

ASSIGNMENT

ASS. REC. BY:

REF: CS3/LPC 1900 2911/Etd3⁰⁷

social instructions

Surveyor

ASSIGNMENT (Office)

From (Person): Gerald Poh of LPC Date/Time: 16/04/2019

Estimated Cost: Bill to:

OD ☒ TT ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MYTCs

To Inspect Vehicle No: 3JP3590R Insured: GBA 4274X

at Workshop no: Ming Hua Auto Tel: 9695 1381

of 160 Sin Ming Drive #02-16

Policy No: Claim No: 18/19/19/VCO5/02/425

Sum Insured: Excess:

Make of Veh: D.O.A. 14/02/2019

(Client's Record) 18/2/19

CA / REV / REP. / REV 24 HRS ^{lup} H.O.D. Endorsement

Date/Time: 4:29pm @ 15/4/19 Person Contacted: Ah hua Vehicle: ☒ IN ☐ OUT

Date/Time Action/Instruction (X) Estimate

3JP3590R - X

GBA 4274X - X

Submit PRS Report

lump sum \$5750+ cred. 1900+ :24% /

8 days


17/4/2019

RECEIVED 18 APR 2019

Store

REG

LPC

DATE: 20/03/09

Vehicle No. SJP 3590 R

Vehicle Make/Model

Vehicle Type: ☒ Car / ☐ Truck / ☐ Trailer / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Other

Vehicle Year: 2008

SJP 3590 R

Vehicle Color: Meng Hua

Vehicle No. 160 S/M #0216

Vehicle Make

Vehicle Model

Vehicle Year

Vehicle Type

Vehicle Make/Model

Vehicle Year

Vehicle Condition

Remarks: The vehicle had commenced its repair at the time of inspection



Estimated Market Value

Estimated Accident Report

Consistent? Yes or No

Estimated PDI Score

Consistent? Yes or No

Estimated Repair

days Res. Yes or No

Estimated Cost

% 3 Val. Yes or No

CA / REV / REP / 24 HRS

Date

Excess Contacted

Vehicle IN / OUT

Date Time Action / Instruction

PRS

11V-52000
11V-39,594
NV-12,406

RECEIVED 01 MAR 2013

Estimated Trip Fee

☐ Preh. Report
☐ Final Report

113 Typast

Report Format

Report Format

Lump Sum / LB / 15

PRS-TP

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Water to go \$
☐ Interchange \$
☐ Travel Fee \$
☐ Other \$

Survey Fee

Transportation

1. 10.00

2. 10.00

3. 10.00

4. 10.00

5. 10.00

1190

1190

SJP 3590 R

20/03/09

Vehicle Type: ☒ Car / ☐ Truck / ☐ Trailer / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Other

Vehicle Make/Model

Vehicle Year: 2008

1.8

Vehicle Color: Grey

AP: Insured / Std / NI / NA

Vehicle No. 163835

UB: Insured / Std / NI / NA

Vehicle Make

Vehicle Model: ZNE 100419838

Vehicle Year: 2008

Vehicle Type: ☒ Car / ☐ Truck / ☐ Trailer / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Other

Vehicle Make/Model: ☒ Car / ☐ Truck / ☐ Trailer / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Other

Vehicle Year: 2008

Vehicle Color: 215/452R17

Vehicle No. 11

Vehicle Type: ☒ Car / ☐ Truck / ☐ Trailer / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Other

Vehicle Make/Model: TOYO / YOKO

Vehicle Year

7

mm

Vehicle Year

7

mm

Vehicle Year

7

mm

Vehicle Year

7

mm

Vehicle Year

14/2/19

Vehicle Year

18/2/19 @ 1248PM

Vehicle Year

Meng Hua

Vehicle Year: 2008

R/LH

Vehicle Year: 2008

> Back to OneMotoring

D.O.A. 14/2/2019
Bal = 9 yrs 11.6 months.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1795D
Vehicle Details	
Vehicle No.:	SJP3590R
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Feb 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8XE A
Primary Colour:	Grey
Manufacturing Year:	2008
Engine No.:	1ZZ3153019
Chassis No.:	ZNE100419838
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$16,822.00
Original Registration Date:	20 Mar 2009
First Registration Date:	20 Mar 2009
Transfer Count:	0
Actual ARF Paid:	\$16,822.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Mar 2019
PARF Rebate Amount:	\$8,411.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jan 2029
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$31,335.00
COE Rebate Amount:	\$31,183.00
Total Rebate Amount:	\$39,594.00

