

2010200

ASS. REC. BY:

REF: CS3/LPC18021663 JSd3-11

Special Instruction: Paper Survey

Surveyor: Wade Jie

ASSIGNMENT (Office)

From (Person): Gerald Poh

of LPC

Date/Time: 03122018 94m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKL 344P

Insured:

SFM 4493U

at Workshop m/s:

Tiam Auto Pro

Tel:

9092 7299

of

Blk 8 Block Bukit Ave 4 #D6-21

Policy No:

Claim No:

18/18/18/VP05/021173

Sum Insured:

Excess:

Make of Veh:

D.O.A.

30-11-2018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

03122018 1138am

Person Contacted:

Alan

Vehicle IN/LI

Date/Time	Action/Instruction (X) Estimate
	SKL 344P - NA / ALG 18021632 / d4 DIA: 30112018
	SFM 4493U - CS3 / ALG 14014432 / Rqell DIA: 30072018
13/02/19	Submit HS \$7,700/- @ 6 days (\$7,900/- Red. 51%)

RECEIVED 10 FEB 2019

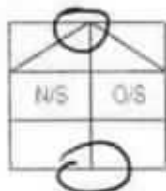
[Signature]
13/2/2019

PRS
Hume Die

REF: LPC

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 CD / TP / WS / TP RES / CD RES / EVA / INV / MV
 To inspect Vehicle No. _____
 at Workshop no. **Team Autopro #06-21**
 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
 QA / 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

Vehicle: **SKL 344 P** 1st Regn: **24 Sep 2013**
 Type: ☒ M. Car / ☐ Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Mercedes** C.V. **1595**
 Colour: **white** A/C: ☐ Insured / ☐ Std / ☐ Nil / NA
 Sp. Reading: **65659** T/Radio: ☐ Insured / ☐ Std / ☐ Nil / NA
 Eng/No: _____
 ChNo: **WDD1760432J166899**
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
 Steering: ☒ Ind. / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Brake: ☒ Ind. / ☐ Jammed / ☐ Leaked / ☐ Burnt or
 Mod: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or
 Tyre Size: **F: 225/40 R18**
R: —

BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIP / 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.	30/11/18	D.O.I.	3/11/18 @ 1236PM

Survey held at: **Team Autopro**

Des. of Damages: ☒ Front / ☒ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

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

Date / Time Action / Instruction

Submit PRS report.

RECEIVED 15 DEC 2018

Upto/Time: File Pass to: ☐ : Preli. Report

05/12/18
Typst

☐ : Final Report

Date/Time: File Return to:

Days Of Repair: **11**

Resurvey No. of Trip: **11**

Survey Fee

450

Add Fee: ☐ Site Insp: \$

☐ Interview: \$

☐ Tech Insp: \$

☐ Workshop: \$

Report Format: **PRS**

Lump Sum / I.B. / :

450



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 18/18/18/VP05/021173

Your Ref : CS3/LPC18021663/Jsbe2

7 February 2019

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 SKL344P

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SKL344P
- b) GIA report SKL344P
- c) GIA report and photos of SFM4493U

Kindly study the documents and let us have your report by 20 February 2019.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : mt_claim@lonpac.com

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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. 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	30/11/2018 17:46
Date Of Accident	30/11/2018 14:00
Exact Location Of Accident	MARYMOUNT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL344P
Insured/Policyholder	
Name Of Registered Owner	TAN SENG-KI LEON
NRIC No	S7047300C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92370381
Alternative Phone No	OFFICE-92370381
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A200 BLUE EFFICIENCY
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100481790-02
Cover Note Number	
Driver	
Name of Driver	TAN SENG-KI LEON
NRIC No	S7047300C
Date Of Birth	31/12/1970
Occupation	INDOOR
Date Of Driving Pass	01/08/1992
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92370381
Fax Number	
Contact Number	OFFICE-92370381
EMail Address	NOEMAIL

Address	50 BUKIT BATOK EAST AVENUE 5 #23-03
Postcode	659801
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER TO STATEMENT.

