

REF:

ASSIGNMENT

Form: _____ Date: _____
 Estimated Cost: _____
 OD WS / RES / OD RES / EVA / HIV / MV
 To inspect Vehicle No: **SHD3409U**
 at Workshop no: **COBE**
 at: **Loyang**
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Dam. Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**

/	
N/S	O/S

Veh No: **SHD34094** Yr Make: **28 July 2016**
 Type: M/Car / B/Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai ZX** CC: **1600**
 Colour: **Blue** AC: Insu / Std / NI / NA
 Sp Reading: **217843** T/Radio: Insu / Std / NI / NA
 Eng No: _____
 CNo: **KMHCB41444409326**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inor / Jammed / Leaked / Burnt or _____
 Brake: Inor / Jammed / Leaked / Burnt or _____
 Mod: NI / S/Rim / STD / Air or _____
 Tyre Size: F: **205/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Hubert**
 Front **7** mm R/Rat **7** mm
 L/Bal **7** mm L/Bal **7** mm
 D.O.A: **4/2/2016** D.O.I: **4/3/19**
 Survey held at **COBE (Loyang)**
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or **Front**
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

: Prel. Report
 : Final Report
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: Site Insp. (\$) Interview (\$) Tech insp (\$) Witnessed (\$)

Report Format: _____
 Lump Sum / L.B.J. (\$) _____
 Survey Fee: _____
 Transportation: _____
 Fuel: _____
 Other: _____
 Total: _____

Nivitha (LKK Auto)

From: GERALD POH WEE BIN <geraldpoh@lonpac.com>
Sent: Thursday, 28 February 2019 10:45 AM
To: Admin-D (LKKAuto)
Cc: MT_Claim_SG; Admin A
Subject: FW: Lonpac Ref: 17/18/18/VP05/020807 CDGE Ref: T0818/SHD3409U/AT >> Acc on 04/08/2018 invlg SHD3409U, SJV8599C[LONPAC] & SKH1213Z[AXA] [External Confidential]

Attachments: PHOTO18.JPG; PHOTO19.JPG; PHOTO20.JPG; PHOTO21.JPG; PHOTO22.JPG; PHOTO23.JPG; PHOTO24.JPG; PHOTO25.JPG; PHOTO17.JPG; PHOTO1.JPG; PHOTO2.JPG; PHOTO3.JPG; PHOTO4.JPG; PHOTO5.JPG; PHOTO6.JPG; PHOTO7.JPG; PHOTO8.JPG; PHOTO9.JPG; PHOTO10.JPG; PHOTO11.JPG; PHOTO12.JPG; PHOTO13.JPG; PHOTO14.JPG; PHOTO15.JPG; PHOTO16.JPG; RT SURVEY REPORT.pdf

Lonpac External - Confidential

Dear Nivitha,

Re-send.

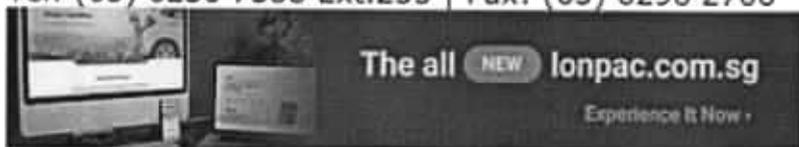
Best Regards

Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706



Lonpac External - Confidential data is for use by authorised external parties only.

From: GERALD POH WEE BIN
Sent: Thursday, 28 February, 2019 10:41 AM
To: 'assignment@lkkauto.com'
Cc: MT_Claim_SG; Admin A
Subject: FW: Lonpac Ref: 17/18/18/VP05/020807 CDGE Ref: T0818/SHD3409U/AT >> Acc on 04/08/2018 invlg SHD3409U, SJV8599C[LONPAC] & SKH1213Z[AXA] [External Confidential]

Lonpac External - Confidential

Our Ref : 17/18/18/VP05/020817

Dear Nivitha,

We confirmed the re-inspection of SHD3409U at ComfortDelgro Loyang on 4 March 2019 at 10.00am.

We shall forward accident reports of both parties under separate email.

The contact person is Lim Kok Eng (98240811)

Best Regards

Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706



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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	06/08/2018 16:15
Date Of Accident	04/08/2018 01:20
Exact Location Of Accident	TAMPINES EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH1213Z
Insured/Policyholder	
Name Of Registered Owner	MATTHEW LIM JUN HO
NRIC No	S9211266G
Email Address	MATTHEWLIMJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91398998
Alternative Phone No	OFFICE-91398998
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF GTI 2.0L AT 5DR 5K19V3
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA298018/1
Cover Note Number	28/11/2017-27/11/2018
Driver	
Name of Driver	MATTHEW LIM JUN HO
NRIC No	S9211266G
Date Of Birth	01/04/1992
Occupation	INDOOR
Date Of Driving Pass	17/08/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91398998
Fax Number	
Contact Number	OFFICE-91398998
Email Address	MATTHEWLIMJH@GMAIL.COM

Address 5 TANAH MERAH KECHIL ROAD
 Postcode 466665
 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 SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 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) 2
 Passenger 1
 NAME: : ONG QI WEI
 GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

REFER TO ATTACHMENT

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 SJV8599C
 Vehicle Make/Model/Colour ALFA ROMEO
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver AMRAN
 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 SHD3409U

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 ONG QI WEI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKH1213Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

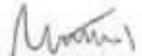
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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 rescind 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 lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

E. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

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



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



**SINGAPORE
POLICE FORCE**



T/20180805/7011

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

1 of 4

Report No. T/20180806/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2018 15:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MATTHEW LIM JUN HO			Address: 5 TANAH MERAH KECHIL ROAD #05-06 SINGAPORE 466685		
ID Type / ID No.:			Contact No.:		
NRIC NO / S9211266G			Home/Office:		Mobile: 91398998
Nationality: SINGAPORE CITIZEN			Email: matthewlimjh@gmail.com		
Sex: Male	Age: 26	Date of Birth: 01/04/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management consultant			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/08/2018 01:20	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3409U	Car		Taxi	Blue		0
SJV8599C	Car	ALFA ROMEO		Black	Seriously Damaged	0
SKH1213Z	Car	VOLKSWAGO N	GOLF GTI 2.0L AT 5DR 5K19V3	Grey	Totally Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180806/7011

2 of 4

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

Report No. T/20180806/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKH1213Z	AXA INSURANCE SINGAPORE PTE LTD	GA298018	29/11/2017	27/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Frankie Yeung	ID No.	NIL	
Related Vehicle	SHD3409U (Car)	Contact No.	97346998	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Amran	ID No.	NIL	
Related Vehicle	SJV8599C (Car)	Contact No.	96912254	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	MATTHEW LIM JUN HO	ID No.	S9211266G	
Related Vehicle	SKH1213Z (Car)	Contact No.	91398998	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20180805/7011

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

3 of 4
Report No. T/20180805/7011

CONTINUATION OF REPORT

Passenger			
Name	Ong Qi Wei	ID No.	S9133453D
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/08/2018	Date Discharge	04/08/2018
No. of Days granted Medical Leave	01	Degree of Injury	Serious

Brief Details.

