

REF: CS3/SMO18011478/R1vd3^{LV}

Special Instruction:

LS: \$17,600.00

From (Person): Ginoth per laury of SMO Date/Time: 01/2/2019
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Survivor:

Surveyor: SK Auto Consultant

Workshop: AMA Automotive

OD/TP Re-inspection	Evaluation
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100	100

To Inspect Vehicle No: SJC 3799A Insured: GZ 830B
at Workshop m/s AMA Automotive Tel: 8778 3636
of 36 Toh Guan Rd East #01-36

Policy No: _____ Claim No: **CMTD1802656**

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 2/06/2018

(Client's Record) _____ D.O.A. 2/06/2018

13/02/2019 (Wednesday) 2pm

H.O.D. Enrolment/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 4/12 Confirmed with Final Fig , days (Red \$ / %; Original (O) days)

Date/Time: 5/14/19 Submit Final Fig LS \$10,100, 10 days (Red \$ 7500 / 43 %; Original days)

Date/Time	Action/Instruction
-----------	--------------------

SK 3799A-C83/SMD18011478/R/24d/3f2

DUA: 21/6/2018

G2 8308-CS3/SMO18011 478 IRJ2403P2

DATA: 21/6/2018

4/4/2019

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i>)
------------------------------------	---

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 4 5 APR 2019

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add

Transport

Photos

Others

Total

490

1) Date/Time 5/4- typist File Pass to _____

2) Date/Time _____ File Return to _____

3) Date/Time _____ File Pass to _____

4) Date/Time File Return to

5) Date/Time _____ File Pass to _____

6) Date/Time _____ File Return to _____

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res:

Yes or No

Lum Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

52C 3799A

Yr Regn:

2008 / PFB

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

Truck / Trailer or

Make:

TOYOTA MSH 1&A

C.C.

1794

Colour:

GRAY

A/C:

Insured / Std / NI / NA

Sp. Reading

230/86

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

2NE100378915

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

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

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

Modi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

21/06/18

D.O.L.

13/02/15

Survey held at

AMA

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S - RS -

) Photos

) Other

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format:

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

Survivor

Form

REF:

Y7713

LOE RICH: FEB/2023

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: **SJC 3799A**

at Workshop n/s: **AMA AUTOCARE**

of **36, Tott Ave RD TOTT #01-36**

Insured: **SNO**

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: **36K**

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

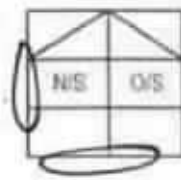
Est. Repairs: **13** days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT



Veh No: **SJC 3799A** Yr Regr: **2008 / FEB**

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

Truck / Trailer or

Make: **TOYOTA** with **1.8A** c.c. **1794**

Colour: **Grey** A/C: _____ Insured / Std / NI / NA

Sp Reading: **216265** T/Radio: Insured / Std / NI / NA

Eng No: _____

C/Nr: **ZNE100378915**

Gen. Cond: Good (F) / Poor / Burnt

Steering: ☒ Worder / Jammed / Leaked / Burnt or

Brake: ☒ Worder / Jammed / Leaked / Burnt or

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

Tyre Size: F: **155/65R15**

R: _____

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

TOYO / YOKO or **NEUTON**

Front: _____ Rear: _____

R/Bal: **5** mm R/Bal: **5** mm

L/Bal: **5** mm L/Bal: **5** mm

D.O.A: **21/06/18** D.O.I: **25/06/18**

Survey held at: **AMA AUTOCARE**

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

Rear & u/s

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

Date / Time: _____ Action / Instruction: **Estimated repair range \$10,000 - \$12,500**

4/7/18 Submit PRS report.

4/7/2018

Date/Time: File Pack to: ☐ Prel. Report

1) ☐ Final Report

Date/Time: File Return to: _____

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3) S + PRS: _____

4) Photo: _____

5) Other: _____

6) _____

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ANSI REC BY

REF: CS3/SMO1801478/R121d34

Special Instructions:

Surveyor

Rajul

ASSIGNMENT (Office)

From (Person)

Grace Teo

of

SMO

Date/Time

22/6/18 05:39pm

Estimated Cost

Bill to

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

To Inspect Vehicle No

SJC 3799A

Insured

G2830B

at Workshop no

AMA Autocare

Tel

8778 3636

of

36 Joh Guan Rd East # 01-36

Policy No

Claim No

CMTD1802656 / GPL

Sum Insured

Excess

Make of Veh

D.O.A

21/06/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

kup)

H.O.D. Endorsement

Date/Time

25/6/2018 @ 10:36am

Person Contacted

Melvin

Vehicle

IN/OUT

Date/Time

Action/Instruction (X) Estimate

SJC 3799A - X

G2830B - X

Dismantle : 26/6/18

Nivitha (LKK Auto)

From: Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>
Sent: Friday, 1 February 2019 1:25 PM
To: Admin-D (LKKAuto); assignments
Subject: RE: Sompo ref : CMTD1802656 ; YOUR VEHICLE: GZ830B // CSA REF: AS.181414.sa - Date of Accident: 21 June 2018
Attachments: 3028_001.pdf; CMTD1802656 - OID EFILE FOR GZ830B.pdf; CMTD1802656 - efile report of SJC3799A.pdf; CMTD1802656 - efile report for SJM9957T.pdf

Dear Nivitha,

Thank you for your call earlier and enclosed are the documents for your surveyors perusal, thank you.

