

*Munday check with yellow this case
look truckers!*

12/02/2018

ASS. REC. BY

REF: CS/SPF/18013419/Ngdsz-1

Special Instruction:

Surveyor

Naz

ASSIGNMENT (Office)

From (Person)

Hafizul Farhan

SPF

Date/Time: 27/3/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJY 9292P

Insured:

QX 4894H

at Workshop m/s

TTS Euro cars

Tel:

6757 2622

of

383 Bin Ming Drive

Policy No:

Claim No:

AEMD/105/009/2018/089

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

18/07/2018

CA / REV / REP. / REV 24 HRS

'up

Date/Time:

24/7/18 @ 10:16am

Person Contacted:

wilson

H.O.D. Endorsement

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SJY 9292P - X

QX 4894H -

24/7/18

submit final Rg B 4684, 3 days.

CRed B 761730, 62%

RECEIVED 09 MAY 2019

Not willing !!

INSURANCE

N92

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / JP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value. _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No. STY 9292 P Yr Regn: 30 JUN 2018
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: MERCEDES CLA 180 c.c. 1595
 Colour: WHITE A/C: Insured / Std / NI / NA
 Sp. Reading: 1246 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WDD1173422N652534
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 225/40 R18
 R: 11

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

Front		Rear	
R/Bal. <u>7</u> mm		R/Bal. <u>7</u> mm	
L/Bal. <u>7</u> mm		L/Bal. <u>7</u> mm	
D.O.A. <u>18/7/18</u>		D.O.I. <u>24/7/18</u>	

Survey held at ITS ' EUROCAR
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Do Not Finalize

P/P

Repair cost range \$4k - \$6k

2550 - 3700 adjust by bryan on 29/11/18

RECEIVED 17 SEP 2018

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation

) \$ + RS. \$

) Photos

) Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format : 4187 TP

Lump Sum / I.B.I. (\$) 4684

280

280

Shiau Chan (LKKAuto)

From: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>
Sent: Wednesday, 8 May 2019 2:24 PM
To: Shiau Chan (LKKAuto); assignments
Cc: Frankie THAY (SPF); SUR; Olivia Lau (LKKAuto)
Subject: RE: Re-Survey for SJY9292P

Dear Shiau Chan,

Thank you for your reply.

Kindly submit the LKK re-survey report, with the cost of repair as mentioned (\$4,684.00).

Best Regards,

Hafizul Farhan Bin Rahmat
AEMD / PLD
Singapore Police Force
DID: (65) 6478 4840 | FAX: (65) 6478 4850



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From: Shiau Chan (LKKAuto) <siewsc@lkkauto.com>
Sent: Wednesday, 8 May 2019 2:16 PM
To: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>; assignments <assignments@lkkauto.com>
Cc: Frankie THAY (SPF) <Frankie_THAY@spf.gov.sg>; SUR <sur@lkkauto.com>; Olivia Lau (LKKAuto) <olivialau@lkkauto.com>
Subject: RE: Re-Survey for SJY9292P

Dear Hafizul Farhan,

Our surveyor had reviewed the case, the vehicle repair was done on part by part basis. However repairer did not arrange for resurvey before paint. Hence our adjustment was on Lump Sum.

If taking into account part by part repair, the cost of repair is \$4,684.00 before GST.

Best Regards,

Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Celine Fong (LKKAUTO)

From: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>
Sent: Wednesday, 27 March 2019 3:27 PM
To: Admin-D (LKKAUTO); assignments
Cc: Frankie THAY (SPF)
Subject: FW: Re-Survey for SJY9292P
Attachments: LOD 2018-89.pdf

Our ref: AEMD/105/009/2018/089

Hi,

Kindly conduct a re-survey for the vehicle SJY9292P, we are still unable to close the gap on the third-party claim amount of \$5,011.88.

Thank you.

