

ASS. REC BY: GO REF: CSMO180 M375/GV0-7  
 SMV (V/C) GO ASSIGNMENT (Office)  
 From (Person) Grue Teo of SMO Date/Time 06/22/18  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_  
 OD / TP / VS / TP RES / OD RES / EVA / INV / MV / CS  
 To Inspect Vehicle No: 8LS 5369L Insured: SKA 2155M  
 at Workshop no: Triple-T Automobile Tel: 6385 1171  
 of Blk 5 Defu Lane 10 # 01-574  
 Policy No: \_\_\_\_\_ Claim No: CMTDI 803371 / GPL  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Make of Veh: \_\_\_\_\_ D.O.A. 04/08/2018  
 (Client's Record)  
 CA / REV / REP. / REV 24 HRS 1 up  
 Date/Time: 11:33am 07/18/18 Person Contacted: Irene Vehicle IN OUT

Date/Time	Action/Instruction	(+) Estimate
8/6/18-	called irene vehicle not in	21/8/18 Discontinued
10/6/18-	called irene vehicle not in yet	21/8/18 1st 1st repair
15/6/18-	called irene vehicle still not in yet	
	Forward soft copy once report is ready	

11/12/18 Submit \$3350, 15 Days. (Red 3650, 5370)  
 LS

RECEIVED 11 DEC 2018

450-220-230

DATE: PR5  
ASS. SEC. BY: XAB

REF: SMO

### ASSIGNMENT

From: Date: 20/8/2018

Estimated Cost:

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

To inspect Vehicle No: 82S 5369L  
at Workshop this: Triple T-Automobile  
of: 25 kaki Bkt Rd 4 #08-47

Insured:

Policy No:

Claims No:

Sum insured:

Excess:

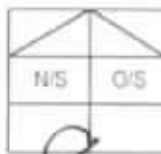
(Client's Record)

After 12pm

Make of Veh:

(Policy Condition)

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



Boil or Market Value:

IDAC Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 43 days Res: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SL55369L Yr Regn: SEP 2017

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

Truck / Trailer or

Make: Honda Shuttle C.C: 1496

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 78000 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GP 7111 6755

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brakes: ☒ In order / Jammed / Leaked / Burnt or

Mod: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60 R15

R: 11

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

TOYO / YOKO or

Front

Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A.: D.O.I: 20-08-18

Survey held at: W/S 1pm

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

\$ 2000 - \$ 3000

4/9/18 Subm. of PR5 22/2/18

Date/Time: File Pass to?

☐ : Preli. Report

☐ : Final Report

11

Date/Time: File Return to?

12

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - S

Photos

Others

TOTAL

100

60

60

220

Report Format :

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

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

## Catherine Chong (LKK Auto)

---

**From:** Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>  
**Sent:** Thursday, 6 December, 2018 12:46 PM  
**To:** Irene; Nivitha (LKK Auto)  
**Cc:** candy@iaconsultingsg.com  
**Subject:** RE: CMTD1803371/GPL - PRI/ SKA2155M & SLS5369L ACC ON 04.08.18 ALONG KPE EXIT AIRPORT ROAD  
**Attachments:** Direct Settle ; RE: CMTD1803371/GPL - PRI/ SKA2155M & SLS5369L ACC ON 04.... (106 KB)

### Without Prejudice

Dear Irene,

Sorry for the late reply. With reference to your letter dated 20.11.18 and we enclose the email where we had proposed to have M/s LKK AUTO to finalise however, we have clarified with M/s LKK AUTO and note that post repair inspection was done.

In view of this, we will be conducting the paper resurvey and we will revert to you once the report is ready.

In the meantime, kindly hold hands, thank you.

Dear Celine of M/s LKK,

As just spoken for the above matter, please assist in paper resurvey and do forward the soft copy once ready, thank you.

Best Regards

**Gnoh Pau Loong**

Claims Division

D: 6329 5217 | T: 6461 6555 | F: 6221 3147



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**From:** Irene <motor@iaconsultingsg.com>  
**Sent:** Thursday, 6 December, 2018 12:06 PM  
**To:** Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>; Teo, Grace <grace.teo@sompo.com.sg>  
**Cc:** candy@iaconsultingsg.com  
**Subject:** RE: CMTD1803371/GPL - PRI/ SKA2155M & SLS5369L ACC ON 04.08.18 ALONG KPE EXIT AIRPORT ROAD

Dear Pau Loong,

We refer to our email dated 07.08.2018.