Best Regards

Gnoh Pau Loong

Claims Division

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



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From: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Sent: Friday, 1 February, 2019 1:17 PM

To: Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'Maia' <maia@chiaarul.com>

Subject: RE: Sompo ref : CMTD1802656 ; YOUR VEHICLE: GZ830B // CSA REF: AS.181414.sa - Date of Accident: 21 June 2018

Dear Pau Loong,

Thank you for the email.

Dear Maia,

Appointment confirmed.



BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



From: Gnoh, Pau Loong [<mailto:PauLoong.Gnoh@sompo.com.sg>]

Sent: Friday, 1 February 2019 1:08 PM

To: Maia <maia@chiaarul.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>

Subject: RE: Sompom ref : CMTD1802656 ; YOUR VEHICLE: GZ830B // CSA REF: AS.181414.sa - Date of Accident: 21 June 2018

Importance: High

Dear M/s LKK AUTO,

With reference to the email below, please review and reply, thank you.

Best Regards

Gnoh Pau Loong

Claims Division

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



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From: Maia <maia@chiaarul.com>

Sent: Friday, 1 February, 2019 1:04 PM

To: Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>

Subject: RE: Sompo ref : CMTD1802656 ; YOUR VEHICLE: GZ830B // CSA REF: AS.181414.sa - Date of Accident: 21 June 2018

Importance: High

WITHOUT PREJUDICE

Dear Pau Loong,

We refer to the above matter and to your email dated 24 January 2019.

Kindly be inform that our client's vehicle will be ready for re-inspection as follows:-

Date:	13 February 2019, Wednesday
Time:	2 p.m.
Venue:	AMA Automotive Pte Ltd 36 Toh Guan Road East #01-36 Enterprise Hub Singapore 608580
Contact:	8778 3636 (Mr Melvin)

Kindly let us have your confirmation on an urgent basis.

Regards,

Ms Maia Sudi

(Paralegal)

M/s Chia S Arul LLC

151 Chin Swee Road

#03-09 Manhattan House

Singapore 169876

Tel: (65) 6733 4647 Fax: (65) 6733 8183

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From: Gnoh, Pau Loong [<mailto:PauLoong.Gnoh@sompo.com.sg>]

Sent: Thursday, January 24, 2019 3:54 PM

To: Maia

Cc: Admin-D (LKKAUTO); SUR; assignments

Subject: RE: Sompo ref : CMTD1802656 ; YOUR VEHICLE: GZ830B // CSA REF: AS.181414.sa - Date of Accident: 21

June 2018

Importance: High

Without Prejudice

Dear Maia,

Sorry for the late reply.

We have clarified with our surveyor and as there is no post repair inspection done, we require your assistance to arrange with your client for the physical survey appointment.

In the meantime, kindly hold hands and we will revert to you as soon as possible.

By copy to M/s LKK AUTO,

As spoken to Ms Nivitha, please assist above for your ref : CS3/SMO18011478/R1Z4D3 and please 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:** Maia <maia@chiaarul.com>
Sent: Friday, 12 October, 2018 2:56 PM
To: Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>; Chan, Shu Hui Agnes <agnes.chan@sompo.com.sg>
Subject: Sompo ref : CMTD1802656 ; YOUR VEHICLE: GZ830B // CSA REF: AS.181414.sa - Date of Accident: 21 June 2018

REMINDER

Dear Sirs,

We refer to the above matter and to your our letter of demand dated 2 August 2018 and reminder on 7 September 2018.

To-date, we have yet to hear from you.

Kindly let us have an offer on an urgent basis.

Regards,

Ms Maia Sudi

M/s Chia S Arul LLC
151 Chin Swee Road
#03-09 Manhattan House
Singapore 169876
Tel: (65) 6733 4647 Fax: (65) 6733 8183

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S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/018/0404SK

Your Reference: TBA

Date: 20/7/2018

TO: NORAFIDAH BINTE UMAR SHAH
C/o AMA Autocare Pte Ltd
Enterprise Hub #01-36
36 Toh Guan Road East
Singapore 608580

Assessment of Vehicle No : SJC 3799 A

Date of Accident : 21/06/2018

Date of Inspection : 25/06/2018

We have carried out a physical assessment of SJC 3799 A at AMA Autocare Pte Ltd according to your instructions on 25/06/2018 and are pleased to submit our report as follows;

1. VEHICLE PARTICULARS

Registration No.	:	SJC 3799 A
Make & Model	:	TOYOTA WISH
Year of Registration	:	15/02/2008
Engine Capacity (cc)	:	1794
Chassis No.	:	ZNE100378915
Engine No.	:	1ZZ2955923
Colour	:	SILVER
Mileage (km)	:	146369

2. VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

3. TYRE PARTICULARS & CONDITION

Front

RH Make/Size	:	YOKOHAMA 195/65R15 - 70%
LH Make/Size	:	YOKOHAMA 195/65R15 - 70%

Rear

RH Make/Size	:	YOKOHAMA 195/65R15 - 70%
LH Make/Size	:	YOKOHAMA 195/65R15 - 70%

Note: % denotes the remaining percentage of the tyre

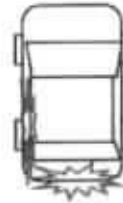
S K AUTO CONSULTANTS

Page No. 2

Our Reference TP/018/0404SK
Vehicle No. SJC 3799 A

4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the REAR, LHS body portion and undercarriage (suspension system)
Please see attached schedule for details.



