

Surveyor

REF: CS3/ASM18020843/Jtd3<sup>21</sup>

Special Instructions:

Lis: \$9000.00

ASSIGNMENT (Office)

From (Person): Tan Wancong of ASM(AxN) Date/Time: 7/6/2019

Estimated: Bill to:

Third Parties:

Claimant:

Surveyor: Proplus Automobile

Workshop: GMA Automotive

OD/TP Re-inspection Evaluation

To Inspect Vehicle No. GY 4971 G Insured: QBF1829P

at Workshop m/s GMA Automotive Tel:

of 38 Woodlands Ind. park El # 05-01 90611218

Policy No. Claim No: 88M01018

Sum Insured: Excess:

Make of Veh: D.O.A. 23/10/2018

(Client's Record)

18/06/2019 @ 11am at 2 Krunji Link 928648

D.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig. days (Red \$ / %; Original 10 days)

Date/Time: 2/6/19 Submit Final Fig 79001- 9 days (Red \$ 1100 / 12 %; Original 10 days)

ump 8un

Date/Time Action/Instruction

GY 4971 G - CS3/ASM18020843 / R/cbr2

QBF 1829P - CS3/ASM18020843 / R/cbr2

Mr. Huat: 81616591

D.O.A. 23/10/2018

D.O.A. 23/10/2018

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

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

RECEIVED 21 JUN 2019

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/  
Evaluated by:

Fee Charged:

Basic & Add  
Transport  
Photos  
Others  
Total

Date:

190

190

1) Date/Time 2/6/19 File Pass to Typist

3) Date/Time File Pass to

5) Date/Time File Pass to

2) Date/Time File Return to

4) Date/Time File Return to

6) Date/Time File Return to

## ASSIGNMENT

From:

Date:

• Estimated Cost: \*

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

To Inspect Vehicle No:

at Workshop n/s

of

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GY 4971 G

Vt Regn:

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

Truck / Trailer or

Make:

Nissan

C.C. 3151

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading

459956

T/Radio: Insured / Std / NI / NA

Eng/No:

-

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / Scr / STD A/Rim or

Tyre Size:

F: 195R15C

R: -

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

TOYO / YOKO or

Front

Rear

R/Bal. 1 mm

R/Bal. 2/7 mm

L/Bal. 2 mm

L/Bal. 7/7 mm

D.O.A.

D.O.I. 18/6/19

Survey held at

GMA

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

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

Date / Time

Action / Instruction

*[Signature]*  
20/6/2019

Date/Time, File Part (s)?

☐

: Prel. Report

If)

☐

: Final Report

Date/Time, File Return (s)?

3

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

3 x RS. 50

Phone:

Fax:

VAT:

Report Format:

Lump Sum / U/E/G

Add Fee:

☐

Site Insp (\$

☐



Interview (\$

☐

Tech. Insp (\$

☐

Meal (\$10)

  
 **Hi LKK, as spoken. Change to Physical reinspection instead**

Type

 Question

Message

Hi LKK, as spoken. Change to Physical reinspection instead. Date 18 June 2019 / 11am at GMA Automotive Services / Blk 38 Woodlands Industrial Park E1 #05-01 Singapore 757700

[Reply](#)

Form 1000

ASS. REC. BY:

REF: 63 / ASM18020843 / R1cbe2

Special Instructions:

Surveyor:

Rosa

ASSIGNMENT (Office)

Small claim

From (Person):

Tan Wan Cong

of

ASM

Date/Time:

7/6/2019

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

6Y 4971G

Insured:

GBF 1839P

at Workshop m/s

GMA Automotux

Tel:

9061 1218

of

38 Woodlands Ind Park E1 #05-01

Policy No:

Claim No:

S8M01018

Sum Insured:

Excess:

Make of Veh:

D.O.A

23-10-2018

(Client's Record)

CA / REV / REP. / REV 24 HRS'wp

H.O.D. Endorsement:

Date/Time:

19-11-2018 10:55am

Person Contacted:

Cleon

Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate
	6Y 4971G - X
	GBF 1839P - X
	Dismantle: 10/12/2018

PRC

Form Date  
Estimated V. 2012  
OD / SP / WS / TP RES / QD RES / EVA / INV / MV

Vehicle No. GY 49716  
GMA Automotive  
2, Kerasi: LNK  
A-XA

Insured  
Policy No.  
Class No.  
Sum Insured Excess  
(Client's Record)  
Make of Veh

(Policy Condition)  
Remarks: The veh had commenced its  
repair at the time of inspection

Est. or Market Value  
OAC Accident Report Consistent? Yes or No  
GIA / PP Seen Consistent? Yes or No  
Est. Repair 10 days Res. Yes or No  
Lum Sum % 3 Val Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted

Vehicle IN / OUT

Date / Time Action / Instruction

Vehicle No. GY 49716 Reg. Apr 05  
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or

Make NISSAN 3153  
Colour GREY  
Se Reading - T/Race Insured / Std / NI / NA

Eng No  
Chassis JN18F4F23Z0854053

Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Normal / Jammed / Leaked / Burnt or  
Brake: Normal / Jammed / Leaked / Burnt or  
Mod: Nil / S/Rim / STD A/Rim or

Tyre Size F: 195R15Z  
R: 155R12C  
BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front Rear  
R/Bal 7 mm R/Bal 5/5 mm  
L/Bal 7 mm L/Bal 5/5 mm  
D.O.A. D.O.I 06/12/18 @ 0425pm

Survey held at LMA  
Des. of Damages Frt / Rear / D/S / N/S / UIC / Rooftop or  
Frt 0/S

The UIC / Chassis frame / Body Structure affected due to collision

Range \$ 18,000/- - \$ 19,000/-

13/12/2018

TODIM  
13/12/17

Preli. Report  
Final Report

Days Of Repair: 10  
Resurvey No. of Trip: 1

Stability Fee  
Transportation

Add Fee:  
Side Insp. \$  
Internal \$  
Towing \$  
Insurance \$

Report Format PRC  
Lum Sum (I.B.)

100  
100




## Service Request Details

Claim

S8M010I8

Reference

None 

Loss Date

23 October 2018

Report Date

24 Oct 2018 12:00:00 AM

Request Date

7 June 2019

Due Date

14 June 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Re-inspection

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

GY4971G

PROPERTY

## Service Address

190 VERDE CRESCENT, , 688510

## Primary Contact/Insured

CHI AGRI HOLDING PTE LTD  
190 VERDE CRESCENT, VILLA VERDE, 688510, Singapore

ALBERT\_MAXY@HOTMAIL.COM

## Claim Handler

TAN Wancong

tan.wancong@axa.com.sg

## Additional Instructions

Please do a paper survey

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

GURDEEP SINGH SEKHON  
CHIA KOK SENG  
REY PQO JONG HAN  
GOH LAM CHUAN  
NAVINDER SINGH  
P. PADMAN  
KWEH SOON HAN  
HUE JIAPEI  
LIM YUN HENG  
SHANN S/O NANOO SIVA DAS

# KSCGP

J U R I S T S

*Celebrating 25 Years of  
Professional and Personalized  
Legal Service*

60149706

**MAIN OFFICE:**

10 Hoe Chiang Road, #13-03A  
Keppel Towers,  
Singapore 089315  
Tel: 6538 3811  
Fax: 6538 3708

Website: [www.kscgp.com](http://www.kscgp.com)

(Fax/Email not for service of court documents)

Registered in Singapore with limited liability  
as a Limited Liability Partnership  
Registration Number T10LL1855L

DID: 3152 0985

Email: [jiapei@kscgp.com](mailto:jiapei@kscgp.com)

Your Ref : S8M01018MC/WG

Our Ref : GS/18/5467/GMA/jp/cl

Date : 17 May 2019

AXA Insurance Pte Ltd  
8 Shenton Way  
#24-01 AXA Tower  
Singapore 068811



BY HAND

Dear Sirs,

FASTWELD ENGINEERING CONSTRUCTION PTE LTD  
C/o 10 Hoe Chiang Road #13-03A Keppel Towers Singapore 089315

ACCIDENT INVOLVING GY 4971G AND **GBF 1829P** AT THE JUNCTION OF KRANJI  
WAY AND SUNGEI KADUT DRIVE ON 23.10.2018

3019706802 - -

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 23 October 2018 at the junction of Kranji Way and Sungei Kadut Drive, involving our client's motor vehicle bearing registration number GY 4971G and the motor vehicle bearing registration number **GBF 1829P**, which was insured by you at the material time.

