

2008/2009
 ASS. REC. BY: HWEE KIE REF: CS3/SMD19000416/J+dis 2X 3rd Instruction:
 Surveyor Maamen HWEE KIE ASSIGNMENT (Office)
 From (Person): Hwang Shiang Yi SMD Date/Time: 25.6.2019
 Estimated Cost: _____ Bill to: _____
 OD / TP WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: SLN 5301 H Insured: GBB 6830Y
 at Workshop n/s: Eng Soon painting Tel: 6760 6271
 of: Blk 4 Yew Tee Ind. Est 343-J Woodlands Rd
 Policy No: D19MTHCVC000167 Claim No: CMTD1900190
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 05/01/2019
 (Client's Record)

CA / REV / REP. / REV 24 HRS (up)
 Date/Time: 12:45pm @ 8/1/19 Person Contacted: Mr. Teo H.O.D. Endorsement: _____
 Vehicle: IN/OUT

Date/Time	Action/Instruction (x) Estimate
	<u>SLN 5301 H-X</u>
	<u>GBB 6830Y-X</u>
	<u>HWEE KIE</u>
	<u>P's re-write the damaged condition as some written by independent surveyor if there is any</u>

lump sum 13000 + 10 days
 (Red: 13500; 58%)


21/6/2019

1140 - 100 = 350

PRs (Marimen)

REF: BMO

ASSIGNMENT

From: 08/01/2018

To: 9 May 2017

Estimated Cost:

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

To Inspect Vehicle No: SLN 5301H

at Workshop n/s: Eng Soon Painting
Blk 4 Yew Tee Ind Est 393-J Woodlands Road

Insured: Road

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.



Est. or Market Value:

IDAC Accident Report Consistent? Yes or No

GIA - PR Seen Consistent? Yes or No

Est. Repair: 12 days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS ^{1wp}

Vehicle IN / OUT

Date Person Contacted:

Veh No: SLN 5301 H

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

Truck / Trailer or

Make: Nissan Qashqai CC 1197

Colour: Brown AC Insured / Std / NI / NA

Sp Reading: 34109 T/Radio Insured / Std / NI / NA

Eng No:

C/N: SJNFEAJ11M1957045

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

Steering: ~~Normal~~ / Jammed / Leaked / Burnt or

Brake: ~~Normal~~ / Jammed / Leaked / Burnt or

Modi: Nil / ~~2Rim~~ / STD A/Rim or

Tyre Size: F: 215/60 R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A: 5/1/19 D.O.I: 8/1/19

Survey held at: Eng Soon

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

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

Date / Time Action / Instruction

Range: \$11,000 - \$12,000
12 days

[Signature]
22/1/2019

Date/Time File Pass to?

☐ : Prel. Report

Days Of Repair: 12

File

☐ : Final Report

Resurvey No. of Trip: -

Date/Time File Return to?

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Insp (\$

☐ : Weekend (\$

Survey Fee:

Transportation

1. 3 x RE. \$

1. Photo

1. Other

Report Format: PRE

Lump Sum / I.B.I: (\$

100
10
110

Nivitha (LKK Auto)

From: Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>
Sent: Tuesday, 25 June 2019 12:57 PM
To: assignments@lkkauto.com
Cc: admin-d@lkkauto.com
Subject: PAPER RE-SURVEY FOR VEHICLE NO SLN5301H (CMTD1900190/SYH)
Attachments: SURVEY PHOTO.docx; SURVEY REPORT 2.pdf

Dear Sirs,

Please assist to do paper re-survey for the vehicle no SLN5301H.

Kindly acknowledge receipt of this email.

Best Regards

Hwang Shiang Yi

Claims Division

D: 6329 5205 | T: 6461 6555 | F: 6221 3147



SOMPO
INSURANCE

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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BONNIE KWOK LLC
Advocates & Solicitors

101A Upper Cross Street
#08-12 People's Park Centre
Singapore 058358

Tel : (65) 6536 6026
Fax : (65) 6536 2279
[Not for service of court documents]
GST Reg No. 201203547Z

Your Ref: CMTD1900190/NSW
Our Ref: BK.19118.19.st
(Please quote our reference when replying)

24 May 2019

M/s Sampo Insurance Singapore Pte. Ltd.
50 Raffles Place
#05-01/06 Singapore Land Tower
Singapore 048623

Sampo Insurance Singapore Pte. Ltd.	
Claims	
29 MAY 2019	
By Hand	



Dear Sirs

ACCIDENT INVOLVING SLN 5301 H & GBB 6830 Y ON 5 JANUARY 2019

We act for Mr. Khoo Kai Hock, the owner of vehicle no. SLN 5301 H in the above matter.

We are instructed that on the 5 January 2019, your insured driving vehicle no. GBB 6830 Y had negligently collided into our client's said vehicle.