I was traveling along TPE on the 3rd lane before Punggol exit when Vehicle SJV8599C swerve into my lane of travel and hit my Vehicle SKH1213Z at the front right portion pushing my vehicle into the divider crash barrier. Upon collision, my Vehicle SKH1213Z rear end spun out and was hit by oncoming Vehicle SHD3409U. Police was at the scene. Investigation Officer in charge is Lim Hong Lee DID 65476438.



**SINGAPORE
POLICE FORCE**

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



T/20180806/7011

4 of 4

Report No. T/20180806/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65476355

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
06/08/2018 15:45

Classification Of Case:

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.
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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.
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ACCIDENT STATEMENT

Date Of Report	04/08/2018 12:15
Date Of Accident	04/08/2018 01:20
Exact Location Of Accident	TPE TOWARDS PUNGGOL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8599C
Insured/Policyholder	
Name Of Registered Owner	AMRAN BIN MOHAMMAD
NRIC No	S1790523F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96912254
Alternative Phone No	HOME-68819140

Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	159-2.2 JTS

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05019530

Cover Note Number

Driver

Name of Driver	AMRAN BIN MOHAMMAD
NRIC No	S1790523F
Date Of Birth	30/12/1967
Occupation	INDOOR
Date Of Driving Pass	31/03/1995
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96912254
Fax Number	
Contact Number	HOME-68819140
Email Address	NOEMAIL

Address	BLK 260B SENGKANG EAST WAY #04-440
Postcode	542260
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	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?	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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

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

Details of Witness 1

Name	IRFAN
Phone Number	90180491
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH1213Z
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MATTHEW LIM JUN HO
NRIC/Passport Number	S9211266G
Contact Number	88180116

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	FRANKIE YEUNG
NRIC/Passport Number	
Contact Number	97346998
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	AMRAN BIN MOHAMMAD
Approximate Age	
Injuries Sustain	BRUISE
Injured person in which vehicle?	SJV8599C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.
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 - (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.

[Handwritten Signature]

Policyholder's Signature
Date & Time:

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

[Handwritten Signature]

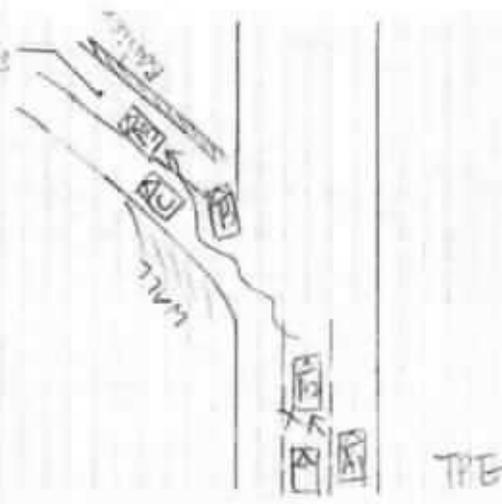


Reporting Centre Personnel's Signature
Name: *[Handwritten Name]*
NRIC/FIN No.: 4/8/2018 @
11.30 AM

Sketch Plan Pg. 2

SKETCH PLAN

Kerb
with grass



- A: SJV 859AC
- B: SKH 1213Z
- C: Taxi (Hulubram)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

Vehicle mounted kerb.

DECLARATION

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

Julean

Policyholder's Signature
Date & Time:
Company Chop (if applicable)

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

Shuman

Reporting Centre Personnel's Signature
Name: *4/8/18 @ 11:30 AM*
NRIC/FIN No:



RT APPRAISAL PTE LTD

Block 305 #02-167 Ubi Avenue 1, Singapore 400305.
Tel: 6748-6076 Fax: 6748-0361

FIRE - AUTOMOBILE - LICENSED APPRAISERS.
Company Registration No: 199507108W

AUTOMOBILE INSPECTION REPORT

PAGE: 1

TO: AXA INSURANCE PTE LTD
8 SHENTON WAY
27-01 AXA TOWER
SINGAPORE 068811

DATE: 20/12/2018

REFERENCE:

THIRD PARTY CLAIM

VEHICLE NO	: SHD3409U	INSPECTION REQUEST BY	: The Claims Dept.
INSURED	: SKH1213Z	ASSIGNMENT DATE	: 21/08/2018
INSURED OWNER	: -		
POLICY NO	: -	DATE OF INSPECTION	: 06/08/2018
CLAIM NO	: S8M00R34	OUR REFERENCE/INV#	: AXA/SHD3409U/040818C
ACCIDENT DATE	: 04/08/2018		

PARTICULARS OF DAMAGED VEHICLE:

MAKE & MODEL	: HYUNDAI I40	PRE-ACCIDENT CONDITION:	: Average
DOR / CC	: 2016 1685 CC	STEERING	: Serviceable
ENGINE NO	: D4FDGU668327	BRAKES	: Serviceable
CHASSIS NO.	: KMHLB41UMGU093236	MILEAGE	: No current
		COLOUR	: Blue

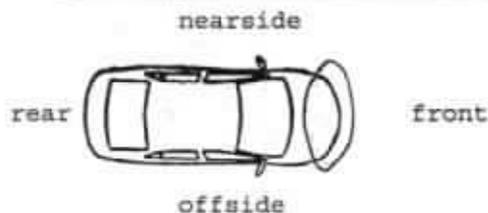
TYRE CONDITION:

SIZE: (205/60 R 16)

	NEAR SIDE		OFF SIDE	
FRONT:	50	▼ Hankook	50	▼ Hankook
REAR :	50	▼ Hankook	50	▼ Hankook

The above percentages represent the remaining estimated life of the tyre treads.

GENERAL DESCRIPTION OF DAMAGE: (PHOTOGRAPHS ATTACHED)



The vehicle sustained damages at the front portion. Please see schedule attached for details.

INSPECTION AND ADJUSTMENT:

ORIGINAL	REVISED	
QUOTATION: \$29,901.72	QUOTATION: \$21,032.68 LESS EXCESS	\$0.00 = \$21,032.68 NETT

IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS

SPECIAL REMARKS: (SUBJECT TO POLICY CONDITION)

This inspection has been conducted entirely 'Without Prejudice'. In normal circumstances, repairs to the vehicle would take approximately eight (8)

working days to complete.

The information contained in these documents is privileged and confidential and is intended for the exclusive use of the addressee designation. If you are not the addressee any enclosure, reproduction, distributions or other dissemination or use of this communication is strictly prohibited. If you have received this document not meant for you, please contact us immediately to arrange for its return.

----- PLEASE SEE SCHEDULE ATTACHED -----

VEHICLE NO: SHD3409U
CLAIM NO: S8M00R34

POLICY NO: -
OUR REF : AXA/SHD3409U/040818C

ADJUSTMENT ON REPAIRS COST AND REPLACEMENT OF PARTS:

WORKSHOP: COMFORTDELGRO ENGINEERING PTE LTD

ADDR:383 SIN MING DRIVE
SINGAPORE 575717

S/N	QTY	DESCRIPTIONS	COMMENTS/CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
MATERIALS					
1	1	Bonnet	buckled	1,526.00	1,526.00
2	1	Bonnet lock	jammed	50.90	50.90
3	1	Radiator grille	cracked	1,480.00	1,480.00
4	1	Front bumper cover	deformed	1,052.20	1,052.20
5	1	Front bumper sponge	deformed	142.20	142.20
6	1	Front bumper reinforcement	bent	526.10	526.10
7	1	Front bumper grille (LH)	serviceable	285.50	0.00
8	2	Front bumper bracket top @ \$22.40	necessary	44.80	44.80
9	2	Front bumper bracket @ \$24.60	necessary	49.20	49.20
10	1	Headlamp support panel assy.	cracked	1,067.50	1,067.50
11	2	Headlamp @ \$1388.00	broken	2,776.00	2,776.00
12	1	Radiator	bent	850.20	850.20
13	1	Radiator fan blade, cowling, motor assy.	cracked	792.95	619.00
14	2	Radiator bracket @ \$6.50	not necessary	13.00	0.00
15	1	Radiator hose upper	serviceable	47.40	0.00
16	1	Radiator hose lower	serviceable	47.40	0.00
17	1	Front fender (RH)	buckled	619.00	619.00
18	1	Front fender shield (RH)	deformed	169.80	169.80
19	1	Front fender retainer	not necessary	9.20	0.00
20	1	Front windscreen	smashed	1,059.25	1,059.25
21	1	Front windscreen moulding	necessary	60.00	60.00
21	1	Wiper container	deformed	61.90	61.90
22	1	Wiper container motor	serviceable	65.90	0.00
23	1	Front chassis member (RH)	to repair	1,575.85	0.00
24	1	Air bag complete	activated	2,948.50	2,948.50
25	1	Air bag control module	activated	1,894.00	1,894.00
26	1	Steering angle assy.	not necessary	1,150.60	0.00
27	1	Sensor assy. impact	not applicable	1,180.50	0.00
28	1	Air bag sensor	activated	1,160.00	1,160.00
29	1	Electric power steering	serviceable	4,880.50	0.00
SUPPLEMENTS					
30	1	Symbol mark H	necessary	39.50	39.50
31	1	Front safety belt assy. LH	jammed	475.40	475.40
32	1	Front safety belt assy. RH	jammed	475.40	475.40
33	1	Wiring assy. air bag extension	cracked	74.00	74.00
34	1	Wiring assy. air bag extension	cracked	74.00	74.00
35	1	Blower assy.	repeated item	792.95	0.00
36	1	Condenser assy. - cooler	bent	1,137.35	1,137.35
37	1	V-ribbed belt	cut	155.00	155.00
38	1	Pulley idler	cut	59.60	59.60

VEHICLE NO: SHD3409U
CLAIM NO: S8M00R34

POLICY NO: -
OUR REF : AXA/SHD3409U/040818C

ADJUSTMENT ON REPAIRS COST AND REPLACEMENT OF PARTS:

WORKSHOP: COMFORTDELGRO ENGINEERING PTE LTD

ADDR:383 SIN MING DRIVE
SINGAPORE 575717

S/N	QTY	DESCRIPTIONS	COMMENTS/CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
39	1	Device assy. swirl control	cracked	510.70	510.70
40	1	Intercooler	bent	921.90	921.90
41	1	Front panel assy. undercover	cracked	334.60	334.60
42	1	Cover assy. cowl top	cracked	398.60	398.60
43	2	Bonnet hinge assy. @ \$41.00	bent	82.00	82.00
		Subtotal		33,117.35	22,894.60
		Original Less 20% Revised Less 20%		(-6,623.47)	(-4,578.92)
		Subtotal: Org 20% Rev 20% Discount		26,493.88	18,315.68
44	1	Front number plate	defaced	25.00	25.00
45	1	Front number plate trim cover	defaced	30.00	30.00
46	1	Front windscreen sealant	necessary	46.00	46.00
47	1	ERP sticker	necessary	26.00	26.00
		Total (Parts)		26,481.72	18,442.68
		<u>LABOUR & MISC.</u>			
1		To remove the affected parts & all relevant attachments & fittings to commence repairs; jack out, cut & weld the necessary parts as listed above; panel beat & reshape the affected areas; replace the damaged components, reinstall & realign all necessary parts		1,200.00	1,000.00
2		To supply paint materials, expandable items i.e. sand paper, masking tape, putty, primer chemical compounds & etc., to putty & respray paint on the relevant - repaired areas		750.00	700.00
3		To disconnect, check & rectify, replace/reconnect the front wire harness, sockets, terminal and all relevant electrical/electronic components		50.00	40.00
4		To rust proof affected areas where necessary		50.00	50.00

VEHICLE NO: SHD3409U
CLAIM NO: S8M00R34

POLICY NO: -
OUR REF : AXA/SHD3409U/040818C

ADJUSTMENT ON REPAIRS COST AND REPLACEMENT OF PARTS:

WORKSHOP: COMFORTDELGRO ENGINEERING PTE LTD

ADDR: 383 SIN MING DRIVE
SINGAPORE 575717

S/N	QTY	DESCRIPTIONS	COMMENTS/CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
5		To mount vehicle onto alignment bench/jig & to correct chassis frame/members to symmetrical specification		400.00	¹⁰⁰ 150.00
6		Towing charges		60.00	60.00
7		Remove & reinstall air-conditioner fittings and all relevant attachments to facilitate repairs, vacuum & recharge A/C gas		150.00	120.00 ₈₀
8		Remove & replace front windscreen & other necessary attachments & fittings and to perform water test		120.00	¹⁰⁰ 120.00
9		Remove & reinstall seats, upholstery, roof lining and other relevant attachments to facilitate repairs		90.00	50.00
10		Reprogramme air bag and safety belt system		550.00	¹⁵⁰ 390.00
Total (Labour)				3,420.00	2,590.00
Total Parts and Labour				29,901.72	21,032.68
----- END OF REPORT -----					
		<i>PP \$19,422.08</i>	<i>7 Days</i>	<i>30040-18</i>	

MICHAEL CHEONG
Surveyor

RICKY TENG
MIAME, CAE, MIMI, AMSOE, AMIRTE AMSAE-
Licensed Appraiser



LONPAC INSURANCE BHD
(S98FC5635C)

Our Ref : 17/18/18/VP05/020807

28 February 2019

M/s LKK Auto Consultants Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 408933

Dear Sirs/Madam

RE-INSPECTION OF SHD3409U

We refer to our email dated 28 February 2019.

We enclose the following documents :-

- a) Survey report & photos of SJV8599C
- b) GIA/Police report SHD3409U
- c) Final repair bill of SHD3409U
- d) Log book

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 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	04/08/2018 12:15
Date Of Accident	04/08/2018 01:20
Exact Location Of Accident	TPE TOWARDS PUNGGOL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV8599C
Insured/Policyholder	
Name Of Registered Owner	AMRAN BIN MOHAMMAD
NRIC No	S1790523F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96912254
Alternative Phone No	HOME-68819140
Vehicle Particulars	
Manufacturer	ALFA ROMEO
Model	159-2.2 JTS
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05019530
Cover Note Number	
Driver	
Name of Driver	AMRAN BIN MOHAMMAD
NRIC No	S1790523F
Date Of Birth	30/12/1967
Occupation	INDOOR
Date Of Driving Pass	31/03/1995
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96912254
Fax Number	
Contact Number	HOME-68819140
Email Address	NOEMAIL

Address	BLK 260B SENGKANG EAST WAY #04-440
Postcode	542260
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	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?	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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

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

Details of Witness 1

Name	IRFAN
Phone Number	90180491
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH1213Z
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MATTHEW LIM JUN HO
NRIC/Passport Number	S9211266G
Contact Number	88180116

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver FRANKIE YEUNG
NRIC/Passport Number
Contact Number 97346998
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AMRAN BIN MOHAMMAD
Approximate Age
Injuries Sustain BRUISE
Injured person in which vehicle? SJV8599C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

B. 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.

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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



4/8/2018 @
11.35 AM

Sketch Plan Pg. 2

SKETCH PLAN

Kerb
with fence



- A: SJV 859AC
- B: SKH 1213Z
- C: Taxi (Uberman)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

* Vehicle mounted kerb.

DECLARATION

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

Jurean
Policyholder's Signature
Date & Time:
Company Chop (if applicable)

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

Shuman
Reporting Centre Personnel's Signature
Name: 4/8/18 @
NRIC/FIN No.: 1430H



Sketch Plan #2 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180804/2018

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3
Report No. T/20180804/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2018 04:33	Vide Report No.: G/20180804/0027	Station Diary No.: 32
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: AMRAN BIN MOHAMMAD		Address: APT BLK 260B SENKANG EAST WAY #04-440 SINGAPORE 542260	
ID Type / ID No.: NRIC NO / S1790523F		Contact No.: Home/Office: Mobile: 96912254	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 30/12/1967	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: AIRCRAFT TECHNICIAN		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/08/2018 01:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY toward TPE Exit 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV8599C	Car	ALFA ROMEO	ALFA 159 2.2JTS.SEL ESPEED	Black	Seriously Damaged	0
SKH1213Z	Car	VOLKSWAGO N	GOLF GTI 2.0L AT 5DR 5K19V3	Grey		2



**SINGAPORE
POLICE FORCE**



T/20180804/2016

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180804/2016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV8599C	LONPAC INSURANCE BHD.	Z17VP05014624	10/08/2017	09/08/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	AMRAN BIN MOHAMMAD		ID No.	S1790523F
Related Vehicle	NIL		Contact No.	96912254
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 04/08/2018 at about 0120hrs, I was driving along TPE towards Punggol. I was driving my black colour Alfa Romeo, bearing the registration number SJV8599C, on the extreme right of the said expressway.

While I was changing my lane to the middle lane with the intention to exit Sengkang (TPE exit 10), there was a sudden hit coming from the rear of my said vehicle. Subsequently, I lost control of my vehicle and the car spin once. Thereafter, my vehicle was stop and I realized that my vehicle was already hit onto the left barricade of the road and on top of the grasspatch. I later notice that there was another two more vehicle, one is a Taxi (unknown plate number) another was a Volkswagen bearing the registration number SKH1213Z were also involved. A witness, known as Irfan, Hp: 90180491 came and approached me asking of my well being and told me that the vehicle that hit onto the rear of my vehicle has already fled. However, he could not recall the car registration number and it is in white colour. As I was in a state of shock at that point of time, trying to recall what happened I did not manage to get to ask about the incident to any of the driver. Moments after that, Traffic police and ambulance came attended to me.

I wish to state I do not have any in car vehicle camera. I also wish to state that I manage to get one witness, the Volkswagen's driver and taxi driver's particular only. I further wish to state that my vehicle was seriously damage where the airbags of my vehicle was being activated and had to be towed away, of which I do not know the total cost of damage to my said vehicle.



**SINGAPORE
POLICE FORCE**



T/20180804/2018

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

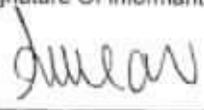
3 of 3
Report No. T/20180804/2018

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: F / Sgt 2 MOHAMMAD HUSAINI BIN-MOHAMMAD YUSOFF	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2018 04:33
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



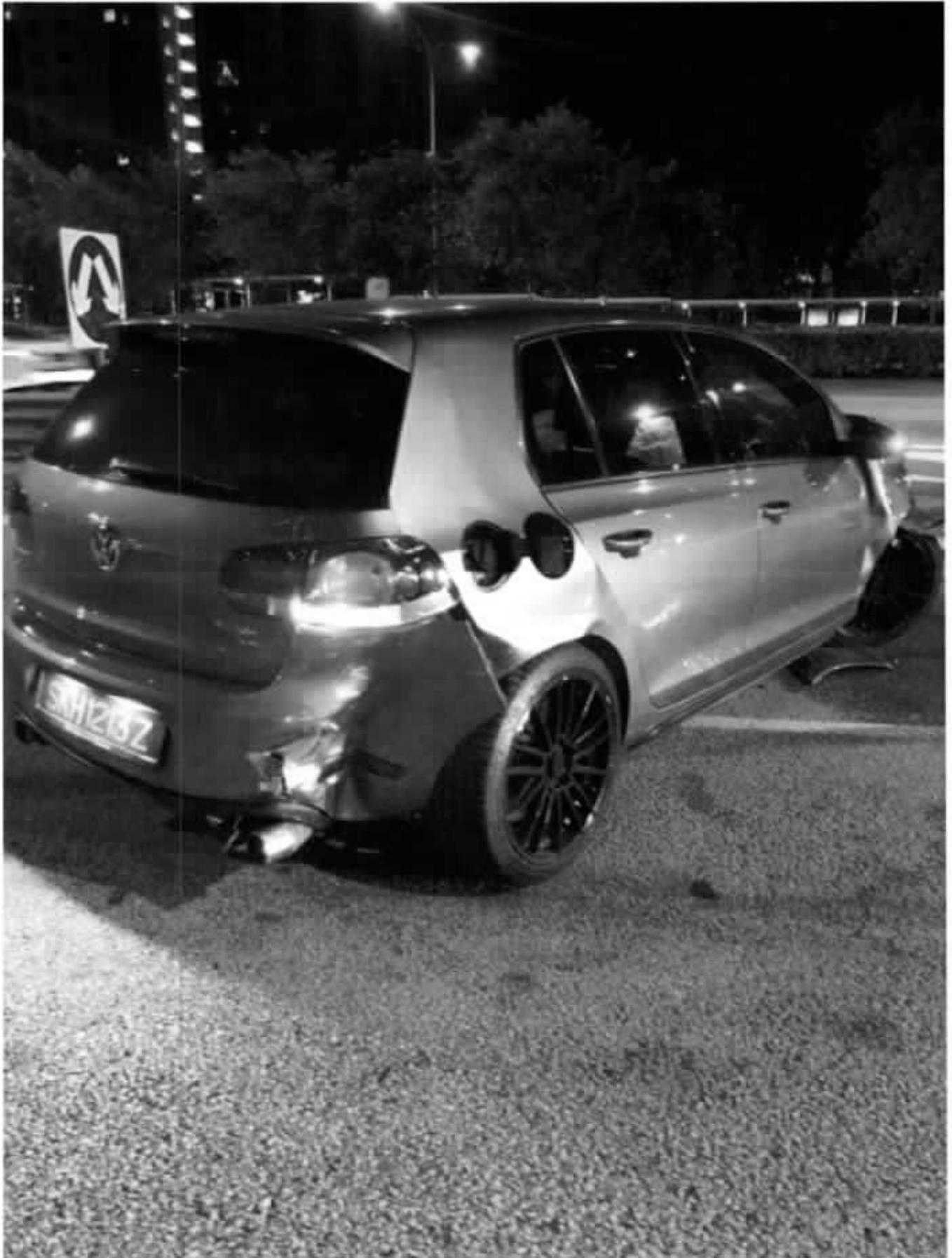
Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEUNG CHUN FAI	ID No.	S2577613E
Related Vehicle	SHD3409U (Car)	Contact No.	97346998
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	AMRAN	ID No.	NIL
Related Vehicle	SJV8599C (Car)	Contact No.	96912254
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MATTHEW LIM	ID No.	NIL
Related Vehicle	SKH1213Z (Car)	Contact No.	91398998
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 04/08/2018 at about 0100hrs, I was driving my taxi bearing the registration plate number SHD3409U and was travelling along TPE, exiting to Punggol road (Punggol Slip Road). While I am entering the slip road of Punggol Road, a vehicle bearing the registration plate number SJV 8599C, which was traveling along TPE, suddenly turned in to the slip road, due to the quick turned, he had lost control of his vehicle and had ended up in the bushes of the slip road. A vehicle bearing the registration plate number SKH 1213Z which was travelling behind the said vehicle tried to avoid the collision. However, the driver lost control of the vehicle and had collided to the barrier of the slip road. After colliding to the barrier, the vehicle ended up in my lane, and due to that I couldn't brake in time and as such, my front



**SINGAPORE
POLICE FORCE**



T/20180804/2057

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No. T/20180804/2057

CONTINUATION OF REPORT

vehicle had collided to the rear of his vehicle.

After which, I then alighted from my taxi and checked if anyone were injured. After awhile, traffic police and ambulance came and attended to us. No one was conveyed to hospital.

I am lodging this report as I was advised from Traffic Police. I wish to state that I have a built in car camera and had handover to Traffic Police as they requested. That is all.



**SINGAPORE
POLICE FORCE**



T/20180804/2057

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

Report No. T/20180804/2057

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:

F /

Sgt 1 TENG WEI KANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/08/2018 13:36

Officer In Charge Of Case:

TP / GIT /

Insp MOHAMMED FADZLY BIN ABDUL AZIZ

Contact No.: 65476355

Classification Of Case:

Authentication Stamp

NP168

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	04/08/2018 11:46
Date Of Accident	04/08/2018 01:00
Exact Location Of Accident	TPE(PIE) PUNGGOL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3409U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	YEUNG CHUN FAI
NRIC No	S2577613E
Date Of Birth	26/07/1951
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1990
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97346998
Fax Number	
Contact Number	
Email Address	YEUNGCHUNFAIFRANKIE97@GMAIL.COM

Address	BLK 205A PUNGGOL FIELD #13-360
Postcode	821205
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

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

Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO HEAD

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	SKH1213Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MATHEW LIM
NRIC/Passport Number	
Contact Number	91398998
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	OVERALL BODYWORK
No. Of Passenger (Including Driver)	

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.

COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199303321R

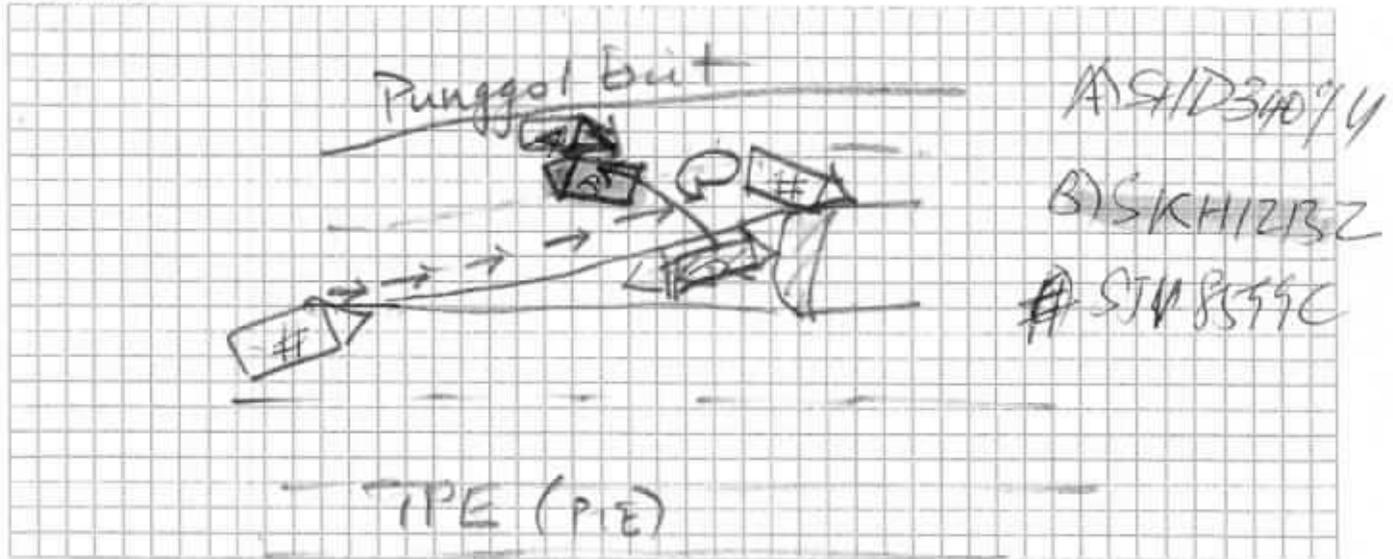
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/8/18 at about 0100hr while I Veh A was travelling along the slip road on the extreme left lane when Veh B tried to avoid a collision with ~~the~~ Veh STV8599C who suddenly intercepted from TPE onto the slip road and lost control and collided onto road railing of the slip road. Veh B who avoided the collision with the STV8599C ended up colliding on the barrier railing at the chican and spun 360° and stopped intercepting onto my extreme left lane of the slip road and caused a collision. My vehicle damaged ^{10m} right front portion of

DECLARATION was

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

COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199203321R

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.:

Address	BLK 205A PUNGGOL FIELD #13-360
Postcode	821205
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENGKANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20180804/2057 / Type Of Accident : HEAD TO HEAD

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	SKH1213Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MATHEW LIM
NRIC/Passport Number	
Contact Number	91398998
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	OVERALL BODYWORK
No. Of Passenger (Including Driver)	

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD618100711 Vehicle Registration No: SHD3409U

Name(as shown in NRIC) : YEUNG CHUN FAI NRIC/FIN/Passport No : S2577613E

(*Vehicle Driver, Vehicle Owner) (*) Please delete as appropriate

Address : BLK 205A PUNGGOL FIELD #13-360 Singapore(821205)

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 04/08/2018 Time of Accident : 01:00

Place of Accident : TPE(PIE) PUNGGOL EXIT

Insurance Company: MS First Capital Insurance Ltd

(B) **ADDITIONAL INFORMATION AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Upload Police Report : T/20180804/2057

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: xiao yan
NRIC/FIN No.: _____
Date: 13.08.2018



member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Bidadari Road Singapore 370101
 Mainline + 65 6393 6200 Faxline + 65 6280 9736
 Workshops
 59 Lorong Drive Singapore 508990 54 Serangoon Road Singapore 750156
 385 Sin Ming Drive Singapore 570117 7 Sungai Kadu Way Singapore 730781
 45 Pandan Road Singapore 609286 901 Yehun Industrial Park A Singapore 798732
 320 Lta Road 3 Singapore 408449

COMPANY REG. NO.: 199506046W

ST REG. NO. M2-8921817-3
8010042

TAX INVOICE

Page: 1

LONPAC INSURANCE BERHAD
THE CONCOURSE

300 BEACH ROAD #17-04/07
SINGAPORE SG 199555

CONTACT NO: 62507388

Description : 3P 04.08.2018
S/No Part No.

VEHICLE NO SHD3409U
 INV. NO/DATE 91397187 24.09.2018
 MAKE HYUNDAI
 JOB NO. 305196264
 MODEL I-40
 ODOMETER READING
 DATE OF REG 28.07.2016
 DATE/TIME IN 04.08.2018 01:00
 CHASSIS CODE KMHLB41UMGU093236
 JOB TYPE

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT		
0001	04-01-0103-0572	I40VC PANEL ASSY-HOOD+	1	1,528.00	20.00	1,220.80
0002	04-01-0103-0604	I40VC LATCH ASSY-HOOD	1	50.90	20.00	40.72
0003	04-01-0103-2164	I40V3 GRILLE ASSY-RADIATO	1	1,480.00	20.00	1,184.00
0004	04-01-0103-2175	I40V3 SYMBOL MARK-H	1	39.50	20.00	31.60
0005	04-01-0103-2294	I40V3 ABSORBER-FRONT BUMP	1	142.20	20.00	113.76
0006	04-01-0103-2322	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0007	04-01-0103-2296	I40VC RAIL ASSY-FR BUMPER	1	528.10	20.00	420.88
0008	04-01-0103-0641	I40VC CARRIER ASSY-FR END	1	1,067.50	20.00	854.00
0009	04-01-0103-0637	I40V2 BRKT ASSY-FR BPR UP	1	22.40	20.00	17.92
0010	04-01-0103-0638	I40V2 BRKT ASSY-FR BPR UP	1	22.40	20.00	17.92
0011	04-01-0103-0639	I40VC BRACKET-FR BUMPER S	1	24.60	20.00	19.68
0012	04-01-0103-0640	I40VC BRACKET-FR BUMPER S	1	24.60	20.00	19.68
0013	04-01-0103-0781	I40V2 LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40
0014	04-01-0103-0782	I40V2 LAMP ASSY-HEAD RH#	1	1,388.00	20.00	1,110.40
0015	04-01-0103-0651	I40VC HINGE ASSY-BONNET L	1	41.00	20.00	32.80
0016	04-01-0103-0652	I40VC HINGE ASSY-BONNET R	1	41.00	20.00	32.80
0017	04-01-0103-0671	I40VC MOULDING ASSY-W/SHL	1	60.00	20.00	48.00
0018	04-01-0103-0791	I40VC GLASS ASSY-W/SHLD	1	1,059.25	20.00	847.40

ComfortDelGro Engineering Pte Ltd
 205 Bidadari Road Singapore 370101
 Mainline + 65 6393 6200 Faxline + 65 6280 9736
 Workshops
 59 Lorong Drive Singapore 508990 54 Serangoon Road Singapore 750156
 385 Sin Ming Drive Singapore 570117 7 Sungai Kadu Way Singapore 730781
 45 Pandan Road Singapore 609286 901 Yehun Industrial Park A Singapore 798732
 320 Lta Road 3 Singapore 408449

ComfortDelGro Engineering Pte Ltd
member of COMFORTDELGRO

Office:
Bidadari Road
Singapore 379701

*note that no receipt shall be issued unless requested.

COMFORTDELGRO'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91397187	22,653.87	

X4.4
F.11

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3
8010042

LONPAC INSURANCE BERHAD
THE CONCOURSE

300 BEACH ROAD #17-04/07
SINGAPORE SG 199555

CONTACT NO: 62507388

S/No Part No

PART REQUISITION

0019 28-01-0199-0019 (ALL)ERP STICKER

0020 05-01-0199-0032(ALL)WINDSCREEN AHESIVE-3

0021 05-01-0103-2012I40V3 RESERVOIR & PUMP AS

0022 04-01-0103-0676I40VC SENSOR ASSY-FRONT I

0023 04-01-0103-0677I40VC MODULE ASSY-AIR BAG

0024 04-01-0103-0679I40VC WIRING ASSY-AIR BAG

025 04-01-0103-0680I40VC WIRING HARNESS-AIRB

026 04-01-0103-2934I40V3 GUARD ASSY-FRONT WH

027 16-01-0103-0103 I40VC RADIATOR ASSY

028 16-01-0103-0105 I40VC BLOWER ASSY

029 01-01-0103-0039I40V2 CONDENSER ASSY-COOL

030 04-01-0103-0673I40VC MODULE ASSY-STRG WH

031 04-01-0103-0674I40VC S/BELT ASSY-FR LH D

032 04-01-0103-0675I40VC S/BELT ASSY-FR RH D

033 22-01-0103-0004 I40VC V-RIBBED BELT

034 10-01-0103-0262 I40VC ^PULLEY-IDLER

035 02-01-0103-0044I40VC ^^DEVICE ASSY-SWIRL

036 02-01-0103-0051 I40VC INTERCOOLER

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

305 Bras Basah Road Singapore 179701
Mobile + 65 6382 8280 Fax +65 6382 8782

Workshops

59 Leong Drive Singapore 408989 24 Serangoon Road Singapore 150156
 383 Sin Ming Drive Singapore 573717 7 Serangoon Road Singapore 120771
 45 Pandan Road Singapore 060288 301 Yishun Industrial Park A Singapore 768100
 300 Ubi Road 2 Singapore 408648

COMPANY REG. NO. 199506048W

Page: 2

VEHICLE NO INV. NO/DATE
 SHD3409U 91397187 24.09.2018
 MAKE JOB NO.
 HYUNDAI 305196264
 MODEL ODOMETER READING
 I-40

DATE OF REG DATE/TIME IN
 28.07.2016 04.08.2018 01:00
 CHASSIS CODE JOB TYPE

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
1		26.00	0.00	26.00
2		23.00	0.00	46.00
1		61.90	20.00	49.52
2		580.00	20.00	928.00
1		1,894.00	20.00	1,515.20
1		74.00	20.00	59.20
1		74.00	20.00	59.20
1		169.80	20.00	135.84
1		850.20	20.00	680.16
1		792.95	20.00	634.36
1		1,137.35	20.00	909.88
1		2,948.50	20.00	2,358.80
1		475.40	20.00	380.32
1		475.40	20.00	380.32
1		155.00	20.00	124.00
1		59.60	20.00	47.68
1		510.70	20.00	408.56
1		921.90	20.00	737.52

fortDelGro Engineering Pte Ltd
Member of COMFORTDELGRO

Office:
11 Raffles Road
Singapore 579701

* note that no receipt shall be issued unless requested.

PROMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91397187	22,653.87	

IST REG NO. M2-8921817-3

TAX INVOICE

LONPAC INSURANCE BERHAD
 THE CONCOURSE

300 BEACH ROAD #17-04/07
 SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO SHD3409U
 INV. NO/DATE 91397187 24.09.2018
 MAKE HYUNDAI
 JOB NO. 305196264
 MODEL I-40
 ODOMETER READING
 DATE OF REG 28.07.2016
 DATE/TIME IN 04.08.2018 01.00
 CHASSIS CODE
 JOB TYPE

S/No Part No	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION					
037 10-01-0103-2126I40V3 PANEL ASSY-UNDER CO	1		334.60	20.00	267.68
0038 04-01-0103-0736I40V2 COVER ASSY-COWL TOP	1		398.60	20.00	318.88
0039 FNPS NO PLATE(S)	1		55.00	0.00	55.00
0040 04-01-0103-0573 I40VC PANEL-FENDER RH#	1		619.00	20.00	495.20

SUB-TOTAL : 18,581.84

JOB NATURE

0001 23-01 TOWING FEE			60.00		60.00
0002 L PANEL BEATING			1,000.00		1,000.00
0003 23-502 SPRAYPAINT ON AFFECTED AREA			700.00		700.00
0004 17-01 CHECK ALL LIGHTING			40.00		40.00
0005 20-00 TUFF COAT ON AFFECTED PARTS			50.00		50.00
0006 20-07 CHASSIS ALIGNMENT			150.00		150.00
0007 20-10 REMOVE/REFIX RADAITOR ASSY & FAN BLAD			120.00		120.00
0008 L REMOVE/REFIX FRT WINDSCREEN GLASS			120.00		120.00
0009 20-204 REMOVE/REFIX UPHOLSTERY ASST REPAIR			50.00		50.00
0010 L RE-PROGRAMME AIRBAG & SAFETY BELT SYS			300.00		300.00

SUB-TOTAL : 2,590.00

Items total 21,171.84
 Add GST @ 7.000 % 1,482.03
 Invoice amount 22,653.87

200 Braddell Road Singapore 579701
 Marina + 65 6283 6280
 59 Loyang Drive Singapore 502699
 283 Sin Ming Drive Singapore 575717
 45 Pandan Road Singapore 606295

Issued by : CHEWBEELENG 21.01.2019 10:39:53
 Repair type : CLSO/57/57
 Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd
 member of COMFORTDELGRO

Head Office:
 Braddell Road
 Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHO No.
8010010	91397187	22,653.87	

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		NAME OF DRIVER	DATE	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO					FROM	TO
			SHD34094		169697			
			Frankie	02/08/18	169311	214	1100	1200
			Frankie	03/08/18	170162	251	1030	0130
			Accident	04/8/18	170162	Loyang	0100	—
			Repair	13/8/18	170162	—	—	1730
					Yeung Chun Tai			

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO



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 : CS/LPC19004375/K1vd3e2	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 14-03-2019	
		Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)			
Insured Veh.	SJV 8599C	Veh. Inspected	SHD 3409U
Policy No.		Coverage (\$)	0.00
Claim No.	17/18/18/VP05/020807	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	28/02/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093236	Colour	BLUE
Odometer	217843	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.			
5. General Information			
Accident Date	04/08/2018	Inspection Date	04/03/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
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:		7 Working Days	



LKK Auto Consultants Pte Ltd

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3409U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BONNET	REPLACED	1,526.00	1,526.00
1	BONNET LOCK	REPLACED	50.90	50.90
1	RADIATOR GRILLE	REPLACED	1,480.00	1,480.00
1	FRONT BUMPER COVER	REPLACED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	REPLACED	142.20	142.20
1	FRONT BUMPER REINFORCEMENT	REPLACED	526.10	526.10
1	FRONT BUMPER GRILLE (LH)	SERVICEABLE	285.50	-
2	FRONT BUMPER BRACKET TOP @\$22.40	REPLACED	44.80	44.80
2	FRONT BUMPER BRACKET @\$24.60	REPLACED	49.20	49.20
1	HEADLAMP SUPPORT PANEL ASSY	REPLACED	1,067.50	1,067.50
2	HEADLAMP @\$1388.00	REPLACED	2,776.00	2,776.00
1	RADIATOR	REPLACED	850.20	850.20
1	RADIATOR FAN BLADE, COWLING, MOTOR ASSY	REPLACED	792.95	619.00
2	RADIATOR BRACKET @\$6.50	NOT NECESSARY	13.00	-
1	RADIATOR HOSE UPPER	SERVICEABLE	47.40	-
1	RADIATOR HOSE LOWER	SERVICEABLE	47.40	-
1	FRONT FENDER (RH)	REPLACED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	REPLACED	169.80	169.80
1	FRONT FENDER RETAINER	NOT NECESSARY	9.20	-
1	FRONT WINDSCREEN	REPLACED	1,059.25	1,059.25
1	FRONT WINDSCREEN MOULDING	REPLACED	60.00	60.00
1	WIPER CONTAINER	REPLACED	61.90	61.90
1	WIPER CONTAINER MOTOR	SERVICEABLE	65.90	-
1	FRONT CHASSIS MEMBER (RH)	REPAIRED SEE LABOUR	1,575.85	-
1	AIR BAG COMPLETE	REPLACED	2,948.50	2,948.50
1	AIR BAG CONTROL MODULE	REPLACED	1,894.00	1,894.00
1	STEERING ANGLE ASSY	NOT NECESSARY	1,150.60	-
1	SENSOR ASSY IMPACT	NOT APPLICABLE	1,180.50	-
1	AIR BAG SENSOR	REPLACED	1,160.00	1,160.00
1	ELECTRIC POWER STEERING SUPPLEMENTS	SERVICEABLE	4,880.50	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SYMBOL MARK H	REPLACED	39.50	39.50
1	FRONT SAFETY BELT ASSY LH	REPLACED	475.40	475.40
1	FRONT SAFETY BELT ASSY RH	REPLACED	475.40	475.40
1	WIRING ASSY AIR BAG EXTENSION	REPLACED	74.00	74.00
1	WIRING ASSY AIR BAG EXTENSION	REPLACED	74.00	74.00
1	BLOWER ASSY	REPEATED	792.95	-
1	CONDENSER ASSY - COOLER	REPLACED	1,137.35	1,137.35
1	V-RIBBED BELT	REPLACED	155.00	155.00
1	PULLEY IDLER	REPLACED	59.60	59.60
1	DEVICE ASSY SWIRL CONTROL	REPLACED	510.70	510.70
1	INTERCOOLER	REPLACED	921.90	921.90
1	FRONT PANEL ASSY UNDERCOVER	REPLACED	334.60	334.60
1	COVER ASSY COWL TOP	REPLACED	398.60	398.60
2	BONNET HINGE ASSY @\$41.00	REPLACED	82.00	82.00
	LESS 20% DISCOUNT		-6,623.47	-4,578.92
			26,493.88	18,315.68
	SPECIAL NETT ITEMS			
1	FRONT NUMBER PLATE (SN)	REPLACED	25.00	25.00
1	FRONT NUMBER PLATE TRIM COVER (SN)	REPLACED	30.00	20.00
1	FRONT WINDSCREEN SEALANT (SN)	REPLACED	46.00	46.00
1	ERP STICKER (SN)	REPLACED	26.00	26.00
			127.00	117.00
	LABOUR			
	TO REMOVE THE AFFECTED PARTS & ALL RELEVANT ATTACHMENTS & FITTINGS TO COMMENCE REPAIRS; JACK OUT, CUT & WELD THE NECESSARY PARTS AS LISTED ABOVE; PANEL BEAT & RESHAPE THE AFFECTED AREAS; REPLACE THE DAMAGED COMPONENTS, REINSTALL & REALIGN ALL NECESSARY PARTS. INCLUSIVE OF THE REPAIR OF FRONT CHASSIS MEMBER (RH).		1,200.00	800.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS I.E SAND PAPER, MASKING TAPE, PUTTY, PRIMER CHEMICAL COMPOUNDS & ETC, TO PUTTY & RESPRAY PAINT ON THE RELEVANT REPAIRED AREAS.		750.00	700.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO DISCONNECT, CHECK & RECTIFY, REPLACE / RECONNECT THE FRONT WIRE HARNESS, SOCKETS, TERMINAL AND ALL RELEVANT ELECTRICAL / ELECTRONIC COMPONENTS.		50.00	30.00
	TO RUST PROOF AFFECTED AREAS WHERE NECESSARY.		50.00	30.00
	TO MOUNT VEHICLE ONTO ALIGNMENT BENCH/JIG & TO CORRECT CHASSIS FRAME / MEMBERS TO SYMMETRICAL SPECIFICATIONS.		400.00	100.00
	TOWING CHARGES.		60.00	60.00
	REMOVE & REINSTALL AIR-CONDITIONER FITTINGS AND ALL RELEVANT ATTACHMENTS TO FACILITATE REPAIRS, VACUUM & RECHARGE A/C GAS.		150.00	80.00
	REMOVE & REPLACE FRONT WINDSCREEN & OTHER NECESSARY ATTACHMENTS & FITTINGS AND TO PERFORM WATER TEST.		120.00	100.00
	REMOVE & REINSTALL SEATS, UPHOLSTERY, ROOF LINING AND OTHER RELEVANT ATTACHMENTS TO FACILITATE REPAIRS.		90.00	50.00
	REPROGRAMME AIR BAG AND SAFETY BELT SYSTEM.		550.00	150.00
			3,420.00	2,100.00
GRAND TOTAL			30,040.88	20,532.68

RECOMMENDED COST OF REPAIRS				20,532.68
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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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