The information contained herein is correct as at 18 Feb 2019

14/2/19 Renew

OK

39,746



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 18/19/19/VC05/021425

Your Ref :

12 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 SJP3590R

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SJP3590R
- b) GIA report SJP3590R
- c) GIA report and photos of GBA4274X

Kindly study the documents and let us have your report as soon as possible.

Yours faithfully

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	14/02/2019 14:45
Date Of Accident	14/02/2019 09:30
Exact Location Of Accident	FROM BKE AT SLIP ROAD TO KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3590R
Insured/Policyholder	
Name Of Registered Owner	YONG SIEW CHIN
NRIC No	S2161795D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91171189
Alternative Phone No	OTHERS-91171189

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100333797-05
Cover Note Number	

Driver

Name of Driver	LEE PECK YANG
NRIC No	S1564824D
Date Of Birth	31/03/1962
Occupation	INDOOR
Date Of Driving Pass	16/06/1981
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98179639
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 146 SERANGOON NORTH AVENUE 1 #12-405
Postcode	550146
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA4274X
Vehicle Make/Model/Colour	
Details Of Properties	C/O ONE WEST ENGINEERING PTE
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMA SAMY GANESH
NRIC/Passport Number	F8373536T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	9526
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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

LEE PECK YANG

Approximate Age

57

Injuries Sustain

Injured person in which vehicle?

SJP3590R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 146 SERANGOON NORTH AVE 1
#12-405

Postcode

550146

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.

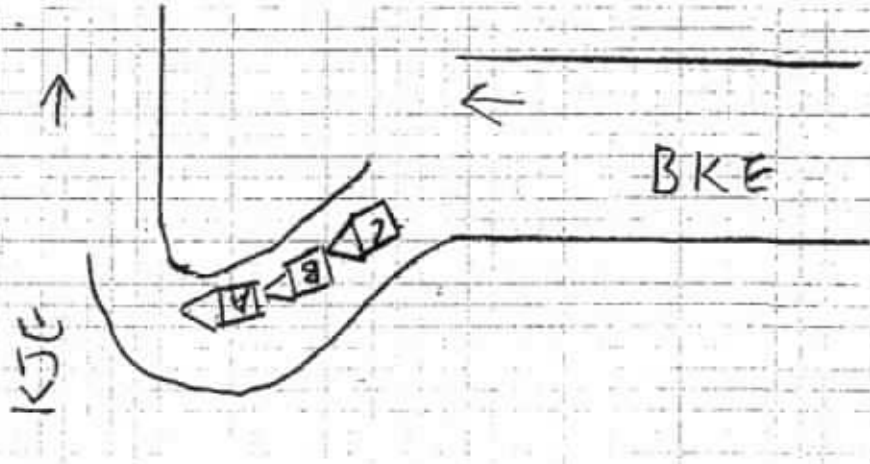
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A

SKETCH PLAN

- (A) SJF 3590 K
 (B) GBA 4274 X
 (C) 9526



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened on 14/2/2019 at 9.30am.

I was driving my vehicle from BKE at the slip road to KJE. I slowed down my vehicle because the front vehicle slow down. Vehicle B GBA 4274X hit into the rear of my car. I suffered pain on the right shoulder. I am going to see a doctor.

[Signature]

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: 14 FEB 2019

[Signature]
 Reporting Centre Personnel's Signature
 Name: Poh Kwee Choo
 NRIC/FIN No.: S6540583A

CAUTION: This document is for use only



SINGAPORE POLICE FORCE



T/20190214/2137

1 of 4

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20190214/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2019 18:28	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: LEE PECK YANG			Address: APT BLK 146 SERANGOON NORTH AVENUE 1 #12-405 SINGAPORE 550146		
ID Type / ID No.: NRIC NO / S1564824D			Contact No.: Home/Office: Mobile: 98179639		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 31/03/1962	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Hawker/Stall holder (prepared food or drinks)			Driving Licence Information: Class: 2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2019 09:00	Type of Location:
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE towards KJE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
9526 (Not Accurate)	Car	HONDA		Blue	Totally Damaged	0
GBA4274X	Lorry	TOYOTA		Silver	Slightly Damaged	0
SJP3590R	Car	TOYOTA		Grey	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20190214/2137

