

REF: CS1/IPC19006022/5 vd35v

Special Instruction:

L/S: \$10,100.00

ASSIGNMENT (Office)

From (Person): Gerald Poh of hpc Date/Time: 04/04/2019

Third Parties:

Estimated Cost: _____ Bill to: _____

Claimant:

OD/TP Re-inspection // Evaluation

Surveyor: Impact Analysis consultant

Workshop: Sincere Lead Automotive

To Inspect Vehicle No: S14 22884

Insured: SLD 57864

at Workshop m/s Sincere Lead

Tel: 6734 1869

of 38 woodlands Ind. Park Fl #05-16

Policy No:

Claim No: 18/19/19/vpos/02/305

Sum Insured:

Excess:

Make of Veh:

D.O.A. 08/01/2019

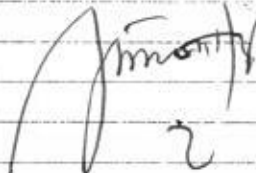
(Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original ⁺ _____ days)

Date/Time: 11/4/19 Submit Final Fig L8 5350, 4 days (Red \$ 4750 / 47 %; Original days)

Date/Time	Action/Instruction
	8422884-X
	8457864-X
	RECEIVED 11 APR 2019
	 2 10/4/2019

RECEIVED 11 APR 2019

10/4/2019

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

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

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date: _____

Basic & Add	
Transport	
Photos	
Others	
Total	

1) Date/Time 11/4 - tybist File Pass to

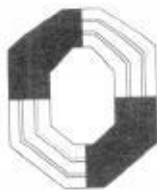
2) Date/Time File Return to

3) Date/Time _____ File Pass to _____

4) Date/Time File Return to

5) Date/Time _____ File Pass to _____

6) Date/Time File Return to



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 18/19/19/VP05/021305

Your Ref : Not advised

3 April 2019

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

Dear Sirs/Madam

PAPER SURVEY OF SJU2288U

We refer to the above matter.

Please advise if a pre-repair survey was conducted. If not, please proceed to conduct a paper survey.

We enclose the following documents :-

- a) Survey report & photos of SJU2288U
- b) GIA report SJU2288U
- c) GIA report and photos of SLD5786U

Kindly study the documents and let us have your report by 16 April 2019.

Yours faithfully

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

8551A/2019
PI
- correct do
- correct

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 09/01/2019 15:21
Date Of Accident 08/01/2019 08:35
Exact Location Of Accident TPE TOWARDS PIE NEAR PUNGGOL / SENGKANG EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU2288U
Insured/Policyholder
Name Of Registered Owner J N RIDE
Co Reg No 53357176J
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96477666
Alternative Phone No OFFICE-96477666

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model GLA180 URBAN (R18 LED)

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5094729795-01
Cover Note Number

Driver

Name of Driver TAN XIUQING, NATALIE (CHEN XIUQING, NATALIE)
NRIC No S8240901G
Date Of Birth 19/11/1982
Occupation OUTDOOR
Date Of Driving Pass 01/07/2003
Driving Experience 15 YEARS AND 6 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-96477666
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 318 BUKIT BATOK STREET 32 #07-159
 Postcode 650318
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 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 (including own vehicle) involved in the accident 2
 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 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 SLD5786U
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver CHAN CHUN FOON
 NRIC/Passport Number S8371638Z
 Contact Number 84449348
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN XIUQING, NATALIE (CHEN XIUQING, NATALIE)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJU2288U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 in the centre and to copies of the report being made and made available.
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 claim;
 - (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 situated 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:
NIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A) 5J022884
B) 610578611

71E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/2019008/7016

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:

[Handwritten signature]

Reporting Centre Personnel's Signature
Name:
ABICOM No.:

lai

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6, Raffles Quay #02-03 Singapore 048583
 Tel: (65) 6224 0010 Fax: (65) 6224 0280
 Operating Hours: Monday to Friday, 09:00 – 17:00
 100% authorised / SAT Reg. No.: MA00017745