Estimated Amount : S\$23,864.15
Adjusted Amount : S\$17,600/-
Estimated Repair Days : 10 days

Pursuant to your instruction, we have NOT AUTHORIZED repair.
The assessment was conducted on a "Without Prejudice" basis.

If we are not notified of anything to the contrary within 14 Days from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by S K AUTO CONSULTANTS for any reliance on this report by any third party.

S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/018/0404SK
Vehicle No. SJC 3799 A

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)	OUR ASSESSMENT(\$\$)
	PARTS (LIST ITEMS)			
1	Front LHS door	Repair/labour	1075.00	0.00
1	Rear LHS door	Deformed	1219.00	1219.00
1	Rear LHS Door lower moulding	Necessary	112.00	112.00
1	Rear LHS Door upper mpulding	Necessary	142.00	142.00
1	Rear LHS Door black side tape	Necessary	72.00	72.00
1	Tail Gate	Distorted	1272.00	1272.00
1	Tail Gate Logo	Necessary	85.50	85.50
1	Tail Gate Centre Chrome Garnish	Slot cracked	281.20	281.20
1	Tail Gate inner Lock	Damaged	372.00	372.00
1	Tail Gate Inner Trim Board	Deformed	488.00	488.00
2	Tail Gate Dampers @ \$288.00	Stiffened	576.00	576.00
1	Tail Gate windscreen inner trim	Deformed	510.00	510.00
2	Rear Windscreen Moulding @ \$75.00	Necessary	150.00	150.00
1	Rear tailgate windscreen	Broken	1850.00	1850.00
2	Tail Lamps @ \$725.50 @367	Cracked	1451.00	1451.00
1	Rear tailgate top spoiler	Cracked	580.00	580.00
1	Rear tailgate top spoiler third brake light	Cracked	285.00	285.00
1	Rear Bumper	Deformed/crk.	982.00	982.00
2	Rear Bumper reflectors @ \$75.00	Refix	150.00	0.00
2	Rear Bumper Side Retainers @ \$90.00 @64	Damaged	180.00	180.00
2	Rear Fender LH & RH @ \$975 @845 @257	Distorted	1950.00	1950.00
2	Rear LH & RH taillamp inner panel @ \$340 @650	Distorted	680.00	680.00
2	Rear Fender Inner trim board @ \$750 @650	Distorted	1500.00	1500.00
1	Rear Boot Weatherstrip	Deformed	287.50	287.50
1	Rear End Panel Lock Catch	Bent	66.00	66.00
1	Rear End Panel Top Garnish	Deformed	289.00	289.00
1	Rear End Panel	Dented	782.00	782.00
1	Rear End Panel Tail Gate Lock Actuator	Damaged	345.00	345.00
2set	Rear fender inner shield clips	Necessary	50.00	50.00
2	Rear fender glass sealant	Necessary	120.00	120.00
1	Rear exhaust pipe assy	Bent	950.00	950.00
1	Rear shock absorber	Damaged	520.00	520.00
1	Rear axle	Damaged	1980.00	1980.00
			21352.20	20127.20
		less 25%	5338.05	5031.80
			16014.15	15095.40

884314

S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/018/0404SK
Vehicle No. SJC 3799 A

SPECIAL NETT ITEMS				
1	Rear Windscreen Sealant	Necessary	100.00	80.00
1	Reverse Sensor	Damaged	280.00	220 250.00
1 set	Rear Bumper Clips	Necessary	60.00	40.00
1 set	Rear End Panel Top Garnish Clips	Necessary	60.00	40.00
1	Rear End Panel Sealant	Necessary	100.00	80.00
1	Rear spare tyre panel sealant	Necessary	100.00	80.00
2	Rear fender glass sealant	Necessary	200.00	160.00
1	LHS Rear sports rim	Damaged/Grz.	1280.00	1280.00
1	LHS Rear tyre	Cut	350.00	280.00
1 set	Door sun visor	Necessary	250.00	250.00
TOTAL PARTS			18794.15	17635.40

Fender glass sealant X2 - 80 (S/N)

S K AUTO CONSULTANTS

Page No. 5


Our Reference TP/018/0404SK
Vehicle No. SJC 3799 A

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	OUR ASSESSMENT (\$\$)
	LABOUR		
1	To remove the affected parts & fittings to commence repairs; panel beat & reshape the affected areas and replace the damaged parts and components.	2000.00	1800.00 1400
2	To supply paint materials, expandable items & putty, respray paint on parts replaced and repaired areas	1400.00	1200.00
3	To remove, refix wiring system at accident damaged areas and check for proper function	200.00	180.00 60
4	To remove / refix inner trims, fittings, garnish etc at rear compartment so as to facilitate repairs at rear.	300.00	250.00 100
5	To replace rear tailgate windscreen	140.00	120.00
6	To remove and refix rear LH & RH fender glass	200.00	160.00 120
7	To remove and replace rear LH & RH undercarriage	280.00	240.00 X
8	To remove and refix door component so as to facilitate repair	180.00	120.00 60
9	To remove and replace reverse sensors and check for proper function	100.00	80.00 60
10	To perform anti-rust treatment on affected areas	270.00	240.00 100
Labour Total :		5070.00	4390.00
TOTAL (PARTS & LABOUR):		23864.15	22025.40

Note: (For Lump Sum Repair)

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements.