We are instructed that the accident was caused by the negligent driving and/or management of the authorised driver of **GBF 1829P**. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

(1) Cost of repairs	\$ 9,000.00
(2) Loss of use	\$ 3,240.00
(3) Survey fee	\$ 1,040.00
(4) LTA search	\$ 10.00
(5) GIA search	\$ 29.00
(6) Incidentals	\$ 100.00
(7) Costs	\$ 900.00
(8) GST on items (6) & (7)	\$ 70.00
	<b>\$ 14,389.00</b>



**BRANCH: PRIVATE PROPERTY CONVEYANCING**

490 Lorong 6 Toa Payoh Biz 3 Lobby 2  
#09-18 HDB Hub  
Singapore 310490  
Tel: 6591 7896 Fax: 6258 1825

**BRANCH: HDB CONVEYANCING**

490 Lorong 6 Toa Payoh Biz 3 Lobby 2  
#09-18 HDB Hub  
Singapore 310490  
Tel: 6591 7896 Fax: 6258 1408

**BRANCH: SHIPPING, ADMIRALTY & COMMERCIAL**

92 Arab Street #03-01 & #03-02  
Singapore 199798  
Tel: 6634 1348 Fax: 6634 1358

**BRANCH: CORPORATE & LITIGATION**

61 Robinson Road  
#15-02 Robinson Centre  
Singapore 068893  
Tel: 6817 8795 Fax: 6224 1612

The information contained in this letter / facsimile message is CONFIDENTIAL and may also be LEGALLY PRIVILEGED, intended only for the individual or entity named above. If you are not the intended recipient, you are hereby notified that any use, revelation, dissemination, distribution or copying of this document is strictly prohibited. If you have received this document in error, please notify us immediately by telephone (call the number above) and destroy the original message.



A copy each of the supporting documents are enclosed.

<u>S/NO.</u>	<u>AVAILABLE DOCS</u>	<u>PARTICULARS</u>
<u>Client's Documents</u>		
1.	23.10.2018, 24.10.2018	GIA Statement / Traffic Police report
2.		Witness(es) Statement
3.		Accident site photographs
4.		Video footage / CCTV / CD recording
5.		Repair bill / invoice / Excess Tax invoice
6.		Rental bill / invoice and agreement / receipt
7.		Vehicle Entry Permit receipt / E-day license for off-peak vehicle
8.		Towing fees / receipt (Singapore / Malaysia)
9.		Client sold off vehicle and produce letter from LTA
10.		Spare Part Ordering Form
11.		Levy at Custom / receipts
12.	25.04.2019	Survey invoice and surveyor's report
13.	25.04.2019	65 Original / Copies of damage photographs
14.		Enquire PARF / COE Rebate for Registered Vehicle
15.		Enquire Transfer fee
16.		Certificate of Insurance / Motor Cover Note / New Policy Schedule / Registration Card / Grant / Road Tax
17.	16.11.2018, 19.11.2018	Pre-repair Inspection Notices
18.		Traffic Police investigation results
19.		Estimated agreement between surveyor and repairer
20.	14.05.2019	Tax invoices and search results from General Insurance Association of Singapore (GIA) and Traffic Police search fees
<u>Third Party's Documents</u>		
21.	23.10.2018, 24.10.2018	GIA Statement / Traffic Police report
22.		Admission Note
23.	16.11.2018	LTA search / receipt / tax invoice
24.		Malaysia Vehicles Searches / receipt
25.		RCB / ACRA search
26.		Enhanced Individual search / receipt
27.		Property tax search / receipt
<u>Others (Apply only in chain collisions and/or any other documents)</u>		
28.		

We have, on 16 November 2018 and 19 November 2018, notified you of the accident and a pre-repair inspection of our client's motor vehicle was carried out by the appointed surveyors.

Subject to our client's instructions, please confirm in writing within 7 days hereof if you or your insured wish to inspect our client's vehicle or conduct a second re-inspection.

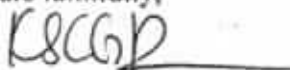
**Kindly furnish us with the address of the driver of GBF 1829P.**

Please note that you or your insured should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you or your insured. In this event, you will be liable for any and all legal costs incurred.

Please also note that if your insured has a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter, which we will then forward to our client and/or the insurers for consideration on a without prejudice basis.

For avoidance of doubt, kindly note that this claim is made without prejudice to our client's personal injury claim.

Yours faithfully,



(Main Office)

Enc.

Cc client

Cc owner – Chi Agri Holding Pte Ltd

Cc driver – Yeo Kim Teck

MSYH18140302 / Sin Yew Hup Auto Pte Ltd - HQ  
 ENTRY DATE & TIME: 12/11/2018 15:30  
 SUBMITTED BY: Edwin Yap Kiat Beng

Your NCD will be affected due to late reporting  
 Actual e-Filing Submission Date & Time: 12/11/2018 15:53

## 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 GI&A Records Management Centre established by the General Insurance Association of Singapore (GI&A) 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	12/11/2018 15:30
Date Of Accident	23/10/2018 19:40
Exact Location Of Accident	KRANJI WAY T JUNCTION WITH SUNGEI KADUT DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY4971G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FASTWELD ENGINEERING CONSTRUCTION PTE LTD
Co Reg No	199905603W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63686325

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN3022271800
Cover Note Number	

### Driver

Name of Driver	ONG LIAN LYE
NRIC No	S0011012D
Date Of Birth	12/11/1951
Occupation	OUTDOOR
Date Of Driving Pass	28/10/1977
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90293857
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 95B HENDERSON ROAD #05-28  
 Postcode 152095  
 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 COLLISION - HEAD ON COLLISION  
 Weather Conditions RAINING  
 Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident 2  
 Was any body injured in the Accident? YES  
 Was any injured conveyed to hospital by ambulance? YES  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 5  
 Passenger 1 NAME: : NEYIDONDA NANAJI  
 GENDER: : MALE  
 Passenger 2 NAME: : SARAPATI SUBRAHMANYAM  
 GENDER: : MALE  
 Passenger 3 NAME: : MURUGAN KARUPPAIYAN  
 GENDER: : MALE  
 Passenger 4 NAME: : KARUPPIAH SANKAR  
 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name BUKIT MERAH WEST NPC  
 Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682, 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 POLICE REPORT T/20181024/2046

#### 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 GBF1829P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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 ONG LIAN LYE

Approximate Age

Injuries Sustain

Injured person in which vehicle? GY4971G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name MURUGAN KARUPPAIYAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? GY4971G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 3**

Name NEYIDONDA NANAJI

Approximate Age

Injuries Sustain

Injured person in which vehicle? GY4971G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 4**

Name SARAPATI SUBRAHMANYAM

Approximate Age

Injuries Sustain

Injured person in which vehicle? GY4971G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 5**

Name KARUPPIAH SANKAR

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GY4971G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20181024/2046

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No. T/20181024/2046

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2018 11:55	Video Report No.:	Station Diary No.: 23
--	-------------------	--------------------------