We are instructed that as a result of the said collision, our client has suffered loss and damage as follows: -

i.	Cost of Repairs	-\$ 31,500.00
ii.	Loss of Use (22 days x \$100.00)	-\$ 2,200.00
iii.	Survey Report fees	-\$ 1,370.00
iv.	LTA search fees	-\$ 8.00
v.	GIA search fees	-\$ 29.00
vi.	Transport, Postage, Xerox and other incidental	-\$ 53.50
vii.	Costs	-\$ 1,605.00
	Total	<u>\$ 36,765.50</u>

We enclose herewith a copy of the LTA search result, GIA report of our client, survey report and invoice, repair bill, the certificate of insurance and 75 original photographs for your attention.

Kindly note that under the NIMA protocol, all requests for resurvey are required to be made during the protocol period in eight (8) weeks from receipt of this letter.

Kindly revert whether liability is admitted.

Yours faithfully

BONNIE KWOK

Enc. (by hand)

c.c. Client; and
M/s Ethoz Group Ltd.

Enquire Vehicle & Owner Information (Vehicle No. GBB6830Y As At 05 Jan 2019 / 22:00:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: ENG500N-SLN5301H

Current Owner Details

Owner ID Type: Company

Owner ID: 19B104531H

Owner Name: ETHOZ GROUP LTD.

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 30

Registered Street Name: BUKIT BATOK CRESCENT

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 658075

Current Vehicle Details

Vehicle No.: GBB6830Y

Make Description/Model: NISSAN / URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD

Insurance Company Name: SOMPO INSURANCE SINGAPORE 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	07/01/2019 14:19
Date Of Accident	05/01/2019 22:00
Exact Location Of Accident	ALONG TAMPINES AVE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN5301H
Insured/Policyholder	
Name Of Registered Owner	KHOO KAI HOCK
NRIC No	S1230881G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91094290
Alternative Phone No	OFFICE-91094290
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA338609
Cover Note Number	
Driver	
Name of Driver	KHOO KIAT SIONG (QIU JIEXIONG)
NRIC No	S8441662B
Date Of Birth	29/12/1984
Occupation	INDOOR
Date Of Driving Pass	14/01/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97923031
Fax Number	
Contact Number	
Email Address	KIATSIONG@GMAIL.COM

Address APT BLK 196 PASIR RIS STREET 12 #05-92
 Postcode 510196
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 3
 Was any body injured in the Accident? 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) 3
 Passenger 1

NAME: : TAN KAI XI
 GENDER: : FEMALE

Passenger 2

NAME: : KAE LY CHOO YI XUAN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: SD CARD WITH TP
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB8830Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE

Name of Driver	MUHAMAD NUR SHAFIQ BIN SASBALD
NRIC/Passport Number	S9402740C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD1081T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE SENG CHONG
NRIC/Passport Number	S0332304H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KHOO KIAT SIONG (QIU JIEXIONG)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLN5301H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	KAELY KHOO YI XUAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLN5301H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:



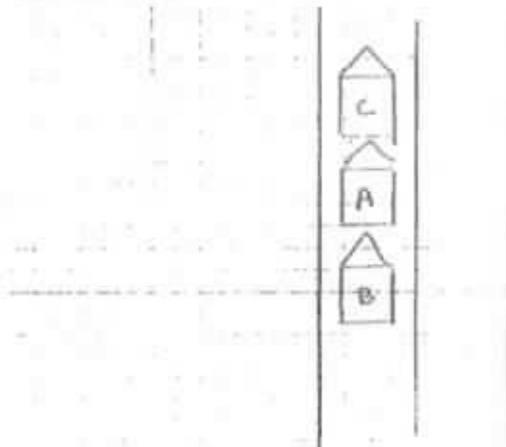
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: X. L. F. N.
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



A - SLN 5301H
B - GBB 62307
C - SHD 10817

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 5/1/2019 2200

Accident Location : Tampines Ave 6

As per police report

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (ODTP)

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20190105/2030

1 of 5

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190105/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2019 10:52	Vide Report No.: G/20190105/0236	Station Diary No.: 50
--------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: KHOO KIAT SIONG			Address: APT BLK 196 PASIR RIS STREET 12 #05-92 SINGAPORE 510196		
ID Type / ID No.: NRIC NO / S8441662B			Contact No.: Home/Office: Mobile: 97923031		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 29/12/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			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: 05/01/2019 22:00	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 6				
TAMPINES AVE 6 TOWARDS TAMPINES AVE 2, AFTER TAMPINES AVE 6 BUS STOP B10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6830Y	Van					0
SHD1081T	Car					0
SLN5301H	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Brown	Seriously Damaged	2

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190106/2030

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No: T/20190106/2030

CONTINUATION OF REPORT

Details of Person Involved:			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	MUHAMAD NUR SHAFIQ BIN SASBALD	ID No.	S9402740C
Related Vehicle	GBB6830Y (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	LEE SENG CHONG	ID No.	S0332304H
Related Vehicle	SHD1081T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger:			
Name	TAN KAI XI	ID No.	S8313871H
Related Vehicle	SLN5301H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20190106/2030

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190106/2030

CONTINUATION OF REPORT

Driver:			
Name	KHOO KIAT SIONG	ID No.	S8441862B
Related Vehicle	SLN5301H (Car)	Contact No.	97923031
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/01/2019	Date Discharge	05/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger:			
Name	MADY KHOO YI XUAN	ID No.	T1320055B
Related Vehicle	SLN5301H (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/01/2019	Date Discharge	06/01/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/01/2019 at about 10pm, I was driving my vehicle bearing the registration number: SLN5301H along Tampines Ave 6 towards Tampines Ave 2. I had my wife and my daughter seated at the rear passenger seats. I was driving on the left most lane of the road. It was a 2 lane road.