The final adjusted Lump Sum contract amount is S\$17,600/-


 S. Kumaran
 Motor Surveyor

8843.40

3220.00

580.00

12643.40

206

10,114.72

4/10-10,100

10 days

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	22/06/2018 11:57
Date Of Accident	21/06/2018 20:30
Exact Location Of Accident	PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ830B
Insured/Policyholder	
Name Of Registered Owner	EMPIRE TECHNOLOGY PTE LTD
Co Reg No	199605519K
Email Address	EMPIRE@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68611484

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150D
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D17MTPCVE003046
Cover Note Number	

Driver

Name of Driver	THENNARASU BASKAR
Passport No/FIN	G6648526P
Date Of Birth	20/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2014
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90790972
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	11, TUAS AVE 13
Postcode	638984
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	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)	3
Passenger 1	NAME: : SUPRAMANI GENDER: : MALE
Passenger 2	NAME: : VIJAYKUMAR 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

TRAVELLING ALONG PIE, VEHICLE 'C' SUDDENLY BRAKE & I COULD NOT STOP IN TIME & HIT ONTO VEHICLE 'C'. I THEN DISCOVERED IT WAS A CHAIN COLLISION. VEHICLE 'B' HAD HIT ONTO MOTORCYCLE 'A' & VEHICLE 'C' HAD HIT ONTO VEHICLE 'B'.

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	FX6358G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJM9957J
Vehicle Make/Model/Colour HONDA
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJC3799A
Vehicle Make/Model/Colour TOYOTA WISH
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MUHAMMAD ARQAM BIN SAMSUDIN
NRIC/Passport Number S7721949H
Contact Number 83385237
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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: 22/6/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/6/2018



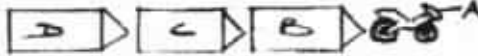
Reporting Centre Person's Signature

Name: Wang Chao Han

NRIC/FIN No. 31500007

SKETCH PLAN

P1E TOWARDS JURONG



A: FX 6358G
B: SJM 9957J
C: SJG 3799A
D: GZ 830B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRAVELLING ALONG P1E, VEHICLE 'C' SUDDENLY
BRAKE + I COULD NOT STOP IN TIME + HIT ONTO
VEHICLE 'C'. I THEN DISCOVERED IT WAS A CHAIN
COLLISION - VEHICLE 'B' HAD HIT ONTO VEHICLE 'A'
+ VEHICLE 'C' HAD HIT ONTO VEHICLE 'B'.

DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 22.6.2018

Baslam

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22.6.2018



Reporting Centre Personnel's Signature

Name: Wong Chy Han

NRIC/FIN No: S17500007

WORK PERMIT & DRIVING LICENSE Pg. 1



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.
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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	22/06/2018 17:30
Date Of Accident	21/06/2018 20:45
Exact Location Of Accident	ALONG PIE TOWARD TUAS BEFORE JURONG TOWN HALL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC3799A
Insured/Policyholder	
Name Of Registered Owner	NORAFIDAH BINTE UMAR SHAH
NRIC No	S8414771J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83385237
Alternative Phone No	OFFICE-83385237

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT000546
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ARQAM BIN SAMSUDIN
NRIC No	S7721949H
Date Of Birth	12/08/1977
Occupation	INDOOR
Date Of Driving Pass	02/04/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83385237
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 123D RIVERVALE DRIVE #02-171
Postcode	544123
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	GZ830B
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	THENNARASU BASKAR
NRIC/Passport Number	G6648526P
Contact Number	90790972
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJM9957T
Vehicle Make/Model/Colour	HONDA FREED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MALINA T MACAPAAR
NRIC/Passport Number	S2603793Z
Contact Number	91470154

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ARQAM BIN SAMSUDIN
------	-----------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?	SJC3799A
----------------------------------	----------

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

ALONG PIE TOWARDS TUAS BEFORE JURANG TOWN HALL EXIT

— — — — —

Refer to Police Report.
D/20180622/7014

Refer to Police Report.

D	20180622	7014
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1/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:

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

Tokio Marine Insurance Singapore Ltd

Company Reg No. 192300014M GST Reg No. M2-000021-4

20 Macao Street #08-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tms@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine GroupTOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MX1 N

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

Policy No.: MT000546 (Private Car)

- | | | |
|--|---|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJC3798A | Chassis No.: ZNE100378915 |
| 2. Name of Policyholder | NORAFIDAH BINTE UMAR SHAH (Non Driving) | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 18/01/2018 (00:00:00) | |
| 4. Date of Expiry of Insurance | 18/01/2019 | |
| 5. Persons or Class of Persons entitled to drive* | Any other person who is driving on the Policyholder's order or with his 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.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered operative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account No: 2438DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 800.00	(Original Excess : SGD 800.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
	Financial Interest:	EPIZZIG CREDIT PTE LTD	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorized Signature

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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


REPUBLIC OF SINGAPORE DRIVING LICENCE



12 Aug 1977
20 Apr 2011

002536492K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7721949H



Name
MUHAMMAD ARQAM BIN SAMSUDIN
محمد ارقم بن سمودين
Race
MALAY
Date of birth 12-08-1977 Sex M
Country of birth SINGAPORE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8414771J