Best Regards,

Hafizul Farhan Bin Rahmat
AEMD / PLD

Singapore Police Force

DID: (65) 6478 4840 | FAX: (65) 6478 4850

*We have reviewed the case,
The final higher range is \$4684*



HOME TEAM
TRANSFORMATION 2025
One Home, One Team
Building Our Future Together

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www.avg.com

*The vehicle repair was done on part by part ~~basis~~ basis.
arrange for resurvey
Hafizul repair did not provide any photos of before paint.
Hence an adjustment was on lump sum.*

If taking into ^{Account} ~~fixed~~ part by part repair, the OR is

2 —

SINGAPORE POLICE FORCE
NO 1 MOUNT PLEASANT ROAD
BLK 8 OLD POLICE ACADEMY
#02-12
SINGAPORE 298333
ATTENTION: SPF MOTOR CLAIMS DEPT

27TH MARCH 2019

"WITHOUT PREJUDICE"

ACCIDENT INVOLVING VEHICLES SJY9292P AND QX4894H ON 18.07.2018

Dear Sirs

We refer to the above matter.

The accident was caused solely by the negligence on the part of your insured. As a result of the said accident, our client has suffered losses, which are set out hereunder as follows:

Repair Cost : \$5011.88

Loss of Use : \$450.00 (3 days x \$150)

Total cost : \$5461.88

A copy each of the following supporting documents is enclosed:

Repair Invoice & Rental Invoice	Certificate of Insurance/ Copy of NRIC
Accident report/Police report	Undertaking Form/Authorization to Act Form
Letter of Authority	Discharge voucher

Please forward us an acknowledgement of receipt of this letter within 14 days of your receipt, failing which our client will have no choice but to take action against you without any further notice to you or your client.

For any clarification, you can contact us at 82927422/ fax 67411626 or email to kavi@tts.com.sg

Thank you.

Yours sincerely,

Ms. Kavi
Motor Claims officer
Email: kavi@tts.com.sg



TTS EUROCARS pte ltd
A member of the TTS Motor Group

Company Reg. No: 200413930H
GST No: 20-0413930-H

383 Sin Ming Drive, TTS Centre, Singapore 575717 Sales: +65 6842 2222 Admin: +65 6757 0122 Aftersales: +65 6757 2622 Fax: +65 6741 1626
Branch : No.15, Commonwealth Lane, Lot A1, Commonwealth Car Mall, Singapore 149554 Tel : +65 6462 1111 Fax : +65 6252 4834

For corporate, fleet & leasing enquiries, please contact +65 6462 1111
24-Hour Emergency Assistance: +65 6475 2722

Website : www.tts.com.sg

TAX INVOICE

SPF ACCIDENTS CLAIMS SECTION
NO.1 MOUNT PLEASANT ROAD
BLOCK 8 OLD POLICE ACADEMY
#02-12 SINGAPORE 298333

Document No: IN18-301656
Date : 24/09/2018

Vehicle No : SJY9292P
MERCEDES BENZ CLA180 AMG LINE
Mileage : 0

Staff ID : ANTHONY
Account No : SPF
Job No : T18-103817
Page 1

Description	Quantity	U Price	Disc%	Amount
REAR BUMPER	1	1,980.00	10.00	1,782.00
REAR LOWER BUMPER	1	540.00	10.00	486.00
BUMPER CLIPS	8	9.50		76.00
CONDUCTED WELDING, CUTTING, PENAL BEAT ACCIDENT DAMAGE PARTS ALIGNMENT AND CHECK ALSO TO KNOCKOUT AND STRAIGHTEN ACCIDENT DENTED PORTION SO AS TO REMOVED AND REPLACED ACCIDENT DAMAGE PARTS.	1	1,560.00		1,560.00
PERFORMED PUTTYING, SAND DOWN AND SPRAY PAINTING ON ACCIDENT AFFECTED PORTION SO AS TO FACILITATES THE REPAIR.	1	700.00		700.00
CONDUCTED REMOVAL AND REFITTING OF REVERSE SENSOR ASSY.	1	60.00		60.00
PERFORMED CHECKING OF WIRING HARNESS AND LIGHTING OPERATION.	1	20.00		20.00

Total 4,684.00
0.00

7.00% GST Pur 327.88
Nett Total 5,011.88
=====

* Acknowledgement by Customer *

I confirm that the goods stated in this invoice have
been received by me in good working order and condition.
I further confirm that all services and/or repair jobs
stated in this invoice are completed and done to my
satisfaction.

