

CC3 / ms919005760 / USD302

(03/11/13) wef

REF:

MS16

ASS. REC PY: MARCH

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

H7A9001

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time Action / Instruction

3 mth plus net 2799

11/4/19 4/5 @ 2500 confirmed with Ahs.
 (\$ 6,138.70 Red - 71%)

Veh No:

SJR96455

Regn:

24/7/09

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

Truck / Trailer or

CA7

Make:

KIA Sportage c.c

1975

Colour

S. he

A/C: Insured / Std / NI / NA

Sp. Reading

115030

T/Radio: Insured / Std / NI / NA

Eng/No:

KNAKH812MA7672719

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/60R16

R:

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

TOYO / YOKO or

road stone

Front

Rear

R/Bal.

R/Bal.

mm

mm

L/Bal.

L/Bal.

mm

mm

D.O.A.

D.O.I.

29/3/19

4/4/19

Survey held at

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

O/S R/L

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

[Signature]
 12/4/2019

RECEIVED 12 APR 2019

Date/Time, File Pass to?

12/04/19

☐ : Prel. Report☒ : Final Report1) Typist
Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

) S + RS, SI

) Photos

) Others

TOTAL

150
10
160

Report Format :

Lump Sum / I.B.I. (\$) 2,500/- Hs)

View Sent Message

This mail is associated with :

***SJR96455**
[SMD3339D]

TP
JADEN KOH YANG PONG
Mar 29 2019 10:00AM
[WANG JIAMIN]
Fastech Auto Pte Ltd

[Resend](#) [View Recipients](#) [Print Message](#) [Delete Message](#) [Forward](#)

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 03/04/2019 14:43 PM.
To flevel_foo@sg.msg-asia.com
CC sur@lkkauto.com
Subject SJR96455 [SMD3339D] TP

Dear Fievel,

Please be informed that we have inspected the vehicle SJR 96455 on 01/04/2019.

We are pending estimate from repairer.

Thank you.
Best Regards,
Shirley Hiew | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

DOCUMENTS SUMMARY

There are no documents.

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, 2 April 2019 4:12 PM
To: eileen_ang@sg.msig-asia.com; Fievel_Foo@sg.msig-asia.com
Cc: yiqian_low@sg.msig-asia.com; KKLau; SUR; Accounts (LKKAuto)
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - FASTECH AUTO PTE LTD, DOA:
29/03/2019, SJR 9645S (TP VEHICLE), SMD 3339D (OI VEHICLE)
Attachments: TP GIA & Police REPORT.PDF

Dear Eileen/Fievel,

Please be informed that we had inspected the vehicle SJR 9645S at M/s: FASTECH AUTO PTE LTD, 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883 on 01/04/2019.

Enclosed herewith a copy of TP's GIA report & Police Report Statement. The estimated cost of repair will forward to you shortly.

Meanwhile, kindly provide us the claim reference number for our necessary action.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

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

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 4735B

Vehicle Details

Vehicle No.: SJR9645S

Vehicle to be Exported: No

Intended Deregistration Date: 01 Apr 2019

Vehicle Make: KIA

Vehicle Model: SPORTAGE 2.0L AT ABS D/AIRBAG 2WD 5DR

Primary Colour: Silver

Manufacturing Year: 2009

Engine No.: G4GC9H634054

Chassis No.: KNAKH812MA7672719

Maximum Power Output: 104.0 kW (139 bhp)

Open Market Value: \$17,071.00

Original Registration Date: 24 Jul 2009

First Registration Date: 24 Jul 2009

Transfer Count: 2

Actual ARF Paid: \$16,964.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 23 Jul 2019

PARF Rebate Amount: \$8,482.00

Intended COE Rebate Details

COE Expiry Date: 23 Jul 2019

COE Category: B - Car (1601cc & above)