## Informant's Particulars

Name of Informant: ONG LIAN LYE			Address: APT BLK 95B HENDERSON ROAD #05-28 SINGAPORE 152095	
ID Type / ID No.: NRIC NO / S0011012D			Contact No.: Home/Office: Mobile: 90293857	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 66	Date of Birth: 12/11/1951	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/10/2018 19:40	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 KRANJI WAY SUNGEI KADUT DRIVE Along Kranji Way towards Neo Tiew Road, T-Junction of Sungei Kadut Dr				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBF1829P	Lorry				Seriously Damaged	0
GY4971G	Lorry				Seriously Damaged	4

## Details of Person Involved

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

## Sketch Plan #3 Pg. 1



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20181024/2046

3 of 3

Report No. T/20181024/2046

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 2 TAN HWA TIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

24/10/2018 11:55

Classification Of Case:

-



## Sketch Plan #4 Pg. 1

TRAFFIC POLICE  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP 168 No: T/2018/074/2046 Name: ONG LIAN LYE  
 Accident Date/Time: 24/10/18/1153 Address: 21K/95B HENDONG ROAD  
 Vehicle(s) involved: HRF 18091 #05-28  
TY 49716 NRIC No: 500110120  
 Tel No: 90292854  
 Date: 23/10/18

Dear Sir / Madam

I wish to amend as follows:

On the 23/10/2018 at 1949 hrs of accident location  
 along Kranji Way towards Neo Tiew Rd. Junction  
 of Upper East Drive, the traffic light condition  
 was in amber when my lorry was near the stop  
 line and as such I continued to drive through the light  
 all.

  
 Yours faithfully

ONG LIAN LYE  
 500110120

Bukit Merah West  
 Neighbourhood Police Centre  
 No 500 Bukit Merah Way #02-01  
 Singapore 159682  
 Tel: 1800-3779999

## Sketch Plan #5 Pg. 1



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

HE300/C  
H 53  
J20600A  
THIRD PARTY

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1967 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DKCVSH3032271000	Engine No : QD32205467 Chassis No: JN15P4F23Z0854053
1. Index Mark and Registration Number of Vehicle	SY4571G	
2. Name of Policy Holder	M/E FASTWELD ENGINEERING CONSTRUCTION PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 APRIL 2018	
4. Date of Expiry of Insurance	26 APRIL 2019	
5. Persons or Classes of Persons entitled to drive *	<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.</p>	
6. Limitations as to use *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER:</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, FACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> <p><i>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.</i></p>	

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Malaysia). Please see reverse.

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorized Officer

Authorized Signatory

## Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature  
Date & Time:

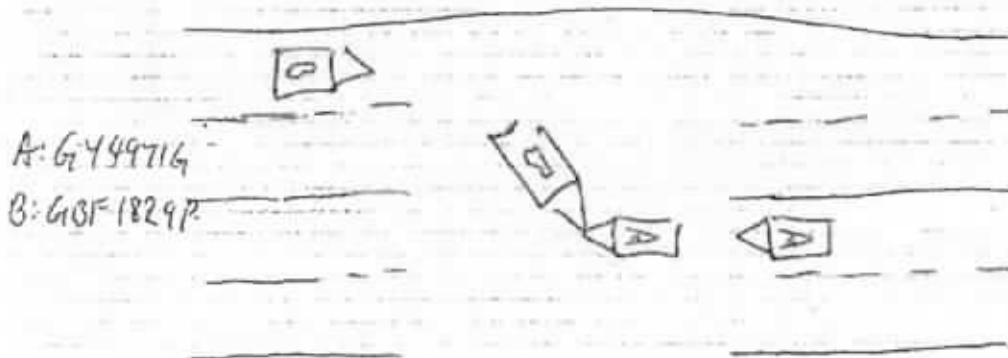


Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 1/20181024/2046.

## 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 Center Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



18 5467 CMB



**PRO  
PLUS  
AUTOMOBILE  
ENGINEER**

221 Balestier Road #10-01 Rocco Balestier Singapore 329928  
Tel: (65) 6256 5255 Fax: (65) 6352 6802 Email: ethan88@singnet.com.sg / ethan88@gmail.com  
Mobile: +65 96730595 / +65 9788 9808 / +65 96999248  
Company Registration No: 40156500M

*Consultants to Motor Industry, Automobile  
Engineers, Claims Investigators, Accident  
Reconstruction Specialists, Insurance Loss  
Assessors / Adjusters, Valuers And  
Licensed Appraisers.*

TO:

M/s Fastweld Engineering Construction  
Pte Ltd  
c/o Block 38 Woodlands Industrial Park E1  
#05-01  
Singapore 757700

**INVOICE NO. 29726**

OUR REFERENCE : PP/EI/CT.4971.TP.4-19  
YOUR REFERENCE: Third Party  
DATE : 25 April 2019

VEHICLE REGISTRATION NO : GY 4971 G  
VEHICLE MAKE /MODEL : Nissan Cabstar 3.0D

- ☒ TO INSPECTION/APPRaisal FEES
- ☐ TO AFFIRM AFFIDAVIT ON
- ☐ TO COURT ATTENDANCE ON
- ☐ TO REINSPECTION FEES
- ☒ TO PHOTOGRAPHY
- ☒ TO TRANSPORTATION CHARGES & follow-up reinspection

- ☐ OTHERS (SPECIFY)
- ☐ SINGAPORE DOLLARS: ONE THOUSAND & FORTY ONLY
- ☐

SS 1040.00

E & O E.



for PRO PLUS AUTOMOBILE ENGINEERS



221 Balestier Road #10-01, Rocca Balestier, Singapore 329928  
Tel: +65 6707 8932 Fax: +65 6352 6802  
Mobile: +65 9673 0595 / +65 9788 9809  
E-mail: ethtan88@singnet.com.sg Email: ethtan88@gmail.com  
Company Registration No: 40156500M

PRO  
PLUS  
AUTOMOBILE  
ENGINEERS

*Consultants to Motor Industry, Automobile  
Engineers, Claims Investigators, Accident  
Reconstruction Specialists, Insurance Loss  
Assessors / Adjusters, Valuers And  
Licensed Appraisers.*

Our Ref : PP/ET/CT.4971.TP.4-19

25 April 2019

M/s Fastweld Engineering Construction Pte Ltd  
c/o Block 38 Woodlands Industrial Park E1  
#05-01  
Singapore 757700

**WITHOUT PREJUDICE**

Dear Sirs,

**Re : Third Party Claim  
Vehicle Registration No. GY 4971 G**

We refer to your instruction to appraise the above-mentioned vehicle on 31 October 2018.

A static inspection was carried out and our report is enclosed for your perusal. The estimated repair costs submitted by Messrs **GMA Automotive Services** for **\$19,771.10** as per our attached schedule has been rechecked thoroughly by us against the actual damages sustained on the vehicle, and we recommend the replacements and rectifications accordingly.

Our revised quotation for the repair is **\$11,825.18**. In our opinion, we consider it to be excessive. We, therefore, recommend a contract lump sum repair cost. This is more economical than to have the vehicle repaired on a parts by/for parts basis. Invariably, the motor repairer has the prerogative/option for the recommended replacement components to either be repaired or be replaced.

We have negotiated with the repairer and they have agreed to repair this vehicle for **\$9,000.00 NETT** which, in our opinion is fair and reasonable.

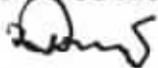
The repairer has agreed to undertake the repairs to your requirements at the recommended contract lump sum. However, we have not given authorisation and instruction to the repairer to proceed with the repairs.

The entire repair of the damaged vehicle should be completed within a reasonable period of **10 ( ten ) days**, excluding weekends and public holidays.

We are reverting the matter to you for a decision, and enclosed is our invoice for services rendered.

Please do not hesitate to contact us if you have any queries on this matter.