I was driving at a slow speed as it was a bend. Suddenly, along the said road, just slightly after the bend at a bus stop, a vehicle in front of me, a "Premier" silvered colored taxi bearing the registration number: SHD1081T, applied its brakes as a passenger flagged down for the taxi at the said of the road. The driver did not switch on the hazard lights. Upon seeing this, I applied my emergency brakes to avoid a collision. Fortunately, I did not collide with the said taxi.

Suddenly, I felt an impact coming from the rear of my vehicle. The impact caused my vehicle to surge forward. I was not sure if I collide with the said taxi in front of me. I came out of my vehicle and noticed a van, bearing the registration number, GBB6830Y, had collided onto the rear of my vehicle, on the right side.

The ambulances and traffic police came down to scene. My daughter was conveyed to KKH by ambulance to make a further check on her as she complaint of pain, however she was discharged and we were advised to keep her under observations. At the point of accident, I refused the conveyance as I wished to seek my own medical treatment which I did at Mount Alvernia Hospital and I was given 3 days medical leave.

I had in-vehicle cameras installed at both front and rear facing and the traffic police took the memory card for investigation purposes. The damages to my vehicle are that it was badly dented on the right rear side.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190106/2030

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190106/2030

CONTINUATION OF REPORT

When I made a checked on the taxi informt of me, I do not see any visible damages on it at the rear portion and I had took a photo of the said taxi. I also had exchanged particulars with the other two drives.



**SINGAPORE
POLICE FORCE**



T/20190106/2030

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No: T/20190105/2030

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:
G /
Sgt 2 MUHAMMAD ALIF BIN AZALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/01/2019 10:52

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD SHAHRIL BIN ABDULLAH
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**



T/20190107/2128

1 of 2

Report No. T/20190107/2128

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2019 15:58	Vide Report No.: T/20190106/2030	Station Diary No.: 76
--------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: KHOO KIAT SIONG	Address: APT BLK 196 PASIR RIS STREET 12 #05-92 SINGAPORE 510196
---------------------------------------	------------------------------------------------------------------------

ID Type / ID No.: NRIC NO / S8441662B	Contact No.: Home/Office: Mobile: 97923031
------------------------------------------	-----------------------------------------------

Nationality: SINGAPORE CITIZEN	Email:
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Sex: Male	Age: 34	Date of Birth: 29/12/1984	Type of Informant: Driver
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Race: Chinese	Language: English	Institution / School Name:
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Occupation: UNEMPLOYED	Driving Licence Information: Class: 3	Date of Expiry:
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General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2019 22:00	Type of Location:
-------------------	------------------------------	-----------------------	-----------------------------------------------	-------------------

Location:
Along Road 1
TAMPINES AVENUE 6

Tampines Ave 6 towards Tampines Ave 2, after Tampines Ave 6 Bus Stop B10

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume:
------------------------------------	---------------------------------------------	-----------------

Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: Yes
--------------------------------------------------------------	-----------------------------------------

Brief Details.

Refer to report T/20190106/2030. Amendment facts will be: There is a minor impact as such my vehicle had collided on the taxi. There is no dented and no visible damaged on the taxi.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20190107/2128

2 of 2

Report No. T/20190107/2128

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:
G /
Staff Sgt IDRIS BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/01/2019 15:58

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD SHAHRIL BIN ABDULLAH
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168



AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

Billing To: Khoo Kai Hock
c/o Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

Invoice no.: TP19010022

Date: 09 MAY 2019

Vehicle no: SLN5301H

Model : NISSAN QASHQAI

ITEM	DESCRIPTION	AMOUNT
1	Date of Inspection : 08 JAN 2019 copies of the inspection / survey report Correspondence, postages and etc.	\$ 1,370.00
2	Photography Services Develop photographs Storage of digital photographs	
3	To submit report by hand.	
4	Charges on photocopies, posting, faxes and others incidental works entrusted.	
5	Transportation Charges	
6	Reinspection Charges	
	TOTAL :	\$ 1,370.00

Notes :

1. All cheque payment should be "crossed" and made payable to "Automax Survey".
2. Please contact us if there are further enquiries on the invoice.