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: MYT319003956 Vehicle Registration No: SJU2288U
 Name (as shown on NRIC): SEH XIAOQING, NATALIE (CHEN XIAOQING, NATALIE) NRIC/FIN/Passport No: S8240001G
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 318 BUKIT BATOK STREET 32 #07-159 Singapore (650318)
 Contact (Tel): _____ Mobile No.: 95477868
 Email Address: _____
 Date of Accident: 08/01/2019 Time of Accident: 08:35
 Place of Accident: TPE TOWARDS PIE NEAR PUNGGOL / SENGKANG EXIT
 Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE 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:

Attached amended police report

Policyholder / Driver's Signature
 Date: 10/01/19



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



**SINGAPORE
POLICE FORCE**



T/20190109/7014

1 of 3

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

Report No. T/20190109/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2019 15:26	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: TAN XIUQING, NATALIE			Address: APT BLK 318 BUKIT BATOK STREET 32 #07-159 SINGAPORE 650318	
ID Type / ID No.: NRIC NO / S8240901G			Contact No.: Home/Office:	Mobile: 96477666
Nationality: SINGAPORE CITIZEN			Email: natalietanwg@gmail.com	
Sex: Female	Age: 36	Date of Birth: 19/11/1982	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Property agent			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/01/2019 08:40	Type of Location: Roundabout
Location: TPE to PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJU2288U	Car	MERCEDES BENZ	Gla 180	White		0
SLD5786U	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190109/7014

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

2 of 3

Report No. T/20190109/7014

CONTINUATION OF REPORT

Driver			
Name	TAN XIUQING, NATALIE	ID No.	S8240901G
Related Vehicle	SJU2288U (Car)	Contact No.	96477666
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/01/2019	Date Discharge	08/01/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Chan chun foon	ID No.	S8371638Z
Related Vehicle	SLD5786U (Car)	Contact No.	84449348
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.

Report No T/20190108/7016

Amendment of this report to be attach to this
As the MC for the reported person is wrong

SLD5786U bang the back of sju2288u along TPE to PIE



**SINGAPORE
POLICE FORCE**



T/20190109/7014

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20190109/7014

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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
09/01/2019 15:26

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	7176J
Vehicle Details	
Vehicle No.:	SJU2288U
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Apr 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	GLA180 URBAN (R18 LED)
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	27091031370364
Chassis No.:	WDC1569422J405150
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,747.00
Original Registration Date:	30 Oct 2017
First Registration Date:	30 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$25,846.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Oct 2027
PARF Rebate Amount:	\$19,384.00
Intended COE Rebate Details	
COE Expiry Date:	29 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,900.00
COE Rebate Amount:	\$36,741.00
Total Rebate Amount:	\$56,125.00

The information contained herein is correct as at 05 Apr 2019

OK

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	08/01/2019 13:47
Date Of Accident	08/01/2019 08:35
Exact Location Of Accident	TPE TWDS PUNGGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5786U
Insured/Policyholder	
Name Of Registered Owner	CHAN CHUN FOON
NRIC No	S8371638Z
Email Address	CHANCHUNFOON@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84449348
Alternative Phone No	OTHERS-84449348

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD-2.0 (A)

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 REPORTING ONLY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z18VP05019019
Cover Note Number	

Driver

Name of Driver	CHAN CHUN FOON
NRIC No	S8371638Z
Date Of Birth	20/02/1983
Occupation	INDOOR
Date Of Driving Pass	23/01/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84449348
Fax Number	
Contact Number	OTHERS-84449348
Email Address	CHANCHUNFOON@HOTMAIL.COM

Address	636B SENJA ROAD #11-329
Postcode	672636
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 (including own vehicle) involved in the accident	2
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

AS PER SKETCH PLAN ATTACH.

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	SJU2288U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96477666
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



A - SLD 5786 U

B - SJU 2288 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8th Jan'19 at 8.37am along TPE highway towards Rungel,
I had accidentally hit onto my front car's back bumper. It was slow
traffic and I failed to step brake due to my foot stuck on foot pedal.
Causing front car SJU 2288 U's back bumper square shape dent on the
left.