Very truly yours,  
PRO PLUS AUTOMOBILE ENGINEERS

  
**Errol Tan**  
*Licensed Appraiser & Automobile Engineer*

Encls:



The information contained in these documents may be privileged and confidential, and is intended for the exclusive use of the addressee designation. If you are not the addressee, any enclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this survey report in error please contact us immediately by telephone so that we can arrange for its return.



**PRO  
PLUS  
AUTOMOBILE  
ENGINEERS**

221 Balestier Road #10-01, Rocca Balestier, Singapore 329928  
Tel: +65 6707 8932 Fax: +65 6352 6802  
Mobile: +65 9673 0595 / +65 9788 9809  
E-mail: ethtan88@singnet.com.sg Email: ethtan88@gmail.com  
Company Registration No: 40156500M

*Consultants to Motor Industry, Automobile  
Engineers, Claims Investigators, Accident  
Reconstruction Specialists, Insurance Loss  
Assessors / Adjusters, Valuers And  
Licensed Appraisers.*

## VEHICLE INSPECTION REPORT

To: M/s Fastweld Engineering Construction Pte Ltd  
c/o Block 38 Woodlands Industrial Park E1  
#05-01  
Singapore 757700

Insured :  
Policy Number :  
Claim Number :  
Our Reference : PP/ET/CT.4971.TP.4-19  
Own Damage/Sum Insured :  
Excess :  
Third Party/Insce Company :  
Date : 25 April 2019

Instructed By : Mr Cleon Cheng  
Date of Assignment : 31 October 2018  
Date of Accident : 23 October 2018  
Date of Inspection : 01 November 2018  
Name of Workshop : GMA Automotive Services  
Place of Inspection : Block 38 Woodlands Industrial  
Park E1  
#05-01  
Singapore 757700

### PARTICULARS OF DAMAGED VEHICLE

Registration Number	: GY 4971 G	Odometer Reading	: 447 861 Km
Make/Model	: Nissan Cabstar 3.0D	Radio/Cassette/CD	: Fitted
Year of Manuf/Reg	: 2005	Air Conditioner	: Fitted
Engine Number	: QD32205467	View Mirrors	: Fitted -O/s & r/s
Chassis Frame Number	: JN1SF423Z0854053	Seat Belts	: Fitted -Front only
Class/Type	: Lorry ( Metal Body )	Other Assessories	:
Colour	: Metallic Gold	(Specify)	:

### PRE-ACCIDENT CONDITION OF VEHICLE

General Condition	: Good	Any Apparent Engine	:
Paintwork	: Good	Modification/s	:
Footbrakes	: Serviceable	Market Value	: -
Steering	: Serviceable	Scrap Value (PARF/OMV)	: -
Undercarriage (Front)	: Serviceable		
Undercarriage (Rear)	: Serviceable		

### TYRE CONDITIONS ON VEHICLE

		NEAR SIDE	OFF SIDE
		60%	60%
Front (Size)	: 195R15		
MAKE	: Aglis		
Rear (Size)	: 155R12 X 2	60% X 6 0%	60% X 6 0%
MAKE	: Falken		
SPARE (Size)	: -	-	
MAKE	: -		
Type of Road Wheels	: Standard		

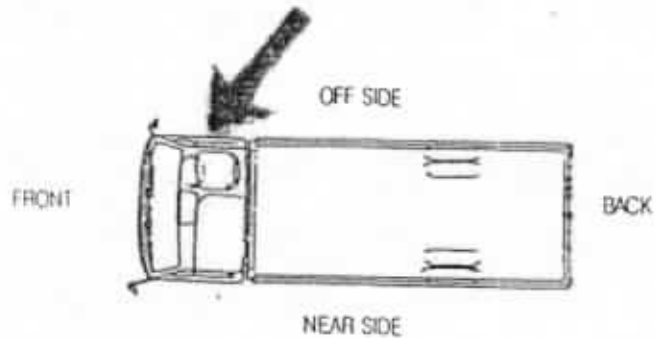
NOTE: The above percentages represent the estimated remaining life of the tyre threads  
\* Denotes damaged component/s

## PRO PLUS AUTOMOBILE ENGINEERS

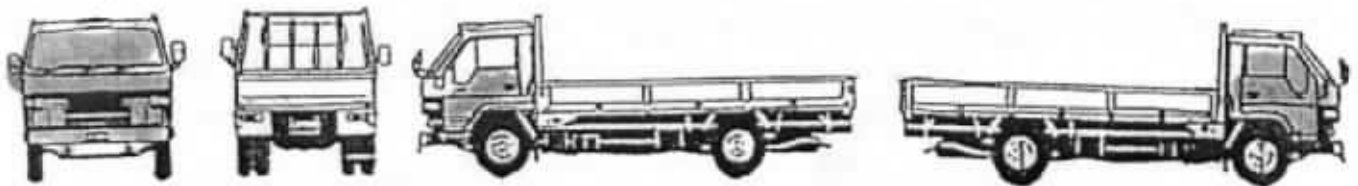
### IMPACT OF VEHICLE

Direction of Impact (→)

Damages sustained were consistent with the subject vehicle being involved in a collision with another vehicle and the impact was delivered onto the o/s front portion of the vehicle. Apparently, the o/s front wheel was struck-upon, thus, damaging its o/s suspension members & steering mechanisms, thus misaligning its wheel camber/geometry



### SYNOPSIS OF DAMAGES RESULTANT FROM THE ACCIDENT



#### Damage Area/s

Damages sustained were the cabin assembly- distorted, front suspension members o/s- bent/buckled/twisted, steering column/shaft- bent/twisted, air conditioner condenser & radiator assemblies- bent/distorted, front cross-member- bent/buckled and front chassis member- bent/twisted etc. -----

*Note : Follow-up reinspection of damaged components & works-in-progress on 20 January 2019.*

*Follow-up reinspection of vehicle on 22 January 2019 after spray painting & noted that the listed components as per our recommendations were replaced and repaired accordingly.*

### ESTIMATE

The estimate submitted by **M/s GMA Automotive Services** as per schedule attached has been revised and scrutinised, and in our opinion, we consider it to be fair and reasonable. The repairers have agreed to undertake the repairs to the owner's satisfaction at our revision. As instructed, we have/have not authorised the repairs.

	Repairer's Estimate	Our Recommendation	
Spare Parts	15571.40	9185.18	Estimated number of
Labour Charges	1500.00	800.00	days for repairs: 10
Paint Work	1500.00	1000.00	
Towing Charges	120.00	70.00	Number of photographs
Others	1080.00	770.00	taken at time of
TOTAL	19771.40	11825.18	static inspection: 65

**Remarks:** The repairer has agreed to undertake the repairs on a contract lump sum of \$9,000.00 NETT corresponding to supply of parts, labour and spray painting charges. Invariably, the motor repairer has the prerogative/option for the recommended replacement components to either be repaired or be replaced.