Official Stamp

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

Report Ref : TP19010022

Date: 09 MAY 2019

*Khoo Kai Hock
c/o Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969*

THIRD PARTY SURVEY
ACCIDENT OCCURED ON 05 JAN 2019

Workshop Name and Address

Eng Soon Painting SVC
Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677969

As per your instruction dated 08 JAN 2019
We have carried out a physical inspection on the said
We enclosed herewith our report and findings as follows:

with regard to the above matter.
SLN5301H

1. VEHICLE PARTICULARS

Registration No : SLN5301H
Model : NISSAN QASHQAI
Year / Capacity : May 2017 / 1197 cc
Chassis No : SJNFEAJ11U1957045

Engine No HRA2425532A
Mileage 034 109 km
Colour Metallic brown

2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>	<u>Rim</u>
FRONT O/S :	195/50/R15	Bridgestone	9.00 mm	Sport
REAR O/S :	195/50/R15	Bridgestone	9.00 mm	Sport
FRONT N/S :	195/50/R15	Bridgestone	9.00 mm	Sport
REAR N/S :	195/50/R15	Bridgestone	9.00 mm	Sport

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road, #07-280, Singapore 470110
Mobile : 9655 8879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the front & rear portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 20 working days to complete
5. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.
6. Should you discover any discrepancy in the report, please kindly notify us within 1 week, or the report will be treated as correct.

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 vehicles and/or other accidents in other legal proceedings.

Vehicle Number : SLN5301H

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
<u>List Items</u>				
1 pc	Bonnet	bent	\$ 1,054.30	\$ 1,054.30 X
1 pc	Bonnet Lock Brace Panel	distorted	\$ 90.40	\$ 90.40 X
1 pc	Bonnet Inner Rubber Beading	distorted	\$ 57.00	\$ 57.00 X
1 pc	Front Bumper Fascia	bent	\$ 2,470.70	\$ 2,470.70 X
2 pcs	Front Bumper Side Retainer	grazed/deformed	\$ 44.20	\$ 44.20 X
1 pc	Front Bumper Reinforcement	distorted	\$ 591.90	\$ 591.90 X
1 pc	Front Bumper Sponge	necessary	\$ 207.20	\$ 207.20
2 pcs	Front Bumper Side Attachment	electronically shocked	\$ 96.40	\$ 96.40 X
1 pc	Front Support Panel	bent/distorted	\$ 620.70	\$ 620.70 X
1 pc	Tail Gate	dent/distorted	\$ 2,922.60	\$ 2,922.60
1 pc	Tail Gate Outer Garnish with Switch	dent/distorted	\$ 351.50	\$ 351.50
1 pc	Tail Gate Inner Trim (Top)	wrapped/deformed	\$ 112.60	\$ 112.60
1 pc	Rear Bumper Fascia	wrapped/deformed	\$ 2,322.10	\$ 720 2,322.10
2 pcs	Rear Bumper Side Retainer	necessary	\$ 28.20	\$ 28.20
2 pcs	Rear Bumper Side Attachment	necessary	\$ 70.40	\$ 70.40
2 pcs	Rear Bumper Bracket	necessary	\$ 183.40	\$ 183.40
1 pc	Rear Bumper Reinforcement	necessary	\$ 638.10	\$ 638.10
1 pc	Rear Bumper Tow Cover	grazed/deformed	\$ 17.80	\$ 17.80
1 pc	Rear Bumper Sponge	electronically shocked	\$ 133.80	\$ 133.80
1 pc	Rear Bumper Center Cover (chrome)	grazed/deformed	\$ 319.40	\$ 319.40 X
1 pc	Tail Lamp Base Panel	necessary	\$ 155.60	\$ 155.60
1 pc	Rear Fender	dent/distorted	\$ 1,595.80	\$ 1,595.80
1 pc	Rear Fender Glass w/ Inner Seal	necessary	\$ 645.50	\$ 645.50
1 pc	Rear Fender Splash Shield	dent/distorted	\$ 425.00	\$ 425.00
1 pc	Rear Fender Protector	wrapped/deformed	\$ 595.60	\$ 240 595.60
1 pc	Rear End Panel (Outer)	necessary	\$ 540.90	\$ 540.90
1 pc	Rear Fender Inner Trim (Top)	wrapped/deformed	\$ 95.80	\$ 95.80
1 pc	Rear Fender Inner Trim (Bottom)	distorted	\$ 205.50	\$ 205.50
1 pc	Rear Fender Inner Extension Panel	necessary	\$ 289.80	\$ 289.80
1 pc	Roof Lining	dent/distorted	\$ 1,319.90	\$ 1,319.90 X
1 pc	Rear Speaker Board	wrapped/deformed	\$ 413.10	\$ 413.10 X
1 pc	Rear Floor Panel	electronically shocked	\$ 1,883.20	\$ 1,883.20 X
1 pc	Rear Floor Side Panel	electronically shocked	\$ 565.00	\$ 565.00 X
1 pc	Rear Floor Panel Insulator Cloth	bent	\$ 285.70	\$ 285.70 X
1 pc	Rear Floor Panel Tool Tray Sponge	distorted	\$ 263.60	\$ 263.60 X
1 pc	Rear Floor Panel Board	distorted	\$ 495.00	\$ 495.00
1 pc	Rear Wheel Housing Panel (Outer)	bent	\$ 371.90	\$ 371.90 X
1 pc	Rear Wheel Housing Panel (Inner)	grazed/deformed	\$ 580.60	\$ 580.60 X
1 pc	Rear Sub Chassis Frame Member	distorted	\$ 1,125.50	\$ 1,125.50 X
1 pc	Rear Back Rest Cushion	necessary	\$ 899.20	\$ 899.20 X
1 pc	Rear Cross Member	bent/distorted	\$ 1,502.20	\$ 1,502.20 X
Parts Sub-Total			\$ 26,585.10	\$ 26,585.10
Discount 30.00%			\$ 7,975.53	\$ 7,975.53
			\$ 18,609.57	\$ 18,609.57
<u>Nett Items</u>				
1 pc	Bonnet Lock	bent/distorted	\$ 54.20	\$ 54.20 X
1 pc	Bonnet Lock Cable	deformed	\$ 38.00	\$ 38.00 X
1 pc	Bonnet Stopper	deformed	\$ 14.30	\$ 14.30 X

