

13/000000

ASS. REC. RV

REF 083/4pc19001732/Titd32

Used Information

Surveyor

ASSIGNMENT (Office)

From (Person)

Gerald poh

of

4pc

Date/Time

30/4/19

25/11/19 @ 4:24pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGT 2721B

Insured

8JD6570S

at Workshop m/s

1g-2k Spray Painting

Tel:

of

Blk 1010, Bkt Merah Lane 3 # 01-117

Policy No:

Claim No:

18/19/19/VP05/02/353

Sum Insured:

Excess:

Make of Vch:

(Client's Record)

D.O.A.

21/01/2019

CA / REV / REP. / REV 24 HRS

lup

28/11/19

H.O.D. Endorsement:

Date/Time:

533pm @ 25/11/19

Person Contacted

Karen

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SGT 2721B - CVI/VAL/9001396/BT

EVA: 21/01/2019

8JD 6570S - ✓

Submit PRC Report

lump sum \$4300 (Red: 950, 18%)

22/5/2019

2x15. File pass typist, 5 days

1/5/4500, 5 days

RECEIVED 22 MAY 2019

Tuphi

REF: LPC

ASSIGNMENT

From:
 Date: 28/1/19
 Estimated Cost:
 OD: TP/WS/TP RES/LOD RES/EVA/INV/MV
 To Inspect Vehicle No: SGT 2721B
 at Workshop: Tg-2k Spray Painting
 at: Blk 1010, Blk 1 March Lane 3 #01-117
 Insured:
 Policy No:
 Claims No:
 Sum Insured:
 Excess:
 (Client's Record):
 Make of Vch: Morning

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value:
 IDAC Accident Report: Consistent? : Yes or No
 GUA / PR Seen: Consistent? : Yes or No
 Est. Repairs: days Res: Yes or No
 Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS ^{up}
 Date: Person Contacted: Vehicle: IN / OUT

Vch No: SGT 2721B Yr Mo: 2017 Out.
 Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: BMW 530I CO: 1998
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 137240 T/Radio: Insured / Std / NI / NA
 Eng No:
 C/No: WB A JA 5201 DW C08199
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Interfer / Jammed / Loaked / Burnt or
 Brake: Interfer / Jammed / Loaked / Burnt or
 Modl: NII / SRim / STD A/Rim or
 Tyre Size: F: 275/45R18
 R:
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front:
 R/Bal: 0 mm
 L/Bal: 6 mm
 D.O.A.
 Survey held at: Tg 2k
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 D.O.I: 28/1/19 @ 1157 am

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

Date / Time Action / Instruction

RECEIVED 14 FEB 2019

Enter Time / File Pass to:

14/2 Typist

Date/Time / File Return to:

28

Report Format

Lump Sum / I.B to:

☐ : Prel. Report
 ☐ : Final Report

TP-PRS

Days Of Repair: -
 Resurvey No. of Trip: -

Add Fee:
 ☐ Site Trip: \$
 ☐ Interview: \$
 ☐ Test. Inv: \$
 ☐ Workshop: \$

Survey Fee

Transportation

1.50 x 10.00

1.50

1.50

1.50

TOTAL

450
150



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 18/19/19/VP05/021353

Your Ref : CS3/LPC19001732/T1td3e2

23 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 SGT2721B

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SGT2721B
- b) GIA report SLCSGT2721B
- c) GIA report and photos of SJD6570S

Kindly study the documents and let us have your report by 6 May 2019.

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 willful 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	21/01/2019 14:42
Date Of Accident	21/01/2019 12:50
Exact Location Of Accident	OUTSIDE TAKASIMAYA LANE HEADING TO CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT2721B
Insured/Policyholder	
Name Of Registered Owner	TAN CHING LEE JENNIFER
NRIC No	S7439183D
Email Address	JENNTAN3@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96189655
Alternative Phone No	OTHERS-96189655

Vehicle Particulars

Manufacturer	BMW
Model	320i
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	UNAVAILABLE
Cover Note Number	

Driver

Name of Driver	TAN CHING LEE JENNIFER
NRIC No	S7439183D
Date Of Birth	03/12/1974
Occupation	INDOOR
Date Of Driving Pass	05/12/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96189655
Fax Number	
Contact Number	OTHERS-96189655
Email Address	JENNTAN3@SINGNET.COM.SG

840-11

If No. Relationship of the Driver with the Insured **OWNER**

Insurance Company of Driver's Own Vehicle

Weather Conditions: CLEAR

Road Surface DRY

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number: SJD6570S (PRIVATE CAR)

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) 2

Passenger 1	NAME:	: NG JUO HWEI
	GENDER:	: FEMALE

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?