*NOTE: The revised estimate was made from a visual inspection. Any discrepancies or unseen damage/s should be notified with the company within 7 (seven) days from the date thereof. Otherwise, the revised amount should deem to be valid.*

## APPRAISEMENT SCHEDULE

Registration No: GY 4971 G

Your Reference:

S/No	Qty	Descriptions	Comments/ Condition	Repairer's Estimate \$ €	Revised Amount \$ €
<u>PARTS REPLACEMENT- LIST ITEMS</u>					
1	1 pc	Cabin assembly [ shell ] assembly	Distorted ✓	10500.00	(Refer special nett items)
2	1 pc	Engine mounting o/s	Split by impact ✓	65.10	(Refer special nett items)
3	1 pc	Engine mounting n/s	Split by impact ✓	65.10	(Refer special nett items)
4	1 pc	Transmission mounting	Split by impact ✓	88.20	(Refer special nett items)
5	1 pc	Steering shaft	Bent/stiffened ✓	583.40	583.40
6	1 pc	Steering box assembly	Distorted ✓	1472.70	1472.70 X HN
7	1 pc	Air conditioner condenser	Bent/distorted ✓	645.10	645.10 X HN
8	1 pc	Air conditioner fan assembly	Sandwiched/jammed ✓	341.20	341.20 X HN
9	1 pc	Radiator assembly	Bent/distorted ✓	587.40	587.40
10	1 pc	Radiator cowling ( top)	Cracked ✓	48.00	48.00
11	1 pc	Radiator cowling ( lower)	Cracked ✓	48.00	48.00
12	1 pc	Radiator fan blade	Sandwiched/chafed ✓	136.80	136.80
				14581.00	3862.60
<u>Less</u> : 30% by Pro Plus Automobile Engineers					1158.78
				14581.00	2703.82
			Sub - Total	14581.00	2703.82

## APPRAISEMENT SCHEDULE

Registration No: GY 4971 G

Your Reference:

S/No	Qty	Descriptions	Comments/ Condition	Repairer's Estimate \$    ¢	Revised Amount \$    ¢
			B/F	14581.00	2703.82
		<u>PARTS REPLACEMENT- NETT ITEMS</u>			
1	1 pc	Front shock absorber o/s	Bent/twisted ✓	195.50	195.50
2	1 pc	Front lower arm o/s	Bent/buckled ✓	187.50	187.50
3	1 pc	Front stay bar o/s	Buckled ✓	67.10	67.10
4	1 pc	Front knuckle o/s	Buckled ✓	391.10	391.10
5	1 pc	Front knuckle bearing o/s	Essential ✓	111.20	111.20
				952.40	952.40
		<u>Less : 10% by Pro Plus Automobile Engineers</u>			95.24
				952.40	857.16
		<u>PARTS REPLACEMENT- SPECIAL NETT ITEMS</u>			
1	1 pc	Cabin assembly [ shell ] assembly	Secondhand/ reconditioned	0.00	5500.00 ✓
2	1 pc	Engine mounting o/s	50% depreciation	0.00	32.55 ✓
3	1 pc	Engine mounting n/s	50% depreciation	0.00	32.55 ✓
4	1 pc	Transmission mounting	50% depreciation	0.00	44.10 ✓
5	1 pc	Radiator coolant	Essential	20.00	15.00 ✓
6	1 pc	Front licence plate	Serviceable	18.00	Rejected
			Sub - Total	15571.40	9185.18



## APPRAISEMENT SCHEDULE

Registration No: GY 4971 G

Your Reference:

S/No	Qty	Descriptions	Comments/ Condition	Repairer's Estimate \$    ¢	Revised Amount \$    ¢
			B/F	15571.40	9185.18
		<u>LABOUR &amp; MISC. CHARGES</u>			
1		To towing charges utisiing king-dolly equipment/platform carrier.		120.00	70.00 ✓
2		To disconnect front wire harness of electrical components to facilitate repairs, reconnect & check functions including to focus headlamps.		50.00	20.00 ✓
3		To dismantle/renew/install air conditioner condenser & radiator assembly including to dismantle/install pipes & hoses etc to facilitate repairs & refill with refrigerant [ Climatiseur R134a specification ] & coolant respectively.		180.00	<del>150.00</del> 10.00 ✓
4		To hau/install cabin assembly [ old & secondhand unit ]		350.00	250.00 ✓
5		To mount vehicle onto alignment bench, set-up necessary tools & equipment and to calibrate front chassis members to symmetrical dimensions. [ Note: 'BLACKHAWK' chassis alignment bench/equipment available in motor workshop ]		500.00	<del>350.00</del> 2.00 ✓
6		To dismantle/renew the accident damaged portions. To heat, cut/weld damaged body panels & components including to heat, knock-out, reshape, straighten, orientate, restore & align repairable constituents to symmetrical dimensions.		1500.00	800.00 ✓
7		To putty/primer application and spray painting including touch-up affected areas with polyurethane paint.	) ) ) ) )		
8		To rustproofing & cavities preservation to the replaced and repaired panels.	) ) ) ) )	1500.00	1000.00 ✓
			Grand - Total	19771.40	11825.18

Note: The repairer has agreed to undertake the repairs at a contract lump sum of \$9,000.00 NETT, corresponding to supply of parts, labour and spray painting charges. Invariably, the motor repairer has the prerogative/option for the recommended replacement components to either be repaired or be replaced.

Pro Plus Automobile Engineers

ERROL PAN

B.A.Econ (Hons).UK

Dip. Auto Engr. & Motor Trade Management .UK  
Automobile Engineer & Licensed Appraiser

9 days



Your Ref : GBF 1829P  
Our Ref : GY 4971G/GMA/jp/cl  
Date : 16 November 2018

Fax : 6538 3708  
Tel : 3152 0982  
Email : [accident@kscgp.com](mailto:accident@kscgp.com)

AXA Insurance Pte Ltd

BY EMAIL ONLY

**DATE OF ACCIDENT: 23 OCTOBER 2018**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of GY 4971G to notify you of a road traffic accident on 23 October 2018 at about 7.40 p.m. at the T-junction of Kranji Way with Sungei Kadut Drive, involving our client's vehicle registration number GY 4971G and vehicle registration number **GBF 1829P**, which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*CL*

Enc.

Your Ref : S8M01018MC/WG  
Our Ref : GY 4971G/GMA/jp/cl  
Date : 19 November 2018

Fax : 6538 3708  
Tel : 3152 0982  
Email : accident@kscgp.com

AXA INSURANCE PTE LTD

BY EMAIL ONLY

**DATE OF ACCIDENT: 23 OCTOBER 2018**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email dated

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1.	Errol Tan	Pro Plus Automobile Engineers
2.	Dave Chang	Sincere Appraisal Services
3.	Lee Kok Weng	Lee Automobile Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : GMA Automotive Services  
Block 38 Woodlands Industrial Park E1  
#05-01  
Singapore 757700

Contact Person/Tel : Cleon / 9061 1218  
Mr Cheng / 9386 6315

Yours faithfully,

*CL*

Your Ref : S8M01018MC/WG  
Our Ref : GY 4971G/GMA/jp/cl  
Date : 19 November 2018

Acknowledgement

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of  
\_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**SEARCH RESULTS**

Our Ref No: GR-19-076493  
Date of Request: 14/05/2019

Your Ref No: GS/18/5467/GMA/JP/WS

KSCGP JURIS LLP  
10 Hoe Chiang Road #13-03A  
Keppel Tower  
Singapore 089315

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 23/10/2018  
Place of Accident: KRANJI WAY AND SUNGEI KADUT  
Client Vehicle No: GY4971G

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
GBF1829P	JUNCTION KRANJI WAY X SUNGAI KADUT DRIVE	23/10/2018 20:00

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-19-076493  
Date of Request: 14/05/2019

Your Ref No: GS/18/5467/GMA/JP/WS

KSCGP JURIS LLP  
10 Hoe Chiang Road #13-03A  
Keppel Tower  
Singapore 089315

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 23/10/2018  
Place of Accident: KRANJI WAY AND SUNGEI KADUT  
Client Vehicle No: GY4971G

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-19-076498

Date of Request: 14/05/2019

Your Ref No: GS/18/5467/GMA/JPWS

KSCGP JURIS LLP  
10 Hoe Chiang Road #13-03A  
Keppel Tower  
Singapore 089315

Dear Sir/Madam,

Date of Accident: 23/10/2018

Vehicle No: GY4971G

Place of Accident: KRANJI WAY T JUNCTION WITH SUNGEI KADUT DRIVE

Involving Vehicle No: GBF1829P

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBF1829P	KRANJI WAY T JUNCTION WITH SUNGEI KADUT DRIVE	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