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	SFM4493U
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJF5800A
-----------------------------	----------

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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SH6680E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN SENG-KI LEON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKL344P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Awards 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 signing 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 should it.
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 provided by my insurer (collectively the "Personal Information") and to store and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiry by me;
 - (iv) administering my claims including the making 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 my slipper/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurers who have insured vehicle(s) involved in the 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 the third party service providers or agents (including third parties/law firms), which may be used outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile credit 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.

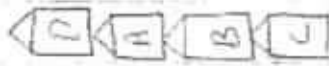
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
Date/Time/No.

Accident Sketch Plan

SKETCH PLAN



A: SKL 344P
B: SFM 4493V
C: SJF 5802A
D: SH 6680E

Location: Maymount Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date & time I was travelling along Maymount Road when vehicle D ran brakes and I managed to stop in time for roughly 2 seconds when I felt an impact on my rear causing my vehicle to move forward and hit vehicle D. I got off the car and realise I am involved in a rear collision. I would like to state that all the vehicles was fully in Lane 1.

DECLARATION

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


Policyholder's Signature
Date & Time


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


Witness's Signature
Date & Time

PROFORMA INVOICE

**ATTENTION:**

Tan Seng-Ki Leon

PI Number	P1901-0213
PI Date	21-Jan-2019
Vehicle No.	SKL 344P
Accident Date	30-Nov-2018

S/No	Description	Unit Price	Quantity	Amount
1	Spare Parts and Labour for Accident Repair of Vehicle Nos. SKL 344P	COR Lump Sum		\$ 15,600.00

Notes:

1) All payments must be made only in the form of cash or crossed cheque payable to "Team AutoPro Pte Ltd".

Total Amount \$ 15,600.00

Authorized Signature





SINCERE
APPRAISAL SERVICES PTE LTD

VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 863/TP/2018

Date: 18/1/2019

REFERENCE

Date of loss: 30/11/2018
Claimant: Tan Seng-Ki Leon

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKL344P	Make &	Mercedes Benz
Reg date:	24/9/2013	Model	A200
Colour:	White	Engine No:	27091030249977
Type:	Motor Car	Chassis No:	WDD1760432J166899
Type of Claims:	Third Party	Odometer No:	65658km
		Engine Cap:	1595cc

CONDITION OF VEHICLE AT THE TIME OF SURVEY

(STATIC ONLY)

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

CONDITION OF TYRES

Front Left Size:	Michelin 225/40ZR18 70%	Front Right Size:	Michelin 225/40ZR18 70%
Rear Left Size:	Michelin 225/40ZR18 70%	Rear Right Size:	Michelin 225/40ZR18 70%

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

	Repairer S\$	Adjuster S\$
Parts	S 16,172.90	S 13,717.70
Labour	S 6,820.00	S 5,780.00
Calculated Cost (S\$) :	S 22,992.90	S 19,497.70

Recommended Lump Sum Repair Cost (S\$) : S 15,600.00

Date of Assignment:	1/12/2018	Inspected At: Team AutoPro Pte Ltd
Date Inspected:	1/12/2018	8 Kaki Bukit Avenue 4
Est. repair Period:	14 days	#01-07 Premier
		Singapore 415875

POINT OF IMPACT



BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along Marymount Road.

GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the front and rear portion.

SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$22,992.90. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$15,600.00.

We have not authorised the repair. Under normal circumstances, estimated **14** working days are required to repair the vehicle.

