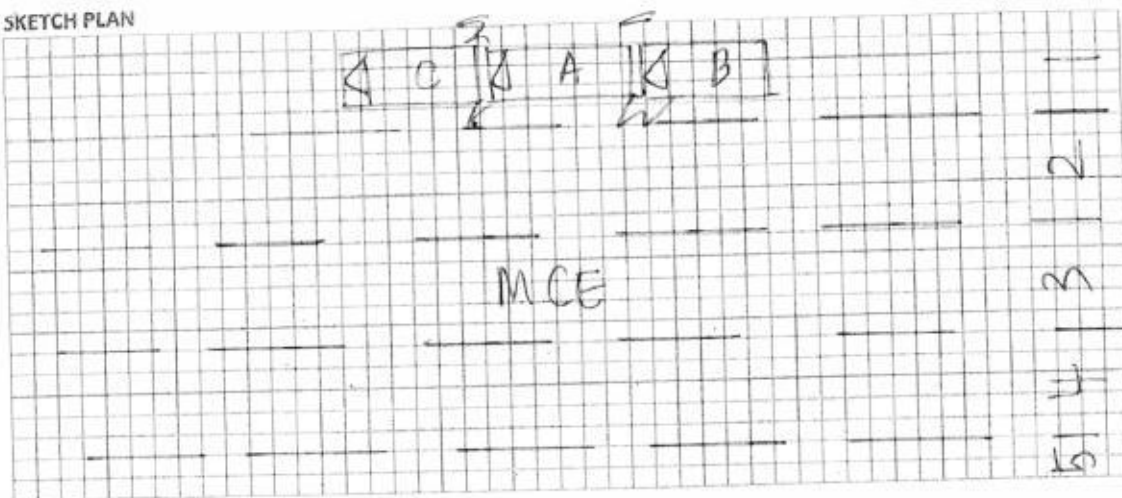
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

BURWEL

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/11/18 at about 730pm, I was driving along MCE on the most outer right lane. Suddenly I felt a bang at the back of my car and the great impact caused my car to move forward and hit car 'C'. I alighted from my car and found out that Car 'B' has hit the rear of my car and the great impact caused my car to move forward and hit car 'C'. I was involved in a 3 cars chain collision.

DECLARATION

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

Policyholder's Signature

Date & Time: 20/11/18, 1230m

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/11/18, 1230m

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# INSURANCE



**LONPAC INSURANCE BHD** (1000104342)  
 Incorporated in Malaysia  
 Singapore Office: 304, Beach Road #17-04/07, The P. Centre, Singapore 189626.  
 Tel: (65) 6291 7388 Fax: (65) 6291 8767 Website: www.lonpac.com.sg  
 JST Reg No: PL00000512

100

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).  
 ROAD TRANSPORT ACT 1967 (MALAYSIA).  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1969 (MALAYSIA).

Certificate No.: Z18VP0019730

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MAZDA 3 1.5  
 - SHERBY

2. Name of Policy Holder

THAM PEK HWA SHERINA @SHAYLA THAM

3. Effective Date of the Commencement of Insurance for the purpose of the Act

06/08/2018

4. Date of Expiry of the Insurance

12/06/2019

5. Persons or Classes of Persons entitled to drive

(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation to that behalf from driving the Motor Vehicle.

Use as to use

ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MARKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess:

\$5,500.00 (SECTION 1) INSURED / NAMED DRIVERS  
 \$5,500.00 (SECTION 1) UNNAMED DRIVERS  
 \$5,500.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS  
 \$5,500.00 WHOLESCOMING EXCESS

Condition:

ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1967 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading

This Insurance Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1967 (Malaysia) and Motor Insurance Act (Cap 189) Republic of Singapore.

