

REF: CS/H/G/90/0843/ Gvd302

Special Instructions:

HS: \$ 5,400.00

From (Person): Bernie Tun of MG Date/Time: 8/5/19  
Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

Third Parties:

Claimant:

Surveyor: C.L. Appruiiser

Workshop: GForce Antifuck

OD/FP Re-inspection / Evaluation

To Inspect Vehicle No: SLF 2859C Insured: SKW 3379R  
at Workshop m/s GForce Autotech Tel: G205 8108  
of 10 Kaki Bukit Road 2 #01-34

Insured: SLW 3379 R

Tel: 6205 8108

Policy No: \_\_\_\_\_ Claim No: 496976502SSG-003

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 10/02/2019  
(Client's Record)

(Client's Record) \_\_\_\_\_ D.O.A. 10/02/2019

29/07/2019 @ 10:30 am

H.O.D. Enrolment/Date: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 3-6-16 Confirmed with [Signature] Final Fiq \_\_\_\_\_, \_\_\_\_\_ days (Red \$ \_\_\_\_\_ / \_\_\_\_\_ %; Original \_\_\_\_\_ days)

Date/Time: 30/1/19 Submit Final Fig 152500, 5 days (Red \$ / %; Original 6 days)

[illegible]

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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 31 JUL 2019

Para(3) : Nett Value

Market Value : \_\_\_\_\_

Salvage Value :

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

<i>Fee Charged:</i>
---------------------

Basic &amp; Add

Transport

### Plantes

Others

Total

Date \_\_\_\_\_

200

200

1) Date/Time 30/11-14:05 File Pass io

3) Date/Time 1/25 File Pass to \_\_\_\_\_

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

2) Date/Time

#### 4) Date/Time

6) Date/Time

File Return to

File Return to

File Return to:

# ASSIGNMENT

From \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 QD / TP / WS / ~~MP~~ RES / QD 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.



Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 5 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SUF2859C Regn: 22 Aug 2016  
 Type: ☒ M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda civic 1.6 c.c. 1597  
 Colour: Grey A/C: Insured / Std / NI / NA  
 Sp. Reading: 62879 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHFC5650GT0000 66

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/55R16  
 R: 11

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 29-07-19

Survey held at w/s 10:30

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

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

30/7/2019

Date / Time Action / Instruction


Date/Time: File Path: k/2

☐ : Prell. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time: File Path: k/2

2)

Add Fee: ☐ Site Insp. (\$)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / 12 HRS

☐ Interview (\$)

☐ Tech. Insp. (\$)

☐ Workshop (\$)

Phone: \_\_\_\_\_

Other: \_\_\_\_\_

00111

## Nivitha (LKK Auto)

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**From:** Tan, Bennie-WZ <Bennie-WZ.Tan@aig.com>  
**Sent:** Friday, 3 May 2019 11:19 AM  
**To:** Natalie Ng  
**Cc:** CS A Team; 'assignments'  
**Subject:** Our Ref: 4969765025SG-003 || Your Ref: RSS/1902-7104(GF)(PD)

Your Ref: RSS/1902-7104(GF)(PD)  
Our Ref: 4969765025SG-003

### WITHOUT PREJUDICE

Dear Sir / Mdm

We refer to the above matter.

Kindly be advised that I am the officer-in-charge handling the above matter. We wish to conduct a physical re-inspection on your client's vehicle. Kindly liaise with our appointed surveyor, LKK as soon as possible.

Please forward us the following documents for our consideration:-

1. Coloured Accident Scene Photos
2. Video Footage
3. Police Investigation Results
4. Any Other Supporting Documents

We hereby reserve our rights to re-inspect your client's vehicle After Repair

Should you have any further enquiry, please do not hesitate to contact the undersigned.

**Please quote our above Ref no in any of our future correspondence(s).**

Best Regards

Bennie Tan  
AIG  
Senior Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd

78 Shenton Way #08-16 Singapore 079120  
Tel +(65) 6419 1718

[Bennie-WZ.Tan@aig.com](mailto:Bennie-WZ.Tan@aig.com) | [www.aig.sg](http://www.aig.sg)

*This email should not construed as an admission of liability on the part of whomsoever is concerned.*

### IMPORTANT NOTICE:

The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of

the recipient to ensure that it is virus free and no responsibility is accepted by American International Group, Inc. or its subsidiaries or affiliates either jointly or severally, for any loss or damage arising in any way from its use.

## Nivitha (LKK Auto)

---

**From:** Natalie Ng <natalie\_ng@rssolomon.com>  
**Sent:** Monday, 17 June 2019 8:03 PM  
**To:** Admin-D (LKKAuto)  
**Cc:** Tan, Bennie-WZ; assignments  
**Subject:** Re: Our Ref: 4969765025SG-003 || Your Ref: RSS/1902-7104(GF)(PD)

Dear Nivitha,

We refer to your email below.

Kindly be inform that our client's vehicle is available for re-inspection on Monday, 29th July 2019 at 9.00 a.m. sharp located at the following venue:

**Gforce AutoTech Private Limited**

10 Kaki Bukit Road 2  
#01-34 First East Centre  
Singapore 417868  
Contact Person: Ms Elle  
Contact Number: 62058108

Please let us have your confirmation that your surveyor will be attending to the aforesaid re-inspection to enable us to make the necessary arrangements.

We hope to hear from you soon. Thank you.

Best Regards,

**Natalie Ng** | Office Manager 人事与行政经理

**R. S. Solomon LLC** | 正氣律師事務所

300 Beach Road The Concourse #12-03/04 Singapore 199555

t +65 6817 7498 | f +65 6292 2665 | e [natalie\\_ng@rssolomon.com](mailto:natalie_ng@rssolomon.com) | w [www.rssolomon.com](http://www.rssolomon.com)

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The contents of this email (including any attachment) are strictly confidential and may contain privileged information. If you are not the intended recipient, please notify us IMMEDIATELY and delete this email (including attachment) from your computer system. Thank you.