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



Dave Chang
Automotive Appraiser
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

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

ANNEX A

REPAIR DETAILS

Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Front bumper assy	warped/dented	\$ 1,097.00	\$ 1,097.00 ✓
2	2	Front bumper bracket	necessary/bent	\$ 148.00	\$ 148.00 ✗
3	2	Front bumper retainer	necessary/bent	\$ 156.00	\$ 156.00 ✓
4	1	Front bumper lower grille	necessary/bent	\$ 391.00	\$ 391.00 ✗
5	1	Front bumper sponge	cracked	\$ 179.00	\$ 179.00 ✓
6	1	Front bumper tow cover	bent/warped	\$ 90.00	\$ 90.00 ✓
7	1	Front bumper reinforcement	dented	\$ 697.00	\$ 697.00 ✗
8	1	Front bumper centre logo	necessary	\$ 106.00	\$ 106.00 ✓
9	1	Front support panel assy	repair	\$ 1,463.00	\$ -
10	1	Front grille assy	cracked	\$ 460.00	\$ 460.00 ✓
11	1	Front grille emblem	cracked	\$ 160.00	\$ 160.00 ✓
12	1	Front grille embient sensor	malfunction	\$ 496.00	\$ 496.00 ✗
13	1	Front right headlamp	bent/cut	\$ 1,686.00	\$ 1,686.00 ✓
14	1	Front lock mechanism	bent/necessary	\$ 292.00	\$ 292.00 ✗
				\$ 7,421.00	\$ 5,958.00
Less 10%				\$ 742.10	\$ 595.80
				\$ 6,678.90	\$ 5,362.20
<u>Special Nett Items</u>					
1	12	Front bumper clips	necessary	\$ 60.00	\$ 60.00 ✓
2	6	Front bumper lower grille clips	necessary	\$ 30.00	\$ 30.00 ✓
3	6	Front grille clips	necessary	\$ 30.00	\$ 30.00 ✓
4	6	Front bumper sensor	malfunction	\$ 1,500.00	\$ 1,500.00 ✗
5	1	Front no plate with garnish	necessary	\$ 80.00	\$ 80.00 ✓
				\$ 1,700.00	\$ 1,700.00
Total parts				\$ 8,378.90	\$ 7,062.20

ANNEX A

REPAIR DETAILS

Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Rear bumper assy DD	dented	\$ 1,021.00	\$ 1,021.00 ✓
2	2	Rear bumper bracket NN	bent/necessary	\$ 145.00	\$ 145.00 × NS Δ
3	2	Rear bumper retainer CRA	bent/necessary	\$ 155.00	\$ 155.00 ✓ DIS
4	1	Rear bumper reinforcement DD	bent/necessary	\$ 587.00	\$ 418 587.00 ✓
5	1	Rear bumper tow cover NN	necessary	\$ 79.00	\$ 79.00 ×
6	1	Rear left taillamp CRA	bent/cut	\$ 854.00	\$ 660 854.00 ✓
7	1	Rear tailgate assy DD	dented	\$ 1,800.00	\$ 1,630 1,800.00 ✓
8	1	Rear tailgate inner board NN	necessary	\$ 279.00	\$ 279.00 ×
9	1	Rear tailgate lock mechanism SUC	bent	\$ 251.00	\$ 251.00 ×
10	1	Rear tailgate 'cycle and carriage' emblem NEL	necessary	\$ 68.00	\$ 68.00 ✓
11	1	Rear tailgate 'A200' emblem NEL	necessary	\$ 108.00	\$ 58 108.00 ✓
12	1	Rear tailgate centre logo NEL	necessary	\$ 120.00	\$ 58 120.00 ✓
13	2	Rear tailgate damper NN	malfunction	\$ 345.00	\$ 345.00 ×
14	1	Rear end lower panel top garnish CRA	bent/warped	\$ 183.00	\$ 183.00 ✓
15	1	Rear end lower panel	repair	\$ 1,265.00	\$ -
				\$ 7,260.00	\$ 5,995.00
Less 10%				\$ 726.00	\$ 599.50
				\$ 6,534.00	\$ 5,395.50
<u>Special Nett Items</u>					
1	10	Rear bumper clips NEL	necessary	\$ 50.00	\$ 30 50.00 ✓
2	8	Rear tailgate inner board clips NN	necessary	\$ 30.00	\$ 30.00 ×
3	6	Rear end lower panel top garnish clips NEL	necessary	\$ 20.00	\$ 15 20.00 ✓
4	1	Rear windscreen glass sealant NEL	necessary	\$ 80.00	\$ 60 80.00 ✓
5	4	Rear bumper reverse sensor NN	malfunction	\$ 1,000.00	\$ 1,000.00 ×
6	1	Rear no plate with garnish NN	necessary	\$ 80.00	\$ 80.00 ×
				\$ 1,260.00	\$ 1,260.00
Total parts				\$ 7,794.00	\$ 6,655.50