Name
NORAFIDAH BINTE UMAR SHAH
نورافيدة بنت عمر شاه
Race
INDIAN
Date of birth 29-05-1986 Sex F
Country/Place of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles < 200 cc 14 Aug 1987
Class 2A Motorcycles between 201 cc and 400 cc 04 Oct 1990
Class 3 Motor Cars < 2000kg with < 7 passengers, exclusive of the driver, and 3 seat motor vehicles < 2000kg 02 Apr 1987
Class 4 Motor vehicles < 3.5 ton constructed for carrying passengers and the unladen weight < 2000kg 26 Dec 1989
Motor vehicles which are constructed for carrying passengers and the unladen weight < 2000kg

License No: S7721949H

4090237

Barcode

IC No: S7721949H

Date of Issue 28-08-2007

Date: 22/08/2011 No: 8931769

Barcode

IC No: S8414771J

Date of Issue 09-04-2015

Address
APT BLK 123D RIVERVALE DRIVE
#02-171
SINGAPORE S44123



**SINGAPORE
POLICE FORCE**



D/20180622/7014

1 of 2

POLICE REPORT (NP299)

Report No. D/20180622/7014

Police Station Of Origin
Clementi Police Divisional HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 22/06/2018 13:53	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ARQAM BIN SAMSUDIN	Address APT BLK 123D RIVERVALE DR #02-171 SINGAPORE 544123	
ID Type / ID No. NRIC NO / S7721949H	Contact No. Home/Office:	Mobile: 83385237
Nationality SINGAPORE CITIZEN	Email Address muhd_arqam@yahoo.com.sg	
Occupation LEGAL CLERK	Sex Male	Age 40
Institution/School Name	Date of Birth 12/08/1977	Race Malay
Date/Time Of Incident 21/06/2018 20:47 - 21/06/2018 20:47	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On 21/06/2018 at 2047hrs, I was driving vehicle (SJC3799A) along PIE towards Tuas before Jurong Town Hall exit. It was raining and I was travelling on the second lane. The vehicle (SJM9957T) in front of me slowed down and I slowed down, suddenly a lorry (GZ830B) behind me hit on my rear of my vehicle (SJC3799A). The impact was very strong and force my vehicle (SJC3799A) to swerve to the front right towards first lane and hit against the second lane vehicle (SJM9957T) right hand portion. I came out of my vehicle (SJC3799A) to do a check and realized that the vehicle(GZ830B) behind me was unable to stop on time had collided onto my rear portion and my vehicle (SJC3799A) left hand side portion was

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2018 13:53
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20180622/7014

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180622/7014

damaged too due to collided onto vehicle (GZ830B). We exchanged particulars for insurance claims. My car camera captured the whole accident footage. I felt my neck pain after the accident and doctor gave me 3 days mc due to back and groin injury.

Subjects Involved			
Victim			
Person Name	MUHAMMAD ARQAM BIN SAMSUDIN		
ID Type	NRIC NO	ID No	S7721949H
Gender	Male	Age	40
Race	Malay	Language	English
Occupation	LEGAL CLERK	Address Type	
Address	APT BLK 123D RIVERVALE DR		Mobile No
	#02-171 SINGAPORE 544123		83385237
Is Informant A Victim?	Yes		
Person Name			
MUHAMMAD ARQAM BIN SAMSUDIN (Informant)			

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	22/06/2018 13:53
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



