

ASS. REC. BY: Menmer RES: CS3/SMO18017126/G1d3-1 Special Instruction:  
 From (Person): Thelma Choo of SMO Date/Time: 04/12/2018  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_  
 OD ☒ WS / TP RES / OD RES / EVA / INV / MV / CS  
 To Inspect Vehicle No: YM 3551S Insured: YN 9253H  
 at Workshop m/s: Qas Auto Tel: 6742 9983  
 of 3018A Ubi Rd 1 # 01-23  
 Policy No: D17MTPCVE002004 Claim No: CM7D 1804064  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Make of Veh: \_\_\_\_\_ D.O.A. 2/15/2018  
 (Client's Record) \_\_\_\_\_ H.O.D. Endorsement 26/9/18 @ 11am-3pm  
 CA / REV / REP. / REV 24 HRS cup  
 Date/Time: 1:02pm 20/9/18 Person Contacted: Doris Vehicle: IN ☒ OUT

Date/Time	Action/Instruction (x) Estimate
	YM 3551S - x
	YN 9253H - x
	After repair: 21/9/2018

  
5/12/2018

\$6500 , 1 Days.  
 (Red: 2500, 83%)

URGENT

RECEIVED 06 DEC 2018

690 - 160 = 290

DATE

PM's  
Ved.

REF: SMO

C 80728

# ASSIGNMENT

(-2021)

From: Date: 26/9/18

Estimated Cost:

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

To Inspect Vehicle No: VM3551S

at Workshop m/s: Qas Auto

of 30184 Ubi Road 1 # 01-23

Insured

Policy No

Claims No

Sum Insured:

Excess:

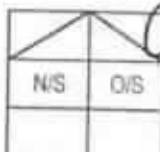
(Client's Record)

Make of Veh:

11 am - 2 pm

(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: 1 days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 'up

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

\$200 - \$500

Veh No:

VM3551S

Yr Regn:

09 May 2006

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

Truck / Trailer or

Make:

Nissan Cabstar CC 3/53

Colour:

blue

A/C: Insured / Std / NI / NA

Sp Reading:

327358

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JN1SF4F2380860833

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 195 R15 (NEXEN)

R: 155 R12 (ALEXXIS)

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

TOYO / YOKO or

NEXEN

Front

Rear

R/Bal:

S mm

R/Bal:

S mm

L/Bal:

S mm

L/Bal:

S mm

D.O.A.

D.O.I.

26-9-18

Survey held at

w/s

10:40 AM

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

d/s FA

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

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

1

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

1 S - RE. 5

1 Photos

1 Other

TOTAL

100

60

160

Report Format: PRO

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

Add Fee:



Site Insp (\$



Interview (\$



Tech Insp (\$



Weekend (\$

## Nivitha (LKK Auto)

---

**From:** Choo, Thelma <thelma.choo@sompo.com.sg>  
**Sent:** Tuesday, 4 December 2018 12:23 PM  
**To:** 'assignments@lkkauto.com'  
**Subject:** Sompo Ref: CMTD1804064/THE; LKK Ref: CS3/SMO18017126/GCD3E2;  
**Attachments:** WinZip Compressed Attachments.zip  
  
**Importance:** High

Hi Denise,

We refer to the telephone conversation moments ago.

Please assist to get your surveyor to conduct a paper re-survey urgently.

Attached are the GIA reports and the third party survey report.

Best Regards

**Thelma Choo**

Claims Division

D: 6322 4681 | T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

**SOMPO**

**A Century of Trust**

**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

**Website:** [www.sompo.com.sg](http://www.sompo.com.sg) | **Facebook:** [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

Quick & Easy Claims Submission<sup>1</sup> & Product Purchase<sup>2</sup> via Sompo SG

Download now @



or



<sup>1</sup> For Travel, Personal Accident & Home Insurance | <sup>2</sup> For Travel, Personal Accident, Home & Private Motor Insurance

**Disclaimer:** This e-mail, including attachments, is intended for the person(s) or company named and may contain confidential and/or legally privileged information. Unauthorised disclosure, copying or use of this information may be unlawful and is prohibited. If you are not the intended recipient, please delete this message.

**Privacy Policy Notice:** Sompo Insurance Singapore Pte. Ltd. may collect, use and disclose your personal data for the purposes stated in our Privacy Policy. This may include disclosure to holding and associated companies, credit bureau, parties to whom disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy.



**SINCERE**  
APPRAISAL SERVICES PTE LTD

## VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 697/TP/2018

Date: 3/10/2018

### REFERENCE

Date of loss: 21/5/2018  
Claimant: Uka Leasing Pte Ltd

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	YM3551S	Make &	Nissan
Reg date:	9/5/2006	Model	Cabstar Y
Colour:	Blue	Engine No:	QD32218351
Type:	Lorry	Chassis No:	JN1SF4F23Z0860833
Type of Claims:	Third Party	Odometer No:	327398km
		Engine Cap:	3153cc

### CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

General Condition:	Good	Steering:	Good	Engine Modification:	Nil
Paint work:	Good	Handbrake:	Good	Pre-accident	
		Footbrake:	Good	Damage:	Nil

### CONDITION OF TYRES

Front Left Size:	Nexen 195/R15 70%	Front Right Size:	Nexen 195/R15 70%
Rear Left Size:	Alexxis 155/R12 70%	Rear Right Size:	Alexxis 155/R12 70%

*The above percentages represent the remaining life of the tyre threads*

### COST OF REPAIRS

Parts  
Labour

Calculated Cost (S\$) :

	Repairer S\$	Adjuster S\$
	S 2,853.90	S 1,820.70
	S 2,190.00	S 1,890.00
	<u>S 5,043.90</u>	<u>S 3,710.70</u>

**Recommended Lump Sum Repair Cost (S\$) : S 3,000.00**

Date of Assignment: 26/9/2018  
Date Inspected: 26/9/2018  
Est. repair Period: 05 days

Inspected At: QAS Auto Pte Ltd  
Blk 3018A  
Ubi Road 1 #01-23  
Singapore 408711

### POINT OF IMPACT



### BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle at the loading bay of Fullerton Hotel.

### GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the right hand front portion.

### SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$5,043.90. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$3,000.00.

We have not authorised the repair. Under normal circumstances, estimated **05** working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Automotive Appraiser: Dave Chang

*Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.*

## ANNEX A

**REPAIR DETAILS**

## Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Front bumper assy	warped/bent	\$ 983.00	\$ <del>X</del> 983.00 <i>NN</i>
2	1	Front right door panel	repair	\$ 1,476.00	\$ -
				\$ 2,459.00	\$ 983.00
		Less 30% - List Items		\$ 737.70	\$ 294.90
				\$ 1,721.30	\$ 688.10
3	1	Front right corner panel	dented	\$ 252.00	\$ <del>X</del> 252.00 <i>NN</i>
4	1	Front right signal lamp	dislodged	\$ 125.00	\$ <del>X</del> 125.00 <i>NN</i>
5	1	Front right wing mirror assy	missing	\$ 629.00	\$ 629.00
6	1	Front right wing mirror hinge	bent	\$ 108.00	\$ <del>X</del> 108.00 <i>NN</i>
				\$ 1,114.00	\$ 1,114.00
		Less 10% - Nett Items		\$ 111.40	\$ 111.40
				\$ 1,002.60	\$ 1,002.60 <i>566.1</i>
		<u>Special Nett Items</u>			
1	1	Front no plate	necessary	\$ 80.00	\$ <del>X</del> 80.00 <i>NN</i>
2	1	Front right door panel company sticker	necessary	\$ 50.00	\$ <del>X</del> 50.00 <i>NN</i>
				\$ 130.00	\$ 130.00
		<b>Total parts</b>		<b>\$ 2,853.90</b>	<b>\$ 1,820.70</b>

## ANNEX B

**REPAIR DETAILS**

## Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten front right affected area and replace front right damaged parts.	\$ 900.00	\$ 800.00
2	To putty and spray painting front right and front portion.	\$ 900.00	\$ 800.00
3	To check wiring and focus front headlamp.	\$ 50.00	\$ 30.00
4	To apply anti rust proofing to front right affected area.	\$ 100.00	\$ 80.00
5	To remove and install front right door lock mechanism.	\$ 80.00	\$ 60.00
6	To transfer front right door glass to new door.	\$ 80.00	\$ 60.00
7	To check front right door lock for function.	\$ 80.00	\$ 60.00
<b>Total Labour</b>		<b>\$ 2,190.00</b>	<b>\$ 1,890.00</b>

## ANNEX C

**REPAIR DETAILS**

## Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 2,853.90	\$ 1,820.70
Total labour :	\$ 2,190.00	\$ 1,890.00
Total repair cost :	<b>\$ 5,043.90</b>	<b>\$ 3,710.70</b>

Adjusted Repair Cost (Lump Sum Repair)

\$ 3,000.00

666.1  
2.9% : 500

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	22/05/2018 15:57
Date Of Accident	21/05/2018 11:00
Exact Location Of Accident	FULLERTON HOTEL LOADING BAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YM3551S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UKA LEASING PTE LTD
Co Reg No	201105072Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90128652
Alternative Phone No	OFFICE-90128652
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	CABSTAR-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	GOODS VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5061870376-04
Cover Note Number	
<b>Driver</b>	
Name of Driver	ZHANG LONGFEI
Passport No/FIN	G8082354T
Date Of Birth	27/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90128652
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	670A JURONG WEST STREET 65
Postcode	
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

MY LORRY WAS STATIONARY PARKED AT THE LOADING BAY AND I WENT TO WORK. VEHICLE 'B' SQUEEZED THROUGH THE NARROW SPACE AND DAMAGED THE RH WING MIRROR OF MY LORRY.

#### 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	YN9253H
Vehicle Make/Model/Colour	HINO LORRY
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	97773636
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### SKETCH PLAN

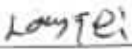
#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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:

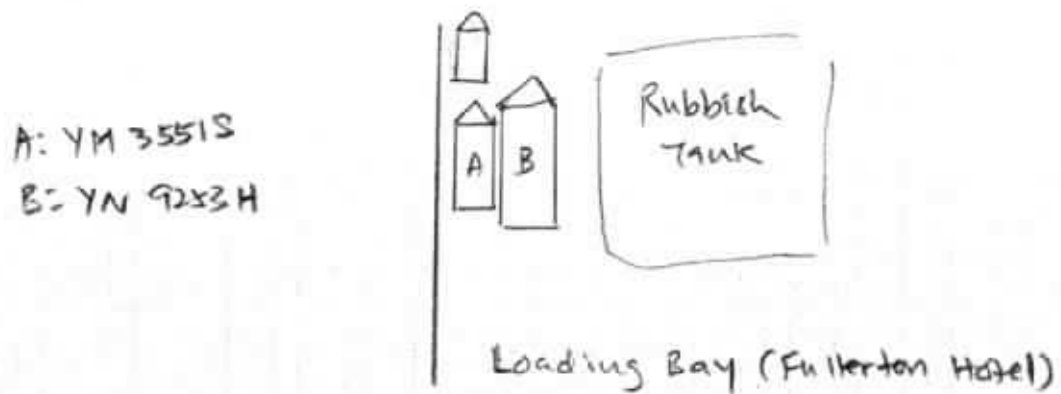
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 22/5/18  
3:09pm

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My lorry was stationary parked at the loading bay and I went to work. Vehicle 'B' squeezed through the narrow space and damaged the RH wing mirror of my lorry.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

22/5/18  
3:00pm

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



### 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	02/10/2018 12:41
Date Of Accident	21/05/2018 11:15
Exact Location Of Accident	FULLERTON HOTEL LOADING BAY
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9253H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KAI XIANG HUAT FRUIT SUPPLIERS
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96232251

#### Vehicle Particulars

Manufacturer	HINO
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPCVE002881
Cover Note Number	

#### Driver

Name of Driver	CHUA GIM CHUN
NRIC No	S1604285D
Date Of Birth	18/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/06/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98495521
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 201B PUNGGOL FIELD #10-218
Postcode	822201
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

#### 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

REFER TO SKETCH PLAN

#### 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	YM3551S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

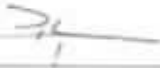
#### IMPORTANT NOTICE

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 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

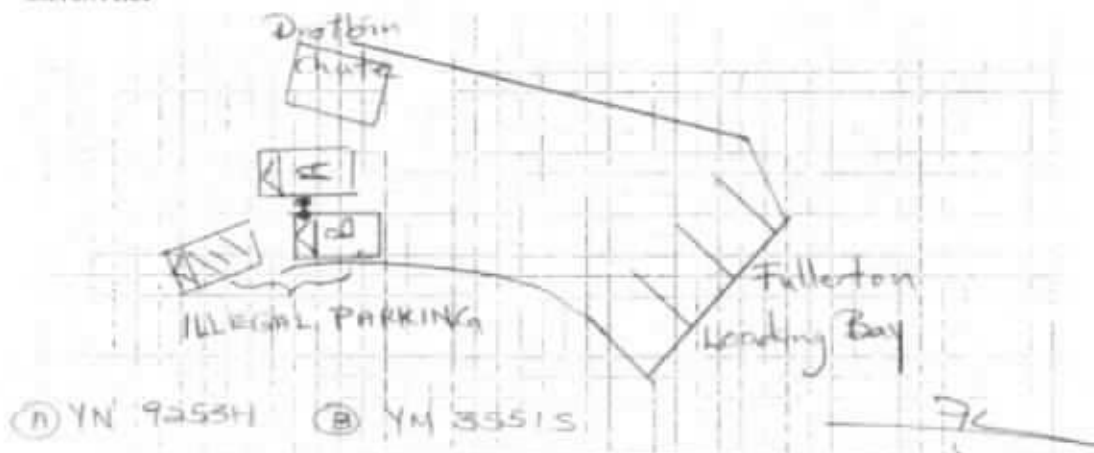
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

CITY AUTO PTE LTD  
88, 8 Sin Ming Road  
#01-50/50A/50B Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1225 Fax: 6453 7944  
(Claims Section)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/ID No.:



# Accident Sketch Plan

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving out from Fullerton Hotel landing Bay vehicle B on my left and dustbin chute on my right. I move slowly to squeeze pass and accidentally hit onto vehicle B right hand wind mirror only. Scene photo attach as evidence.

Note: Late report was we are willing to settle mutually but no respond until now

*[Signature]*



## DECLARATION

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



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

CITY AUTO PTE LTD  
8th & Sin Ming Road  
#01-55/56/57 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 7254 Fax: 6453 7944  
(Claims Section)

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



SOMPO

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-0198, Singapore Land Tower, Singapore 048623  
Tel: 6447 4555 | Fax: 6321 5307 | Website: www.sompo.com.sg  
Our Reg. No.: 104040400C | GST Reg. No.: 4000401990

## Certificate of Insurance

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960**  
**ROAD TRANSPORT ACT, 1987 (MALAYSIA)**  
**MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

- Cert No./Policy No.** D18MTPGVE002861
- 1. Registration No.** VN9053H
- 2. Insured Name** KAI XIANG HUAT FRUIT SUPPLIERS
- 3. Commencement Date** 31 AUGUST 2018 00:00
- 4. Expiry Date** 30 AUGUST 2019 23:59
- 5. Coverage** Market value at time of loss - Comprehensive
- 6. Excess** \$500 - Section I
- 7. Persons or Classes of Persons entitled to drive\***  
 a) Any person who is driving on the Insured's order or with their 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 in that behalf from driving the Motor Vehicle  
 And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
- 8. Limitations as to use\***  
 1) Use in connection with the Insured's business.  
 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business.  
 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover:  
 1) Use for hire or reward or racing, stunts, reliability trial or speed testing.  
 2) Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 9. ExcelDrive Workshops & Accident Reporting**  
 It is a condition precedent to liability that the Policyholder avail, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.
- It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.  
 In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline - (65) 6461 8555.
- Visit [www.sompo.com.sg](http://www.sompo.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

**WE HEREBY CERTIFY** that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Sompo Insurance Singapore Pte. Ltd.

Date/Time of Issue : 03 AUGUST 2018 14:52

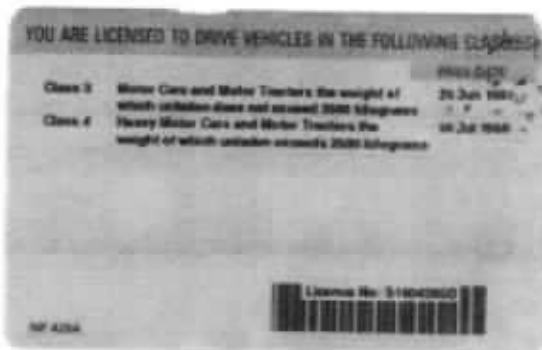
\*Section rendered operative by section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 45 of the Road Transport Act, 1987 (Malaysia), are not to be construed subject to this change.