REFER TO ATTACH.

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

Vehicle Registration Number	SJD6570S
Vehicle Make/Model/Colour	TOYOTA CAMRY BEIGN

Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

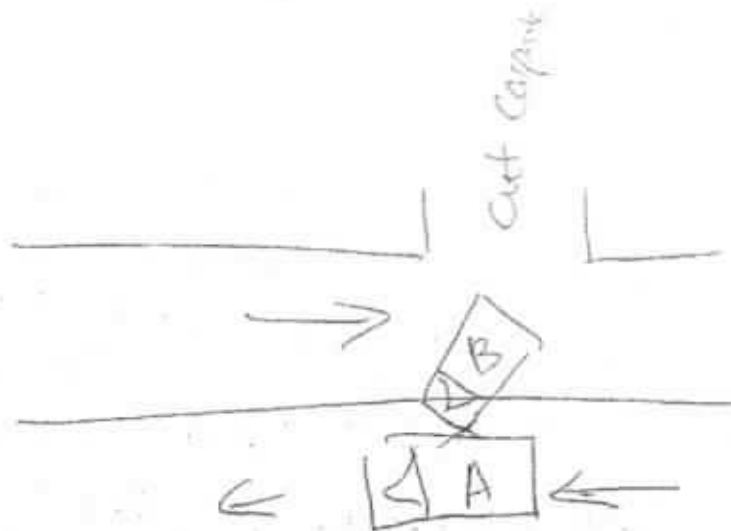
Address

Postcode

Insurance Company Name

Nature Of Damage

S&S Form 10



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I am driving ahead to Takashimaya Carpark, however, at the opposite lane 'Out' Carpark entrance of Takashimaya, the vehicle turn out from the opposite carpark and hit into my vehicle side of both door and caused unnecessary damages on my door and side skirting.

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.:

21/1/2019
E 1418hs

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder and/or the Authorised 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 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.:

TG 2K SPRAY PAINTING CENTRE

Address : Blk 1010 Bukit Merah Lane 3 #01-117 Singapore 159724

Phone (65) 68414220 Fax (65) 67442935

Business Reg No : 43853100 X

INVOICE

Bill To:

MS. TAN CHING LEE JENNIFER

Blk 466 Jurong West St 41

#09-522

Singapore 640466.

No : 24428

DATE : 04-04-19

S/NO	DESCRIPTION	AMOUNT
1	<p>VEHICLE NO : SGT 2721 B MODEL : BMW - 530I LED NAV HUD CHASSIS NO : WBAJA52010WC08199 JOB NO : O - 28942</p> <hr/> <p>BEING FINALISED LUMP SUM REPAIR FOR THE ABOVE-MENTIONED ACCIDENT VEHICLE INCLUDES REPLACEMENT OF PARTS AND SPRAY PAINTING ON AFFECTED AREAS.</p> <p>DOLLARS : FIVE THOUSAND TWO HUNDRED AND FIFTY ONLY</p> <p>TERMS : CASH</p>	\$ 5,250.00
TOTAL DUE :		\$ 5,250.00


for TG 2K SPRAY PAINTING CENTRE

ST Appraisal Services

Insurance Loss Adjusters & Licensed Appraisers

Insurance Claim Investigator

Business Address: 60 Arab Street Singapore 199757

Tel: 66523352 / 98586761; Fax: 62970270

Mailing Address : 161 Alexandra Post Office Singapore 911506

Date : 11th Feb 2019

Our Ref : TP / TG2K SGT2721B/ 01.21/19

Your Ref :

Ms Tan Ching Lee Jennifer

Blk 466 Jurong West St 41

#09-522

Singapore 640466

DAMAGED VEHICLE (SGT 2721 B) INSPECTION REPORT (WITHOUT PREJUDICE)

Detailed accounts of our inspection are as follows:

(A) Reference

Name of Claimant	: Ms Tan Ching Lee Jennifer	Date of Request	: 28 th Jan 2019
		Referred By	: Insured
Policy No.	: Please Advice	Date of Inspection	: 28 th Jan 2019
Claim No.	: Please Advice	Date of Re-inspection	:
Accident Date	: 21 st Jan 2019	Sum Insured	: NA
Repairer	: TG2K SPRAY PAINTING CENTRE	Excess Amount	: NA
	Blk 1010 Bukit Merah Lane 3	3 rd Party Vehicle	: Please Advice
	#01-117 Singapore 159724	3 rd Party Insurer	: Please Advice

(B) Particulars of Vehicle

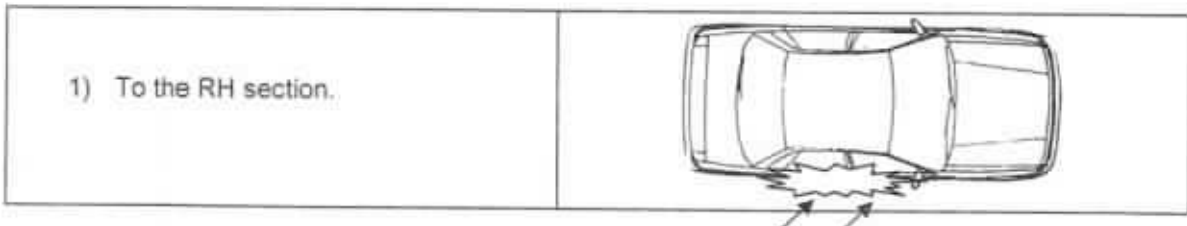
Registration No	: SGT 2721 B	Mileage	: 137240 Km
Make & Model	: B.M.W 530i LED NAV HUD	Engine No	: 15255043B48B20B
Date of Registration	: 4 th Oct 2017	Chassis No.	: WBAJA52010WC08199
Colour	: Grey	Engine Capacity.	: 1,998 cc

(C) Pre-Accident Condition (Static Test Only)

Steering	: Serviceable	Paint Work	: Good
Foot-brake	: Serviceable	Modification	: NIL
Hand-brake	: Serviceable	General Condition	: Good

(D) Tyre Condition

	Tread Depth	Make	Size
Front Left	70 %	MICHELIN	225/45 R18
Front Right	70 %	MICHELIN	225/45 R18
Rear Left	70 %	MICHELIN	225/45 R18
Rear Right	70 %	MICHELIN	225/45 R18

(E) Point of Impact**(F) General Description of Damages**

The impact of the collision has damaged/affected the front door panel, rear door panel, rocker panel trim and etc.

Please refer to the Annex for a detailed account of the damages and photographs taken.

(G) Recommendation

We have inspected thoroughly the actual damages found on the vehicle, before we arrived at our recommendation as to whether the parts needed replacement or repairs.

Our adjusted cost of lump sum repair is **\$5,250.00** and an estimated **6** days is required to repair the vehicle. Please refer to the Annex for a detailed account of the cost estimates.

(H) Remarks

We have not authorised the repairs. However for information, under normal circumstances, the repairs should not exceed **6** days.

This inspection was conducted on a **"without prejudice"** basis.

We are pleased to advice that the inspection work was carried out accordingly, and hereby submit our Appraisal Report, which includes evidence photographs.

ST Appraisal Services



T T RAJAN
MVI, ITC (Mechanical), NTC (Motor Vehicle)
ASIET, MSAAA, Assessor/Appraiser
AD041-2007532D

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS FOR VEHICLE NO : SGT 2721 B

Adjustment of Spare Parts Costs for Repairs

Item	Qty	Vehicle parts description	Condition / Remark	Estimated by workshop	Disc. (%)	Adjusted cost
1	1	Front door panel RH	dented	1863.20	10	1676.88
2	1	Front door weatherstrip	necessary	173.90	10	156.51
3	1	Front door outer moulding	necessary	153.05	10	137.75
4	1	Front door glass channel guide	necessary	92.10	10	82.89
5	1	Rocker panel trim	to repair	522.30	100	0.00
6	1	Rear door panel RH	dented	1786.90	10	1608.21
7	1	Rear door weatherstrip	necessary	162.20	10	145.98
8	1	Rear door outer moulding	necessary	145.60	10	131.04
9	1	Rear door glass channel guide	necessary	90.30	10	81.27
10	2	Rear door hinge	distorted	124.30	10	111.87
11	1	Rear door glass regulator	malfunction	341.80	10	307.62
12	1	Door centre pillar	to repair	-		-
TOTAL				5455.65		4440.02