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Date

☒ GIRO ☐ Cash ☐ Cheque

## 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	24/10/2018 16:41
Date Of Accident	23/10/2018 20:00
Exact Location Of Accident	JUNCTION KRANJI WAY X SUNGAI KADUT DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1829P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHI AGRI HOLDING PTE LTD
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	DYNA
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P212596B
Cover Note Number	

### Driver

Name of Driver	YEO KIM TECK
NRIC No	S1001200G
Address	190 VERDE CRESCENT

### General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR

### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	3

### Circumstances of Accident

REFER TO ATTACHED

### 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	GY4971G
-----------------------------	---------



Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

**DETAILS OF INJURED PERSON 1**

Name YEO KIM TECK

Injured person in which vehicle? GBF1829P

**DETAILS OF INJURED PERSON 2**

Name LIM SUE LANG

Injured person in which vehicle? GBF1829P

**DETAILS OF INJURED PERSON 3**

Name YANTI

Injured person in which vehicle? GBF1829P

Sketch Plan  
SKETCH PLAN

IMPORTANT NOTICE

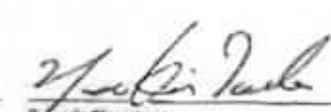
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

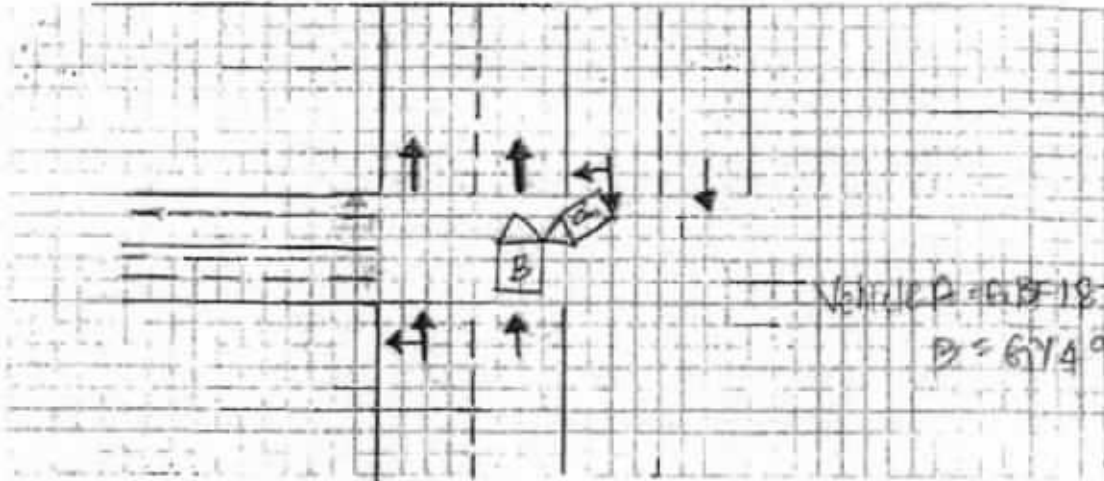


Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/20181024/2063

DECLARATION

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



Policyholder's Signature:  
Date & Time:

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

*[Signature]*

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

Customer Service/Insurance No.

## POLICE REPORT


**SINGAPORE  
POLICE FORCE**


T/20181024/2063

1 of 4

Report No: T/20181024/2063

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2018 12:59		Vide Report No.		Station Diary No.: 71	
<b>Informant's Particulars</b>					
Name of Informant: YEO KIM TECK			Address: 190 VERDE CRESCENT SINGAPORE 688510		
ID Type / ID No.: NRIC NO / S1001200G			Contact No.: Home/Office: Mobile: 96854390		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 26/03/1948	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FARMING			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 23/10/2018 20:00	Type of Location: T-Junction
Location: Along Road 1 KRANJI WAY SUNGEI KADUT DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passes
GBF1829P	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Silver	Seriously Damaged	2
GY4971G	Lorry	NISSAN	CABSTAR	Gold	Seriously Damaged	6

## Details of Person Involved

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

## POLICE REPORT

SINGAPORE  
POLICE FORCE

Police Station Of Origin  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 680266  
Tel No: 1800-7055599



10201810240208

2 of 4

Report No: TQ2018102402083

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	YANTI	ID No	G8700520M
Related Vehicle	GBF1829P (Lorry)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/10/2018	Date Discharge	23/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	YEO KIM TECK	ID No	S1001200G
Related Vehicle	GBF1829P (Lorry)	Contact No.	96854380
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/10/2018	Date Discharge	23/10/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Passenger</b>			
Name	LIM SUE LANG	ID No	S1133505E
Related Vehicle	GBF1829P (Lorry)	Contact No.	82928534
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/10/2018	Date Discharge	23/10/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

## Brief Details:

On 23/10/2018 at about 2000hrs, I was driving GBF1829P along Kranji way turning to Sungei Kadut Drive, when I met with an accident with GY4971G. When I was turning into Sungei Kadut Drive, the lorry GY4971G from the opposite direction on Kranji way dash across the road when the traffic light was red. It resulted in both lorries had a head on collision. The police and ambulance came to the scene and assisted. Both my passenger and myself was being send to Khoo Teck Puat Hospital. I had knee and shoulder injury with 2 days mc. My wife had some neck injury and abrasion with 7 days mc. My maid had some cut on her leg with 5 days mc.

POLICE REPORT



SINGAPORE  
POLICE FORCE



10018 1004-2003

3 of 4

Police Station Of Origin  
Choa Chu Kang N.P.C.  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 680256  
Tel No: 1800-7659888

Report No: 10018 1004-2003

CONTINUATION OF REPORT



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



1251812042963

4 of 4

Report No: 70018102402063

Police Station Of Origin:  
Choa Chu Kang N.P.C.  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 680286  
Tel No: 1800-7659999

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 65474865 using the report number as reference.