Police Station Of Origin:

2 of 4

Teck Ghee NPP

Report No. T/20190214/2137

321 Ang Mo Kio Street 31 SINGAPORE

560321

Tel No: 1800-4599999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	LEE YIQUAN	ID No.	S8847200D
Related Vehicle	9526 (Car)	Contact No.	NIL
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	RAMA SAMY GANESH	ID No.	F8373536T
Related Vehicle	GBA4274X (Lorry)	Contact No.	NIL
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	LEE PECK YANG	ID No.	S1564824D
Related Vehicle	SJP3590R (Car)	Contact No.	98179639
Hospital/Clinic	ANG MO KIO POLYCLINIC	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	14/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/02/2019 at about 09.00am, I was driving my vehicle bearing registration number SJP3590R along BKE towards KJE. The traffic was congested as such all the vehicle were moving very slowly. Suddenly, I felt an impact from the rear. I then got out and realized that a car bearing registration number 9526 had collided head on into a lorry bearing registration number GBA4274X and the said lorry collided head on into the rear of my vehicle. No traffic police or ambulance came to scene. We exchanged particulars and left.

I wish to state that I do not have an in car camera installed. I also wish to state that I have a 3 days MC



**SINGAPORE
POLICE FORCE**



T/20190214/2137

4 of 4

Report No. T/20190214/2137

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 JORY POH SHOU REN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

14/02/2019 18:28

Classification Of Case:

VEHICLE SURVEY REPORTS

Yong Siew Chin
C/O Ming Hua Auto Services
160 Sin Ming Drive
Sin Ming AutoCity #02-16
Singapore 575722

1 Reference

Job Reference No : 19/001849
Claim No : -
Claim Type : Third Party
Accident Date : 14/02/2019
Survey Date : 18/02/2019
Survey Report Date : 27/02/2019

2 Particulars Of Vehicle

Vehicle Registration No : SJP3590R
Make & Model : Toyota Wish 1.8XE A
Vehicle Registration Date : 20/03/2009
Chassis No : ZNE100419838
Engine No : Blocked
Colour : Grey

3 Condition Of Vehicle And Tyres

<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>
163835	Serviceable	Serviceable	None

<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Balance (MM)</u>
Front RHS	Michelin	215/45ZR17	5
Front LHS	Michelin	215/45ZR17	5
Rear RHS	Michelin	215/45ZR17	6
Rear LHS	Michelin	215/45ZR17	6

4 Description Of Damages

The vehicle sustained damages at rear left hand portion.
(For information of damages please refer to Parts/Labour/Photographs attached)

5 Instruction

This survey was conducted entirely on a "WITHOUT PREJUDICE" basis, and we have not authorised any repair.