ANNEX B

REPAIR DETAILS

Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten front affected area and replace front damaged parts.	\$ 1,400.00	\$ 1,200.00 250 ✓
2	To putty and spray painting front portion.	\$ 1,400.00	\$ 1,200.00 400 ✓
3	To check front lighting and wiring.	\$ 50.00	\$ 30.00 ✓
4	To remove and install front lock mechanism.	\$ 80.00	\$ 60.00 ✗
5	To apply anti rust proofing to front affected area.	\$ 140.00	\$ 120.00 ✗
6	To remove and install front bumper sensor.	\$ 80.00	\$ 60.00 20 ✓
7	Labour for panel beating, cut, weld, straighten rear affected area and replace rear damaged parts.	\$ 1,400.00	\$ 1,200.00 600 ✓
8	To putty and spray painting rear portion.	\$ 1,400.00	\$ 1,200.00 600 ✓
9	To check rear lighting and wiring.	\$ 50.00	\$ 30.00 ✓
10	To remove and install rear tailgate lock mechanism.	\$ 80.00	\$ 60.00 20 ✓
11	To remove and install rear inner garnish and trim to facilitate the repair.	\$ 140.00	\$ 120.00 30 ✓
12	To apply anti rust proofing to rear affected area.	\$ 140.00	\$ 120.00 50 ✓
13	To remove and install rear windscreen glass to facilitate the repair.	\$ 140.00	\$ 120.00 100 ✓
14	To remove and install rear bumper reverse sensor.	\$ 80.00	\$ 60.00 30 ✓
15	To reset all fault code if necessary.	\$ 140.00	\$ 120.00 70 ✓
16	Towing service.	\$ 100.00	\$ 80.00 ✗
Total labour :		\$ 6,820.00	\$ 5,780.00

ANNEX C

REPAIR DETAILS

Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 16,172.90	\$ 13,717.70
Total labour :	\$ 6,820.00	\$ 5,780.00
Total repair cost :	<u>\$ 22,992.90</u>	<u>\$ 19,497.70</u>

Adjusted Repair Cost (Lump Sum Repair)

\$ 15,600.00

Total - \$7700

6 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 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. 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	30/11/2018 15:52
Date Of Accident	30/11/2018 14:00
Exact Location Of Accident	MARY MOUNT ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFM4493U
Insured/Policyholder	
Name Of Registered Owner	LOH POH HWA
NRIC No	S7934487G
Email Address	NICSTM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97202354
Alternative Phone No	OTHERS-NOPHONE
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05018022
Cover Note Number	
Driver	
Name of Driver	LOH POH HWA
NRIC No	S7934487G
Date Of Birth	26/10/1979
Occupation	INDOOR
Date Of Driving Pass	02/04/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97202354
Fax Number	
Contact Number	OTHERS-NOPHONE
E-Mail Address	NICSTM@GMAIL.COM

Address	BLK 51 LENGKOK BAHRU #08-271
Postcode	150051
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	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

*

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	SJF5800A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG
NRIC/Passport Number	
Contact Number	90231373
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKL344P
-----------------------------	---------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEON

NRIC/Passport Number

Contact Number

92370381

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SH6680E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