TTS EUROCARS PTE LTD



Name/Signature/NRIC No/Co Stamp (where applicable)

Authorised Signature



Company Reg. No: 200413930H GST No: 20-0413930-H

383 Sin Ming Drive, TTS Centre, Singapore 575717 • Sales: +65 6842 2222 • Admin: +65 6757 0122 • After Sales: +65 6757 2622 • Fax: +65 6741 1626
Branch: 15, Commonwealth Lane, Lot A1, Commonwealth Car Mall, Singapore 149554 • Tel: +65 6482 1111 • Fax: +65 6252 4834
24 Hours Emergency Assistance: +65 6475 2722

Website: www.



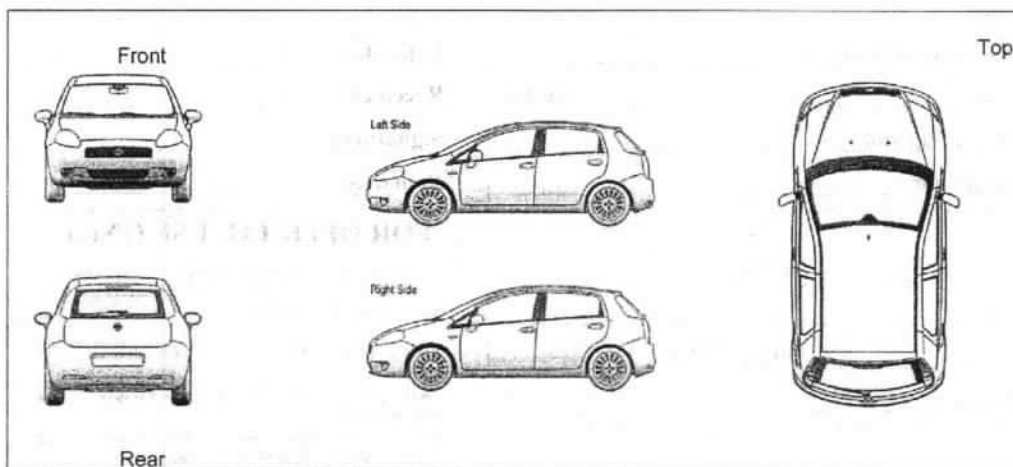
TTS EUROCARS pte ltd

A member of the TTS Motor Group

Daily Rental Agreement & Receipt

TTS : 2237

HIRER'S PARTICULARS		VEHICLE DETAILS
Name: <u>Li Sin Hong</u>	NRIC No/ Passport No: <u>S9047882</u>	Vehicle Registration No: <u>S5P 67698</u>
Address: <u>Blk 167B Simei Lane</u> <u># 11-16 Singapore 522167</u>	Telephone (Home): Mobile No: <u>90690053</u>	Make / Model: <u>Hyundai Avante</u> Colour:
The hirer is to bear excess of the first \$5000.00 on the damage to TTS's car (customer to sign acknowledgement)		
Collision Damage Waiver : Yes / No	Date Hired from: <u>18/9/2018</u>	Rental Amount : \$ <u>150 / d</u>
Excess waiver to :	No. of Days : <u>3</u>	CDW : \$
Estimated Date of Return : <u>20/9/2018</u>		Refundable deposit : \$
Remarks:		Total : \$
		Amount Paid : \$ <u>450 / \$</u>



Collection of Vehicle			Return of Vehicle		
Out Date /Time <u>18/9/2018</u>	Mileage Out <u>161551</u>	Fuel Level 	In Date /Time	Mileage In <u>162013</u>	Fuel Level
Checkout by :			Check In by :		

All terms and conditions shall be governed by and construed in accordance to the laws of the Republic Singapore. In acknowledgement and agreement to the above terms and conditions of the rental Agreement contract:

[Signature]
Hirer Signature

[Signature]
TTS EUROCARS PTE LTD

Refund Deposit to Customer: \$

Date:

Customer's Signature:

Discharge Voucher

Attention : Motor Claims Department

Dear Sir / Mdm

I hereby acknowledge having received from TTS EUROCARS PTE LTD, 383 Sin Ming Drive . TTS CENTRE Singapore 575717 , my vehicle number SJY9292P which had been repaired to my satisfaction and acceptance .