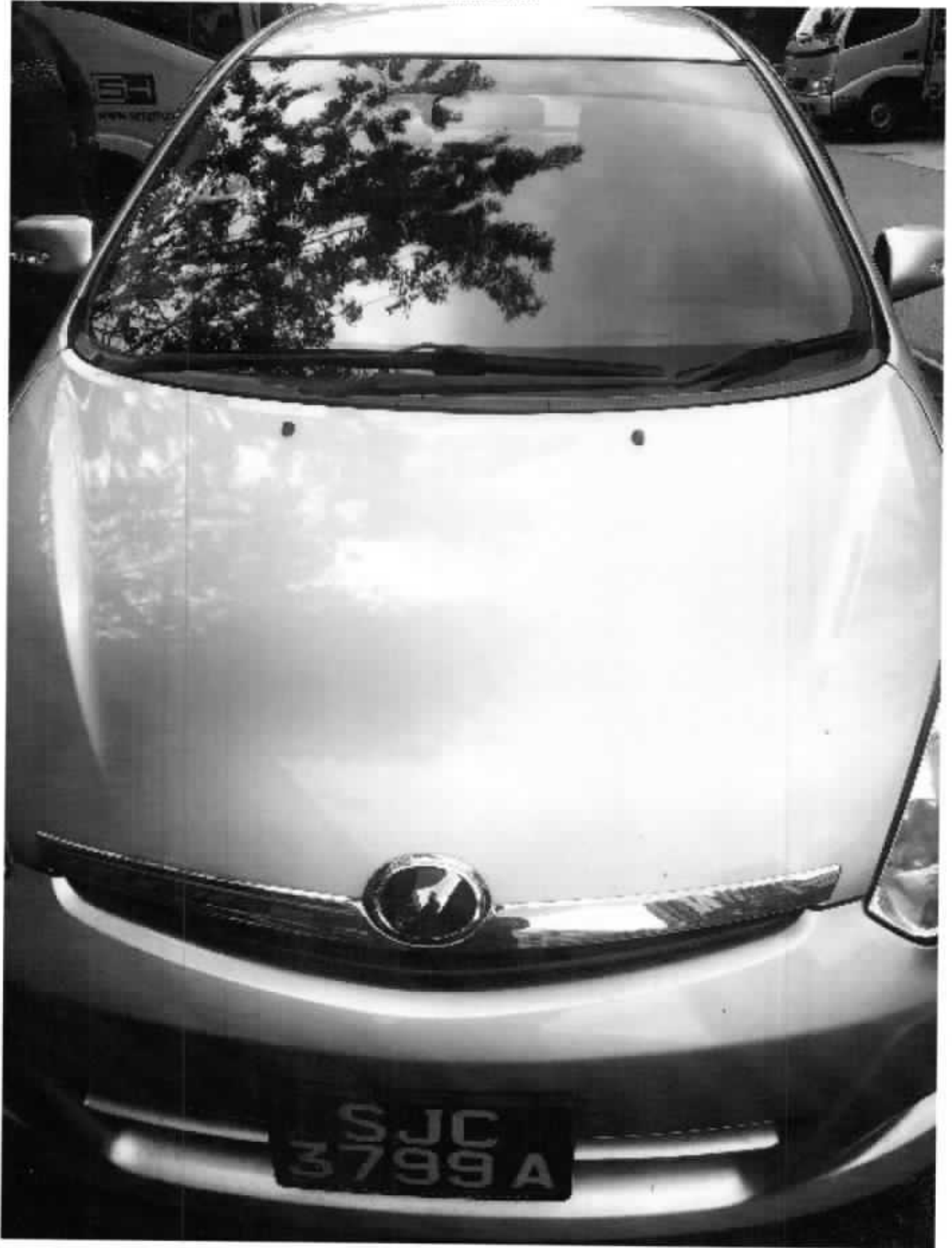
Accident Photo



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	22/06/2018 12:39
Date Of Accident	21/06/2018 20:45
Exact Location Of Accident	PIE(TUAS) NEAR JURONG TOWN HALL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9957T
Insured/Policyholder	
Name Of Registered Owner	AC CAR RENTAL PTE. LTD.
Co Reg No	201613097D
Email Address	CRAYCHING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97797000
Alternative Phone No	OFFICE-97797000

Vehicle Particulars

Manufacturer	HONDA
Model	FREED-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	RENTAL 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	YES
Policy Number	5083539178-01
Cover Note Number	29/08/2017 - 28/08/2018

Driver

Name of Driver	MALINA T MACAPAAR
NRIC No	S2603793Z
Date Of Birth	14/01/1960
Occupation	INDOOR
Date Of Driving Pass	27/07/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91470154
Fax Number	
Contact Number	
EEmail Address	KINDGOM_602@YAHOO.COM.SG

Address	BLK 12 TECK WHYE LANE #25-220
Postcode	680012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLE
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : CK GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT (T/20180622/2043)

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	SJC3799A
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	REAR AND LEFT PORTIONS
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD ARQAM BIN SAMSUDIN
NRIC/Passport Number	S7721949H

Contact Number	83385237
Address	BLK 123D RIVERVALE DRIVE #02-171
Postcode	544123
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GZ830B
Vehicle Make/Model/Colour	LORRY
Details Of Properties	FRONT PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THENNARASU BASKAR
NRIC/Passport Number	G6684526P

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1

NAME: : PASSENGER

GENDER: : MALE

DETAILS OF INJURED PERSON 1

Name	MALINA T MACAPAAR
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SJM9957T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 12 TECK WHYE LANE #25-220
Postcode	680012

Sketch Plan Pg. 1

NHTC Income Motor Service Centre

Report No: M1

D.O.A:

Vehicle No:

Make/Model:

Report Date: 6/22/2018 Start Time: 12:50 PM

Reporting Type: TP End Time:

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 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.

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/are 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 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 reasonable required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, law or court orders.



6/22/2018 12:59

Policyholder's Signature
Date & Time:

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

6/22/2018 12:59

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990795

Sketch Plan Pg. 2

SKETCH PLAN

PRE-ACCIDENT

PIE(TUAS) NEAR JURONG TOWN HALL EXIT

Vehicle A: SJN9957F Vehicle B: SHC3799A Vehicle C: GZK308B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED POLICE REPORT (T/20180622/2043)

DECLARATION

We declare the foregoing particulars are true in every respect.



6/22/2018 12:59

Policyholder's Signature
Date & Time

[Signature]

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

6/22/2018 12:59

[Signature]

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/Pin No: 5990765



**SINGAPORE
POLICE FORCE**



T/20180622/2043

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180622/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 12:27	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: MALINA T MACAPAAAR			Address: APT BLK 12 TECK WHYE LN #25-220 HDB-CHOA CHU KANG SINGAPORE 680012		
ID Type / ID No.: NRIC NO / S2603793Z			Contact No.: Home/Office: Mobile: 91470154		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 58	Date of Birth: 14/01/1960	Type of Informant: Driver		
Race: Filipino			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRER DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/06/2018 20:45	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE > TUAS NEAR JURONG TOWN HALL EXIT				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ830B	Lorry	TOYOTA	DYNA 150 D	Blue		1
SJC3799A	Car	TOYOTA	WISH 1.8 A	Silver		0
SJM9957T	Car	HONDA	FREED 1.5G A	Grey		2



**SINGAPORE
POLICE FORCE**



T/20180622/2043

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180622/2043

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was travelling along PIE > TUAS near to Jurong Town Hall exit on the 2nd lanes of 4 lanes, suddenly there's an accident in front of me at lane 3 between a bike & a car. I immediately stop when I notice it, after which I felt an impact from the vehicle(SJC3799A) travelling behind me collided into my vehicle rear portion.