AUTO PERFORMANCE APPRAISAL

Annex A

Vehicle Assessment Reports

Ref No : 19/001849

Damage And Repair Cost Adjustment

<u>S/No</u>	<u>Qty</u>	<u>Parts Description</u>	<u>Comments/condition</u>	<u>Workshop Estimate (\$)</u>	<u>Our Assessment (\$)</u>
			<u>List Items</u>		
1	1	Rear bumper	Deformed	1,038.70	1,038.70 550/
2	1 set	Rear bumper clips	Broken/necessary	40.00	40.00 200/
3	2	Rear bumper side retainer	Deformed/necessary	101.80	101.80 /
4	1	Rear bumper LH inner impact bracket	Bent	44.40	44.40 X NN
5	1	LH taillamp	Smashed/broken	486.20	486.20 /
6	1	LH taillamp panel	Buckled	242.00	242.00 /
7	1	Rear tailgate	Dented/bent	1,194.80	1,194.80 / 1071
8	1 set	Rear tailgate windscreen moulding	Necessary	268.80	268.80 / 148
9	1	Rear tailgate centre "TOYOTA" logo	Necessary	70.20	70.20 /
10	1	Rear tailgate inner trim board	Reuse	225.40	-
11	1	Rear tailgate inner trim board clips	Necessary	50.00	50.00 200/
12	1	Rear tailgate LH damper	Reuse	208.00	-
13	1	Rear tailgate top lock	Bent	388.80	388.80 X SVC
14	1	Rear tailgate weatherstrip	Deformed/cut	211.70	211.70 /
15	1	Rear end panel	Buckled	667.00	667.00 / 440
16	1	Rear end panel top garnish	Reuse	231.00	-
17	1	Rear LH fender	Buckled	1,026.40	1,026.40 /
18	1	Rear LH fender glass moulding	Necessary	154.00	154.00 /
19	1	Rear LH fender inner side garnish	Deformed/broken	694.00	694.00 /
20	1 set	Rear fender inner side garnish clips	Necessary	60.00	60.00 200/
21	1	Rear LH fender lower air duct	Deformed/broken	52.00	52.00 /
22	1 set	Rear fender under shield clips	Necessary	40.00	40.00 200/
			5716.10	7,495.20	6,830.80
			- 25%	1,873.80	1,707.70
			4287.97 /	Total :	5,123.10
			Less discount 25%		
			<u>Special Nett Items</u>		
23	1 set	Rear bumper reflector	Cut	120.00	120.00 X NN 500/
24	1	Rear bumper lower skirting	Deformed	1,000.00	1,000.00 / 600
25	1 set	Rear windscreen sealant	Necessary	50.00	50.00 /
26	1	Rear number plate	Bent/cut	45.00	45.00 X NN
27	1 set	Rear LH fender glass sealant	Necessary	50.00	30 50.00 / 2
28	1 set	Reverse sensors	Malfunction	250.00	250.00 / 200
			900 /	Total :	1,515.00
			Total Spare Parts :	7,136.40	6,638.10

AUTO PERFORMANCE APPRAISAL

Annex B

Vehicle Assessment Reports

Ref No : 19/001849

Damage And Repair Cost Adjustment

<u>Items</u>	<u>Job Description</u>	<u>Workshop Estimate (\$)</u>	<u>Adjusted Costs (\$)</u>
1	To remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	1,400.00	1,100.00 1000 ✓
2	To putty and respray painting charges.	1,600.00	1,200.00 1000 ✓
3	To rewiring wirings, lightings & re-install reverse sensors.	120.00	80.00 30 ✓
4	To remove, refix rear LH fender glass.	140.00	100.00 60 ✓
5	To remove, refix rear windscreen glass.	150.00	120.00 100 ✓
6	To remove, refix tailgate fittings to facilitate repair.	100.00	60.00 40 ✓
7	To remove, refix roof linings, rear seats, carpet and trims.	200.00	150.00 100 80 ✓
8	To remove, refix fuel lid, fuel hoses/pipings and etc...	100.00	60.00 40 ✓
9	To supplied and apply anti rust proofing.	120.00	80.00 40 ✓
Total - 7597.07		Total Labour :	3,930.00 2,950.00
L/S - 6077.65		Total Spare Parts :	7,136.40 6,638.10 2410 ✓
= 6100 ✓		Total Labour :	3,930.00 2,950.00
8 days		Total Repair Costs :	11,066.40 9,588.10

Assessor's Recommendation

Repairer Estimate : 11,066.40
Our Adjustment : 9,588.10

Remarks

The repairer has agreed to undertake the repair on a lump sum basis of \$7,650.00, with a repair period of 10 working days.

Surveyed By:



Lek Boon Hwee
Automobile Appraiser

MING HUA AUTO SERVICES

160 Sin Ming Drive
#02-16 Sin Ming Autocity Singapore 575722

FINAL BILL

Yong Siew Chin
146 Serangoon North Avenue 1
#12-405 Singapore 550146

Our Ref.	SJP3590R
Your Ref.	-
Date	25-Mar-2019

No.	Description	Qty	Unit Price	Total
	To supply labour and materials to repair below mentioned vehicle to its pre-accident condition. Vehicle: <u>SJP3590R</u> Make/Model: <u>Toyota Wish 1.8</u> Accident Date: <u>14-Feb-19</u>			\$7,650.00
			Amount Due	\$7,650.00