PHUA EHWA

NRIC/Passport Number

Contact Number

96737742

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: 30/11/18

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


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

Sketch Plan Pg. 2

SKETCH PLAN

	<p>D - SH 6680 E</p> <p>C - SKL 344 P</p> <p>A - SFM #493 U</p> <p>B - SJF 5800 A</p>
<p>Marymount Road</p>	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SFM #493 U	ACCIDENT DATE & TIME: 1400, 30 Nov 18
CONTACT NUMBER: 97202354	E-MAIL ADDRESS: nicstm@gmail.com
LOCATION: Marymount Road	
<p>I was driving my car to Ecopenica for company retreat. Car C in front of me suddenly did a emergency brake and I managed to apply my brake.</p>	
<p>Suddenly another car hit me from behind and the impact was great. My car jerked further in front and also hit car C.</p>	
<p>All driver stop the car and step out to exchange particulars and driving licences. No one was injured.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 30/11/18	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SMITHSONIAN INSTITUTION

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



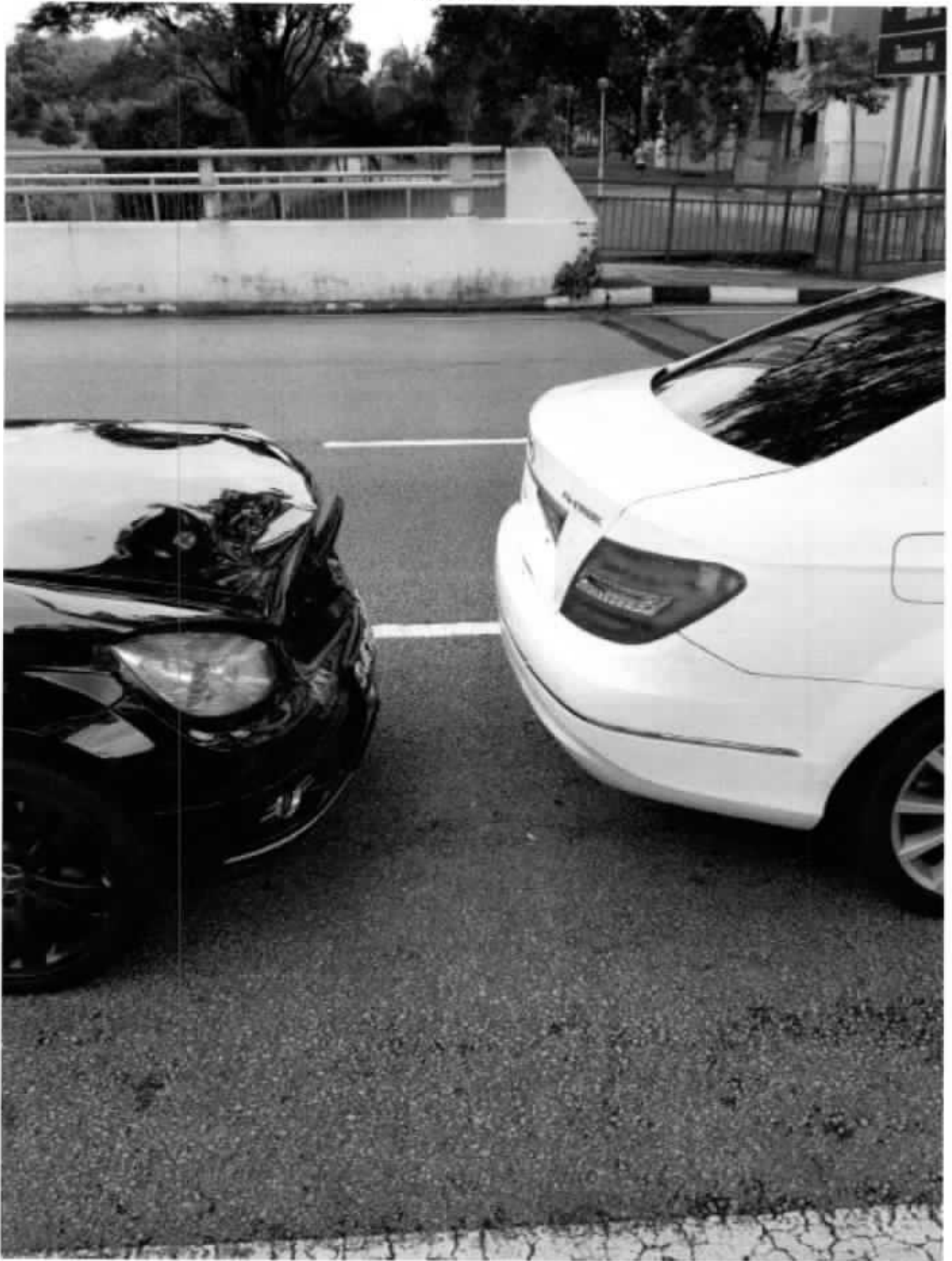
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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