COE Period(Years): 10

QP Paid: \$7,740.00

COE Rebate Amount: \$519.00

Total Rebate Amount: \$9,001.00

The information contained herein is correct as at 01 Apr 2019

OK

Date of Accident : ⁰³ 29/04/19 Accident Time: 10:10 hrs (24-HR-Format)
Accident Place : Upper Thomson rd Beside Thomson Plaza
Vehicle No. (Car Plate No.) : SJR 96455 Make/Model: Kia Sportage
Insurance Company : TM. Policy No: MT104780.
Owner or Company Name / IC No. : 38204735B Jaden Koh Yung Dong
Owner or Company Contact No. : 98428878 Owner's Hp : 9888878 Company Tel :
DRIVER'S Name / IC No. : S11156242F Koh Ming Chee
DRIVER'S Date Of Birth : 08/08/1955 DRIVER'S License Pass Date : 31/05/1973
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : B 913 Lorong 1 Tanjong #19-03
DRIVER'S Contact No./ Alt No. : 1) 96660866 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver & 1 Passenger.
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Both Driver & Passenger: Neck

Other Party Driver's Particular (If any)

Back Pass.

Vehicle No: <u>SHD339D (myli)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

HANI

Female

Appl

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:

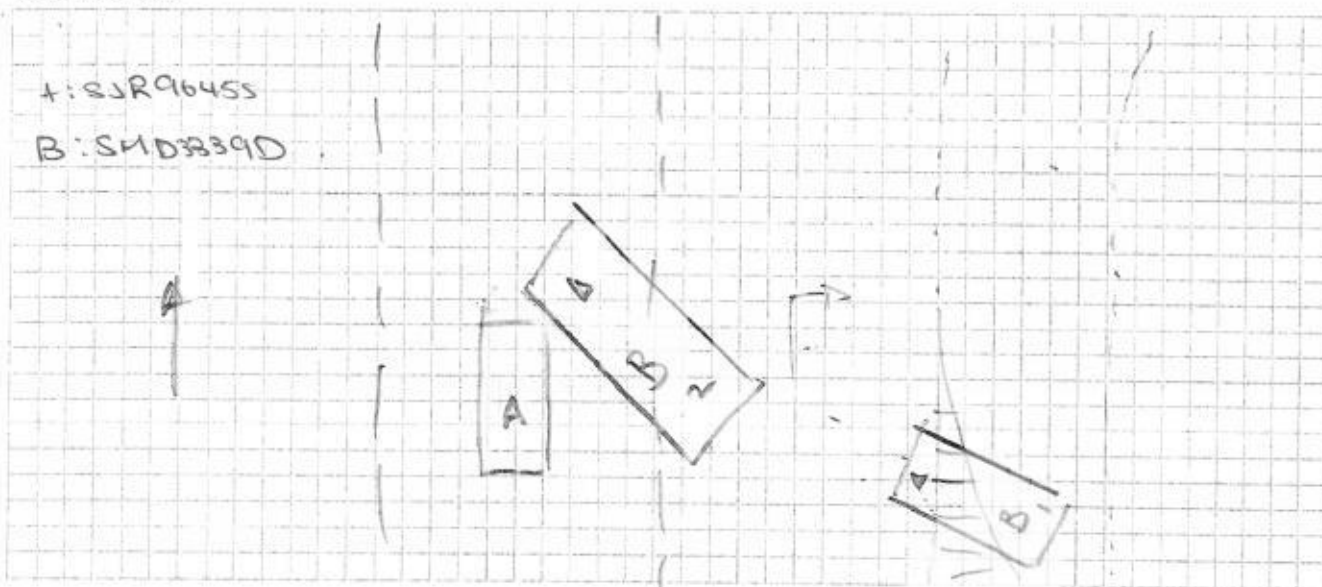
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20190329/2214

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20190329/2214

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2019 21:32	Vide Report No.:	Station Diary No.: 171
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Informant's Particulars