On Fri, 3 May 2019 at 11:47, Admin-D (LKKAuto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)> wrote:

Dear Bennie,

Noted with thanks.

Dear Natalie,



AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building  
78 Shenton Way #07-16  
Singapore 079120  
Tel : 65-6419-3000  
Fax : 65-6835-7416  
www.AIG.com.sg  
CLAIMS DEPARTMENT  
Co. Reg. No. 201009404M

Claim No: 4969765025SG Date of Survey: 28/02/2019  
Repairer: GFORCE AUTOTECH PRIVATE LIMITED

#### REFERENCE

Insured: YU WING ON Policy No: 1800124470  
Claimant: TAN CHEE JUN  
Date of Loss: 10/02/2019 Nature of Claim: TP

#### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg. No: SLF2859C  
Make & Model: HONDA CIVIC, 1.6 VTI CVT (A) Reg. Date: 22/08/2016  
Engine No: R16B21600165 Chassis No: MRHFC5650GT000066

#### CONDITION OF TYRES

Front Tyre Size:	215/55 R 16	Rear Tyre Size:	215/55 R 16
Front Left Side:	Hankook 4 mm	Rear Left Side:	Hankook 4 mm
Front Right Side:	Hankook 4 mm	Rear Right Side:	Hankook 4 mm

The above values represent the remaining tyre treads depth

#### CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

#### TOTAL OFFER

- Offer Made Directly to Claimant, info below NOT given to repairer -

Offer Authorized By: KUMAR, UTHAYA on 15 Apr 2019 10:59

Offer Initiated By: KUMAR, UTHAYA on 15 Apr 2019 10:59

Approved Gross Total: S\$0.00

(No Betterment/Depreciation, Excess)

COST OF CLAIMS	Repairer's	Our Offer	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

#### SURVEYOR'S REMARKS

This inspection is conducted on a "Without Prejudice Basis"

Estimated repair period : 5.0 days

Authorised Repair

: Yes

Inspection conducted by

: Kumar, Uthaya (AIG Claims Dept)

Signature

: -

## REPAIR DETAILS

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*BOOTLID ASSY	REPAIR	0.00 F	*-F
2	1		*BOOTLID EMBLEM/LOGO	REPLACE	0.00 F	*-F
3	1		*BOOTLID LOCK/CATCH	REUSED	0.00 F	*-F
4	1		*BOOTLID WEATHERSTRIP	REPLACE	0.00 F	*-F
5	1		*REAR BUMPER ASSY	REPLACE	0.00 F	*-F
6	1		*REAR BUMPER CLIPS	REPLACE	0.00 F	*-F
7	1		*REAR BUMPER BRACKET	REPLACE	0.00 F	*-F
8	1		*REAR BUMPER RETAINER LH	REPLACE	0.00 F	*-F
9	1		*TAILLIGHT ASSY LH	REPLACE	0.00 F	*-F
10	1		*REVERSE SENSOR	REPLACE	0.00 F	*-F
11	1		*REAR END PANEL & GARNISH	REPLACE	0.00 F	*-F
Total Parts (S\$)					0.00	0.00

F=Franchise part.



Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

AIG Asia Pacific Insurance Pte. Ltd./SLF2859C/15/04/2019 10:59
----------------------------------------------------------------

< END OF REPORT >

PHOTOCOPIED

# CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440  
Email: [clappraiser@yahoo.com](mailto:clappraiser@yahoo.com) Hp: 9068 8689 Fax: 6452 9783  
Reg No: 201000228E

## INVOICE

Tan Chee Jun  
C/o: GFORCE AutoTech Private Limited  
10 Kaki Bukit Road 2  
#01-34 Singapore 417868

Invoice No: CL/190272

Ref No: GFA/02/1906/TP

Date: 06 March 2019

### DESCRIPTION

### AMOUNT

#### OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SLF 2859 C
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES  
(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

**GRAND TOTAL      S\$ 570.00**

#### NOTE

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



**CL Appraiser Pte Ltd**

# SC L APPRAISER PTE LTD

24 Penhurst Place, Singapore 556440  
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783  
Reg No: 201000228E

## VEHICLE INSPECTION REPORT

To: Tan Chee Jun  
C/o: GFORCE AutoTech Private Limited  
10 Kaki Bukit Road 2  
#01-34 Singapore 417868

Date: 06 March 2019  
Our ref: GFA/02/1906/TP

Accident Date: 10 February 2019  
Inspection Date: 28 February 2019  
Repairer Name: GFORCE AutoTech Private Limited  
10 Kaki Bukit Road 2  
#01-34 Singapore 417868

Type of Survey: Third Party

### PARTICULARS OF VEHICLE

Registration No: SLF 2859 C  
Make / Model: Honda Civic  
Chassis No: MRHFC5650GT000066  
Engine No: R16B21600165

Year / Capacity: 2016 / 1597 cc  
Colour: Grey  
Mileage: 55381

### CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	Hankook	215/55 R16	5 mm	Sport
Front Offside	Hankook	215/55 R16	5 mm	Sport
Rear Nearside	Hankook	215/55 R16	5 mm	Sport
Rear Offside	Hankook	215/55 R16	5 mm	Sport

### GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion.  
(Details refer to the photographs attached)

Enclosed number of photographs: 70 copies

### REMARKS

This inspection was conducted entirely on a **"WITHOUT PREJUDICE"** basis  
and we have not given authorization and instruction to the repairer to proceed with the repair

### RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of S 5,400.00** on a contractual basis.

Under normal circumstances, the repair period would be about 6 (Six) working days.



# S C L APPRAISER PTE LTD

Vehicle Registration No: SLF 2859 C

Our Ref No: GFA 02/1906/TP

S/No	Description	Repairer's Estimate	Revised Amount
	<b>Total cost of parts c/f</b>	<b>\$ 5,766.88</b>	<b>\$ 4,929.68</b>

## LABOUR

- |   |                                                                                                                                                                          |             |                           |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|
| 1 | To remove, refit, replaced damaged lamps and check up rear electrical wiring                                                                                             | \$ 80.00    | \$ <del>50.00</del> 30    |
| 2 | To remove and refit inner garnishes, inner trim to assist repair.                                                                                                        | \$ 150.00   | \$ <del>120.00</del> 60   |
| 3 | To remove and refit rear reverse sensor.                                                                                                                                 | \$ 150.00   | \$ <del>120.00</del> 40   |
| 4 | To transfer boot lid mechanism and wiring assembly to assist repair.                                                                                                     | \$ 80.00    | \$ <del>60.00</del> X NOV |
| 5 | To apply undercoating on repaired and replaced panel.                                                                                                                    | \$ 150.00   | \$ <del>90.00</del> 60    |
| 6 | To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident. | \$ 1,080.00 | \$ <del>750.00</del> 600  |
| 7 | To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.                                          | \$ 1,000.00 | \$ <del>600.00</del> 600  |

1390

## **GRAND TOTAL**

**\$ 8,456.88 \$ 6,779.68**

3123.76

20% : 2500

# C L APPRAISER PTE LTD

Vehicle Registration No: SLF 2859 C

Our Ref No: GFA/02/1906/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : S 5,400.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deem to be valid.

## Disclaimer

*The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.*

C L APPRAISER PTE LTD



Cheong K. H.  
Automotive Appraiser

1. This form must be completed by the Policyholder and/or the Authorized Driver.  
2. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may cause insurance companies to repudiate policy liability.  
3. The claim and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.  
4. Any false reporting may be referred to the Police for investigation.  
5. This report will be forwarded by the insurers of the CJA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.  
6. By the submission 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 thereafter.

Your NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 27/02/2019 09:34

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to assist in the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may cause insurance companies to repudiate policy liability.
4. The claim 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 CJA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the submission 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 thereafter.

## ACCIDENT STATEMENT

Date Of Report 26/02/2019 18:50  
Date Of Accident 16/02/2019 10:25  
Exact Location Of Accident SENGKANG AVENUE(JALAN KAYU)  
Country(State of Loss) SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF2859C  
**Insured/Policyholder**  
Name Of Registered Owner TAN CHEE JUN  
NRIC No S8580648Z  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-94524613  
Alternative Phone No OTHERS 94524613

## Vehicle Particulars

Manufacturer HONDA  
Model CIVIC 1.6 VTI CVT  
Exact Purpose for which vehicle was being used at time of accident PRIVATE USE  
Are you claiming under your own insurance policy for repair to your vehicle? NO  
If No, Please state action to be taken THIRD PARTY  
Vehicle Category PRIVATE CAR

## Insurance Company

Name of Insurance Company MS&S INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number A 85460436 QMY  
Cover Note Number

## Driver

Name of Driver TAN CHEE JUN  
NRIC No S8580648Z  
Date Of Birth 05/04/1975  
Occupation INDOOR  
Date Of Driving Pass 02/09/2004  
Driving Experience 14 YEARS AND 5 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65 94524613  
Fax Number  
Contact Number OTHERS 94524613  
Email Address NOEMAIL

Address: 80 N. 44th Street (N 44th St) #03-014  
 Phone No: (604) 431-1111  
 Was Driver an employee of the Insured's Company? NO  
 If Yes, Relationship of the Driver with the Insured: OWNER  
 Vehicle Registration Number of Driver's Own Vehicle: 10000000000000000000  
 Insurance Category of Driver's Own Vehicle: 1

#### General Information of the Accident

Type Of Accident: COLLISION - HEAD TO REAR  
 Weather Conditions: CLEAR  
 Road Surface: DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident: 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown persons soliciting/offering accident claims assistance: NO  
 Number of Passengers (Including Driver): 3  
 Passenger 1: NAME: YIP LAM YING  
 GENDER: FEMALE  
 Passenger 2: NAME: TAN YUE FENG TREVOR  
 GENDER: MALE

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO BELOW STATEMENT/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: 80W 177NR  
 Vehicle Make/Model/Colour: CHRYSLER PT CRUISER 1.8L 16V  
 Nature Of Passenger: PRIVATE CAR  
 Vehicle Category: PRIVATE CAR  
 Name of Driver:  
 NRIC/Passport Number:  
 Contact Number:  
 Address:  
 Postcode:



- Insurance Company Name
- Nature Of Damage
- No. Of Passengers (Including Driver)



## Sketch Plan #2 Pg. 1

### USING THE DATA

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The following table shows the results of the experiment. The first column shows the time taken for the reaction to occur. The second column shows the volume of gas produced. The third column shows the temperature of the reaction mixture. The fourth column shows the concentration of the reactants. The fifth column shows the pressure of the reaction mixture. The sixth column shows the volume of the reaction mixture. The seventh column shows the mass of the reaction mixture. The eighth column shows the density of the reaction mixture. The ninth column shows the viscosity of the reaction mixture. The tenth column shows the refractive index of the reaction mixture. The eleventh column shows the optical density of the reaction mixture. The twelfth column shows the electrical conductivity of the reaction mixture. The thirteenth column shows the thermal conductivity of the reaction mixture. The fourteenth column shows the specific heat capacity of the reaction mixture. The fifteenth column shows the melting point of the reaction mixture. The sixteenth column shows the boiling point of the reaction mixture. The seventeenth column shows the freezing point of the reaction mixture. The eighteenth column shows the glass transition temperature of the reaction mixture. The nineteenth column shows the glass transition temperature of the reaction mixture. The twentieth column shows the glass transition temperature of the reaction mixture.

## DECLARATION

© 2000 Blackwell Science Ltd, *Journal of Internal Medicine* 247: 361–368



MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way #24 01 SGA Centre 2 Singapore 069661  
 Tel: (65) 6327 1888 Fax: (65) 6327 7000  
 Cr. Reg. No: 20041221G 15ST Reg. No: 2015F12100

## Certificate of Insurance

ORIGINAL

ROAD TRANSPORT ACT 1967 (MALAYSIA);  
 THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1966 (FEDERATION OF MALAYSIA);  
 THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE);  
 THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1966 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form: M 3.1 MSIG Insurance	<b>MOTOR MAX PLUS</b> Comprehensive
<b>Certificate No:</b> A 2044-1519-0017	<b>Excess:</b> \$1000.00 <b>Windscreen Excess:</b> \$1000.00
<b>1. Index Mark and Registration Number of Vehicle:</b> 857285/01	
<b>2. Name of Policyholder:</b> TAN EWEK JOO	
<b>3. Effective Date of the Commencement of Insurance for the purposes of the Act:</b> 12/04/2019	
<b>4. Date of Expiry of Insurance:</b> 11/04/2020	
<b>5. Persons or Classes of Persons entitled to drive*</b> TAN EWEK JOO F10 (A1) (1991) Any other person provided he is licensed as the Policyholder's driving lic. with the Policyholder's permission.	
* Provided that the person driving is permitted in accordance with the licensing or other laws or 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 or that behalf from driving the Motor Vehicle.	
<b>6. Limitations as to use*</b> Use only for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward, racing, speed trials, liability trial, speed testing, test drive, or any other use of goods, motor, trailer, trailer in connection with any trade or business or use for any purpose in connection with the Motor Vehicle.	
* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 65 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.	
<b>PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORIZED WORKSHOP LISTED IN THE ATTACHED</b>	
This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).	

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) or any Amendment, Act or Acts passed in substitution thereof.

Signature / Date  
 Counter Signatory

MSIG Insurance (Singapore) Pte. Ltd.  
 Appointed Insurers  
  
 Ang Lee  
 Senior Vice President, Agencies

## 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 stored.

ACCIDENT STATEMENT	
Date Of Report	18/02/2019 12:35
Date Of Accident	10/02/2019 10:00
Exact Location Of Accident	FERNVALE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW3779R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YU WING ON
<b>Vehicle Particulars</b>	
Manufacturer	CITROEN
Model	GRAND C4 SPACE TOURER
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800124470
Cover Note Number	
<b>Driver</b>	
Name of Driver	GOH KIM PEI
NRIC No	S8038665J
Address	BLK 559 JOUGANG STREET 51 #15-398
<b>General Information of the Accident</b>	
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
<b>Other Information</b>	
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	3
<b>Circumstances of Accident</b>	
REFER TO ATTACHMENT	
<b>Attachment(s)</b>	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO
DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number	SLF2859C

Vehicle Make/Model/Colour

HONDA CIVIC/GREY

Name of Driver

TAN CHEE JUN

Insurance Company Name

## Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any 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 insured and/or companies.
5. Any **felony** resulting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the G.A. Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application to interested parties.
7. By the lodging 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 correspondence packages); and/or
    - (v) complying with applicable law or administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
  - (b) If insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, insurers' appointed agents, use, disclose and/or process my Personal Information for one or more of the above Purposes, and:
  - (c) My Personal Information may/are 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 used outside of Singapore, for one or more of the above Purposes;
  - (d) My Personal Information will also be collected and used to complete claims profiles for the purpose of fraud detection, investigation and management in present and all future claims;
  - (e) The information 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 is customarily 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  
Date, Time & No.

18/2/18  
11.56





Accident Photo



Accident Photo



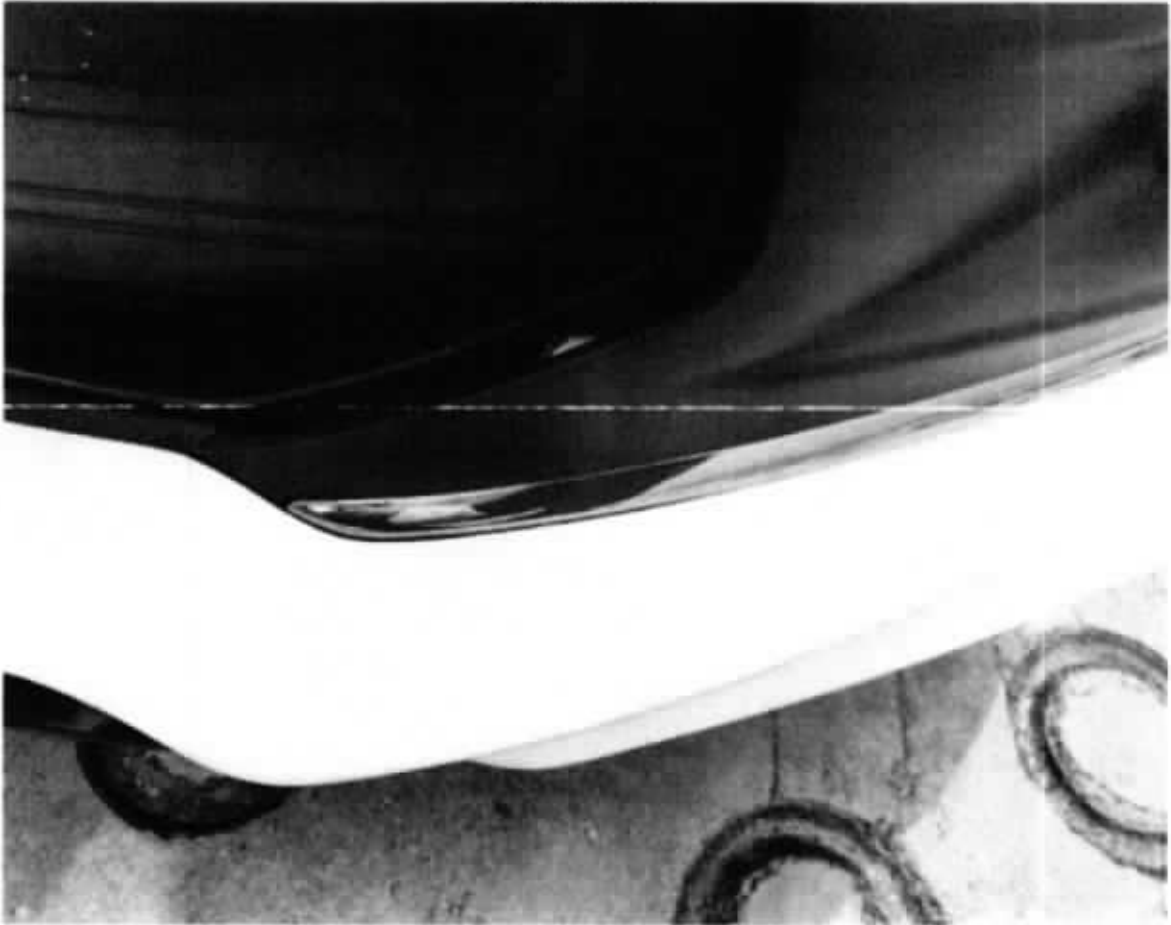
Driving License



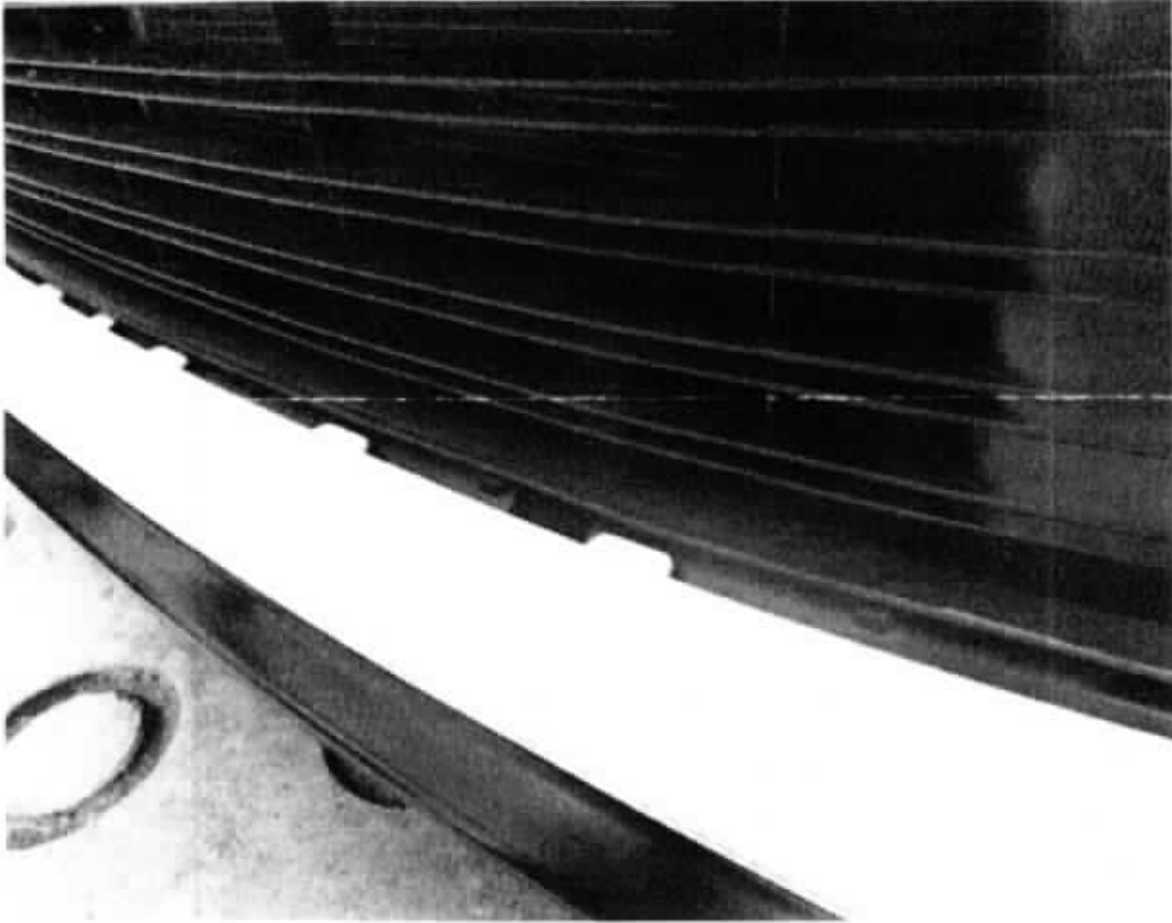
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



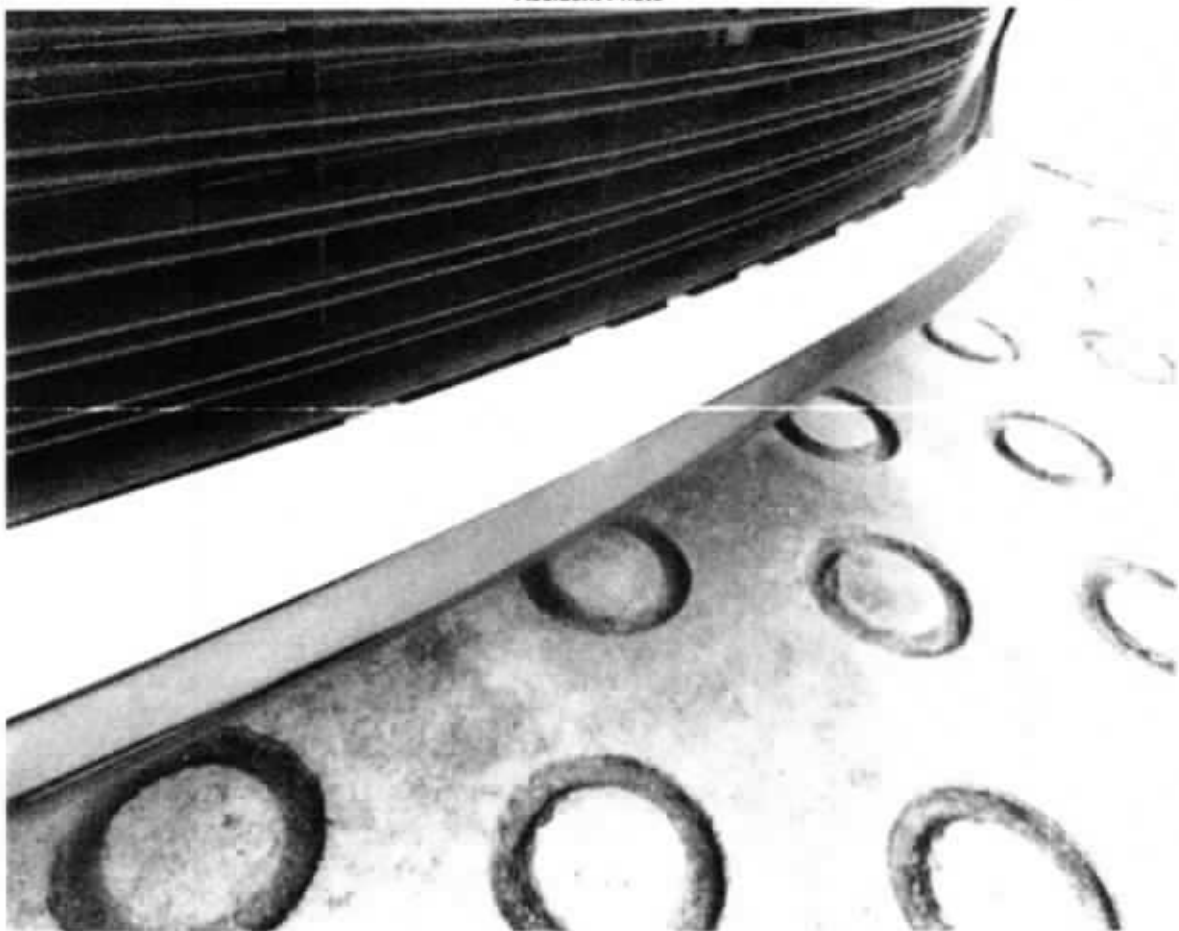
Accident Photo



Accident Photo



Accident Photo



Accident Photo



## MOTORING



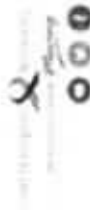
This is a placeholder image for a car. The image is not visible, but the text indicates it should be there.

### Session Transaction History

Session ID	Account Type	Account ID	Account Owner ID	Transaction Type	Transaction Amount (\$)	Log (Date/Time)
1	Guest	123456789	123456789	ATM Withdrawal	100.00	2024-10-27 10:00

Please do not use your browser's Back or Forward buttons as this may result in an invalid session.

Last updated: 2024-10-27 10:00  
 Your current session ID is 123456789. It is valid for 30 minutes. If you are logged out, you will receive a message.  
 If you are logged out, you will receive a message.  
 Your session ID is 123456789. It is valid for 30 minutes. If you are logged out, you will receive a message.



**Enquire Vehicle & Owner Information ( Vehicle No. SKW3779R As At 10 Feb 2019 / 10:25:00 )**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No: R55/1902-7104GF/PD

Owner ID Type: Singapore NRIC  
Owner ID: S8066637C  
Owner Name: YU WING ON  
Registered Address Type: HDB / HUDC  
Registered Block/House No: 559  
Registered Street Name: HOUGANG STREET 51  
Registered Unit No: # 15 - 398  
Registered Building Name:  
Registered Postal Code: 530559

Vehicle No: SKW3779R  
Make Description/Model: CITROEN / GRAND C4 SPACETOURER 1.2L PURETECH EAT6  
Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.

## 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	26/02/2019 16:50
Date Of Accident	10/02/2019 10:25
Exact Location Of Accident	SENGKANG AVENUE(JALAN KAYU)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF2859C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHEE JUN
NRIC No	S8590048Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94524613
Alternative Phone No	Others-94524613

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6 VTi CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80460436 QMY
Cover Note Number	

### Driver

Name of Driver	TAN CHEE JUN
NRIC No	S8590048Z
Date Of Birth	05/04/1985
Occupation	INDOOR
Date Of Driving Pass	02/09/2004
Driving Experience	14 YEARS AND 5 MONTHS



Gender	MALE
Mobile Number	(LOCAL) +65-94524613
Fax Number	
Contact Number	OTHERS-94524613
Email Address	NOEMAIL
Address	BLK 644 YISHUN STREET 61 #03-314
Postcode	760644
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	Name: : YIP LAI YING Gender: : Female
Passenger 2	Name: : TAN YUE FENG TREVOR Gender: : Male

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO BELOW STATEMENT/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	SKW3779R
Vehicle Make/Model/Colour	CITROEN GRAND C4 SPACETOURER 1.2L PURETECH EAT6
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

26 FEB 2013

Policyholder's Signature  
Date & Time:

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

IDAC KARI BUKITTIMACI  
25 KARI BUKITTIMACI AVE 8  
Reporting Centre Personnel's Signature  
Name:   
Tel: 67416697  
NRIC/TIN No:   
Fax: 67492305  
Email: vuckib@insnet.com.sg

B = 516 377 912

59433771 1057 000 (430/100 15/10)



On 10 February 2019, about 10.21 am I was at the filter lane waiting to merge at the Bengtong Avenue (Jalan Raya) suddenly car B knock into my rear of my car. After that, we both take photo and exchange particulars. I did a late reporting because at first we wanted to do private settlement however the other party decided to go claim insurance instead.

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

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

26 FEB 2013

IDAC KAKI BUKIT(VAC)  
23 KAKI BUKIT AVE 4

Reporting Centre Personnel's Signature \_\_\_\_\_

Telefon: 0741 6697

PUBC/PUB No. Pub. 67-497-3014

Email: [wacht@slu.se](mailto:wacht@slu.se)

Driving License



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



## 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.
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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	18/02/2019 12:35
Date Of Accident	10/02/2019 10:00
Exact Location Of Accident	FERNVALE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW3779R
Insured/Policyholder	
Name Of Registered Owner	YU WING ON
NRIC No	S8066637C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83393797
Alternative Phone No	OTHERS-83393797
Vehicle Particulars	
Manufacturer	CITROEN
Model	GRAND C4 SPACE TOURER
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800124470
Cover Note Number	
Driver	
Name of Driver	GOH KIM PEI
NRIC No	S8038685J
Date Of Birth	10/12/1980
Occupation	INDOOR
Date Of Driving Pass	09/02/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83393797
Fax Number	
Contact Number	
EMail Address	KIMPEI.GOH@GMAIL.COM

Address	BLK 559 JOUGANG STREET 51 #15-398
Postcode	530559
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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)	3
Passenger 1	NAME: : YU WING ON GENDER: : MALE
Passenger 2	NAME: : SARAH YU CHEUK MAN GENDER: : FEMALE

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO ATTACHMENT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF2859C
Vehicle Make/Model/Colour	HONDA CIVIC/GREY
Details Of Properties	REAR BUMPER
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHEE JUN
NRIC/Passport Number	S8590048Z
Contact Number	94524613
Address	
Postcode	

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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

13/2/18  
11.56-



### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Turning left at the slip road from Fernvale Road to Sengkang West Ave. Moved ahead to turn but the Honda in front did not move.

## 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: 10/2/20

Date &amp; Time:

18/2/2019

1156

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

Accident Photo



Accident Photo





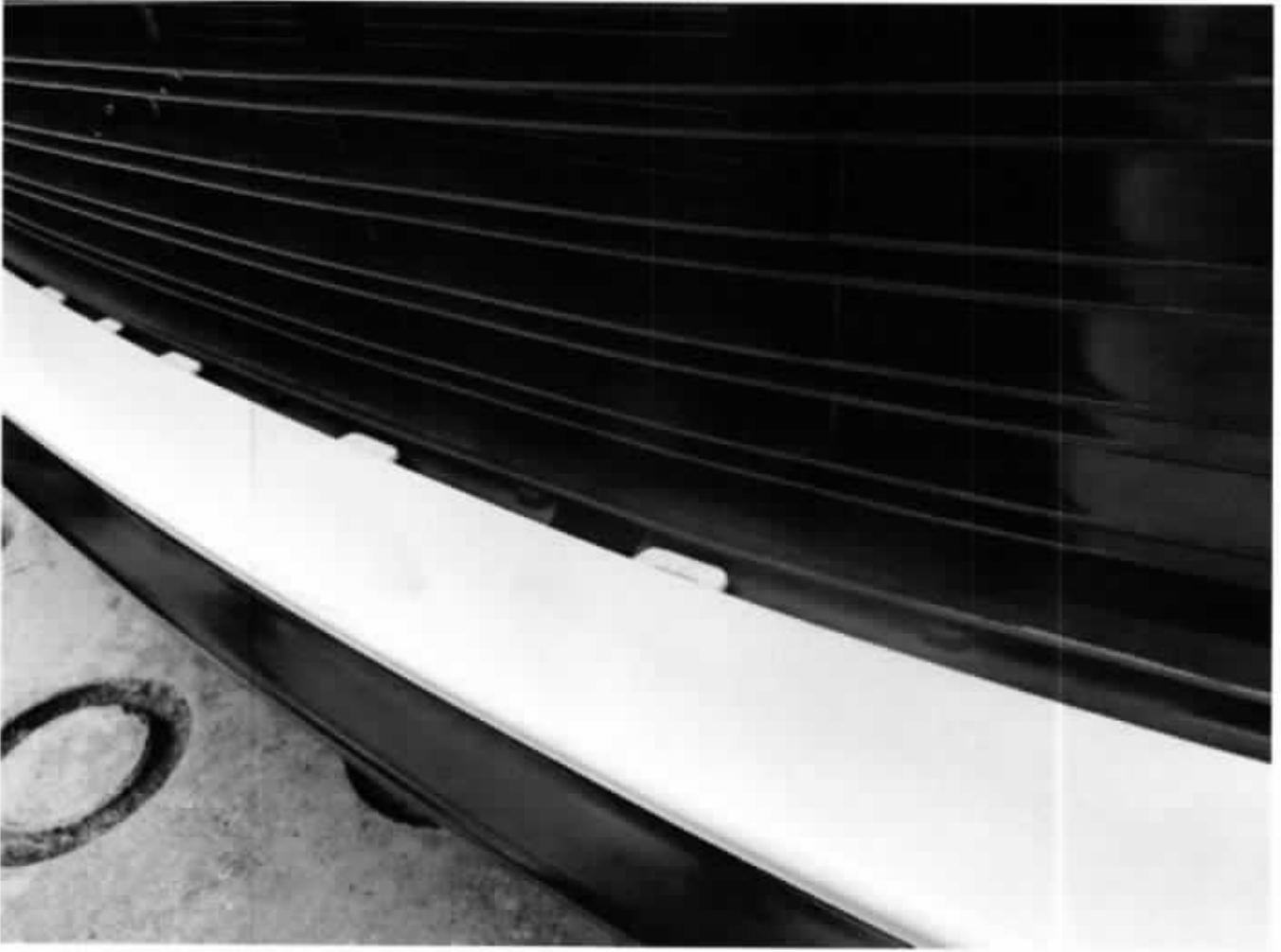
Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Identification Card