H.P. Owner: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

*Amie*

CHIEF EXECUTIVE  
 (Singapore Branch)

User ID: CHNYWONG  
 Date Issued: 06/08/2018

Certificate of Insurance - Page 1 of 1

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Addendum Sheet Pg. 1



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0030 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSME 18122137 Vehicle Registration No : 3JH 65794  
 Name (as shown in NRIC) : THAM JEE HWA 828288M NRIC/FIN/Passport No : 881205920  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 216 ICE BEEDER NORTH AVE 1 #12-17A.6 Singapore 460004  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 7639 8387  
 Email Address : \_\_\_\_\_  
 Date of Accident : 19/09/2018 Time of Accident : 19.30  
 Place of Accident : MLB TWP ECP  
 Insurance Company : Longpac

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- AMEND THIRD PARTY VEHICLE.

Policyholder / Driver's Signature  
 Date:

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



# BLUWEL AUTOMOTIVE SERVICE PTE LTD

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28  
(Unit C) #01-51/53/55 Singapore 417883  
Hp: 9755 2088 Tel: 6745 2088 Fax: 6841 2088  
Website: [www.bluwel.com.sg](http://www.bluwel.com.sg) Email: [bluwel2088@yahoo.com.sg](mailto:bluwel2088@yahoo.com.sg)  
Co. Reg. No.: 200704951N  
GST Reg. No.: 200704951N

Vehicle No : SLD 5138 R  
Make/Model : Kia Forte K3  
Name : Ang Poh Chye  
Address : c/o No.1 Kaki Bukit Ave 6  
#01-53/55 AutoBay@ Kaki Bukit  
Singapore 417883

Date : 23-Oct-18

QTY	ITEM	AMT (\$)
-----	------	----------

Lump sum repair costs	\$	6,800.00
	GST 7 %	\$ 476.00
Grand-total	\$	<u>7,276.00</u>

Dollars : Seven Thousand Two Hundred And Seventy Six Only



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883  
Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

Report Reference : TP / 18042-09/AY / 2018  
Date of Report : 23 Oct 2018

Ang Poh Chye  
c/o No.1 Kaki Bukit Ave 6  
#01-53/55 AutoBay@ Kaki Bukit  
Singapore 417883

**THIRD PARTY SURVEY  
ACCIDENT HAPPENED ON 19 Sep 2018**

Workshop Address : Bluwel Automotive Service Pte Ltd  
No.1 Kaki Bukit Ave 6  
#01-53/55 AutoBay@ Kaki Bukit  
Singapore 417883

As per your instruction dated **21 Sep 2018** with regard to the above matter. We have carried out a physical inspection on the said vehicle **SLD 5138 R**. We enclosed herewith our report and findings as follows:

**1. VEHICLE PARTICULARS**

Registration No	: SLD 5138 R	Engine No	: G4FGGH613274
Model	: Kia Forte K3	Mileage	: 41592
Year / Capacity	: 2016/1591	Colour	: White
Chassis No	: KNAFX411MG5602820		

**2. TYRES CONDITION**

	<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT O/S	: 205/55 R16	Nexen	6.00	mm	Sport
REAR O/S	: 205/55 R16	Nexen	6.00	mm	Sport
FRONT N/S	: 205/55 R16	Nexen	6.00	mm	Sport
REAR N/S	: 205/55 R16	Nexen	6.00	mm	Sport





No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883  
Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

### 3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 7 working days to complete.
5. Enclosed number of photograph : 180 copies.
6. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey was done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.
7. Should you discover any discrepancy in the report, please kindly notify us **within 2 weeks**, or the report will be treated as correct.