I admit that payment of SGD account for such repairs is in full discharge of reference claim number in respect of the damage caused to the said vehicle in an accident that occurred thereto or about the 19-07-2018 at Medical Drive in front of Medicine MD 10

Dated this day of : 22-09-2018

Signature

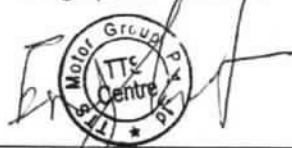


NRIC no : S8104788Z

Name : Li Jin Hong

Address : Blk 167B Simei Lane #11-16

Singapore 522167



Signed by Workshop

UNDERTAKING

I, LI JINHONG, (NRIC No. S81047882), hereby confirm that the Singapore Accident Statement lodged by me on 18-07-18 at 1732 hours pertaining to the accident involving motor car Reg. No: QX48944, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature

: 

Name of Insured / Driver

: LI JINHONG


Nric No.

: S 81047882

Date

: _____

Signature

: 

Name of Policyholder

: _____

Nric No.

: _____

Date

: _____




Third Party Claim Letter of Authority

1. Accident involving vehicle number SJY 9292P & QX 4894H at
SLIP ROAD on 18/7/18.

2. I, LI JINHONG NRIC S 81047882 owner of motor
Vehicle number SJY 9292P hereby authorize my repair workshop, namely
TTS Eurocars Pte Ltd / TTS Motor Group Pte Ltd to act for me with respect to the following:

- a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, Excess payment and cost of repairs.
 - b) To resolve my claim as they deem fit, including settling the matter on basis of my contributing Negligence if any.
 - c) To receive payment of settlement of my claims and all payment be made payable to the workshop for cost of repairs and other uninsured losses.
 - d) To sign discharge voucher on my behalf.
- 3 I understand that the claim for loss of use of my vehicle will be based on the number of days estimated by the surveyor in his report to be required for repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for the extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
- 4 I further acknowledge that any settlement that workshop may reach on my behalf is on a without Prejudice basis and without admission of liability basis in so far as the driver / owner / insures of the other vehicle is concerned.

Date this 20 (Day) of Sep (Month) 2018 (Year)


Signature of Claimant


Workshop Authorized Signature / Company Stamp



Vehicle Number: SJY 9292P

Address: 383 Sin Ming Drive

Name: LI JINHONG

Contact No: (S) 575717
64621111

Authorization To Act

I, LI JINHONG ("The third party claimant") of
BLK 167B SIMEI LANE #11-16 (S) 522167 (Address),
owner of SJ49292P (Vehicle no.) hereby authorize TTS EUROCARS PTE LTD
("The workshop") to act for me with respect to my claim for repair costs and/or rental
and/or loss of use ("claim") for my vehicle no. that was damaged pursuant to the
accident which occurred on 18/7/18 (Date) along
SUP ROAD, ALONG MEDICAL DRIVE IN FRONT MD 10 (Location)
involving vehicle no/s QX4894H ("The accident").

I further authorize the workshop to settle my above mentioned claim in a manner that
they deem fit and the workshop is further authorized to received payment further to
settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on
a without prejudice and without admission of liability basis in so far as
driver/owner/insurers of the other vehicle/s is concerned.

Dated this 20 (day) of Sep (month) 18 (year)




Signed by "the third party claimant"



Signed by "the workshop"

Licence Number: **S810478Z**
 Name: **LI JINHONG**
 Birth Date: **19 Feb 1981**
 Issuing Date: **20 Sep 2003**

000850541E



IDENTITY CARD NO. **S8104788Z**

Name: **LI JINHONG**
 李 锦 宏
 Race: **CHINESE**
 Date of birth: **19-02-1981** Sex: **M**
 Country of birth: **SINGAPORE**

88109788Z


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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 19 Oct 1999

NP 428A

Licence No: **S8104788Z**



4784955

NRIC No: **S8104788Z**

Date of issue: **29-08-2011**
 APT BLK 167B SIMEI LANE #11-16
 SINGAPORE 522187
 NRIC No: **S8104788Z** Date: **17/04/2017**




CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form X1

CERTIFICATE NUMBER : MP307702

Type of Coverage : Comprehensive

Own Damage Excess : SGD600.00

Sum Insured : Market Value

Windscreen Excess : SGD100.00

- | | |
|--|-------------------|
| 1. Index Mark and Registration Number of Vehicle | SJY9292P |
| Chassis Number of Vehicle | WDD1173422N652534 |
| 2. Name of Policyholder | LI, JINHONG |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 30 Jun 2018 |
| 4. Date of Expiry of Insurance | 29 Jun 2019 |
| 5. Persons or Classes of Persons entitled to drive* | |
| 01. LI, JINHONG | 02. N/A |
| 03. N/A | 04. N/A |
| 05. N/A | 06. N/A |

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business or profession. The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Please note that the Own Damage Excess will be halved if claims related repairs are done at HL Assurance Approved Workshops listed in the attached.

This Certificate is not transferable to a new owner of the Motor Vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to HL Assurance Pte. Ltd. Within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

Hire Purchase Company : Malayan Banking Berhad (Maybank)

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

HL ASSURANCE PTE. LTD.

Authorized Signature

Issue on: 30 Jun 2018

SINGAPORE ACCIDENT STATEMENT

- the details of the accident to speed up the claims process.
completed by the Policyholder and/or the Authorised Driver,
provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to
policy ability.
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	19/07/2018 10:43
Date Of Accident	18/07/2018 16:10
Exact Location Of Accident	ALONG MEDICAL DRIVE IN FRONT OF MEDICINE MD 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY9292P
Insured/Policyholder	
Name Of Registered Owner	LI JIN HONG
NRIC No	S8104788Z
Email Address	MAVERICKLI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90690053
Alternative Phone No	OFFICE-90690053
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180 AMG LINE
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP307702
Cover Note Number	
Driver	
Name of Driver	LI JIN HONG
NRIC No	S8104788Z
Date Of Birth	19/02/1981
Occupation	INDOOR
Date Of Driving Pass	19/10/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90690053
Fax Number	
Contact Number	OFFICE-90690053
EMail Address	MAVERICKLI@HOTMAIL.COM

stacey.ing @ axa - can - y

Address	BLK 167B SIMEI LANE #11-16
Postcode	522167
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?	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	PAYA LEBAR NPP
Police Station Address	ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 , 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 Sketch plan and police report

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	QX4894H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Accident 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

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



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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

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:

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



**SINGAPORE
POLICE FORCE**



T/20180718/2121

1 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20180718/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2018 17:32	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: LI JINHONG			Address: APT BLK 167B SIMEI LANE #11-16 SINGAPORE 522167	
ID Type / ID No.: NRIC NO / S8104788Z			Contact No.: Home/Office: Mobile: 90690053	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 19/02/1981	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Real Estate Consultant			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 18/07/2018 16:10	Type of Location: Slip Road
Location: Along Road 1 MEDICAL DRIVE In Front of Medicine MD 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
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
QX4894H	Car	MAZDA	323 S M ABS	White	Slightly Damaged	0
SJY9292P	Car	MERCEDES BENZ	CLA180 AMG LINE AUTO	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY9292P	HL ASSURANCE PTE. LTD	MP307702	30/06/2018	29/06/2019



**SINGAPORE
POLICE FORCE**



T/20180718/2121

2 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20180718/2121

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANAQI BIN ANZARI	ID No.	S9519042A
Related Vehicle	QX4894H (Car)	Contact No.	97114906
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	LI JINHONG	ID No.	S8104788Z
Related Vehicle	SJY9292P (Car)	Contact No.	90690053
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 18/07/2018 at about 1610hrs, I was driving along the slip road of medical drive and I was exiting and stopped at the pedestrian crossing as there was a male subject at the crossing. However he did not cross the road so I decided to continue driving but before moving off I felt an impact coming from my rear. I exited my vehicle and observed that a police car had bumped into my rear. The officer came out and apologize and asked whether I was injured and whether my vehicle is intact. Both of us started to take photos of the accident and exchanged particulars. After the formalities I checked with the officer how am I to proceed with the claims. The officer called someone to inform about the accident.