Adjustment of Labour Costs for Repairs

To remove and replaced damaged parts including straightening and repositioning replacement parts.	1100.00	700 900.00
Supply paint materials and expandable items. To respray replaced and affected parts.	1100.00	750 950.00
Transfer door components and fittings.	180.00	120 150.00
To check electrical components for proper functions.	80.00	30 60.00
Carry out anti rust treatment.	100.00	40 80.00
Total labour	2560.00	1640 2140.00

Adjustment Parts and Labour Costs of Repairs

	Estimated by workshop	Adjusted cost
TOTAL PARTS COSTS	5455.65	4440.02
TOTAL LABOUR COSTS	2560.00	2140.00
TOTAL REPAIR COSTS	8015.65	6580.02

ADJUSTED REPAIR COST

5250.00







SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
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ACCIDENT STATEMENT

Date Of Report	21/01/2019 18:16
Date Of Accident	21/01/2019 12:40
Exact Location Of Accident	ORCHARD TURN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD6570S
Insured/Policyholder	
Name Of Registered Owner	GOH POH TENG
NRIC No	S0228343C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96785016
Alternative Phone No	OFFICE-64674822

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-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? YES

If No, Please state action to be taken

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

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05017614
Cover Note Number	

Driver

Name of Driver	SNG GEOK CHIN
NRIC No	S1511562I
Date Of Birth	22/07/1961
Occupation	INDOOR
Date Of Driving Pass	20/11/1985
Driving Experience	33 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96785016
Fax Number	
Contact Number	
Email Address	POISONWYAIWEI@GMAIL.COM

Address	BLK 8 CHOA CHU KANG GROVE #01-16
Postcode	688206
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 - MAJOR/MINOR RD
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
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	SGT2721B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JENNIFER TAN
NRIC/Passport Number	
Contact Number	96189655
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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

I was turning out of the carpark when Vehicle B drove past - Nobody injured.

DECLARATION

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

Policyholder's Signature _____

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999



T/20180221/2139

1 of 4

Report No: T/20190221/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 21/02/2019 18:26		Vide Report No.		Station Diary No.: 48	
Informant's Particulars					
Name of Informant: SNG GEOK CHIN		Address: APT BLK 6 CHOA CHU KANG GROVE #01-16 SINGAPORE 688206			
ID Type / ID No.: NRIC NO / S15115821		Contact No.: Home/Office:		Mobile: 96785016	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age: 57	Date of Birth: 22/07/1961	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident					
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/01/2019 12:40	Type of Location:	
Location: Along Road 1 ORCHARD TURN		ALONG ORCHARD TURN, OUTSIDE CARPARK EXIT OF NGEE ANN CITY			
Weather: Clear		Road Surface: Dry	Road Speed Limit:		
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
SGT2721B	Car	BMW	530i LED NAV HUD MSPT		Slightly Damaged	0
SJD6570S	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Beige	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999



T/20190221/2139

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Report No. T/20190221/2139

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JENNIFER TAN	ID No.	NIL
Related Vehicle	SGT2721B (Car)	Contact No.	96189655
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	SNG GEOK CHIN	ID No.	S1511562I
Related Vehicle	SJD6570S (Car)	Contact No.	96785016
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 21/01/2019 at about 1240hrs, I was driving my vehicle SJD6570S alone. Traffic was moderate and weather was clear.

I was exiting the carpark of Ngee Ann City turning into Orchard Turn. I then stopped before making a right turn. I had also turned on my right signal.

When traffic on my right was clear, I engaged the turn on the right. Out of a sudden, another vehicle SGT2721B appeared from in front of my vehicle from my left.

I applied my brakes but my front left bumper collided into the vehicle's driver door.

Both driver then alighted from the vehicle and we exchanged hand phone number. We then continued on our journey. No one was injured.