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

Class 1: Motor Cars and Motor Trucks the weight of which exceeds three and a half tonnes

FOR C&C USE ONLY



Identity Card No. **S8038685J**

APT 814 108 HOUANG STREET 81 #15-008  
 SINGAPORE 111580  
 Identity Card No. **S8038685J**  
 Date of Issue: **10 Feb 2006**



# 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				
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CS/AIG19010843/Gvd3e2		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 31-07-2019		
ATTN : BENNIE TAN		Code : AIG		
<b>1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)</b>				
Insured Veh.	SKW 3779R	Veh. Inspected	SLF 2859C	
Policy No.	1800124470	Coverage (\$)	0.00	
Claim No.	4969765025SG-003	Excess (\$)	0.00	
Assign From	BENNIE TAN	Assign Date	03/05/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HONDA CIVIC 1.6	c.c	1597	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	MRHFC5650GT000066	Colour	GREY	
Odometer	62879	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/55 R16	HANKOOK	6 mm	
L/H Front Tyre	215/55 R16	HANKOOK	6 mm	
R/H Rear Tyre	215/55 R16	HANKOOK	6 mm	
L/H Rear Tyre	215/55 R16	HANKOOK	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	10/02/2019	Inspection Date	29/07/2019	
Survey held at	GFORCE AUTOTECH PRIVATE LIMITED 10 KAKI BUKIT ROAD 2 #01-34 FIRST EAST CENTRE SINGAPORE 417868			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		





# 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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLF 2859C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BOOT LID	REPAIRED SEE LABOUR	899.30	-
2	REAR BOOT HINGES	NOT NECESSARY	180.40	-
1	REAR BOOT N/S LAMP	NOT NECESSARY	388.90	-
1	REAR BOOT INNER LOCK	NOT NECESSARY	190.50	-
1	REAR BOOT RUBBER	REPLACED	155.10	99.10
1	REAR BOOT "CIVIC" EMBLEM	REPLACED	99.90	32.70
1	REAR BOOT "I-VTEC" EMBLEM	REPLACED	97.20	31.50
2	REAR TAILLAMPS	N/S REPLACED	976.60	488.30
1	REAR END PANEL	REPLACED	800.60	391.80
1	REAR END PANEL INNER GARNISH	REPLACED	358.80	80.90
1	REAR END KEYLESS SENSOR	NOT NECESSARY	200.70	-
1	REAR SENSOR BUZZER	NOT NECESSARY	158.00	-
1	REAR BUMPER	REPLACED	745.00	687.00
1	REAR BUMPER LOWER DIFFUSER	NOT NECESSARY	200.30	-
2	REAR BUMPER SIDE RETAINERS	N/S REPLACED / O/S NOT NECESSARY	131.60	32.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	400.50	-
1	REAR BUMPER REINFORCEMENT STAY	NOT NECESSARY	155.30	-
1	REAR BUMPER N/S REFLECTOR	NOT NECESSARY	91.00	-
1	REAR BUMPER N/S SIDE GRILLE	REPLACED	160.80	97.50
4	REAR BUMPER PDC SENSORS	N/S REPLACED	755.60	188.90
	LESS 20% DISCOUNT		-1,429.22	-425.94
			5,716.88	1,703.76
<b>SPECIAL NETT ITEMS</b>				
1	SET REAR BUMPER CLIP (SN)	REPLACED	50.00	30.00
			50.00	30.00
<b>LABOUR</b>				
	TO REMOVE, REFIT, REPLACED DAMAGED LAMPS AND CHECK UP REAR ELECTRICAL WIRING.		80.00	30.00

Report Ref No. CS/AIG19010843/Gvd3e2

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REFIT INNER GARNISHES, INNER TRIM TO ASSIST REPAIR.	NOT NECESSARY	150.00	60.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR.		150.00	40.00
	TO TRANSFER BOOT LID MECHANISM AND WIRING ASSEMBLY TO ASSIST REPAIR.		80.00	-
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		150.00	60.00
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR BOOT LID.		1,080.00	600.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,000.00	600.00
			2,690.00	1,390.00
<b>GRAND TOTAL</b>			<b>8,456.88</b>	<b>3,123.76</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,500.00</b>

Report Ref No. CS/AIG19010843/Gvd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,  
MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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