1 pc	Bonnet Insulator	
12 pcs	Bonnet Insulator Clips	nn
2 pcs	Bonnet Hinge	
1 pc	Bonnet Stand Clips	CEA
1 pc	Front Grille	nee
1 pc	Front Grille Badge	nee
8 pcs	Front Grille Clips	nee
10 pcs	Front Bumper Clips	nee
4 pcs	Front Bumper Sponge Clips	nn
1 pc	Front Bumper Tow Cover	nn
2 pcs	Fog Lamp Assy	nn
2 pcs	Head Lamp Assy	CEA
1 pc	Horn Assy (Acc)	nn
2 pcs	Tail Gate Hinge	ST
2 pcs	Tail Gate Absorber	
1 pc	Tail Gate Stopper	nn
1 pc	Tail Gate Lock	Jam
1 pc	Tail Gate Lock Striker	nn
1 pc	Tail Gate Weather Stripe	nn
2 pcs	Tail Gate Reflector	RT
2 pcs	Tail Gate Reflector Sealant	
4 pcs	Tail Gate Reflector Clips	
1 pc	Tail Gate Outer Garnish Clips	
1 pc	Tail Gate Badge	
1 pc	Tail Gate Emblem "Qashqai"	
1 pc	Tail Gate Inner Trim Board	
8 pcs	Tail Gate Inner Trim Board Clips	
1 pc	Tail Gate Emblem "X Tronicvt"	
1 pc	Tail Gate Keyless Sensor	CEA
1 pc	Rear Wiper Blade	
1 pc	Rear Wiper Arm	
1 pc	Rear Wiper Motor	SUC
1 pc	Rear Wiper Arm Cover	nn
1 pc	Rear Number Plate Lamp	nn
2 pcs	Rear Bumper Reflector	nn
2 pcs	Rear Bumper Stay	nn

wrapped/deformed	\$	162.10	\$	162.10	x
necessary	\$	78.00	\$	78.00	x
dent/distorted	\$	98.00	\$	98.00	x
necessary	\$	8.50	\$	8.50	x
distorted	\$	322.50	\$	322.50	/
necessary	\$	45.60	\$	45.60	/
necessary	\$	52.00	\$	15 52.00	/
necessary	\$	65.00	\$	30 65.00	/
necessary	\$	26.00	\$	26.00	x
wrapped/deformed	\$	16.90	\$	16.90	x
electronically shocked	\$	589.00	\$	589.00	x
electronically shocked	\$	2,864.40	\$	2300 2,864.40	/
electronically shocked	\$	83.80	\$	83.80	x
dent/distorted	\$	69.20	\$	69.20	/
dent/distorted	\$	366.80	\$	366.80	/
wrapped/deformed	\$	15.70	\$	15.70	x
dent/distorted	\$	102.00	\$	102.00	/
bent	\$	27.70	\$	27.70	x
wrapped/deformed	\$	150.70	\$	150.70	/
grazed/deformed	\$	319.80	\$	160 319.80	/
necessary	\$	97.80	\$	20 97.80	/
necessary	\$	38.00	\$	10 38.00	/
necessary	\$	9.50	\$	9.50	/
necessary	\$	35.20	\$	35.20	/
necessary	\$	56.20	\$	56.20	/
wrapped/deformed	\$	331.10	\$	331.10	/
necessary	\$	52.00	\$	15 52.00	/
necessary	\$	45.60	\$	45.60	/
electronically shocked	\$	55.70	\$	55.70	/
wrapped/deformed	\$	15.80	\$	15.80	/
bent	\$	76.70	\$	76.70	/
electronically shocked	\$	426.00	\$	426.00	x
wrapped/deformed	\$	11.60	\$	11.60	x
electronically shocked	\$	54.00	\$	54.00	x
grazed/deformed	\$	83.20	\$	83.20	x
distorted	\$	78.60	\$	78.60	x