☐ claim OD / TP at Falcon-Air ☐ claim OD / TP Own W/shop ☒ Reporting Only


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/ID No.:

Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8371638Z



CHAN CHUN FOON

陳震歡

Race
CHINESE
Date of birth 20-02-1983 M
Country of birth
HONG KONG

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8371638Z

CHAN CHUN FOON

Birth Date 20 Feb 1983
Issue Date 23 Jan 2009



NRIC No. S8371638Z



Date of issue
11-01-2008

APT BLK 636B SENJA ROAD #11-329
SINGAPORE 672636

NRIC No. S8371638Z

Date 14/09/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 23 Jan 2009



Licence No: S8371638Z

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #11-00 Singapore 041600
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 12:00
 UEN: S60590206 / GST Reg. No.: M400917735

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: 1179 319003271 Vehicle Registration No: SLD57864
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No.: _____
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 84449348
 Email Address: _____
 Date of Accident: 8/1/2019 Time of Accident: 08:35
 Place of Accident: TPE Twinkl Aungmye
 Insurance Company: Longac / NS

(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:

Date accident should be
8/1/2019

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 911/19
 Date:

SINCERE LEAD AUTOMOTIVE

38 Woodlands Industrial Park E1 #05-16 Singapore 757700

Tel: 6734 1869 Fax: (65) 6267 7949

Email: sincerelead@hotmail.com

Date: 22/2/2019

Name: J N Ride

Address: c/o SINCERE LEAD AUTOMOTIVE
38 Woodlands Industrial Park E1
#05-16 SINGAPORE 757700

Final repair bill for SIU2288U Mercedes Benz GLA180

Cost of repair

\$ 10,100.00

Dollars: Ten Thousand One Hundred Only.

Our reference: 19-1-8114
Date: 22/2/2019

INVOICE NO. 8114

J N Ride
c/o Sincere Lead Automotive
38 Woodlands Industrial Park E1
#05-16
Singapore 757700

Registration No. **SJU2288U**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 624.00
Total amount			<u>\$ 624.00</u>

Please kindly cross all cheques made payable to "Impact Analysis Consultant".

We thank you in anticipation for your prompt payment.



L. L. Tan (Ms)
Principal Consultant

Our reference: 19-1-8114

Date: 22/2/2019

c/o Sincere Lead Automotive
38 Woodlands Industrial Park E1
#05-16
Singapore 757700

Dear Sirs

RE: Road Traffic Accident on 8/1/2019
J N Ride

In accordance with your instructions received in this office on 15/1/2019, we made arrangements to examine the vehicle on 15/1/2019 at above-mentioned address. The following data was recorded:

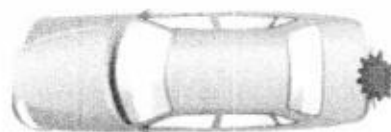
Vehicle details

Make	Mercedes Benz	Registration	SJU2288U
Model	GLA180	Chassis	WDC1569422J405150
Colour	White	Gearbox	Auto
Odometer	28911km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

Tyre Depths

Front left	235/50R18	90% Yokohama
Front right	235/50R18	90% Yokohama
Rear left	235/50R18	90% Yokohama
Rear right	235/50R18	90% Yokohama

Impact Direction & Area of Damage:



Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of \$10,100.00 and 7 working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd
www.iaconsulting.sg.com