Name of Informant: KOH MING CHEE			Address: APT BLK 913 LORONG 1 TOA PAYOH #19-03 SINGAPORE 319772		
ID Type / ID No.: NRIC NO / S1156242F			Contact No.: Home/Office: Mobile: 96660866		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 08/08/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/03/2019 10:10	Type of Location: Straight Road
Location: Along Road 1 UPPER THOMSON ROAD BESIDE THOMSON PLAZA				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR9645S	Car	KIA		Silver	Slightly Damaged	1
SMD3339D	Car	VOLKSWAGO N		Red	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190329/2214

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 4

Report No. T/20190329/2214

CONTINUATION OF REPORT

Driver			
Name	KOH MING CHEE	ID No.	S1156242F
Related Vehicle	SJR9645S (Car)	Contact No.	96660866
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/03/2019	Date Discharge	29/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	HANI	ID No.	S2198040D
Related Vehicle	SJR9645S (Car)	Contact No.	98333995
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/03/2019	Date Discharge	29/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Fatal Slight

Brief Details.

On 29/3/19 at about 1005hrs, I am driving my car (SJR9645S) along Upper Thomson Road with my wife. When I was approaching Thomson plaza along Upper Thomson Road, suddenly a car (SMD3339D) made an abrupt left lane change, moving 2 lanes to the left from the turn right lane and appeared before my car and before continuing to drive past the double white line, and intending to turn left into Thomson Plaza. As a result, I was unable to brake my car on time, and had hit onto the left rear passenger door of her car.

I had alighted my car and took photo of both her car and my car, and noticed that my front bumper was cracked, while her left rear passenger door was dented. I also noticed the driver to be a female driver, however we didn't manage to exchange any particulars. I immediately called for ambulance, and was conveyed to Tan Tock Seng Hospital through the ambulance.

I felt pain on my neck and back, and was injected with painkiller by the doctor. My wife had strained her neck, and also felt pain on her back. She also felt giddy afterwards.

I am given 5 days of MC whereas my wife is given 3 days of MC.

I doesn't have any in car camera, however I had my phone faced in front on the road on recording mode to record my whole driving journey.



**SINGAPORE
POLICE FORCE**



T/20190329/2214

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20190329/2214

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190329/2214

4 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190329/2214

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:

E /

Staff Sgt NOORNAZREEN BINTE ABULHASAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2019 21:32

Officer In Charge Of Case:

TR / GIT /
SINGAPORE
2nd DEPT MING CAI
Contact No.: 65476960

SN 168

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	01/04/2019 16:48
Date Of Accident	29/03/2019 10:10
Exact Location Of Accident	UPPER THOMSON RD BESIDE THOMSON PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9645S
Insured/Policyholder	
Name Of Registered Owner	JADEN KOH YANG PONG
NRIC No	S8204735B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98488878
Alternative Phone No	OFFICE-98488878

Vehicle Particulars

Manufacturer	KIA
Model	SPORTAGE 2.0L AT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MT104780
Cover Note Number	-

Driver

Name of Driver	KOH MING CHEE
NRIC No	S1156242F
Date Of Birth	08/08/1955
Occupation	INDOOR
Date Of Driving Pass	31/05/1973
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96660866
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 913 LORONG 1 TOA PAYOH #19-03
Postcode	319772
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : HANI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD3339D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOH MING CHEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJR9645S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HANI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJR9645S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA 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

SKETCH PLAN

A: SJR96455

B: SMDB390



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police.

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190329/2214

1 of 4

Report No. T/20190329/2214

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2019 21:32		Vide Report No.:		Station Diary No.: 171	
Informant's Particulars					
Name of Informant: KOH MING CHEE		Address: APT BLK 913 LORONG 1 TOA PAYOH #19-03 SINGAPORE 319772			
ID Type / ID No.: NRIC NO / S1156242F		Contact No.:		Mobile: 96660866	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 63	Date of Birth: 08/08/1955	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/03/2019 10:10	Type of Location: Straight Road
Location: Along Road 1 UPPER THOMSON ROAD RESIDE THOMSON PLAZA				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR9645S	Car	KIA		Silver	Slightly Damaged	1
SMD3339D	Car	VOLKSWAGO N		Red	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190329/2214

2 of 4

Report No. T/20190329/2214

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	KOH MING CHEE	ID No.	S1156242F
Related Vehicle	SJR9645S (Car)	Contact No.	96660866
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/03/2019	Date Discharge	29/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	HANI	ID No.	S2198040D
Related Vehicle	SJR9645S (Car)	Contact No.	98333995
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/03/2019	Date Discharge	29/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Fatal Slight

Brief Details.