REPORT WA 18/07/18

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this Insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual, or (b) within the period specified in the Premium Payment Warranty applies to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.

Intermediary Code & Name: 11F02505 & FINANCIAL ALLIANCE PTE LTD | CI Code: 26D | RD\_2546\_002A

# NRIC & Driving license



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Scene photo



Scene photo



Scene photo





# 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				
SOMPO INSURANCE SINGAPORE PL			Ref : CS3/SMO18017126/Gtd3e2-1	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623			Date : 06-12-2018	
			Code : SMO	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	YN 9253H	Veh. Inspected	YM 3551S	
Policy No.	D17MTPCVE002004	Coverage (\$)	0.00	
Claim No.	CMTD1804064	Excess (\$)	0.00	
Assign From	THELMA CHOO	Assign Date	04/12/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	NISSAN CABSTAR	c.c	3153	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	JN1SF4F23Z0860833	Colour	BLUE	
Odometer	327358	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195 R15	NEXEN	5 mm	
L/H Front Tyre	195 R15	NEXEN	5 mm	
R/H Rear Tyre	155 R12	ALEXSIS	5 mm	
L/H Rear Tyre	155 R12	ALEXSIS	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	21/05/2018	Inspection Date	26/09/2018	
Survey held at	QAS AUTO PTE LTD 3018A UBI ROAD 1 #01-23 SINGAPORE 408711			
<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:		1 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. YM 3551S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER ASSY	NOT NECESSARY	983.00	-
1	FRONT RIGHT DOOR PANEL	TO REPAIR SEE LABOUR	1,476.00	-
	LESS 30% DISCOUNT		-737.70	-
			1,721.30	-
<b>NETT ITEMS</b>				
1	FRONT RIGHT CORNER PANEL (N)	NOT NECESSARY	252.00	-
1	FRONT RIGHT SIGNAL LAMP (N)	NOT NECESSARY	125.00	-
1	FRONT RIGHT WING MIRROR ASSY (N)	MISSING	629.00	629.00
1	FRONT RIGHT WING MIRROR HINGE (N)	NOT NECESSARY	108.00	-
	LESS 10% DISCOUNT		-111.40	-62.90
			1,002.60	566.10
<b>SPECIAL NETT ITEMS</b>				
1	FRONT NO PLATE (SN)	NOT NECESSARY	80.00	-
1	FRONT RIGHT DOOR PANEL COMPANY STICKER (SN)	NOT NECESSARY	50.00	-
			130.00	-
<b>LABOUR</b>				
	LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN FRONT RIGHT AFFECTED AREA AND REPLACE FRONT RIGHT DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT RIGHT DOOR PANEL.		900.00	100.00
	TO PUTTY AND SPRAY PAINTING FRONT RIGHT AND FRONT PORTION.	NOT NECESSARY	900.00	-
	TO CHECK WIRING AND FOCUS FRONT HEADLAMP.	NOT NECESSARY	50.00	-
	TO APPLY ANTI RUST PROOFING TO FRONT RIGHT AFFECTED AREA.	NOT NECESSARY	100.00	-
	TO REMOVE AND INSTALL FRONT RIGHT DOOR LOCK MECHANISM.	NOT NECESSARY	80.00	-
	TO TRANSFER FRONT RIGHT DOOR GLASS TO NEW DOOR.	NOT NECESSARY	80.00	-
	TO CHECK FRONT RIGHT DOOR LOCK FOR FUNCTION.	NOT NECESSARY	80.00	-
			2,190.00	100.00
<b>GRAND TOTAL</b>			<b>5,043.90</b>	<b>666.10</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>500.00</b>

Report Ref No. CS3/SMO18017126/Gtd3e2-1



Report Ref No. CS3/SMO18017126/Gtd3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

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.