Kindly let us have your offer soonest possible.

Thank you.

Regards,  
Irene Tan

---

**From:** Irene [<mailto:motor@iaconsultingsg.com>]  
**Sent:** Tuesday, 7 August 2018 3:09 PM  
**To:** 'Gnoh, Pau Loong'; Teo, Grace ([grace.teo@sompo.com.sg](mailto:grace.teo@sompo.com.sg))  
**Cc:** [candy@iaconsultingsg.com](mailto:candy@iaconsultingsg.com)  
**Subject:** RE: CMTD1803371/GPL - PRI/ SKA2155M & SLS5369L ACC ON 04.08.18 ALONG KPE EXIT AIRPORT ROAD

Dear Pau Loong,

We refer to the above matter.

Attached video footage for your reference.

Thank you.

Regards,  
Irene Tan

---

**From:** Teo, Grace [<mailto:grace.teo@sompo.com.sg>]  
**Sent:** Monday, 6 August 2018 4:27 PM  
**To:** Irene  
**Cc:** [candy@iaconsultingsg.com](mailto:candy@iaconsultingsg.com); Gnoh, Pau Loong; Ye, Yong Kang Melvin; Henry, Irene James  
**Subject:** CMTD1803371/GPL - PRI/ SKA2155M & SLS5369L ACC ON 04.08.18 ALONG KPE EXIT AIRPORT ROAD

Our Reference: CMTD1803371/GPL  
Your Reference: SLS5369L

Without Prejudice

Date: 6<sup>th</sup> August 2018

Attention:  
M/S TRIPLE-T AUTOMOBILE

Dear Irene,

**ACCIDENT INVOLVING SKA2155M & SLS5369L ON 04.08.2018**

We refer to your Notice of Accident dated 06/08/2018.

Please be informed that Gnoh Pau Loong the handler of this case.

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

**Pre-Repair Survey**

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffrey Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

**Grace Teo**

Claims Division



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

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**From:** Irene [<mailto:motor@iaconsultingsg.com>]

**Sent:** Monday, August 06, 2018 2:53 PM

**To:** Claims - Motor Survey

**Cc:** [candy@iaconsultingsg.com](mailto:candy@iaconsultingsg.com)

**Subject:** ACCIDENT INVOLVING SLS5369L AND SKA2155M ALONG KPE EXIT AIRPORT ROAD ON 04.08.2018

Dear Sir,

attached herewith the Notification Of Accident for your reference.

Kindly let us have a list of your ten surveyors as your nominated SJE for our consideration within the stipulated timeline under the NIMA Protocol.

Best Regards,

Irene Tan

Triple-T Automobile

Tel: 6385 1171

Our reference: 18-08-121

Date: 20/9/2018

c/o Triple-T Automotive  
Blk 6 Defu Lane 10  
#01- 556  
Singapore 539187

Dear Sirs

**RE: Road Traffic Accident on 4/8/2018  
JM Auto Rental Pte Ltd**

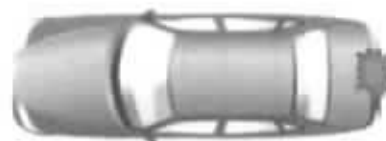
In accordance with your instructions received in this office on **6/8/2018**, we made arrangements to examine the vehicle on **6/8/2018** at above-mentioned address. The following data was recorded:

**Vehicle details**

<b>Make</b>	Honda	<b>Registration</b>	SL55369L
<b>Model</b>	Shuttle	<b>Chassis</b>	GP71116755
<b>Colour</b>	White	<b>Gearbox</b>	Auto
<b>Odometer</b>	78002km	<b>Paintwork</b>	Good
<b>Steering</b>	Good	<b>Brakes</b>	Good
<b>Condition</b>	Good		

**Tyre Depths**

<b>Front left</b>	195/55R15	90% Bridgestone
<b>Front right</b>	195/55R15	90% Bridgestone
<b>Rear left</b>	195/55R15	90% Bridgestone
<b>Rear right</b>	195/55R15	90% Bridgestone