#### Disclaimer

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

Vehicle No: SLD 5138 R  
Report No: TP/ 18042-09/AY / 2018

**SPARE PARTS**

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Boot lid <i>but/see</i>	Damage	\$ 762.00	\$ 762.00 ✓
1	Boot lid lock <i>see</i>	Damage	\$ 112.00	\$ 112.00 ✓
2	Boot lid lamps <i>see</i>	Damage	\$ 1420.00	\$ 1420.00 X
1	Boot lid logo <i>see</i>	Necessary	\$ 29.00	\$ 29.00 ✓
1	Boot lid 'FORTE' emblem <i>see</i>	Necessary	\$ 31.00	\$ 31.00 ✓
1	boot lid 'K3' emblem <i>see</i>	Necessary	\$ 28.00	\$ 28.00 ✓
1	Boot lid 'C & C' emblem <i>see</i>	Necessary	\$ 33.00	\$ 33.00 ✓
1	Boot lid rubber <i>see</i>	Necessary	\$ 100.00	\$ 100.00 ✓
2	Rear taillamps <i>see</i>	Damage	\$ 1544.00	\$ 1544.00 ✓
1	Rear end panel <i>see</i>	Damage	\$ 286.00	\$ 286.00 ✓
1	Rear end panel inner garnish <i>see</i>	Damage	\$ 69.00	\$ 69.00 ✓
1	Rear bumper <i>see</i>	Damage	\$ 601.00	\$ 601.00 ✓
1	Rear bumper lip <i>see</i>	Damage	\$ 211.60	\$ 211.60 ✓
2	Rear bumper reflectors <i>see</i>	Damage	\$ 114.00	\$ 114.00 ✓
1	Rear bumper reinforcement <i>see</i>	Damage	\$ 314.00	\$ 314.00 ✓
2	Rear bumper side retainers <i>see</i>	Damage	\$ 58.00	\$ 58.00 ✓
2	Rear fender inner trims <i>see</i>	Damage	\$ 322.00	\$ 322.00 ✓
1	Rear spare tyre panel <i>see</i>	Repair	\$ 607.00	\$ 607.00 ✓
1	Rear spare tyre board <i>see</i>	Intact	\$ 155.00	\$ 155.00 ✓
1	Rear exhaust silencer <i>see</i>	Damage	\$ 634.00	\$ 634.00 ✓
2	Rear exhaust silencer mountings <i>see</i>	Damage	\$ 36.00	\$ 36.00 ✓
			<u>\$ 7466.60</u>	<u>\$ 6704.60</u>
Discount 10.0%			\$ 746.66	\$ 670.46
			<u>\$ 6719.94</u>	<u>\$ 6034.14</u>
<u>Special Nett Items</u>				
1	Rear bumper clip (1 set) <i>see</i>	Necessary	\$ 35.00	\$ 35.00 ✓
1	Rear bumper reverse sensor (1 set) <i>see</i>	Damage	\$ 280.00	\$ 280.00 ✓
			<u>\$ 315.00</u>	<u>\$ 315.00</u>

4614.6

Spare Parts Total \$ 7034.94 \$ 6349.14

Vehicle No: SLD 5138 R  
Report No: TP/ 18042-09/AY / 2018

# LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 7034.94	\$ 6349.14
1	To remove and refit rear electrical wiring, replaced damaged lamps and test for proper functioning.	\$ 50.00	\$ 40.00 30
2	To remove and refit inner trims, inner garnishes, to facilitate the repairs.	\$ 160.00	\$ 120.00 40
3	To remove and refit rear bumper sensor.	\$ 120.00	\$ 80.00 40
4	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 1000.00	\$ 880.00 120
5	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 1000.00	\$ 880.00
6	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 150.00	\$ 90.00 60
Total		\$ 9514.94	\$ 8439.14

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:

\$ 6800.00

SDLS: SIX THOUSAND EIGHT HUNDRED ONLY

  
Qualified Appraiser




# 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			
LONPAC INSURANCE BHD		Ref : CS3/LPC18017159/Uvd3s2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 06-12-2018	
		Code : LPC2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJH 6579Y	Veh. Inspected	SLD 5138R
Policy No.	Z18VP05019750	Coverage (\$)	0.00
Claim No.	18/18/18/VP05/020923	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	30/11/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	KIA FORTE K3 (A)	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KNAFX411MG5602820	Colour	WHITE
Odometer	41592	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/55R16	NEXEN	7 mm
L/H Front Tyre	205/55R16	NEXEN	7 mm
R/H Rear Tyre	205/55R16	NEXEN	7 mm
L/H Rear Tyre	205/55R16	NEXEN	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	19/09/2018	Inspection Date	21/09/2018
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		7 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 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLD 5138R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BOOT LID	BENT / BUCKLED	762.00	762.00
1	BOOT LID LOCK	TWISTED	112.00	112.00
2	BOOT LID LAMPS	NOT NECESSARY	1,420.00	-
1	BOOT LID LOGO	NECESSARY	29.00	29.00
1	BOOT LID 'FORTE' EMBLEM	NECESSARY	31.00	31.00
1	BOOT LID 'K3' EMBLEM	NECESSARY	28.00	28.00
1	BOOT LID 'C&C' EMBLEM	NECESSARY	33.00	33.00
1	BOOT LID RUBBER	TWISTED	100.00	100.00
2	REAR TAILLAMPS	CRACKED	1,544.00	1,544.00
1	REAR END PANEL	DENTED	286.00	286.00
1	REAR END PANEL INNER GARNISH	TWISTED	69.00	69.00
1	REAR BUMPER	DENTED / DEFORMED	601.00	601.00
1	REAR BUMPER LIP	DEFORMED	211.60	211.60
2	REAR BUMPER REFLECTORS	CRACKED	114.00	114.00
1	REAR BUMPER REINFORCEMENT	CRACKED	314.00	314.00
2	REAR BUMPER SIDE RETAINERS	BENT	58.00	58.00
2	REAR FENDER INNER TRIMS	TORN	322.00	322.00
1	REAR SPARE TYRE PANEL	TO REPAIR SEE LABOUR	607.00	-
1	REAR SPARE TYRE BOARD	NOT NECESSARY	155.00	-
1	REAR EXHAUST SILENCER	TO REPAIR SEE LABOUR	634.00	-
2	REAR EXHAUST SILENCER MOUNTINGS	NOT NECESSARY	36.00	-
	LESS 10% DISCOUNT		-746.66	-461.46
			6,719.94	4,153.14
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	35.00	35.00
1	SET REAR BUMPER REVERSE SENSOR (SN)	SHORTED	280.00	200.00
			315.00	235.00
<b><u>LABOUR</u></b>				
	TO REMOVE AND REFIT REAR ELECTRICAL WIRING, REPLACED DAMAGED LAMPS AND TEST FOR PROPER FUNCTIONING.	TORN	50.00	30.00

Report Ref No. CS3/LPC18017159/Uvd3s2-1



# 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.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REFIT INNER TRIMS, INNER GARNISHES, TO FACILITATE THE REPAIRS.		160.00	80.00
	TO REMOVE AND REFIT REAR BUMPER SENSOR.		120.00	50.00
	TO REMOVE AND REPLACE THE ABOVE DAMAGED PARTS, STRAIGHTEN, KNOCK OUT, REALIGN AND REPAIR INCLUDING CUT AND WELD BODY PANELS. TO RE-ADJUST TO THE ORIGINAL POSITION USING POWER TOOLS. INCLUSIVE OF THE REPAIR OF REAR SPARE TYRE PANEL AND REAR EXHAUST SILENCER.		1,000.00	800.00
	TO SPRAY PAINT ON THE REPLACED AND REPAIRED PARTS, PREPARE SPRAY SUCH AS MASKING TAPE THE UNAFFECTED AREAS WITH PAPER, CLEANING AND SANDING OF SURFACES, FINAL POLISHING AND WAXING ARE ALSO AVAILABLE.		1,000.00	880.00
	TO APPLY UNDERCOATING ON THE REPAIRED AND REPLACED PANELS FOR RUST PROTECTION.		150.00	60.00
			2,480.00	1,900.00
	<b>GRAND TOTAL</b>		<b>9,514.94</b>	<b>6,288.14</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>5,000.00</b>

Report Ref No. CS3/LPC18017159/Uvd3s2-1

CHUA KANG SENG

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.