That's all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180622/2043

3 of 3

Report No. T/20180622/2043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
TONG HWEE SIONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/06/2018 12:27

Classification Of Case:

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



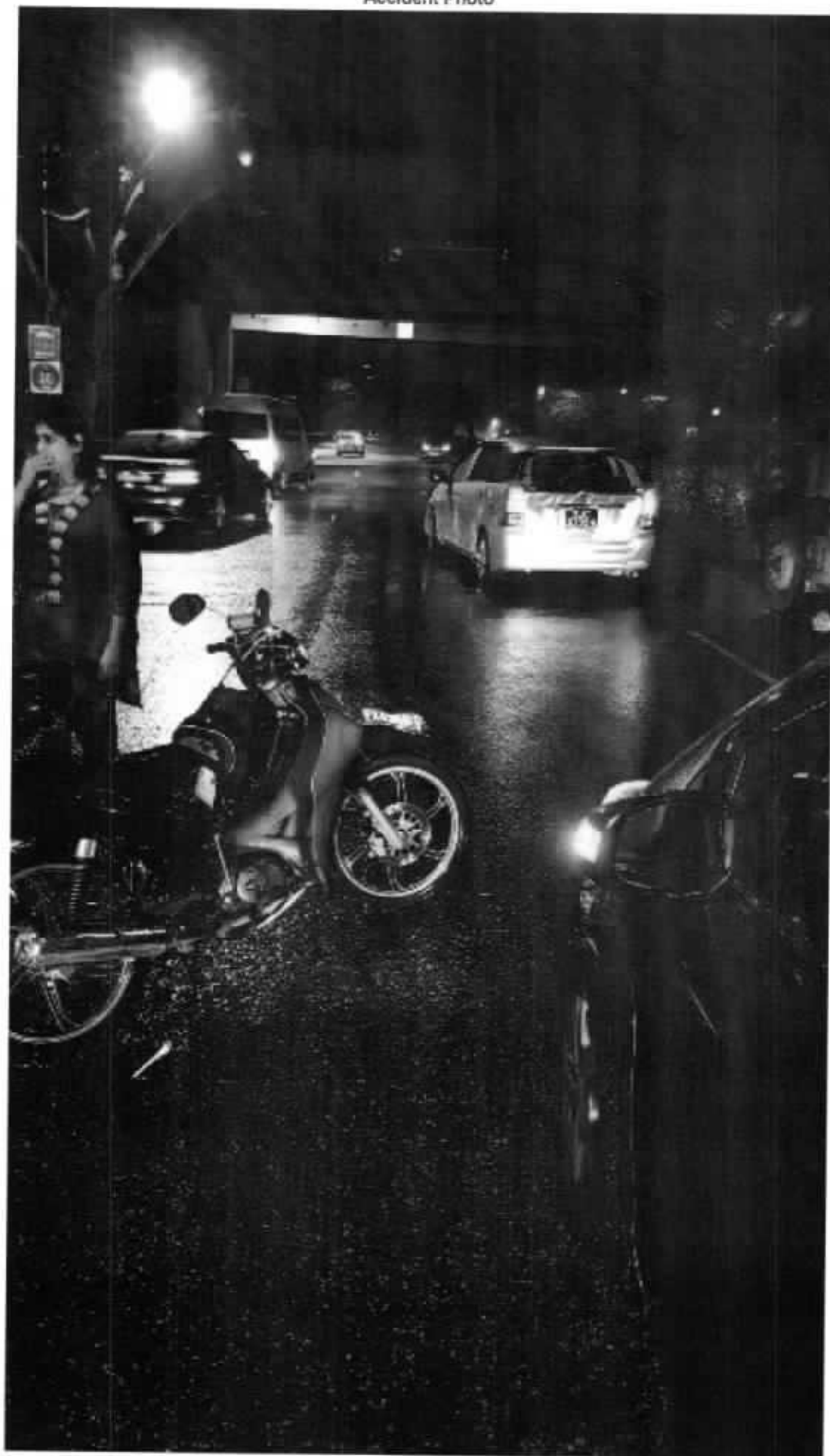
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident 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/SMO18011478/R1vd3e2-1	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623			Date : 08-04-2019	
			Code : SMO	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GZ 830B	Veh. Inspected	SJC 3799A	
Policy No.	D17MTPCVE003046	Coverage (\$)	0.00	
Claim No.	CMTD1802656	Excess (\$)	0.00	
Assign From	GNOH PAU LOONG	Assign Date	01/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH 1.8A	c.c	1794	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	ZNE100378915	Colour	GREY	
Odometer	230186	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	BRIDGESTONE	5 mm	
L/H Front Tyre	195/65 R15	BRIDGESTONE	5 mm	
R/H Rear Tyre	195/65 R15	BRIDGESTONE	5 mm	
L/H Rear Tyre	195/65 R15	BRIDGESTONE	5 mm	
4. Description of Damages				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.				
5. General Information				
Accident Date	21/06/2018	Inspection Date	13/02/2019	
Survey held at	AMA AUTOMOTIVE PTE. LTD. 36 TOH GUAN ROAD EAST #03-36 SINGAPORE 608580			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		10 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 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJC 3799A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT LHS DOOR	REPAIRED SEE LABOUR	1,075.00	-
1	REAR LHS DOOR	REPAIRED SEE LABOUR	1,219.00	-
1	REAR LHS DOOR LOWER MOULDING	SERVICEABLE	112.00	-
1	REAR LHS DOOR UPPER MOULDING	SERVICEABLE	142.00	-
1	REAR LHS DOOR BLACK SIDE TAPE	SERVICEABLE	72.00	-
1	TAIL GATE	REPLACED	1,272.00	1,272.00
1	TAIL GATE LOGO	REPLACED	85.50	85.50
1	TAIL GATE CENTRE CHROME GARNISH	REPLACED	281.20	281.20
1	TAIL GATE INNER LOCK	REPLACED	372.00	372.00
1	TAIL GATE INNER TRIM BOARD	REPLACED	488.00	488.00
2	TAIL GATE DAMPERS @\$288.00	SERVICEABLE	576.00	-
1	TAIL GATE WINDSCREEN INNER TRIM	SERVICEABLE	510.00	-
2	REAR WINDSCREEN MOULDING @\$75.00	REPLACED	150.00	150.00
1	REAR TAILGATE WINDSCREEN	REPLACED	1,850.00	1,163.00
2	TAIL LAMPS @\$725.50	REPLACED	1,451.00	774.00
1	REAR TAILGATE TOP SPOILER	SERVICEABLE	580.00	-
1	REAR TAILGATE TOP SPOILER THIRD BRAKE LIGHT	REPLACED	285.00	225.00
1	REAR BUMPER	REPLACED	982.00	686.00
2	REAR BUMPER REFLECTORS @\$75.00	REFIX	150.00	-
2	REAR BUMPER SIDE RETAINERS @\$90.00	REPLACED	180.00	128.00
2	REAR FENDER LH & RH @\$975.00	REPLACED	1,950.00	1,690.00
2	REAR LH & RH TAILLAMP INNER PANEL @\$340.00	REPLACED	680.00	594.00
2	REAR FENDER INNER TRIM BOARD @\$750.00	REPLACED	1,500.00	1,380.00
1	REAR BOOT WEATHERSTRIP	REPLACED	287.50	287.50
1	REAR END PANEL LOCK CATCH	REPLACED	66.00	66.00
1	REAR END PANEL TOP GARNISH	REPLACED	289.00	289.00
1	REAR END PANEL	REPLACED	782.00	515.00
1	REAR END PANEL TAIL GATE LOCK ACTUATOR	REPLACED	345.00	345.00
2	SET REAR FENDER INNER SHIELD CLIPS	REPLACED	50.00	50.00
1	REAR EXHAUST PIPE ASSY	REPLACED	950.00	950.00
1	REAR SHOCK ABSORBER	SERVICEABLE	520.00	-
1	REAR AXLE	SERVICEABLE	1,980.00	-