1 pc	Tail Lamp Assy	electronically shocked	\$	425.00	\$	425.00 ✓
1 pc	Tail Lamp Sealant	wrapped/deformed	\$	97.80	\$	20 97.80 ✓
2 pcs	Tail Lamp Clips	necessary	\$	40.00	\$	10 40.00 ✓
1 pc	Rear Windscreen Glass w/ Moulding	wrapped/deformed	\$	1,416.40	\$	1,416.40 ✓
1 pc	Rear Windscreen Glass Inner Seal	wrapped/deformed	\$	148.00	\$	148.00 ✓
6 pcs	Rear Fender Splash Shield Clips	necessary	\$	33.00	\$	20 33.00 ✓
8 pcs	Rear Fender Protector Clips	necessary	\$	52.00	\$	15 52.00 ✓
1 pc	Rear End Panel Top Trim	wrapped/deformed	\$	55.50	\$	55.50 ✓
6 pcs	Rear End Panel Top Trim Clips	necessary	\$	51.00	\$	10 51.00 ✓
16 pcs	Rear Fender Inner Trim Clips	necessary	\$	104.00	\$	20 104.00 ✓
1 pc	Rear Fender Air Vent	wrapped/deformed	\$	108.80	\$	108.80 ✓
18 pcs	Roof Lining Clips	wrapped/deformed	\$	76.00	\$	76.00 x

	Parts Sub-Total	\$	9,644.50	\$	9,644.50
Discount	10.00%	\$	964.45	\$	964.45
		\$	8,680.05	\$	8,680.05

Vehicle Number : SLN5301H

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
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Special Nett Items

2 pcs	Fog Lamp Bracket	distorted	\$	85.00	\$	85.00 ✓
1 pc	Front Number Plate	wrapped/deformed	\$	55.00	\$	55.00 x
1 pc	Front Number Plate Casing	bent/distorted	\$	35.00	\$	35.00 x
1 pc	Rear Number Plate	wrapped/deformed	\$	55.00	\$	55.00 x
1 pc	Rear Number Plate Casing	dent/distorted	\$	35.00	\$	35.00 x
1 set	Reverse Sensor	electronically shocked	\$	280.00	\$	280.00 ✓
1 pc	Rear Windscreen Glass Sealant	necessary	\$	60.00	\$	60.00 ✓
1 pc	Rear Windscreen Glass Solar Film	necessary	\$	280.00	\$	120 280.00 ✓

Special Nett Sub-Total	\$	865.00	\$	865.00
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Spare Parts Total	\$	28,154.62	\$	28,154.62
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LABOUR COST

S/No	JOB DESCRIPTIONS	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
	Spare Parts Total c/f	\$ 28,154.62	\$ 28,154.62
1	Towing fees	\$ 250.00	250.00 50
2	To Tuff Coat Affected Areas.	\$ 210.00	180.00 50
3	To Remove & Replace Interior Upolstery.	\$ 280.00	250.00 80
4	To Remove & replace Rear Fender Glass ,vacuum Rear Windscreen	\$ 380.00	350.00 120
5	To Remove & Replace Reverse Sensor.	\$ 180.00	150.00 20
6	To Reset Electrical Module System.	\$ 450.00	400.00 120
7	To Check & Reconnect Snap Wiring.	\$ 250.00	240.00 30
8	To Remove & Retify Rear Seat.	\$ 180.00	150.00 40
9	To Respray Affected Areas.	\$ 3,000.00	2,800.00 1500
10	To Remove & Refix Air Cond Condensor, Piping, Vacuum & Top Up Gas.	\$ 200.00	180.00 X
11	To Remove & Refix Radiator & Top Up Coolant.	\$ 180.00	150.00 X
12	To Renew Damaged Parts, Straighter & Repair Front & Rear Chassis Member. & Aligned All Parts.	\$ 4,000.00	3,800.00 1700
	Total	\$ 37,714.62	\$ 37,054.62

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair of:

\$ 31,500.00


Fong Kok Heng
Qualified Appraiser

L/S 10 days \$13000/-

ENG SOON PAINTING SERVICES

Blk 4 Yew Tee Ind Est 393 - J
Woodlands Road
Singapore 677978
Tel: 6760 6271 Fax: 6764 6676

KHOO KAI HOCK
BLK 196 PASIR RIS STREET 12
#05-92
SINGAPORE 510196

DATE: 09/05/19

DEAR SIRs

ACCIDENT DATE: 05/01/19
FINAL REPAIR BILL TO SLN 5301 H

LUMP SUM REPAIRS RECOMMENDED
BY THE SURVEYOR-----\$ 31,500.00

DOLLARS: THIRTY-ONE THOUSAND AND FIVE HUNDRED ONLY



redefining insurance

AXA Insurance Pte Ltd
 1800 530 4888 (Within Singapore)
 (65) 6880 4888 (International)
 65 6880 4749
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 15277

Certificate of Insurance

Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1990 - Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia)

Policy details

Policyholder Name
 Cover
 Plan name
 NCB applicable
 Vehicle registration number
 Period of Insurance
 Finance loan company

ELI00 KAI HOON
 Comprehensive
 Flexi
 40%
 SLX5301H
 from 08/08/2013 to 07/08/2019 (both dates inclusive)
 UNITED OVERSEAS BANK LIMITED

Certificate number
 Chassis number
 Engine number

GA330609 / 1
 SUNFEA/11U1987045
 HRA2425532

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any person who is driving on the Policyholder's order or with their permission

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.