On 29/3/19 at about 1005hrs, I am driving my car (SJR9645S) along Upper Thomson Road with my wife. When I was approaching Thomson plaza along Upper Thomson Road, suddenly a car (SMD3339D) made an abrupt left lane change, moving 2 lanes to the left from the turn right lane and appeared before my car and before continuing to drive past the double white line, and intending to turn left into Thomson Plaza. As a result, I was unable to brake my car on time, and had hit onto the left rear passenger door of her car.

I had alighted my car and took photo of both her car and my car, and noticed that my front bumper was cracked, while her left rear passenger door was dented. I also noticed the driver to be a female driver, however we didn't manage to exchange any particulars. I immediately called for ambulance, and was conveyed to Tan Tock Seng Hospital through the ambulance.

I felt pain on my neck and back, and was injected with painkiller by the doctor. My wife had strained her neck, and also felt pain on her back. She also felt giddy afterwards.

I am given 5 days of MC whereas my wife is giver 3 days of MC.

I doesn't have any in car camera, however I had my phone faced in front on the road on recording mode to record my whole driving journey.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190329/2214

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No: T/20190329/2214

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190329/2214

4 of 4

Report No. T/20190329/2214

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Staff Sgt NOORNAZREEN BINTE ABULHASAN

Signature Of Informant:

for

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2019 21:32

Officer In Charge Of Case:

SN 168



TR / G1 /

26001 MING CAI

Contact No.: 65478960

Authentication Stamp

NP158

SIGNATURE

Classification Of Case:

FASTECT AUTO PTE LTD
BLK1 KAKI BUKIT AVE 6
#01-46,48,50 AUTOBAY
SINGAPORE 417883

Not Referral
hhr
L/S #2500
1/4/9
3 Lg.

VEHICLE NO: SJR 9645S

QTY	PARTICULAR		
1 PCS	FRONT BUMPER	865.00	O/S/Toa \$1,455.20
1 PCS	FRONT BUMPER SIDE HOLDER O/S	45.00	Self \$66.50
1 SET	FRONT BUMPER CLIPS		Self \$50.00
1 PCS	FRONT BUMPER FOG LAMP O/S		11 \$385.00 X
1 PCS	FRONT BUMPER FOG LAMP COVER O/S		11 \$166.00 X
1 PCS	HEADLAMP O/S	850	one \$1,850.00
1 PCS	FRONT FENDER O/S		2 \$766.00 X
1 PCS	FRONT FENDER OUTER PROTECTOR O/S	420	Toa \$585.00
1 PCS	FRONT FENDER INNER SHIELD O/S	184	Toa \$305.00
1 SET	FRONT FENDER INNER SHIELD CLIPS O/S		Self \$50.00
1 PCS	FRONT SPORT RIM O/S		Self \$850.00 X
			\$6,528.70
	LABOUR CHARGES:		
	TO CHECK WIRING		\$50.00 20
	TO CONDUCT WHEEL ALIGNMENT		\$120.00 80
	TO REFILL AIR CON GAS		11 \$120.00 X
	TO SPRAY RUST PROOFING		11 \$60.00 X
	LABOUR FOR PANEL BEATING & REPLACING PARTS		\$680.00 320
	TO PUTTY & SPRAY PAINTING		\$1,080.00 500
			TO \$8,638.70

(170)

I/We, the Customer, hereby notify the Repairer of the following:

- The repair estimate (cost) is binding
- The vehicle is to be repaired during the repair period
- The vehicle is to be repaired to original condition
- The repair is carried out on a "Without Prejudice" basis
- The repairer is not to be held liable for any damage to the vehicle
- The repairer is not to be held liable for any damage to the vehicle
- The repairer is not to be held liable for any damage to the vehicle

Acknowledged by Repairer:

Signature:

Date:

P-2465
22/8.50
3138.50

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/MSG19005760/USD3N2

Date: 15/04/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A29091006AVW
Claimant	SJR9645S	Insured Vehicle No :	SMD3339D
Vehicle No :		Nature of Claim:	TP
Date of Loss:	29/03/2019	Claim No:	589377

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJR9645S	Engine No:	G4GC9H634054
Make & Model:	KIA SPORTAGE, 2.0 ABS (A)	Chassis No:	KNAKH812MA7672719
Reg. Date:	24/07/2009 (Man. Year: 2009)	Odometer:	115030 km
Colour:	Silver		
Engine Capacity:	1975 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	235/60R16	Rear Tyre Size:	235/60R16
Front Left Side:	Roadstone 6 mm	Rear Left Side:	Roadstone 6 mm
Front Right Side:	Roadstone 6 mm	Rear Right Side:	Roadstone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	6,528.70	2,218.50	4,310.20	66.02
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,110.00	920.00	1,190.00	56.40
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	8,638.70	3,138.50	5,500.20	63.67
Approved Total (Overridden) (S\$)		2,500.00		
(S\$)	8,638.70	2,500.00	6,138.70	71.06
+ GST 7.00/7.00% (S\$)	604.71	175.00	429.71	71.06
Nett Amount (S\$)	9,243.41	2,675.00	6,568.41	71.06

INSPECTION

Date of Assignment: 03/04/2019

Date Inspected: 01/04/2019 Inspected At:

Fastech Auto Pte Ltd (HQ)
1 Kaki Bukit Ave 6, #01-46/48/50
Autobay
Singapore 417883

Estimated Period of Repair: 3.0 days

Adjuster: MARCUS CHUA

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 15 Apr 2019)
Parts:	M1-SUV	KIA SPORTAGE 2.0 ABS (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJR9645S)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Distorted/Torn	1,455.20 F	*865.00 FL
2	1		*FRONT BUMPER SIDE HOLDER O/S	Bent	66.50 F	*45.00 FL
3	1		*SET FRONT BUMPER CLIPS	Necessary	50.00 F	*50.00 FL
4	1		*FRONT BUMPER FOG LAMP O/S	Not Necessary	385.00 F	*- FL
5	1		*FRONT BUMPER FOG LAMP COVER O/S	Not Necessary	166.00 F	*- FL
6	1		*HEADLAMP O/S	Cracked	1,850.00 F	*850.00 FL
7	1		*FRONT FENDER O/S	Repair	766.00 F	*- FL
8	1		*FRONT FENDER OUTER PROTECTOR O/S	Torn	585.00 F	*420.00 FL
9	1		*FRONT FENDER INNER SHIELD O/S	Torn	305.00 F	*185.00 FL
10	1		*SET FRONT FENDER INNER SHIELD CLIPS O/S	Necessary	50.00 F	*50.00 FL
11	1		*FRONT SPORT RIM O/S	Serviceable	850.00 F	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	6,528.70	2,465.00
- List Item Discount on L Items 0.00/10.00% (\$\$)	0.00	246.50
Total Parts (\$\$)	6,528.70	2,218.50

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO CHECK WIRING	New	50.00	20.00
2	TO CONDUCT WHEEL ALIGNMENT	New	120.00	80.00
3	TO REFILL AIR CON GAS	New	120.00	0.00
4	TO SPRAY RUST PROOFING	New	60.00	0.00
5	LABOUR FOR PANEL BEATING & REPLACING PARTS	New	680.00	320.00
6	TO PUTTY & SPRAY PAINTING	New	1,080.00	500.00
Gross Labour Cost (S\$)			2,110.00	920.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >