

CS3/1PC18012069/Tlad3-1  
 Assignment (Office)  
 1PC  
 Date/Time 07/01/2019  
 On (TP) WS/TP RES/OD RES/EVA/INV/MV/CS  
 To Inspect Vehicle No. SDK 2662 X  
 at Work place Leng Yong Motor  
 27A Jurong Port Rd #01-28  
 Policy No. Claim No. 17/18/18/vpos/020725  
 Sum Insured  
 Make of Veh. Escrow  
 (If Bank's Record) D.O.A. 02/07/2018  
 CA / REV / REP / REV 24 HRS lup  
 Date/Time 3:48pm @ 3/7/18 Person Contacted Ms. See  
 Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SDK 2662 X - X
	SJR 8089D - X
	06/7/17 - after paint
07/01/18	Submit PRS
16/1/19	Submit Ancel Fig 81310, 2 days. (Red 8350, 21%)

  
 16/1/2019

RECEIVED 16 JAN 2019

\$1310, 2 days

### ASSIGNMENT

File No: \_\_\_\_\_ Date: 4/7/2018

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: SDK 2662X

at Workshop m/s: Leng Yong Motor

at: 27A Juncang Port Rd # 01-28

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

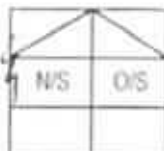
(Client's Record)

Make of Veh: \_\_\_\_\_

Ms-See @ 62659421

(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

QIA / PR Seen: \_\_\_\_\_

Consistent? Yes or No

Est. Repairs: \_\_\_\_\_

days Res: Yes or No

Lump Sum: \_\_\_\_\_

% 3 Val: Yes or No

CA / REV / REP. / 24 HRS up

Date: \_\_\_\_\_

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

Vehicle IN / OUT

Date / Time

Action / Instruction

Veh No: SDK 2662X Yr Regn: 2011, Feb

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

Truck / Trailer or

Make: Nissan Teana cc: 1992

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

Sp. Reading: 76452 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JN1BDY3327004587

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R11

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

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

TOYO / YOKO or

Front

Rear

R/Bal: 6

mm

R/Bal: 6

mm

L/Bal: 6

mm

L/Bal: 6

mm

D.O.A. \_\_\_\_\_

D.O.I. 4/7/18 @ 1250

Survey held at: Leng Yong Motor

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

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

RECEIVED 7 JUL 2018

Case/Time: File Pass to?

☐

Prell. Report

11/07/18 by up

☐

Final Report

Case/Time: File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: 150

Transportation: \_\_\_\_\_

Add Fee: ☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

) \$ + RS \$

) Photos

) Others

)

TOTAL

150

Report Format: PKS

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



# **LONPAC INSURANCE BHD**

(S98FC5635C)

Our Ref : 18/18/18/VP05/020725

Your Ref : CS3/LPC18012069/T1qd3e2

28 December 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 SDK2662X**

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SDK2662X
- b) GIA report of SDK2662X
- c) GIA report & photos of SJR8089D

Kindly study the documents and let us have your report by 11 January 2019.

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 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	03/07/2018 09:37
Date Of Accident	02/07/2018 08:35
Exact Location Of Accident	ENTRANCE OF BUKIT BATOK POLYCLINIC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDK2662X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG JING CHAI
NRIC No	S2549247A
Email Address	JCANGRIB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96656998
Alternative Phone No	OFFICE-96656998

### Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5053161948-06
Cover Note Number	

### Driver

Name of Driver	ANG JING CHAI
NRIC No	S2549247A
Date Of Birth	23/03/1952
Occupation	INDOOR
Date Of Driving Pass	20/06/1983
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96656998
Fax Number	
Contact Number	OFFICE-96656998
Email Address	JCANGRIB@GMAIL.COM

Address	9 HUME AVE #02-01
Postcode	598722
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 - MAJOR/MINOR RD
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?	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: : GOH LI KIANG 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 ATTACHED STATEMENT. PASSENGER FOR VEHICLE B IS JEILANI (FATHER OF THE DRIVER). HIS CONTACT NUMBER 81891569. HIS DAUGHTER WAS THE DRIVER

#### 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	SJR8089D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

Page 4 of 15

### IMPORTANT NOTICE

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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.
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5. Any false reporting may be referred to the Police for investigation.
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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.
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:

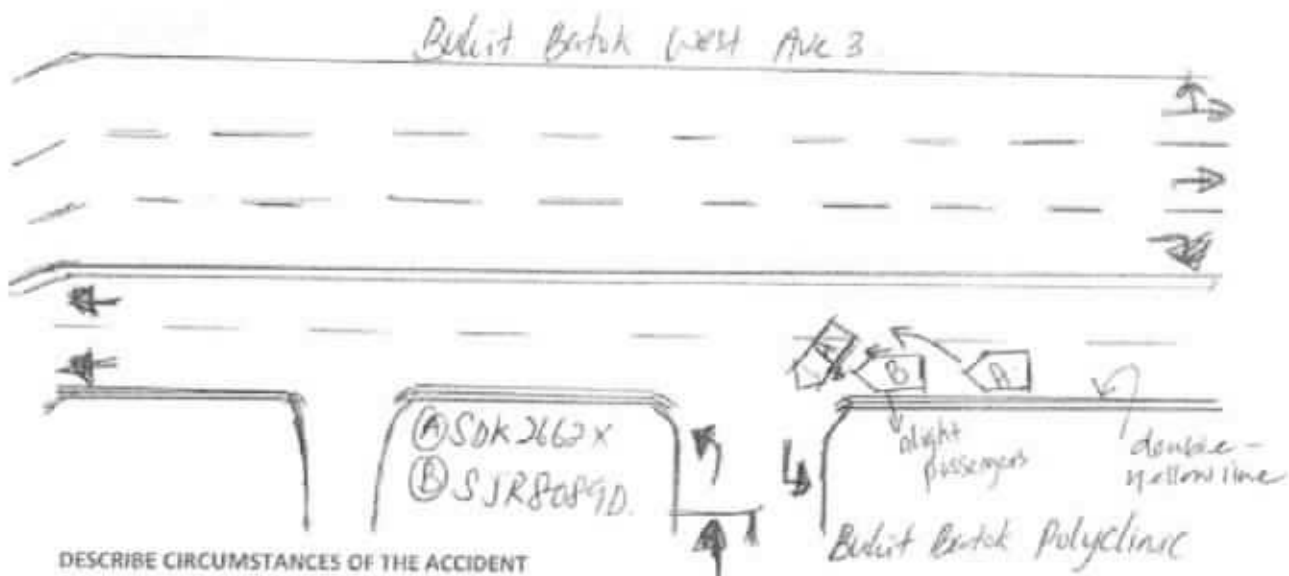
2/7/18 12:11 pm

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



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

# Sketch Plan #2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was on my way driving my wife to Bukit Batak Polyclinic (BBPC) - travelling along Bukit Batak West Ave 3.

Keeping on the left lane to turn into polyclinic, but saw a stationary car just before the entrance of the clinic. It's hazard light was on, and a man was alighting. <sup>stationary</sup>

As I don't have any idea how long the car is going to stop there, So, I changed lane to turn into the clinic. There Suddenly vehicle B moved and hit my car on the front left passenger side.

I got down wanted to take the particulars and accident scene photos, but the driver was advised by the alighted <sup>passenger</sup> (her father) to drive off. He gave me his particulars but his daughter's (who was the driver).

ps. notice the road (BBWAve 3) has a double-yellow line.

## DECLARATION

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

Policyholder's Signature

Date & Time

2/7/18 12:11 pm

Driver's Signature

(if driver is not the policyholder)

Date & Time

Reporting Centre: Policyholder's Signature

Please:

RMTC/RTM No.



# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

227 Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E



## AUTOMOBILE INSPECTION REPORT

To:

**ANG JING CHAI**

**C/O 27A Jurong Port Road #01-28**

**Singapore 619101**

### INSURANCE DETAILS

Insured : -  
Policy No. / Claim No. : -  
Sum Insured : -  
Excess Clause : -  
Windscreen Coverage : -  
Type of Claims : Third Party Claims  
Third Party Insurer : -  
Third Party Policy No. : -

### REFERENCE

Assigned By : As above  
Accident Date : -  
Assignment Date : 03 July 2018  
Inspection Date : 03 July 2018  
Our Reference No. : PAS/LYM/180709/TP

**Inspection Report Date : 09 July 2018**

**Workshop Name :**

**LENG YONG MOTOR WORKSHOP**

**Inspection Address :**

**27A Jurong Port Road #01-28**

**Singapore 619101**

### PARTICULARS OF VEHICLE

Registration No. : SDK2662X  
Make/Model : NISSAN TEANA 2.0L CVT ABS D/AIRBAG 2WD  
Yr of Manuf/Regn : 2011  
Carrying Capacity : 4Seater  
Chassis No. : JN1BDUJ32Z0001587  
Engine No. : MR20944599A  
Colour : Metallic Silver  
Class : Passenger ( Private )

Mileage : 76952 Km/h  
Radio/Cassette : Fitted  
CD Disc Player : Fitted  
Air Conditioner : Fitted  
Clock : Fitted  
Seat Belt : Fitted  
Wing Mirror Other : Fitted  
Accessories : Fitted

### PRE-ACCIDENT CONDITION (Static Check Only)

Body Work : Good  
Paint Work : Good  
Handbrake : Serviceable  
Footbrake : Serviceable  
Steering : Serviceable  
Any Apparent Eng : None  
Modifications

### VEHICLE VALUE

Market Value : -  
Wreck Value (Part) : -

### TYRE SIZE & CONDITION

Front N/s Size : 215/60R16 80 %  
Make : YOKOHAMA  
Rear N/s size : 215/60R16 80 %  
Make : YOKOHAMA  
Spare Size : 215/60R16 80 %  
Make : YOKOHAMA

Front O/s : 215/60R16 80 %  
Size Make : YOKOHAMA  
Rear O/s : 215/60R16 80 %  
Size Make : YOKOHAMA  
Spare Size :  
Make :  
Jack & Tools : Intact/Missing

**Type of Wheel Rims: Alloy**

**Note: The above percentage % represent the estimated remaining tyre threads.**

# PRECISION APPRAISAL SERVICES

Insurance Loss Assessors / Adjusters Cargo Surveyors & Licensed Appraisers



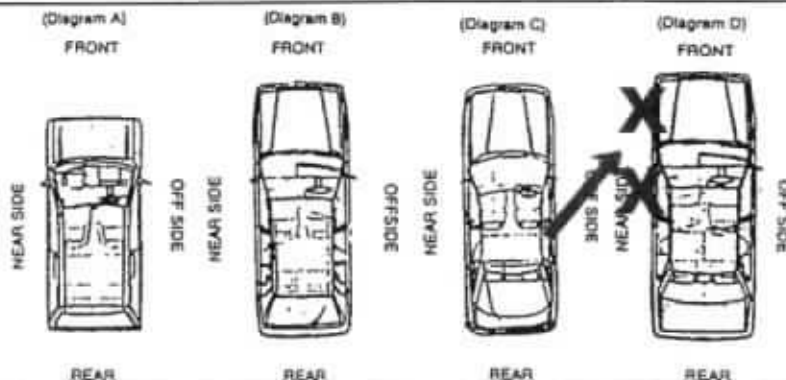
VEHICLE REGISTRATION NO. : SDK 2662 X

APPENDIX A

## POINT OF IMPACT

Direction of impact/damage marked (→) (X)

**The vehicle sustained impact on its N/s Front Portion. (see Diagram D)**



## GENERAL DESCRIPTION OF DAMAGES

Parts damaged were :

**The front n/s fender and door, front n/s wheel rim were dented.**

## ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 03/07/2018 & our report is here with enclosed for your perusal. The Repairs Estimate submitted by M/s LENG YONG MOTOR WORKSHOP as per attached Appraisalment Schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Part-By-Part Repair Basis of \$ 1,660.00 after deducting the Policy Excess Clause of \$ NA. As instructed, we have not authorised any of the repairs on your behalf.

	Repairer's		Our	
	Estimate	Amount	Revised	Amount
Spare Parts	3187	60	X	X
Towing Charges	-		-	
PB Labour Charges	800	00	680	00
Others Misc Charges	250	00	180	00
Paintwork	980	00	800	00
Total	\$ 5217	60	\$ 1660	00

Under normal circumstances, the duration of repairs should not exceed Two (02) days excluding Pre - Repair Inspection ( PRI ) / Pre - Repair Survey ( PRS ) waiting time frame.

Attached photographs taken during inspection Sixteen ( 16 ) Photographs.

## SPECIAL REMARKS

1. The inspection was conducted on a 'without prejudice' basis
2. On 06/07/2018, we examined the repaired vehicle.

Yours Faithfully,



T F NG PHILIP FOO  
ACII CAE, AMIMI  
AIAME, AMSAE-A  
Licensed Appraiser/Adjuster

Inspection Report Date: 09 July 2018

VEHICLE REGN NO : SDK 2662 X

OUR REFERENCE : PAS/LYM/180709/TP

INSPECTION REPORT DATE : 9-Jul-18

**APPRAISEMENT SCHEDULE**

CONTINUATION SHEET NO : 1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount \$ cts	Recommendation / Revised Amount \$ cts
		<u>PARTS SUPPLY - LIST ITEMS</u>			
1	1pc	Front n/s door	Dented/Defaced	988.60	Repair
2	1pc	Front n/s fender	Dented/Defaced	998.50	Repair
				1987.10	0.00
		<u>SPECIAL NETT ITEMS</u>			
8	1pc	Front n/s wheel rim	Dented/Defaced	1200.50	Repair Spraypaint
				3187.60	0.00
		<u>LABOUR &amp; MISC. CHARGES</u>			
1		Remove the necessary affected parts, straighten front n/s fender and door and replace parts		800.00	500 680.00
2		Reset wheel alignment		150.00	120.00
3		Putty and Spraypaint ( include front bumper )		980.00	700 800.00
4		Tuff Kote		100.00	30 60.00
					1310
SUB / GRAND TOTAL				5217.60	1660.00

PRECISION APPRAISAL SERVICES

## LENG YONG MOTOR WORKSHOP

27A Jurong Port Road #01-28  
JTC Industrial Service Centre  
Singapore 619101.  
Tel : 62612773, 62659421, 62615769  
Fax : 62657834  
GST Reg. No.M90362904T

### TAX INVOICE

M/s ANG JING CHAI

27A, Jurong Port Road #01-28  
Singapore 619101.

Invoice No.A/106/18

Date: 30/10/2018

#### Description

1. Vehicle No. <b>SDK2662X</b>	
Repair on <b><u>PART BY PART</u></b>	S\$1,660.00
Add 7% GST	<u>S\$ 116.20</u>
Total	<u><u>S\$1,776.20</u></u>

S'pore Dollars : One Thousand Seven Hundred Seventy Six And Cents Twenty Only.

Thank you.

Yours faithfully,

龍 營 車 修 車 廠  
LENG YONG MOTOR WORKSHOP















## 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.
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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	02/07/2018 13:58
Date Of Accident	02/07/2018 08:30
Exact Location Of Accident	ALONG BT BATOK WEST AV 3 OUTSIDE BT BATOK POLYCLIN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8089D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JEILANI BIN ABDUL
NRIC No	S2184900F
Email Address	ZAIZINHO@LIVE.COM
Mobile Phone No	(LOCAL) +65-81891569
Alternative Phone No	OFFICE-81891569

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-1.5 (A)
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05016978
Cover Note Number	

### Driver

Name of Driver	MUSTIKA BINTE JEILANI
NRIC No	S9421277D
Date Of Birth	18/06/1994
Occupation	INDOOR
Date Of Driving Pass	28/07/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92390846
Fax Number	
Contact Number	
EMail Address	MUSTIKAJEILANI@HOTMAIL.COM

Address	BLOCK 257 BUKIT BATOK EAST AVENUE 4 #05-333
Postcode	650257
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	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?	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

Please refer to the attached Sketch Plan and the accident details

#### 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 Witness 1

Name	MDM. LEONG
Phone Number	97400402
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDK2662X
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)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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: 2/7/18 1200

Driver's Signature

(If driver is not the policyholder)

Date & Time: 02/07/18 1240hrs

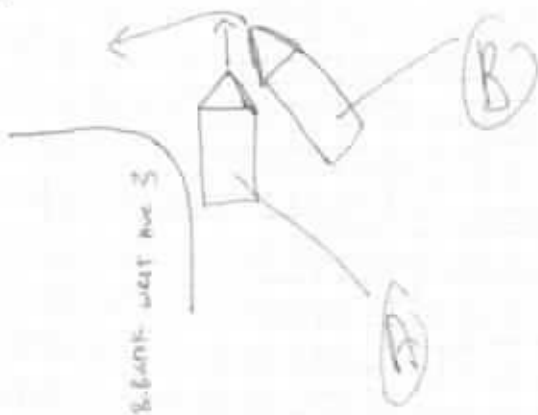
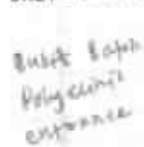
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**Sketch Plan Pg. 2**

### SKETCH PLAN



A - STRG089D

B - SDK 2662X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2nd July 2017, at about 8.30am, I was driving my vehicle (STRAIGHT) along Bukit Batok West Avenue 2 towards Bukit Batok Polyclinic.

I was stationary outside the <sup>near the entrance</sup> police clinic, hazard lights switched on to drop off my father by the roadside. <sup>father already drop off</sup> Switched off hazard lights and <sup>already</sup> driving off, suddenly a vehicle (50K2662x) out of nowhere hit my car from the <sup>right</sup> side. He intend to turn <sup>left</sup> into the entrance.

Vehicle (SDK2662X) have one passenger inside, which is his wife.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date & Time: 2/7/18 12:07K

Driver's Signature \_\_\_\_\_

(if driver is not the policyholder)

Date & Time: 02/07/18 12:04:45

Reporting Centre Personnel's Signature

Plummer

NHC/PIN No.:

Accident Photo



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 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S665500200 / 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: MDWH 1808 4910 Vehicle Registration No: STK2499D  
 Name (as shown in NRIC): MUSTIKA Binte Jelan NRIC/FIN/Passport No: S9421277D  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: B1E 257, Bukit Batok East Avenue 4 #01-333 Singapore (650257)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9289 0846  
 Email Address: mustikajelan@hotmail.com  
 Date of Accident: 02/07/2018 Time of Accident: 0920hrs  
 Place of Accident: Along Bukit Batok East Avenue 3  
 Insurance Company: Lampac Insurance

**(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:

Withdrawal Accident was initiated by Mdhi Leang - contact no. - 97400462  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date: 2/7/18

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



## 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/LPC18012069/T1qd3e2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Date : 17-01-2019	
			Code : LPC2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
	Insured Veh.	SJR 8089D	Veh. Inspected	SDK 2662X
	Policy No.		Coverage (\$)	0.00
	Claim No.	17/18/18/VP05/020725	Excess (\$)	0.00
	Assign From	GERALD	Assign Date	07/01/2019
<b>2. Vehicle Particulars &amp; Condition</b>				
	Make & Model	NISSAN TEANA	c.c	1997
	Engine No.	HIDDEN	Year of Reg.	2011
	Chassis No.	JN1BDUJ32Z0001587	Colour	SILVER
	Odometer	76952	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
<b>3. Conditions of Tyres</b>				
		Size	Make	Balance
	R/H Front Tyre	215/60 R16	YOKOHAMA	6 mm
	L/H Front Tyre	215/60 R16	YOKOHAMA	6 mm
	R/H Rear Tyre	215/60 R16	YOKOHAMA	6 mm
	L/H Rear Tyre	215/60 R16	YOKOHAMA	6 mm
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
	Accident Date	02/07/2018	Inspection Date	04/07/2018
	Survey held at	LENG YONG MOTOR WORKSHOP 27-A JURONG PORT ROAD #01-28 JTC IND SERVICE CENTRE SINGAPORE 619101		
<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:			<b>2 Working Days</b>	

**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 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDK 2662X**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT N/S DOOR	TO REPAIR SEE LABOUR	988.60	-
1	FRONT N/S FENDER	TO REPAIR SEE LABOUR	998.50	-
			1,987.10	-
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT N/S WHEEL RIM (SN)	TO REPAIR SEE LABOUR	1,200.50	-
			1,200.50	-
	<b><u>LABOUR</u></b>			
	REMOVE THE NECESSARY AFFECTED PARTS, STRAIGHTEN FRONT N/S FENDER AND DOOR AND REPLACE PARTS. INCLUSIVE OF THE REPAIR OF FRONT N/S DOOR, FRONT N/S FENDER AND FRONT N/S WHEEL RIM.		800.00	500.00
	RESET WHEEL ALIGNMENT.		150.00	80.00
	PUTTY AND SPRAYPAINT. (INCLUDE FRONT BUMPER)		980.00	700.00
	TUFF KOTE.		100.00	30.00
			2,030.00	1,310.00
<b>GRAND TOTAL</b>			<b>5,217.60</b>	<b>1,310.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>1,310.00</b>

Report Ref No. CS3/LPC18012069/T1qd3e2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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