Limitation as to use*

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, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 66 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Basic Own Damage Excess
 Windscreen Excess

\$500 - \$1000
 \$500 - \$1000

An Additional Excess is applicable as follows:

- \$5500 for unnamed Authorized Driver
- \$5500 for declared Young and Inexperienced Driver
- \$55,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$52,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorized signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender this Certificate of Insurance and the Policy, to the insurance company. If no Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chap. 189).

The Premium Waiver Clause requires the premium to be paid in full within a specified period during which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

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	07/01/2019 14:19
Date Of Accident	05/01/2019 22:00
Exact Location Of Accident	ALONG TAMPINES AVE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN5301H
Insured/Policyholder	
Name Of Registered Owner	KHOO KAI HOCK
NRIC No	S1230881G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91094290
Alternative Phone No	OFFICE-91094290
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA338609
Cover Note Number	
Driver	
Name of Driver	KHOO KIAT SIONG (QIU JIEXIONG)
NRIC No	S8441662B
Date Of Birth	29/12/1984
Occupation	INDOOR
Date Of Driving Pass	14/01/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97923031
Fax Number	
Contact Number	
EEmail Address	KIATSIONG@GMAIL.COM

Address	APT BLK 196 PASIR RIS STREET 12 #05-92
Postcode	510196
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	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)	3
Passenger 1	NAME: : TAN KAI XI GENDER: : FEMALE
Passenger 2	NAME: : KAE LY CHOO YI XUAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB6830Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	MUHAMAD NUR SHAFIQ BIN SASBALD
NRIC/Passport Number	S9402740C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD1081T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE SENG CHONG
NRIC/Passport Number	S0332304H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KHOO KIAT SIONG (QIU JIEXIONG)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLN5301H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	KAELY KHOO YI XUAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLN5301H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:



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



Reporting Centre Personnel's Signature
Name: 20166
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190106/2030

1 of 5

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190106/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2019 10:52	Vide Report No.: G/20190105/0236	Station Diary No.: 50
--------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: KHOO KIAT SIONG			Address: APT BLK 196 PASIR RIS STREET 12 #05-92 SINGAPORE 510196	
ID Type / ID No.: NRIC NO / S8441662B			Contact No.: Home/Office:	Mobile: 97923031
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 29/12/1984	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: UNEMPLOYED			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: 05/01/2019 22:00	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 6 TAMPINES AVE 6 TOWARDS TAMPINES AVE 2, AFTER TAMPINES AVE 6 BUS STOP B10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6830Y	Van					0
SHD1081T	Car					0
SLN5301H	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Brown	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20190106/2030

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 5

Report No. T/20190106/2030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMAD NUR SHAFIQ BIN SASBALD	ID No.	S9402740C
Related Vehicle	GBB6830Y (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE SENG CHONG	ID No.	S0332304H
Related Vehicle	SHD1081T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	TAN KAI XI	ID No.	S8313871H
Related Vehicle	SLN5301H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20190106/2030

3 of 5

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190106/2030

CONTINUATION OF REPORT

Driver			
Name	KHOO KIAT SIONG	ID No.	S8441862B
Related Vehicle	SLN5301H (Car)	Contact No.	97923031
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/01/2019	Date Discharge	06/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	KADY KHOO YI XUAN	ID No.	T1320055B
Related Vehicle	SLN5301H (Car)	Contact No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/01/2019	Date Discharge	06/01/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/01/2019 at about 10pm, I was driving my vehicle bearing the registration number: SLN5301H along Tampines Ave 6 towards Tampines Ave 2. I had my wife and my daughter seated at the rear passenger seats. I was driving on the left most lane of the road. It was a 2 lane road.

I was driving at a slow speed as it was a bend. Suddenly, along the said road, just slightly after the bend at a bus stop, a vehicle in front of me, a "Premier" silvered colored taxi bearing the registration number: SHD1081T, applied its brakes as a passenger flagged down for the taxi at the said of the road. The driver did not switch on the hazard lights. Upon seeing this, I applied my emergency brakes to avoid a collision. Fortunately, I did not collided with the said taxi.

Suddenly, I felt an impact coming from the rear of my vehicle. The impact caused my vehicle to surged forward. I was not sure if I collide with the said taxi in front of me. I came out of my vehicle and noticed a van, bearing the registration number, GBB6830Y, had collided onto the rear of my vehicle, on the right side.

The ambulances and traffic police came down to scene. My daughter was conveyed to KKH by ambulance to make a further check on her as she complaint of pain, however she was discharged and we were advised to keep her under observations. At the point of accident, I refused the conveyance as I wished to seek my own medical treatment which I did at Mount Alvernia Hospital and I was given 3 days medical leave.

I had in-vehicle cameras installed at both front and rear facing and the traffic police took the memory card for investigation purposes. The damages to my vehicle are that it was badly dented on the right rear side.



**SINGAPORE
POLICE FORCE**



T/20190106/2030

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 5

Report No. T/20190106/2030

CONTINUATION OF REPORT

When i made a checked on the taxi infortm of me, I do not see any visible damages on it at the rear portion and i had took a photo of the said taxi. I also had exchanged particulars with the other two drives.