**Impact Direction & Area of Damage:**


<b>Status</b>	REPAIRABLE
<b>Magnitude</b>	Medium
<b>Legal status</b>	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of **\$7,000.00** and **7** working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Our reference 18-08-121

Date 20/9/2018

Page 2

### Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As Inspected	Repairer's Estimate	Our Adjustment
<b>List Items:</b>				
Tailgate	1	bent	1293.00	1293.00
Tail gate emblem "SHUTTLE"	1	necessary	65.48	65.48
Tail gate logo	1	necessary	45.00	45.00
Tail gate inner lock	1	bent	210.30	210.30
Tail gate outer chrome	1	serviceable	585.50	585.50 XNN
Tail gate inner garnish	1	deformed	365.10	365.10 XNN
Tail gate number plate outer garnish	1	damaged	388.45	388.45 XNN
Tail gate windscreen moulding	1	necessary	124.40	124.40
Tail gate weatherstrip	1	ripped	234.50	X 234.50 169 MV
Tail lamp @\$210.50	2	serviceable	421.00	0.00
Rear bumper	1	deformed	1650.00	1650.00 1180
Rear bumper side retainer @\$28.60	2	necessary	28.60	28.60
Rear end panel	1	bent	685.00	685.00 X R
Rear end panel top garnish	1	deformed	155.50	155.50 XNN
Rear bumper reflector @\$86.40	2	lh damaged rh reuse	172.80	86.40
Rear bumper sponge lh	1	damaged	155.50	155.50 75.20
<b>Sub- Total costs</b>			6580.13	6072.73 3108.38
<b>Percentage discount : 20%</b>			1316.03	1214.55
<b>Sub-Total costs for parts</b>			<b>5264.10</b>	<b>4858.18</b> 2486.7
<b>Special Nett Items:</b>				
Rear bumper clip @\$5.00	10	necessary	50.00	50.00 30
Tail gate windscreen glass sealant	1	necessary	80.00	80.00 50
Rear reverse sensor	1	malfunction	280.00	280.00 200
Rear end panel top garnish clips @\$5.00	2	necessary	10.00	10.00 /
<b>Sub-Total costs for parts</b>			<b>420.00</b>	<b>420.00</b> 290



Our reference 18-08-121

Date 20/9/2018

**Parts Repair**

*	*	*	0.00	0.00
<i>Sub- Total costs</i>			0.00	0.00
<i>Total costs for parts</i>			<b>5684.10</b>	<b>5278.18</b>

Our reference 18-08-121

Date 20/9/2018

Page 3

### Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 48.00	27	\$ 1,296.00 500
Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 1,100.00 500
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 120.00 60
Wiring / bulb checking	\$ 48.00	0.5	\$ 24.00
Remove and refix tailgate rear windscreen glass. (2-man job)	\$ 48.00	3	\$ 144.00 60
Remove and replace rear bumper reverse sensor & conduct distance safety setting.	\$ 48.00	1.7	\$ 81.60 40
Transfer of existing tailgate mechanism to new tailgate	\$ 48.00	1.7	\$ 81.60 60
<b>Total labour cost</b>			<b>\$ 2,847.20</b>

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

1404  
5 days

4180.7  
20% : 3350

2331.30

Our reference 18-08-121

Date 20/9/2018

Page 4

### Section C: Summary Table of Total Repair Cost

Description		Cost	
<b>Damaged Parts Assessment (See section A)</b>		<b>\$5,278.18</b>	
Replace parts		\$1,055.64	
Further discount	20%		
Recommended cost of parts replacement		<b>\$4,222.55</b>	(1)
<b>Labour Cost Calculation (See section B)</b>		<b>\$2,847.20</b>	(2)
<b>Total Repair Cost (Round off to hundred)</b>		<b>\$7,000.00</b>	(1) + (2)

We would recommend a sum of \$7,000.00 and 7 working days for repair.  
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.



Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)  
B.Eng. (Hons, NUS)  
Diploma.Mechanical, ITC. Mechanical & Electrical  
NTC-2 Automovite Technology  
Sr.MIES, Institution of Engineers, Singapore  
MATAI, Maryland Association of Traffic Accident Investigators  
IAARS, International Association of Accident Reconstruction Specialists  
ARC #1649, CLI, CGI



THE INSTITUTION  
OF ENGINEERS  
SINGAPORE

## 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	06/08/2018 14:00
Date Of Accident	04/08/2018 10:40
Exact Location Of Accident	KPE EXIT AIRPORT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5369L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JM AUTO RENTAL PTE. LTD.
Co Reg No	201724647E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81536262

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRER USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094419267
Cover Note Number	

### Driver

Name of Driver	KHAIR BIN RAHMAT
NRIC No	S7731965D
Date Of Birth	28/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98481007
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APR BLK 195D PUNGGOL RD #05-544
Postcode	824195
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	COLLISION - HEAD TO REAR
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?	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)	2
Passenger 1	
	NAME: : SHIRLEY WONG
	GENDER: : FEMALE

#### 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 ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA2155M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.
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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.

#### E. 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.

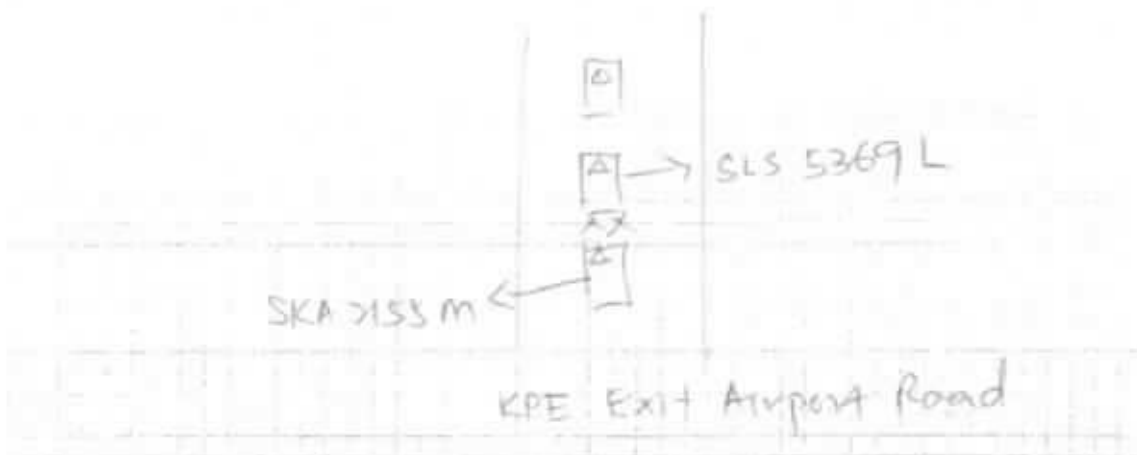
  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/08/2018 @ abt 10:40am, I was travelling along KPE Exit Airport Road.

Due to the red light, the front vehicle stopped and I followed stop.

Out of sudden, the vehicle SKA 2155 M came from behind and hit onto my vehicle rear portion.

That's all.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

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

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

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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	09/08/2018 04:50
Date Of Accident	04/08/2018 10:45
Exact Location Of Accident	JUST AFTER EXIT FROM KPE TOWARDS UBI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2155M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEW WEI SUNG
NRIC No	S7206024E
Email Address	LIONEL.LEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94793729
Alternative Phone No	OFFICE-94793729

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASQAI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01012650
Cover Note Number	N.A.

### Driver

Name of Driver	LEW WEI SUNG
NRIC No	S7206024E
Date Of Birth	17/02/1972
Occupation	INDOOR
Date Of Driving Pass	23/02/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94793729
Fax Number	
Contact Number	OFFICE-94793729
Email Address	LIONEL.LEW@GMAIL.COM

Address	BLK 299C COMPASSVALE STREET #07-126
Postcode	S543299
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
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?	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: : LEW YEE KEANE 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

I was at a stationary position as the traffic light was on red. In front of me there was a vehicle also in stationary position. I took this time to get my bag on the passenger seat floor, and put my bag safely on the seat. After doing that, I sit back on my seat and Lifted my leg on the brake accidentally. My car eventually moved forward and before I had the time to press my brake my car gently bump onto the front car. Both of us driver were in a rush, I only gave the driver my contact and I did not take any of his particulars. We agreed on settling our incident privately. As days goes by, I too forget about the incident but I can't do anything as I did not have his contact number to ask about the matter. No injury involved.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS5369L
Vehicle Make/Model/Colour	HONDA/SHUTTLE/WHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

- Postcode
- Insurance Company Name
- Nature Of Damage
- No. Of Passenger (Including Driver)



# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder and/or the Authorized 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 liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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.
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 insurers who have insured vehicle(s) involved in this accident (all insurers 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/postal packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");  
(b) all insurers 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.