Our reference 19-1-8114

Date 22/2/2019

Page 2

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
List Items:				
Rear bumper Repair x \checkmark CRA Δ	1	deformed	1223.00	1223.00
Rear bumper side retainer @\$32.50 \checkmark WLC	2	necessary	65.00	65.00
Rear bumper side bracket @\$85.00 \checkmark nux	2	damaged	170.00	170.00
Rear bumper top chrome plate \checkmark nux \checkmark NEC Δ	1	deformed	205.60	205.60
Rear bumper reinforcement \checkmark DD	1	bent	632.00	632.00
Reverse sensor @\$188.00 \checkmark SCR	1	malfunction	940.00	188 376.00
Tail gate Repair x \checkmark nux \checkmark NEC Δ	1	bent/warped	1875.00	1875.00
Tail gate logo \checkmark nux \checkmark NEC Δ	1	necessary	52.00	52.00
Tail gate lock \checkmark SVC x	1	damaged	295.00	295.00
Tail gate emblem "GLA 180" \checkmark nux \checkmark NEC Δ	1	necessary	85.00	85.00
Tail gate reflector @\$560.00 \checkmark nux	2	lh cracked rh reuse	1120.00	560.00
Tail gate weatherstrip \checkmark nux	1	ripped	215.00	215.00
Tail lamp @\$721.50 \checkmark nux	1	2 LH holder damaged \checkmark PA-HH	1443.00	1443.00 - 721.50
Tail lamp panel @\$238.00 \checkmark nux	2	repair	476.00	0.00
Rear exhaust silencer \checkmark DD	1	bent	1275.00	1100 1275.00
Rear exhaust chrome tip @\$275.00 \checkmark SCR-LH	1	2 lh garzed rh reuse	550.00	180 275.00
Rear exhaust heat shield \checkmark DEF	1	crumpled	135.00	135.00
Rear bumper lower \checkmark DEF \checkmark CUT	1	deformed	556.00	440 556.00
Rear bumper chrome \checkmark DEF	1	deformed	875.00	875.00
Rear bumper inner centre rail \checkmark CRA	1	damaged	152.00	60 152.00
Rear bumper diffuser \checkmark SCR	1	deformed	555.00	250 555.00
Rear exhaust silencer mounting \checkmark CRA	1	distorted	75.00	75.00
Sub- Total cost			12969.60	11094.60
Percentage discount : 10%			1296.96	1109.46
Sub-Total costs for parts			11672.64	9985.14



Impact Analysis Consultant

Practicing Management Consultant (PMC) of SBACC
Approved Training Organisation (ATO) of Workforce Singapore

No.25 Kaki Bukit Road 4
#06-46 Synergy @KB
Singapore 41780
Hotline: 6385 1171

Our reference 19-1-8114

Date 22/2/2019

Special Nett Items:

Rear bumper clips	rec ✓	1 set	necessary	50.00	30	50.00
Sub-Total costs for parts				50.00		50.00

Parts Repair

Rear end panel		1	repair	752.30		0.00
Sub- Total costs				752.30		0.00
Total costs for parts				12474.94		10035.14

Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd
www.iaconsultingsg.com

Our reference 19-1-8114

Date 22/2/2019

Page 3

Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total	
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 45.00	23	\$ 1,035.00	400
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 850.00	500
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 80.00	X
Wiring and bulb checking	\$ 45.00	0.5	\$ 22.50	/
Remove and replace rear bumper reverse sensor & conduct distance safety setting.	\$ 45.00	1.7	\$ 76.50	30
Remove and replace rear exhaust system	\$ 45.00	1.7	\$ 76.50	50
*	-	-	\$ -	
Total labour cost			\$ 2,140.50	

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

14615.44

L/s \$3700/- 4days.



Our reference 19-1-8114

Date 22/2/2019

Section C: Summary Table of Total Repair Cost

Description		Cost	
Damaged Parts Assessment (See section A)		\$10,035.14	
Further discount		\$2,007.03	
	20%		
Recommended cost of parts		\$8,028.11	(1)
Labour Cost Calculation (See section B)		\$2,140.50	(2)
Total Repair Cost (Round off to hundred)		\$10,100.00	(1) + (2)

We would recommend a sum of \$10,100.00 and 7 working days for repair.
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)
B.Eng. (Hons, NUS)
Diploma. Mechanical Engineering
NTC-2 Automovite Technology
Sr.MIES, Institution of Engineers, Singapore (#20100091)
MATAI, Maryland Association of Traffic Accident Investigators
IAARS, International Association of Accident Reconstruction Specialists
PMC of Singapore Business Advisors & Consultants Council
ACTA Certified Trainer

Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd
www.iaconsultingsg.com



51 UBI AVE 1, #01/02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 6256 3561 FAX: (065) 6256 4315

Your Ref: 18/19/19/VP05/021305

Date: 15th April 2019

Our Ref: CS1/LPC19006022/Jvd3s2

M/s Lonpac Insurance Bhd

300 Beach Road

#17-04/07 The Concourse

Singapore 199555

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SJU 2288U
INSURED VEHICLE: SLD 5786U ACCIDENT DATE: 08/01/2019**