Authorised Signatory

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	14/02/2019 12:48
Date Of Accident	14/02/2019 09:30
Exact Location Of Accident	ALONG KJE TOWARDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA4274X
Insured/Policyholder	
Name Of Registered Owner	ONE WEST ENGINEERING PTE LTD
Co Reg No	201403160W
Email Address	GENERAL@ONEWEST.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64836080
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z18VC05000097
Cover Note Number	
Driver	
Name of Driver	RAMASAMY GANESH
Work Permit No	F8373536T
Date Of Birth	12/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	24/12/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NO. 10 ADMIRALTY STREET #03-81 NORTH LINK BUILDING
Postcode	757695
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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

Please refer to the attached Sketch Plan and the accident details

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	SMC9526A
Vehicle Make/Model/Colour	VEHICLE (B)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJP3590R
-----------------------------	----------

Vehicle Make/Model/Colour	VEHICLE (C)
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)	

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.



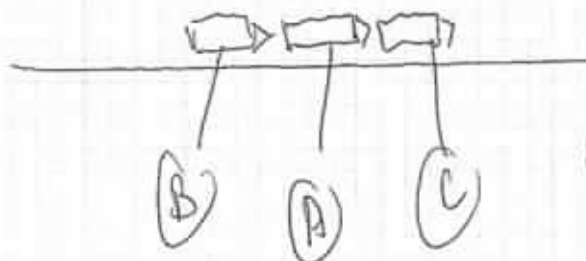
Policyholder's Signature
Date & Time:

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

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

* SKETCH PLAN

KJE Towards Tuas



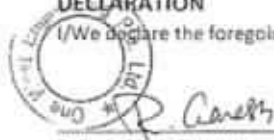
A. - GBA 4274X
 B. - SWC 9526A
 C. - STP 3590R


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DN 14-02-2019 at about 7.30PM I was driving my vehicle GBA 4274X along KJE towards Tuas. Suddenly a front vehicle STP 3590R slow down, I do the same. Suddenly vehicle SWC 9526A from behind collected on to my car my vehicle surge forwards & bang the front vehicle STP 3590R.

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) 12.20
 Date & Time:

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665500200 / GST Reg. No.: M400017735

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 : MWHM 19020656 Vehicle Registration No: GBA 4274X
Name (as shown in NRIC) : RAMASAMY GANESH NRIC/FIN/Passport No : F8373536T
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 10 ADMIRALTY ST #03-61 NORTHLINK BUILDING Singapore (757695)
Contact (Tel) : 64836080 Mobile No. : 8858 0752
Email Address : GENERAL@ONEWEST.SG
Date of Accident : 14 FEB 2019 Time of Accident : 09:30
Place of Accident : ALONG KJE TOWARDS TUAS
Insurance Company: LONPAC INSURANCE BHD

(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:

PLEASE AMENDED VEHICLE B NUMBER PLATE FROM SWC 9526A TO SMC 9526A

Policyholder / Driver's Signature
Date: 19/2/19



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



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: 199607196R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
LONPAC INSURANCE BHD			Ref : CS3/LPC19002911/Etd3e2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555			Date : 22-04-2019	
			Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBA 4274X		Veh. Inspected	SJP 3590R
Policy No.			Coverage (\$)	0.00
Claim No.	18/19/19/VC05/021425		Excess (\$)	0.00
Assign From	GERALD POH		Assign Date	16/04/2019
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH		c.c	1794
Engine No.	HIDDEN		Year of Reg.	2009
Chassis No.	ZNE100419838		Colour	GREY
Odometer	163835		Steering	IN ORDER
Brakes	IN ORDER		Modification	SPORTS RIM
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/45Z R17	MICHELIN	7 mm	
L/H Front Tyre	215/45Z R17	MICHELIN	7 mm	
R/H Rear Tyre	215/45Z R17	MICHELIN	7 mm	
L/H Rear Tyre	215/45Z R17	MICHELIN	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/02/2019		Inspection Date	18/02/2019
Survey held at	MING HUA AUTO SERVICES 160 SIN MING DRIVE #02-16 SIN MING AUTO CITY SINGAPORE 575722			
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:			8 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJP 3590R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	1,038.70	550.00
1	SET REAR BUMPER CLIPS	BROKEN / NECESSARY	40.00	20.00
2	REAR BUMPER SIDE RETAINER	DEFORMED / NECESSARY	101.80	101.80
1	REAR BUMPER LH INNER IMPACT BRACKET	NOT NECESSARY	44.40	-
1	LH TAILLAMP	SMASHED / BROKEN	486.20	486.20
1	LH TAILLAMP PANEL	BUCKLED	242.00	242.00
1	REAR TAILGATE	DENTED / BENT	1,194.80	1,071.00
1	SET REAR TAILGATE WINDSCREEN MOULDING	NECESSARY	268.80	148.00
1	REAR TAILGATE CENTRE "TOYOTA" LOGO	NECESSARY	70.20	70.20
1	REAR TAILGATE INNER TRIM BOARD	REUSE	225.40	-
1	REAR TAILGATE INNER TRIM BOARD CLIPS	NECESSARY	50.00	20.00
1	REAR TAILGATE LH DAMPER	REUSE	208.00	-
1	REAR TAILGATE TOP LOCK	SERVICEABLE	388.80	-
1	REAR TAILGATE WEATHERSTRIP	DEFORMED / CUT	211.70	211.70
1	REAR END PANEL	BUCKLED	667.00	440.00
1	REAR END PANEL TOP GARNISH	REUSE	231.00	-
1	REAR LH FENDER	BUCKLED	1,026.40	1,026.40
1	REAR LH FENDER GLASS MOULDING	NECESSARY	154.00	154.00
1	REAR LH FENDER INNER SIDE GARNISH	DEFORMED / BROKEN	694.00	694.00
1	SET REAR FENDER INNER SIDE GARNISH CLIPS	NECESSARY	60.00	20.00
1	REAR LH FENDER LOWER AIR DUCT	DEFORMED / BROKEN	52.00	52.00
1	SET REAR FENDER UNDER SHIELD CLIPS	NECESSARY	40.00	20.00
	LESS 25% DISCOUNT		-1,873.80	-1,331.83
			5,621.40	3,995.47
SPECIAL NETT ITEMS				
1	SET REAR BUMPER REFLECTOR (SN)	NOT NECESSARY	120.00	-
1	REAR BUMPER LOWER SKIRTING (SN)	DEFORMED	1,000.00	500.00

Report Ref No. CS3/LPC19002911/Etd3e2-1

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Reg. No: 199607198R GST Reg. No. 19-9607196-R

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET REAR WINDSCREEN SEALANT (SN)	NECESSARY	50.00	50.00
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	45.00	-
1	SET REAR LH FENDER GLASS SEALANT (SN)	NECESSARY	50.00	30.00
1	SET REVERSE SENSORS (SN)	MALFUNCTION	250.00	200.00
			1,515.00	780.00
	LABOUR			
	TO REMOVE, CUT OUT DAMAGE PORTION, JACK OUT, STRAIGHTEN, PANEL BEATING, WELDING, ALIGN AND RENEW REPLACED PARTS.		1,400.00	1,000.00
	TO PUTTY AND RESPRAY PAINTING CHARGES.		1,600.00	1,000.00
	TO REWIRING WIRINGS, LIGHTINGS & RE-INSTALL REVERSE SENSORS.		120.00	30.00
	TO REMOVE, REFIX REAR LH FENDER GLASS.		140.00	60.00
	TO REMOVE, REFIX REAR WINDSCREEN GLASS.		150.00	100.00
	TO REMOVE, REFIX TAILGATE FITTINGS TO FACILITATE REPAIR.		100.00	40.00
	TO REMOVE, REFIX ROOF LININGS, REAR SEATS, CARPET AND TRIMS.		200.00	80.00
	TO REMOVE, REFIX FUEL LID, FUEL HOSES / PIPINGS AND ETC.		100.00	40.00
	TO SUPPLIED AND APPLY ANTI RUST PROOFING.		120.00	40.00
			3,930.00	2,390.00
GRAND TOTAL			11,066.40	7,165.47
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,750.00

Report Ref No. CS3/LPC19002911/Etd3e2-1

CHEN TSUE YEE

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.