*Crish* 8/8/18

Policyholder's Signature / Date & Time

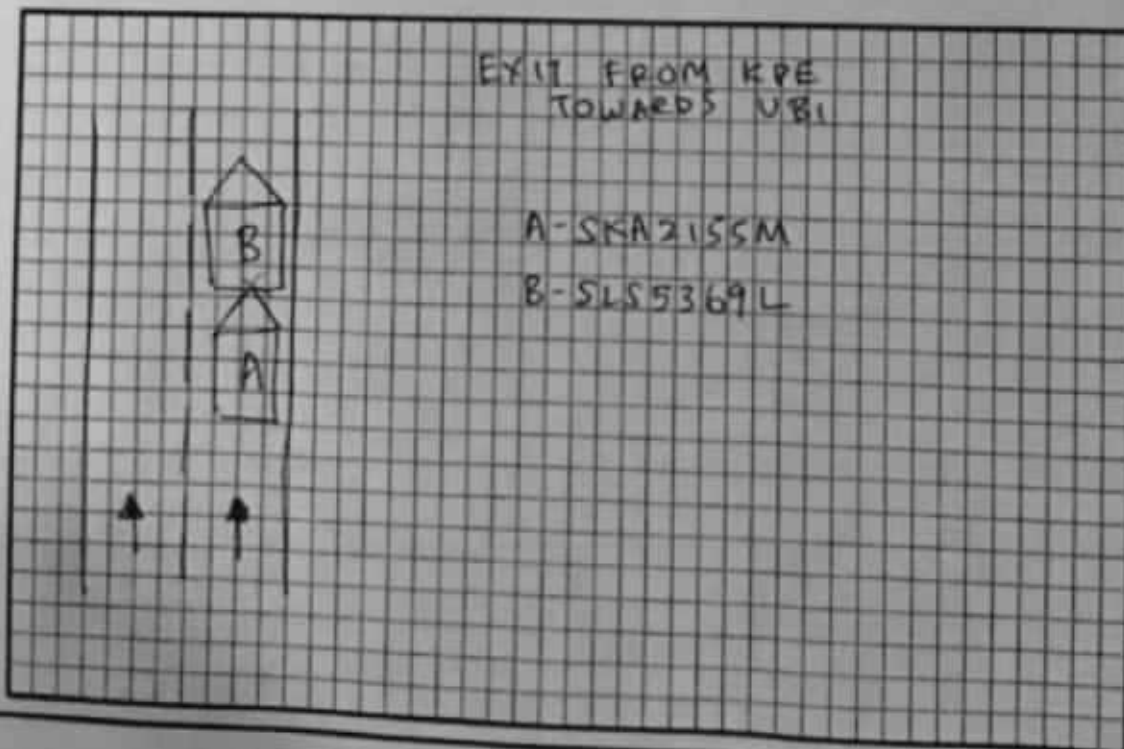
Driver's Signature (if driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS  
REPORTING OFFICER

Mohammad Azaly Bin Abdullah

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was at a stationary position as the traffic light was on red. In front of me there was a vehicle also in stationary position. I took this time to get my bag on the passenger seat floor, and put my bag safely on the seat. After doing that , I sit back on my seat and Lifted my leg on the brake accidentally .My car eventually moved forward and before I had the time to press my brake my car gently bump onto the front car.

Both of us driver were in a rush , I only gave the driver my contact and I did not take any of his particulars. We agreed on settling our incident privately.

As days goes by, I too forget about the incident but I can't do anything as I did not have his contact number to ask about the matter.