LONPAC INSURANCE BHD

Ref : CS3/LPC18021663/Jsd3e2-1

300 BEACH ROAD
#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 18-02-2019



Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFM 4493U	Veh. Inspected	SKL 344P
Policy No.		Coverage (\$)	0.00
Claim No.	18/18/18/VP05/021173	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	03/12/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ A200	c.c	1595
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD1760432J166899	Colour	WHITE
Odometer	65659	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/40 R18	MICHELIN	6 mm
L/H Front Tyre	225/40 R18	MICHELIN	6 mm
R/H Rear Tyre	225/40 R18	MICHELIN	6 mm
L/H Rear Tyre	225/40 R18	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	30/11/2018	Inspection Date	03/12/2018
Survey held at	TEAM AUTOPRO PTE LTD 8 KAKI BUKIT AVENUE 4 #01-07 PREMIER @ KAKI BUKIT SINGAPORE 415875		

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:	6 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. SKL 344P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER ASSY	DENTED	1,097.00	930.00
2	FRONT BUMPER BRACKET	NOT NECESSARY	148.00	-
2	FRONT BUMPER RETAINER	CRACKED	156.00	156.00
1	FRONT BUMPER LOWER GRILLE	NOT NECESSARY	391.00	-
1	FRONT BUMPER SPONGE	CRACKED	179.00	179.00
1	FRONT BUMPER TOW COVER	DEFORMED	90.00	90.00
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	697.00	-
1	FRONT BUMPER CENTRE LOGO	NECESSARY	106.00	58.00
1	FRONT SUPPORT PANEL ASSY	TO REPAIR SEE LABOUR	1,463.00	-
1	FRONT GRILLE ASSY	CRACKED	460.00	460.00
1	FRONT GRILLE EMBLEM	CRACKED	160.00	160.00
1	FRONT GRILLE EMBIENT SENSOR	NOT NECESSARY	496.00	-
1	FRONT RIGHT HEADLAMP	CRACKED	1,686.00	1,686.00
1	FRONT LOCK MECHANISM	SERVICEABLE	292.00	-
1	REAR BUMPER ASSY	DENTED	1,021.00	1,021.00
2	REAR BUMPER BRACKET	NO SUCH PARTS	145.00	-
2	REAR BUMPER RETAINER	CRACKED / DISTORTED	155.00	155.00
1	REAR BUMPER REINFORCEMENT	DENTED	587.00	418.00
1	REAR BUMPER TOW COVER	NOT NECESSARY	79.00	-
1	REAR LEFT TAILLAMP	CRACKED	854.00	660.00
1	REAR TAILGATE ASSY	DENTED	1,800.00	1,680.00
1	REAR TAILGATE INNER BOARD	NOT NECESSARY	279.00	-
1	REAR TAILGATE LOCK MECHANISM	SERVICEABLE	251.00	-
1	REAR TAILGATE 'CYCLE AND CARRIAGE' EMBLEM	NECESSARY	68.00	68.00
1	REAR TAILGATE 'A200' EMBLEM	NECESSARY	108.00	58.00
1	REAR TAILGATE CENTRE LOGO	NECESSARY	120.00	58.00
2	REAR TAILGATE DAMPER	NOT NECESSARY	345.00	-
1	REAR END LOWER PANEL TOP GARNISH	CRACKED	183.00	183.00
1	REAR END LOWER PANEL	TO REPAIR SEE LABOUR	1,265.00	-