I am lodging this report as I received a letter from the Traffic Police on 16/02/2019 ref TP/IP/08769/2019



**SINGAPORE
POLICE FORCE**

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T/20190221/2139

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Report No. T/20190221/2139

CONTINUATION OF REPORT


**SINGAPORE
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Tel No: 1800-4689999



T/20190221/2138

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Report No. T/20190221/2138

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:
D /
Sgt 3 MUHAMMAD SHAHRIL BIN AHMAD

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
21/02/2019 18:26

Officer In Charge Of Case:
TP / GIA /
→ Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



S/N 38

SIGNATURE

Accident Photo



Accident Photo



The image shows a close-up of a vehicle's metal chassis. A black identification plate from Toyota Motor Corporation is affixed, containing the following information:

- MODEL: ACV41R-JEPNKT
- ENGINE: 1AZ-EE
- FRAME No.: MR053BK4107026943
- COLOR: 4R0
- TRIM: LA40
- PLANT: Z35
- 1998
- GVW(kg): -
- MADE IN THAILAND

Below the identification plate, a Thai registration plate is visible, featuring the number 8 in a circle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

LONPAC INSURANCE BHD

Ref : CS3/LPC19001732/T1td3e2-1

300 BEACH ROAD

#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 23-05-2019



Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJD 6570S	Veh. Inspected	SGT 2721B
Policy No.		Coverage (\$)	0.00
Claim No.	18/19/19/VP05/021353	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	30/04/2019

2. Vehicle Particulars & Condition

Make & Model	B.M.W. 530i	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	WBAJA52010WC08199	Colour	GREY
Odometer	137240	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	275/45 R18	MICHELIN	6 mm
L/H Front Tyre	275/45 R18	MICHELIN	6 mm
R/H Rear Tyre	275/45 R18	MICHELIN	6 mm
L/H Rear Tyre	275/45 R18	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	21/01/2019	Inspection Date	28/01/2019
Survey held at	TG2K SPRAY PAINTING CENTRE BLK 1010 BUKIT MERAH LANE 3 #01-117 SINGAPORE 159724		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGT 2721B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT DOOR PANEL RH	DENTED	1,863.20	1,863.20
1	FRONT DOOR WEATHERSTRIP	NECESSARY	173.90	173.90
1	FRONT DOOR OUTER MOULDING	NOT NECESSARY	153.05	-
1	FRONT DOOR GLASS CHANNEL GUIDE	NECESSARY	92.10	92.10
1	ROCKER PANEL TRIM	TO REPAIR SEE LABOUR	522.30	-
1	REAR DOOR PANEL RH	DENTED	1,786.90	1,786.90
1	REAR DOOR WEATHERSTRIP	NECESSARY	162.20	162.20
1	REAR DOOR OUTER MOULDING	NOT NECESSARY	145.60	-
1	REAR DOOR GLASS CHANNEL GUIDE	NECESSARY	90.30	90.30
2	REAR DOOR HINGE	TO REPAIR SEE LABOUR	124.30	-
1	REAR DOOR GLASS REGULATOR	NOT NECESSARY	341.80	-
1	DOOR CENTRE PILLAR (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 10% DISCOUNT		-	-416.86
			5,455.65	3,751.74
LABOUR				
	TO REMOVE AND REPLACED DAMAGED PARTS INCLUDING STRAIGHTENING AND REPOSITIONING REPLACEMENT PARTS. INCLUSIVE OF THE REPAIR OF ROCKER PANEL TRIM, REAR DOOR HINGE AND DOOR CENTRE PILLAR.		1,100.00	700.00
	SUPPLY PAINT MATERIALS AND EXPANDABLE ITEMS. TO RESPRAY REPLACED AND AFFECTED PARTS.		1,100.00	750.00
	TRANSFER DOOR COMPONENTS AND FITTINGS.		180.00	120.00
	TO CHECK ELECTRICAL COMPONENTS FOR PROPER FUNCTIONS.		80.00	30.00
	CARRY OUT ANTI RUST TREATMENT.		100.00	40.00
			2,560.00	1,640.00
GRAND TOTAL			8,015.65	5,391.74
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,300.00

Report Ref No. CS3/LPC19001732/T1td3e2-1



Report Ref No. CS3/LPC19001732/T1td3e2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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