No injury involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 August 2018 at 7:58 PM

Date/Time:

8 August 2018 at 7:58 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



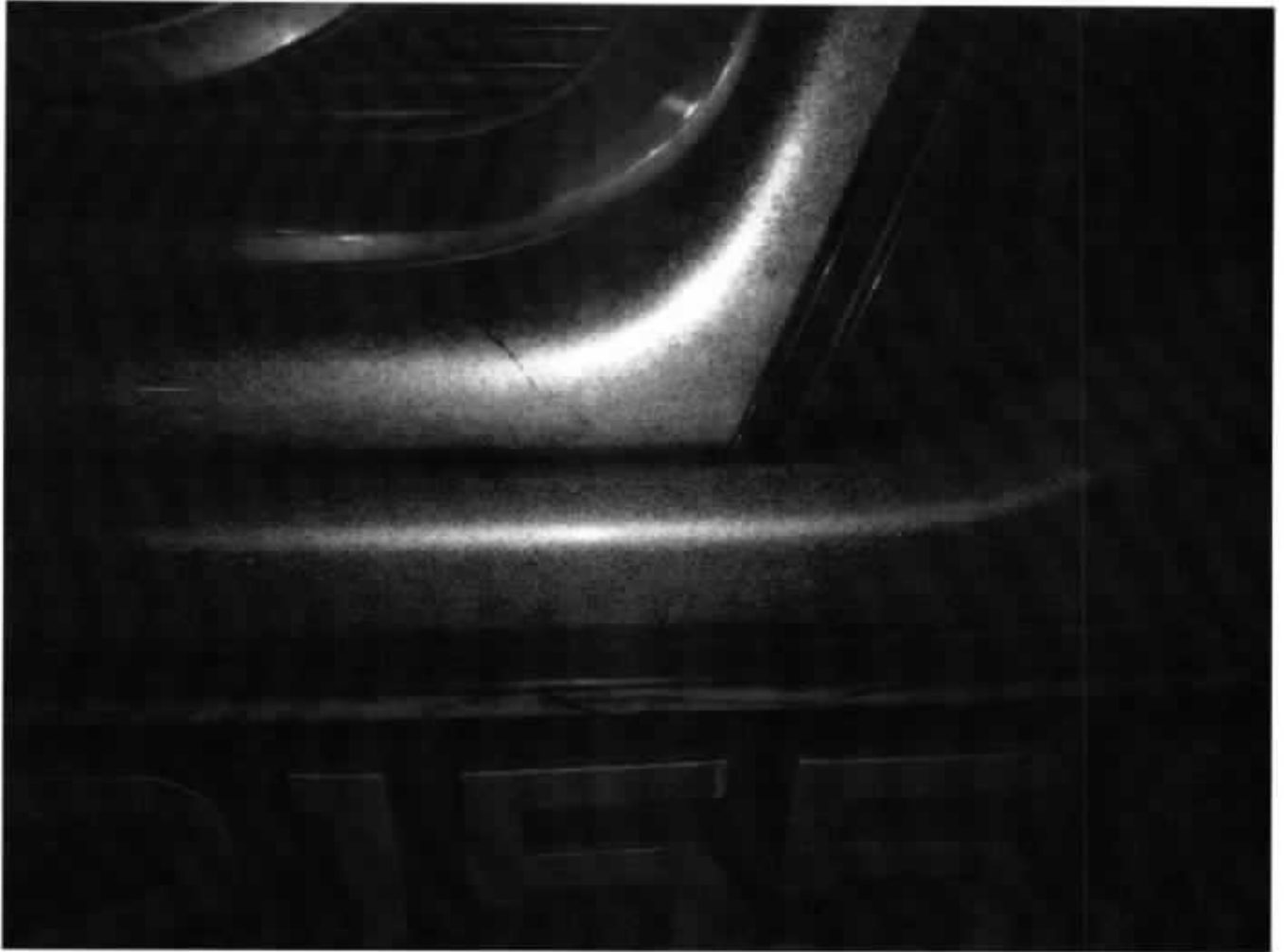
Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7206024E**

Name

**LEW WEI SUNG**  
**(LIU WEICHENG)**

Birth Date **17 Feb 1972**

Issue Date **08 Jul 2004**



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7206024E**



Name

**LEW WEI SUNG**  
**(LIU WEICHENG)**

**刘伟成**

Race

**CHINESE**

Date of birth

**17-02-1972**

Sex

**M**

Country of birth

**SINGAPORE**





### Driving License

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**PASS DATE**  
08 Jul 2004  
23 Feb 2007

**Class 2B** Motorcycles -- 300 CC  
**Class 1** Motor cars -- 2000 kg with -- 7 passengers, exclusive of the driver; and motor tractors/vehicles -- 2500 kg