Report Ref No. CS3/SMO18011478/R1vd3e2-1



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51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 25% DISCOUNT		-5,308.05	-2,947.80
			15,924.15	8,843.40
2	REAR FENDER GLASS SEALANT (SN)	REPLACED	120.00	80.00
	LESS 25% DISCOUNT		-30.00	-
			90.00	80.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR WINDSCREEN SEALANT (SN)	REPLACED	100.00	60.00
1	REVERSE SENSOR (SN)	REPLACED	280.00	220.00
1	SET REAR BUMPER CLIPS (SN)	REPLACED	60.00	40.00
1	SET REAR END PANEL TOP GARNISH CLIPS (SN)	REPLACED	60.00	40.00
1	REAR END PANEL SEALANT (SN)	REPLACED	100.00	60.00
1	REAR SPARE TYRE PANEL SEALANT (SN)	SERVICEABLE	100.00	-
2	REAR FENDER GLASS SEALANT (SN)	REPLACED	200.00	80.00
1	LHS REAR SPORTS RIM (SN)	SERVICEABLE	1,280.00	-
1	LHS REAR TYRE (SN)	SERVICEABLE	350.00	-
1	SET DOOR SUN VISOR (SN)	SERVICEABLE	250.00	-
			2,780.00	500.00
	<u>LABOUR</u>			
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACE THE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF FRONT LHS DOOR AND REAR LHS DOOR.		2,000.00	1,400.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED AND REPAIRED AREAS.		1,400.00	1,200.00
	TO REMOVE, REFIX WIRING SYSTEM AT ACCIDENT DAMAGED AREAS AND CHECK FOR PROPER FUNCTION.		200.00	60.00
	TO REMOVE / REFIX INNER TRIMS, FITTINGS, GARNISH ETC AT REAR COMPARTMENT SO AS TO FACILITATE REPAIRS AT REAR.		300.00	100.00
	TO REPLACE REAR TAILGATE WINDSCREEN.		140.00	120.00
	TO REMOVE AND REFIX REAR LH & RH FENDER GLASS.		200.00	120.00
	TO REMOVE AND REPLACE REAR LH & RH UNDERCARRIAGE.	NOT NECESSARY	280.00	-
	TO REMOVE AND REFIX DOOR COMPONENT SO AS TO FACILITATE REPAIR.		180.00	60.00

Report Ref No. CS3/SMO18011478/R1vd3e2-1



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TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REPLACE REVERSE SENSORS AND CHECK FOR PROPER FUNCTION.		100.00	60.00
	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS.		270.00	100.00
			5,070.00	3,220.00
GRAND TOTAL			23,864.15	12,643.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				10,100.00

Report Ref No. CS3/SMO18011478/R1vd3e2-1

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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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.