Report Ref No. CS3/LPC18021663/Jsd3e2-1



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 10% DISCOUNT		-1,468.10	-802.00
			13,212.90	7,218.00
	<u>SPECIAL NETT ITEMS</u>			
12	FRONT BUMPER CLIPS (SN)	NECESSARY	60.00	30.00
6	FRONT BUMPER LOWER GRILLE CLIPS (SN)	NECESSARY	30.00	15.00
6	FRONT GRILLE CLIPS (SN)	NECESSARY	30.00	15.00
6	FRONT BUMPER SENSOR (SN)	NOT NECESSARY	1,500.00	-
1	FRONT NO PLATE WITH GARNISH (SN)	DEFORMED	80.00	50.00
10	REAR BUMPER CLIPS (SN)	NECESSARY	50.00	30.00
8	REAR TAILGATE INNER BOARD CLIPS (SN)	NOT NECESSARY	30.00	-
6	REAR END LOWER PANEL TOP GARNISH CLIPS (SN)	NECESSARY	20.00	15.00
1	REAR WINDSCREEN GLASS SEALANT (SN)	NECESSARY	80.00	60.00
4	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	1,000.00	-
1	REAR NO PLATE WITH GARNISH (SN)	NOT NECESSARY	80.00	-
			2,960.00	215.00
	<u>LABOUR</u>			
	LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN FRONT AFFECTED AREA AND REPLACE FRONT DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT SUPPORT PANEL ASSY.		1,400.00	250.00
	TO PUTTY AND SPRAY PAINTING FRONT PORTION.		1,400.00	400.00
	TO CHECK FRONT LIGHTING AND WIRING.		50.00	30.00
	TO REMOVE AND INSTALL FRONT LOCK MECHANISM.	NOT NECESSARY	80.00	-
	TO APPLY ANTI RUST PROOFING TO FRONT AFFECTED AREA.	NOT NECESSARY	140.00	-
	TO REMOVE AND INSTALL FRONT BUMPER SENSOR.		80.00	20.00
	LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN REAR AFFECTED AREA AND REPLACE REAR DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR END LOWER PANEL.		1,400.00	600.00
	TO PUTTY AND SPRAY PAINTING REAR PORTION.		1,400.00	600.00
	TO CHECK REAR LIGHTING AND WIRING.		50.00	30.00
	TO REMOVE AND INSTALL REAR TAILGATE LOCK MECHANISM.		80.00	20.00

Report Ref No. CS3/LPC18021663/Jsd3e2-1



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND INSTALL REAR INNER GARNISH AND TRIM TO FACILITATE THE REPAIR.		140.00	30.00
	TO APPLY ANTI RUST PROOFING TO REAR AFFECTED AREA.		140.00	50.00
	TO REMOVE AND INSTALL REAR WINDSCREEN GLASS TO FACILITATE THE REPAIR.		140.00	100.00
	TO REMOVE AND INSTALL REAR BUMPER REVERSE SENSOR.		80.00	30.00
	TO RESET ALL FAULT CODE IF NECESSARY.		140.00	70.00
	TOWING SERVICES.	NOT NECESSARY	100.00	-
			6,820.00	2,230.00
GRAND TOTAL			22,992.90	9,663.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				7,700.00

Report Ref No. CS3/LPC18021663/Jsd3e2-1

ONG HWEIE JIE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.