Signature Of Officer Recording The Report

J/  
Sgt 2 EDWYNA CHEW HUI LING

Signature Of Interpreter

Not applicable

Officer In Charge Of Case

TP / GIT /  
Sr Staff Sgt RAZIZ BIN TAHAR  
Contact No: 65476290

Authentication Stamp

WPS

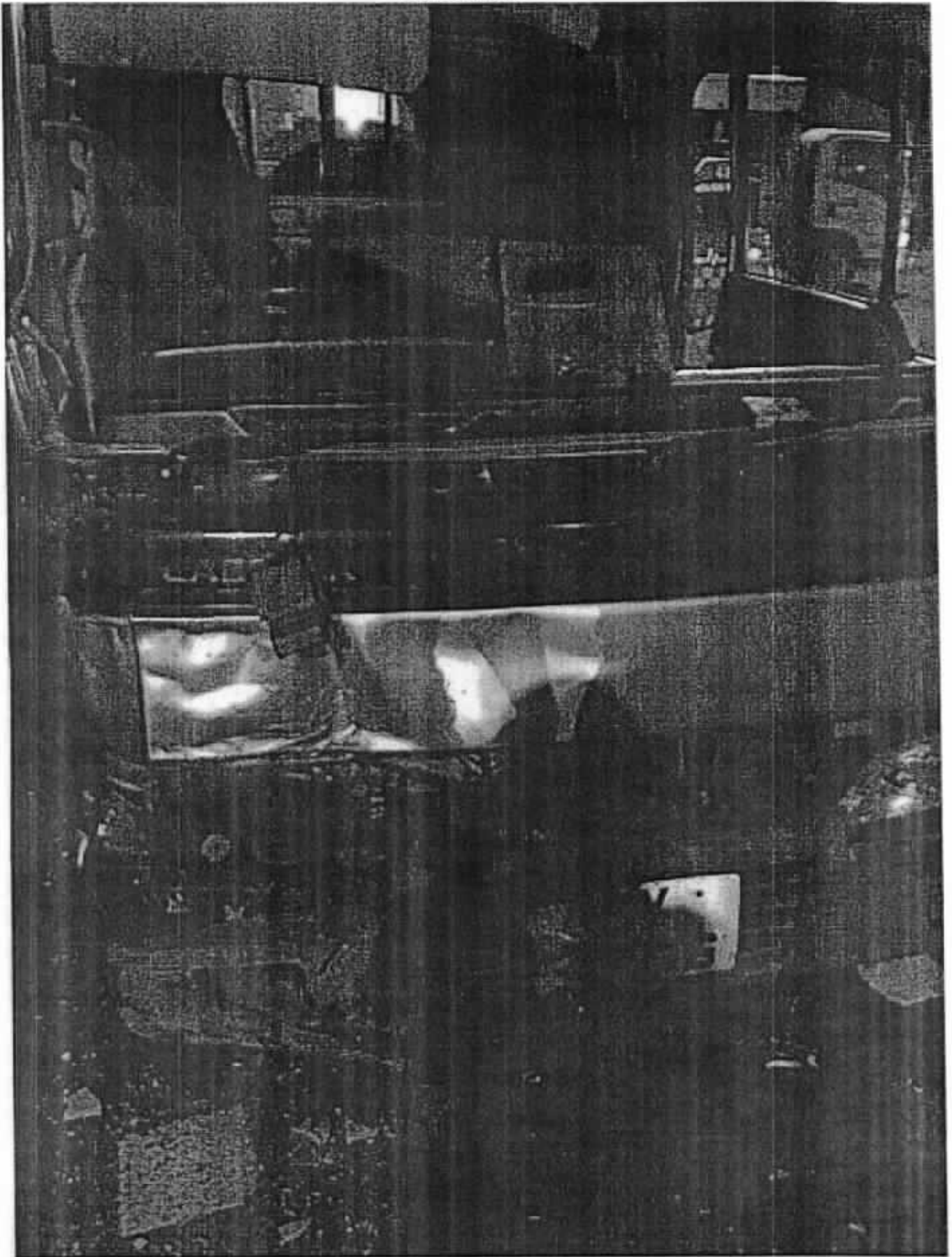
Signature Of Informant

Date/Time

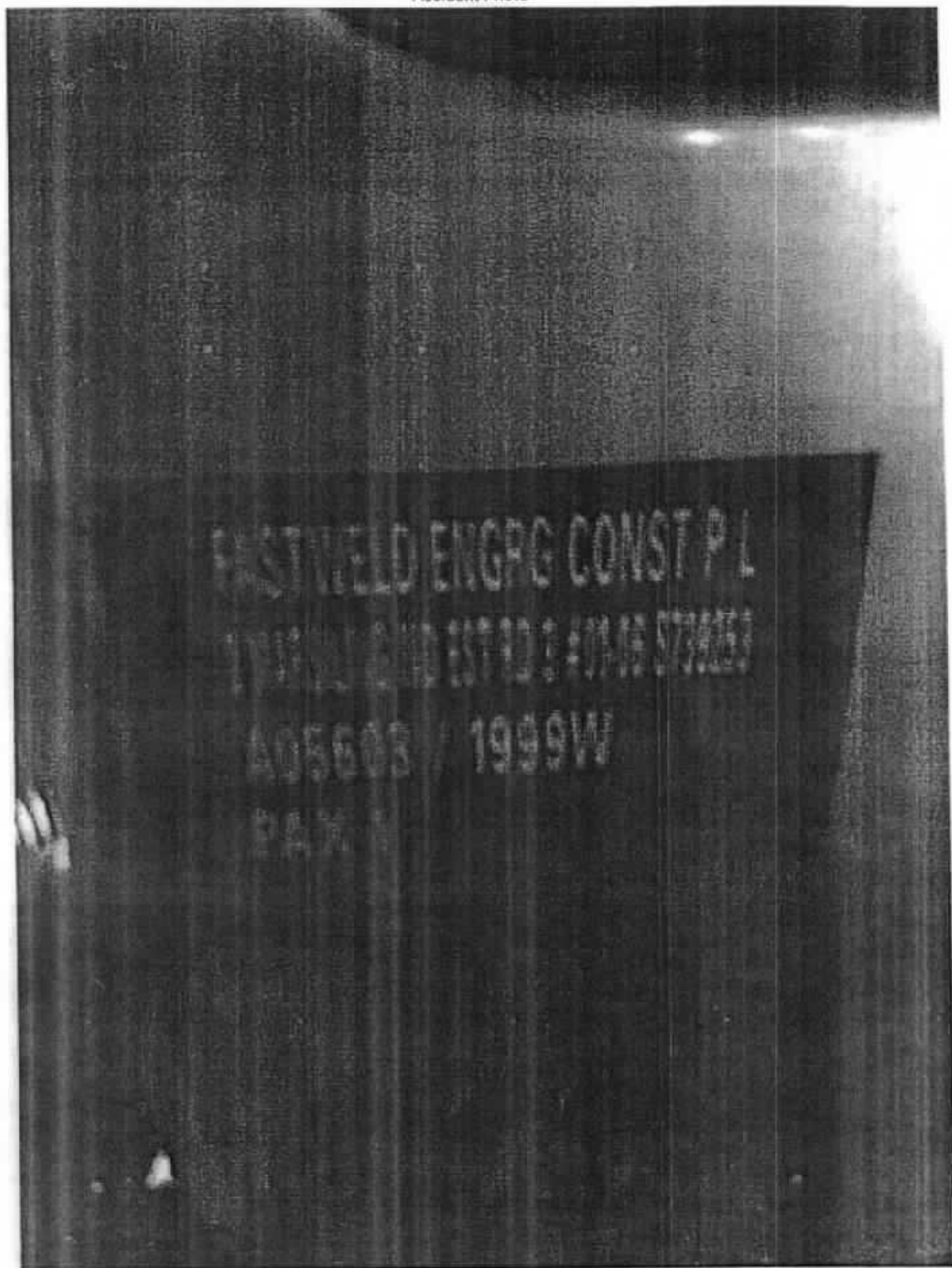
24/10/2018 12:50

Classification Of Case

Accident Photo



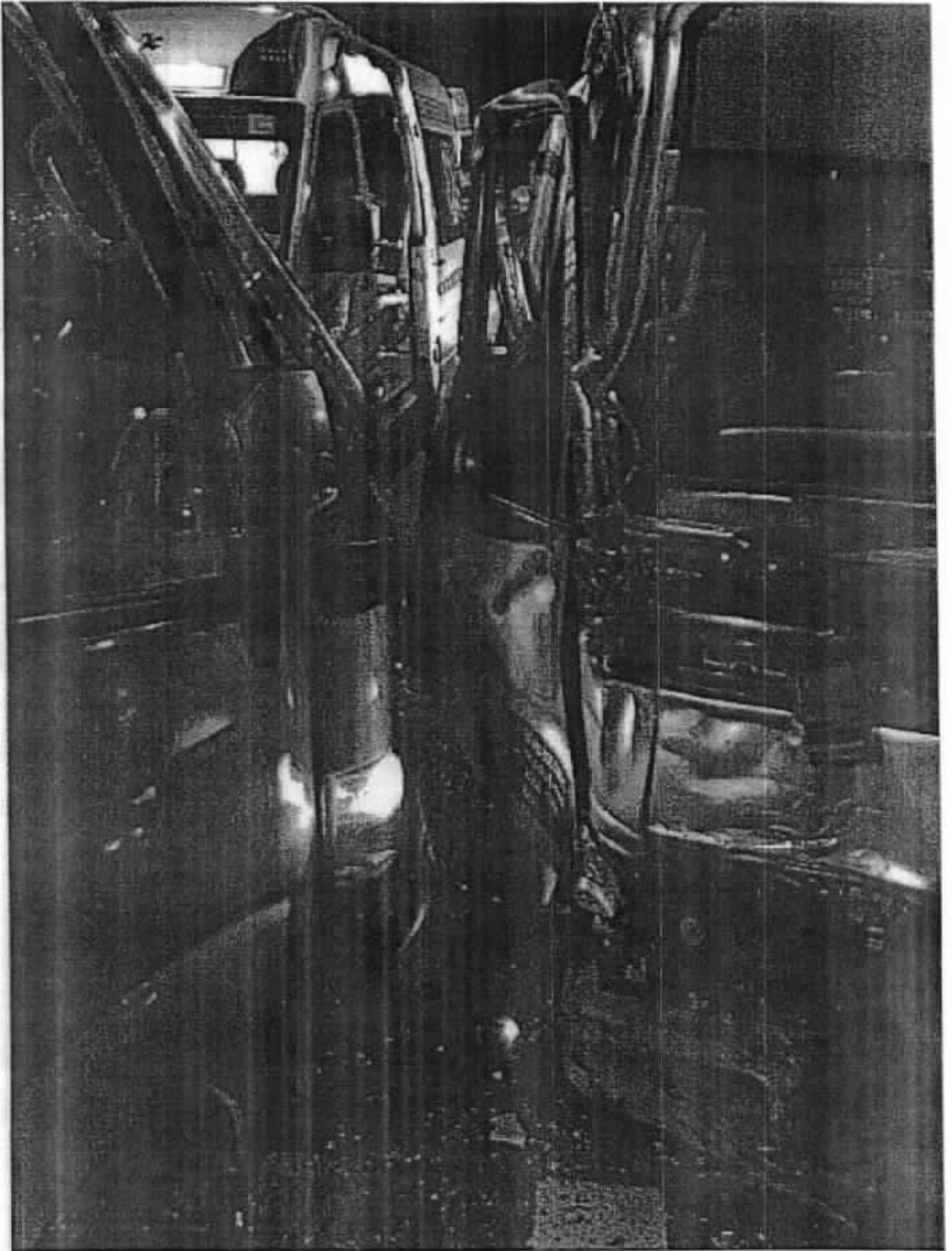




Accident Photo



Accident Photo

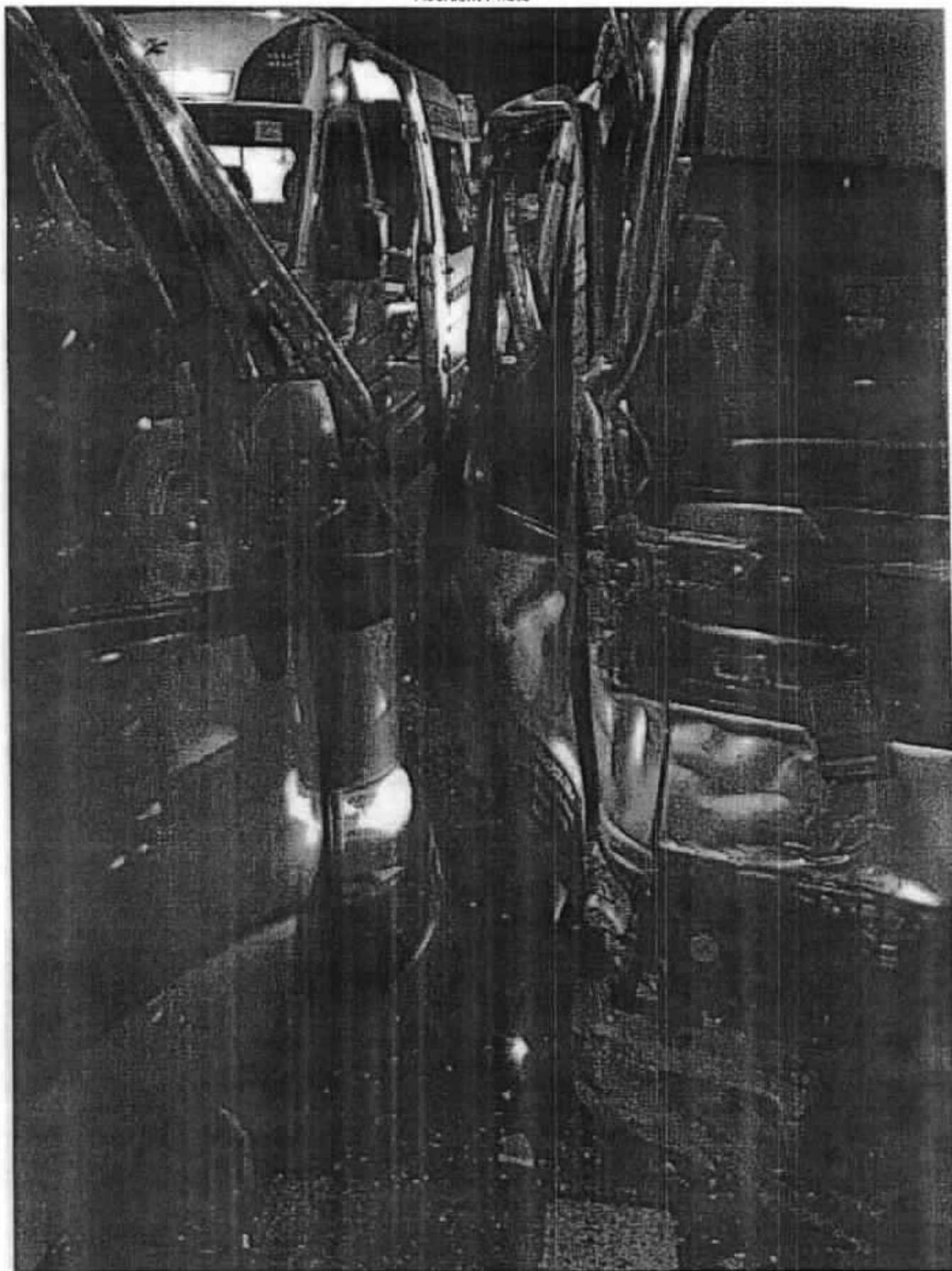


Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #15-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0080  
 Operating Hours : Monday to Friday, 09:00 - 17:00  
 UEN: S402306200 / GST Reg. No.: M400017725

**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 : MYT218138354 Vehicle Registration No: 9BFH29P  
 Name (as shown in NRIC) : Chi Agri Holding Pte Ltd NRIC/FIN/Passport No : 201429567G  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address : 190 Verde Crescent Villa Verde Singapore( 688510 )  
 Contact (Tel) : N.A Mobile No. : 96854890  
 Email Address : N.A  
 Date of Accident : 23/10/2018 20:00 Time of Accident: 20:00  
 Place of Accident : Junction Kranji Way X Sungai Bedut Pkwy  
 Insurance Company: AXA

### (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:

I would like to withdraw my third party claim and  
revert to own damage claim.

Policyholder / Driver's Signature  
 Date:



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

**Enquire Vehicle & Owner Information ( Vehicle No. GBF1829P As At 23 Oct 2018 / 19:40:00 )**

## Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: GY4971G/GMA/JP/CL

## Current Owner Details

Owner ID Type: Company  
Owner ID: 201429567G  
Owner Name: CHI AGRI HOLDING PTE LTD  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 190  
Registered Street Name: VERDE CRESCENT  
Registered Unit No.: -  
Registered Building Name: VILLA VERDE  
Registered Postal Code: 688510

## Current Vehicle Details

Vehicle No.: GBF1829P  
Make Description/Model: TOYOTA / TOYOTA DYNA 150 MANUAL  
Insurance Company Name: AXA INSURANCE PTE LTD