We thank you for your instruction on 04/04/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SJU 2288U from M/s Impact Analysis Consultant.
- b) Final Repair Bill of SJU 2288U from M/s Sincere Lead Automotive.
- c) Singapore Accident Statement of Vehicles SJU 2288U and SLD 5786U.
- d) Colour damaged vehicle photographs of SJU 2288U.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SJU 2288U
Make & Model	: Mercedes Benz GLA180
Year of Registration	: 2017
Chassis Number	: WDC1569422J405150
Engine Capacity	: 1595 cc

2. We recommend that the repairs of the entire damage require about 4 (Four) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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. SJU 2288U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CRACKED	1,223.00	1,223.00
2	REAR BUMPER SIDE RETAINER @ \$32.50	NECESSARY	65.00	65.00
2	REAR BUMPER SIDE BRACKET @ \$85.00	NOT NECESSARY	170.00	-
1	REAR BUMPER TOP CHROME PLATE	NECESSARY	205.60	205.60
1	REAR BUMPER REINFORCEMENT	DENTED	632.00	632.00
5	REVERSE SENSOR @ \$188.00	SCRATCHED 1PC ONLY	940.00	188.00
1	TAIL GATE	TO REPAIR SEE LABOUR	1,875.00	-
1	TAIL GATE LOGO	NECESSARY	52.00	52.00
1	TAIL GATE LOCK	SERVICEABLE	295.00	-
1	TAIL GATE EMBLEM "GLA 180"	NECESSARY	85.00	85.00
2	TAIL GATE REFLECTOR @ \$560.00	NOT NECESSARY	1,120.00	-
1	TAIL GATE WEATHERSTRIP	NOT NECESSARY	215.00	-
2	TAIL LAMP @ \$721.50	N/S HOLDER DAMAGED / O/S NOT NECESSARY	1,443.00	721.50
2	TAIL LAMP PANEL @ \$238.00	NOT NECESSARY	476.00	-
1	REAR EXHAUST SILENCER	DENTED	1,275.00	1,100.00
2	REAR EXHAUST CHROME TIP @ \$275.00	N/S SCRATCHED	550.00	180.00
1	REAR EXHAUST HEAT SHIELD	DEFORMED	135.00	135.00
1	REAR BUMPER LOWER	DEFORMED / CUT	556.00	440.00
1	REAR BUMPER CHROME	DEFORMED	875.00	875.00
1	REAR BUMPER INNER CENTER RAIL	CRACKED	152.00	60.00
1	REAR BUMPER MUFFLER	SCRATCHED	555.00	250.00
1	REAR EXHAUST SILENCER MOUNTING	CRACKED	75.00	75.00
	LESS 10% DISCOUNT		-1,296.96	-628.71
			11,672.64	5,658.39
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	30.00
1	REAR END PANEL (SN)	TO REPAIR SEE LABOUR	752.30	-
			802.30	30.00

Report Ref No. CS1/LPC19006022/Jvd3s2



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTIONED ON THE 'PARTS REPAIR' COLUMN INCLUSIVE OF REPLACEMENT PARTS. INCLUSIVE OF THE REPAIR OF TAIL GATE AND REAR END PANEL.		1,035.00	400.00
	PUTTY & SPRAY PAINTING TO ADJACENT PANELS. JOB ALLOWANCE. PAINT / MATERIAL.		850.00	500.00
	APPLY RUST PROOFING ON THE ADJACENT PANELS.	NOT NECESSARY	80.00	-
	WIRING AND BULB CHECKING.		22.50	22.50
	REMOVE AND REPLACE REAR BUMPER REVERSE SENSOR & CONDUCT DISTANCE SAFETY SETTING.		76.50	30.00
	REMOVE AND REPLACE REAR EXHAUST SYSTEM.		76.50	50.00
			2,140.50	1,002.50
	GRAND TOTAL		14,615.44	6,690.89
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,350.00

Report Ref No. CS1/LPC19006022/Jvd3s2

ONG HWEE JIE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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

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