The officer handed over to me a Annex A (NP122) and told me to call the number on the paper to facilitate the procedures and I was informed to lodge a traffic accident report after making the phone call. There is CCTV installed in my vehicle in the front and back. The officer reassured me that I will be able to make claims. That is all.



**SINGAPORE
POLICE FORCE**



T/20180718/2121

3 of 3

Report No. T/20180718/2121

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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 KANG YONG LER, JAMESON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2018 17:32

Officer In Charge Of Case:

TP / DDGVT /

Sr Staff Sgt CHONG GUAN FATT

Contact No: 65476198

Classification Of Case:

Authentication Stamp

NP168

SN 005

Signature:

Singapore Police Force



TTS EUROCARS pte ltd

A member of the TTS Motor Group

383 Sin Ming Drive, TTS Centre, S'pore 575717
Tel : 67572622 Fax : 67411626

To	DATE	19/7/2018
Attn	Claims Officer	TP CLAIM
CC	1595	VEH NO SJY9292P
YEAR	2018	C/NO NO WDD1173422N652534
MODEL	MERCEDES BENZ CLA180 AMG LINE AUTO	PAGE 1 OF 1

QUOTATION

S/NO	PARTS	QTY	PRICE
1	Rear Bumper	1	\$ 1,980.00
2	Rear Lower Bumper	1	\$ 540.00
3	LH Tail Lamp	1	\$ 980.00
4	RH Tail Lamp	1	\$ 980.00
5	Rear Bumper Retainer LH	1	\$ 48.00
6	Rear Bumper Retainer RH	1	\$ 48.00
7	Rear Bonnet	1	\$ 1,900.00
8	Rear Bonnet Mercedes Star Logo	1	\$ 66.00
9	Rear Bonnet "CLA 180" Chrome Ornament	1	\$ 115.00
10	Rear Bonnet Hinge LH	1	\$ 180.00
11	Rear Bonnet Hinge RH	1	\$ 180.00
SUB-TOTAL			\$ 7,017.00
DISCOUNT 10%			\$ 701.70
SUB-TOTAL			\$ 6,315.30

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during recovery
- These prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Naz LKK

27/7/18 1730

P/P

3 days

BEFORE PAINT PHOTO

6741 8434
Naz @ lkkauto.com



TTS EUROCARS pte ltd

A member of the TTS Motor Group

383 Sin Ming Drive, TTS Centre, S'pore 575717
Tel : 67572622 Fax : 67411626

To		DATE	19/7/2018
Attn	Claims Officer		TP CLAIM
CC	1595	VEH NO	SJY9292P
YEAR	2018	C/NO NO	WDD1173422N652534
MODEL	MERCEDES BENZ CLA180 AMG LINE AUTO	PAGE	1 OF 1

QUOTATION

S/NO	NETT ITEMS	QTY	PRICE
1	CLIPS	8	\$ 76.00
2	Rear Parking Sensor	6	\$ 1,320.00
3	Parking sensor O-ring	6	\$ 57.00
SUB-TOTAL			\$ 1,453.00

acc
SVC
SVC



TTS EUROCARS pte ltd
A member of the TTS Motor Group

383 Sin Ming Drive, TTS Centre. S'pore 575717
Tel : 67572622 Fax : 67411626

QUOTATION

VEH NO SJY9292P

PAGE 2 OF 2

	LABOUR			
1	TO CUT, WELD, REPLACED ACCIDENT DAMAGE PARTS, ALIGNMENT AND CHECK ALSO TO KNOCKOUT & STRAIGHTEN - ACCIDENT DENTED PORTION SO AS TO REMOVE & REPLACE ACCIDENT AND REPLACED DAMAGED PARTS.	1	\$ 400 2,080.00	1560 too high
2	TO PUTTY, SAND DOWN & SPRAY PAINT ACCIDENT AFFECTED PORTION FACILITATE FOR THE REPAIR	1	\$ 400 700.00	
3	TO REMOVE AND REFIT REVERSE SENSOR ASSY.	1	\$ 180.00	60
4	TO CHECK WIRING AND LIGHTING OPERATION.	1	\$ 120.00	20
	LABOUR-TOTAL		\$ 3,080.00	
	GRAND TOTAL		\$ 10,848.30	
	GST 7%		\$ 759.38	
	GRAND TOTAL		\$ 11,607.68	

REMARK THIS QUOTE IS ONLY AN ESTIMATE FOR REPAIR, SHOULD ANY ADDITIONAL PARTS OR
LABOUR INCURRED, WE WILL INFORM YOU ACCORDINGLY PRIOR BEFORE WE PROCEED.



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				
AUTOMOTIVE ENGINEERING & MGT DIVISION		Ref : CS3/SPF18013419/Nqd3e2-1		
ACCIDENT CLAIM SECTION (SPORE POLICE FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMYSINGAPORE 298333 ATTN : HAFIZUL FARHAN		Date : 10-05-2019		
		Code : SPF		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	QX 4894H	Veh. Inspected	SJY 9292P	
Policy No.		Coverage (\$)	0.00	
Claim No.	AEMD/105/009/2018/089	Excess (\$)	0.00	
Assign From	HAFIZUL FARHAN	Assign Date	27/03/2019	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ CLA180	c.c	1595	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	WDD1173422N652534	Colour	WHITE	
Odometer	1246	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/40 R18	DUNLOP	7 mm	
L/H Front Tyre	225/40 R18	DUNLOP	7 mm	
R/H Rear Tyre	225/40 R18	DUNLOP	7 mm	
L/H Rear Tyre	225/40 R18	DUNLOP	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/07/2018	Inspection Date	27/07/2018	
Survey held at	TTS EUROCARS PTE LTD 383 SIN MING DRIVE TTS CENTRE SINGAPORE 575717			
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:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJY 9292P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	BENT	1,980.00	1,980.00
1	REAR LOWER BUMPER	WARPED	540.00	540.00
1	LH TAIL LAMP	SERVICEABLE	980.00	-
1	RH TAIL LAMP	SERVICEABLE	980.00	-
1	REAR BUMPER RETAINER LH	SERVICEABLE	48.00	-
1	REAR BUMPER RETAINER RH	SERVICEABLE	48.00	-
1	REAR BONNET	TO REPAIR SEE LABOUR	1,900.00	-
1	REAR BONNET MERCEDES STAR LOGO	NOT NECESSARY	66.00	-
1	REAR BONNET "CLA 180" CHROME ORNAMENT	NOT NECESSARY	115.00	-
1	REAR BONNET HINGE LH	SERVICEABLE	180.00	-
1	REAR BONNET HINGE RH	SERVICEABLE	180.00	-
	LESS 10% DISCOUNT		-701.70	-252.00
			6,315.30	2,268.00
<u>SPECIAL NETT ITEMS</u>				
8	CLIPS (SN)	NECESSARY	76.00	76.00
6	REAR PARKING SENSOR (SN)	SERVICEABLE	1,320.00	-
6	PARKING SENSOR O-RING (SN)	SERVICEABLE	57.00	-
			1,453.00	76.00
<u>LABOUR</u>				
	TO CUT, WELD, REPLACED ACCIDENT DAMAGE PARTS, ALIGNMENT AND CHECK ALSO TO KNOCKOUT & STRAIGHTEN - ACCIDENT DENTED PORTION SO AS TO REMOVE & REPLACE ACCIDENT AND REPLACED DAMAGED PARTS.		2,080.00	1,560.00
	TO PUTTY, SAND DOWN & SPRAY PAINT ACCIDENT AFFECTED PORTION FACILITATE FOR THE REPAIR.		700.00	700.00
	TO REMOVE AND REFIT REVERSE SENSOR ASSY.		180.00	60.00
	TO CHECK WIRING AND LIGHTING OPERATION.		120.00	20.00
			-	-
			-	-
			3,080.00	2,340.00
GRAND TOTAL			10,848.30	4,684.00
RECOMMENDED COST OF REPAIRS				4,684.00

Report Ref No. CS3/SPF18013419/Nqd3e2-1



Report Ref No. CS3/SPF18013419/Nqd3e2-1

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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