S/Nr. 9000007401

NP 428A

**Licence No: S7206024E**

**4048377**

**IRMC No. S7206024E**

**Date of issue 08-05-2007**

**APT BUK BONE COMPASSVALE STREET #07-12B**  
**SINGAPORE 547250**

**NP 428A** **Date: 25/03/2013** **No: 7324124**

**Mohammad Azaly Bin Muhammad**



# 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/SMO18014375/Gvbe2-1	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623			Date : 12-12-2018	
			Code : SMO	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SKA 2155M	Veh. Inspected	SLS 5369L	
Policy No.		Coverage (\$)	0.00	
Claim No.	CMTD1803371/GPL	Excess (\$)	0.00	
Assign From	GNOH PAU LOONG	Assign Date	06/12/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HONDA SHUTTLE	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	GP71116755	Colour	WHITE	
Odometer	78000	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185/60 R15	YOKOHAMA	6 mm	
L/H Front Tyre	185/60 R15	YOKOHAMA	6 mm	
R/H Rear Tyre	185/60 R15	YOKOHAMA	6 mm	
L/H Rear Tyre	185/60 R15	YOKOHAMA	6 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	04/08/2018	Inspection Date	20/08/2018	
Survey held at	TRIPLE-T AUTOMOBILE BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186			
<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:		5 Working Days		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLS 5369L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	TAILGATE	BENT	1,293.00	1,293.00
1	TAIL GATE EMBLEM "SHUTTLE"	NECESSARY	65.48	65.48
1	TAIL GATE LOGO	NECESSARY	45.00	45.00
1	TAIL GATE INNER LOCK	BENT	210.30	210.30
1	TAIL GATE OUTER CHROME	NOT NECESSARY	585.50	-
1	TAIL GATE INNER GARNISH	NOT NECESSARY	365.10	-
1	TAIL GATE NUMBER PLATE OUTER GARNISH	NOT NECESSARY	388.45	-
1	TAIL GATE WINDSCREEN MOULDING	NECESSARY	124.40	124.40
1	TAIL GATE WEATHERSTRIP	NOT NECESSARY	234.50	-
2	TAIL LAMP @\$210.50	SERVICEABLE	421.00	-
1	REAR BUMPER	DEFORMED	1,650.00	1,180.00
2	REAR BUMPER SIDE RETAINER	NECESSARY	28.60	28.60
1	REAR END PANEL	TO REPAIR SEE LABOUR	685.00	-
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	155.50	-
2	REAR BUMPER REFLECTOR @\$86.40	N/S DAMAGED / O/S REUSE	172.80	86.40
1	REAR BUMPER SPONGE LH	DAMAGED	155.50	75.20
	LESS 20% DISCOUNT		-1,316.03	-621.68
			5,264.10	2,486.70
<b>SPECIAL NETT ITEMS</b>				
10	REAR BUMPER CLIP @\$5.00 (SN)	NECESSARY	50.00	30.00
1	TAIL GATE WINDSCREEN GLASS SEALANT (SN)	NECESSARY	80.00	50.00
1	REAR REVERSE SENSOR (SN)	MALFUNCTION	280.00	200.00
2	REAR END PANEL TOP GARNISH CLIPS @\$5.00 (SN)	NECESSARY	10.00	10.00
			420.00	290.00
<b>LABOUR</b>				
	TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTIONED ON THE 'PARTS REPAIR' COLUMN INCLUSIVE OF REPLACEMENT PARTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,296.00	500.00
	SPRAY PAINTING TO ADJACENT PANELS. JOB ALLOWANCE. PAINT / MATERIAL.		1,100.00	600.00
	APPLY RUST PROOFING ON THE ADJACENT PANELS.		120.00	60.00

Report Ref No. CS3/SMO18014375/Gvbe2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING / BULB CHECKING.		24.00	24.00
	REMOVE AND REFIX TAILGATE REAR WINDSCREEN GLASS (2-MAN JOB)		144.00	120.00
	REMOVE AND REPLACE REAR BUMPER REVERSE SENSOR & CONDUCT DISTANCE SAFETY SETTING.		81.60	40.00
	TRANSFER OF EXISTING TAILGATE MECHANISM TO NEW TAILGATE.		81.60	60.00
			2,847.20	1,404.00
GRAND TOTAL			8,531.30	4,180.70
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,350.00

Report Ref No. CS3/SMO18014375/Gvbe2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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