**SINGAPORE
POLICE FORCE**



T/20190106/2030

5 of 5

Report No. T/20190106/2030

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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:

G /

Sgt 2 MUHAMMAD ALIF BIN AZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/01/2019 10:52

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD SHAHRIL BIN ABDULLAH

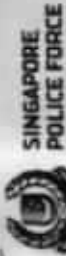
Contact No.: 65476083

Classification Of Case:

Authentication Stamp

NP168

POLICE REPORT ADDENDUM



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasar Ria N.P.O
1-Pasar Ria Drive # 021-01 SINGAPORE
S11452
Tel No: 1800-4852968



1-201901061230
1 of 2
Report No: 1201901061230

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2019 15:58

Vehicle Report No: T201901061230

Station Duty No: TG

Informant's Particulars

Name of Informant: KHOO KIAT SIONG

Address: APT BLK 106 PASIR RIA STREET 12 #05-02 SINGAPORE

APR 196

ID Type / ID No: NRIC NO / S9441662B

Contact No: Home/Office: Mobile: 07922031

Email:

Nationality: SINGAPORE CITIZEN

Sex: Male

Age: 54

Date of Birth: 26/12/1964

Race: Chinese

Language: English

Type of Informant: Driver

Institution / School Name:

Occupation: UNEMPLOYED

Driving Licence Information: Class: 3

Date of Expiry:

General Information of the Accident			
Type of Accident	Injury Attended by Police	Drink Drive Nil	Date/Time of Accident
Along Road 1			05/01/2019 22:00
TAMPINES AVENUE 6			
Tampines Ave 6 towards Tampines Ave 2, after Tampines Ave 8 Bus Stop 810			
Weather: Clear	Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Head			Anyone conveyed by ambulance: Yes

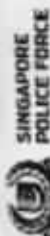
Brief Details:

Refer to report T201901061230. Apparent facts will be. There is a minor impact as such my vehicle had collided on the tail. There is no dent and no visible damage on the taxi

POLICE REPORT ADDENDUM



Report No. 1001-140107-08
Page 2 of 2



**SINGAPORE
POLICE FORCE**
Police Station Of Origin
Raffles N.P.C.
1 Raffles Place, 4th Floor, Singapore
179037
Tel No. 9050-5652/999

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 stating the report number as reference

Signature Of Officer Recording The Report
O /
Sgt Spt IDNIS BIN ROSLI

Signature Of Interpreter
Not applicable

Officer In Charge Of Case
TP / GIT /
SI MOHAMMAD SHAHRIL BIN ABDULLAH
Contact No.: 85476083

Authentication Stamp
SPRIS

Signature Of Informant

Date/Time
07/01/2019 15:58

Classification Of Case



SPRIS

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



MOR119002412 / ETHQZ Protect Pte Ltd - Bukit Batok
 ENTRY DATE & TIME: 07/01/2019 11:37
 SUBMITTED BY: Jonathan Lim Kok Siong

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 07/01/2019 11:37
 Date Of Accident 05/01/2019 21:30
 Exact Location Of Accident ALONG TAMPINES AVE 9
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB6830Y
Insured/Policyholder
 Name Of Registered Owner ETHOZ GROUP LTD
 Co Reg No 198104531H
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No Office-66547777

Vehicle Particulars

Manufacturer NISSAN
 Model URVAN 3.0 LWB 5DR 5MT EURO IV G (M)

Exact Purpose for which vehicle was being used at time of accident

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

If No, Please state action to be taken REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number
 Cover Note Number

Driver

Name of Driver MUHAMMAD NUR SHAFIQ BIN HASBALD
 NRIC No S9402740C
 Date Of Birth 29/01/1994
 Occupation OUTDOOR
 Date Of Driving Pass 24/05/2018
 Driving Experience 0 YEAR AND 7 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-91494240

Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 316 HOUGANG AVENUE 7 #11-95
Postcode	530316
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN5301H
Vehicle Make/Model/Colour	NISSAN QASHQAI 1.2
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	KHOO KIAT SIONG
NRIC/Passport Number	S8441662B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NUR SABIRAH BINTE SALEHUDDIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBB6830Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

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.

B. 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:



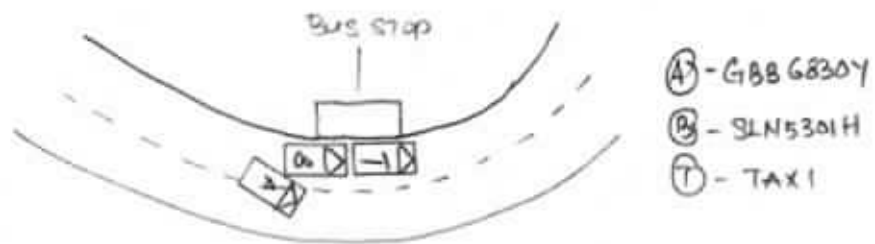
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature]

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

[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20190106/2008.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD & TP at other workshop

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

✓	Reporting Only
	Claim ID
	Claim TP
	Claim ID & TP at other institution

DECLARATION

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



Policyholder's
Date & Time

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

Reporting Centre Personnel's Signature
Name: _____
NRIC / I.D. No.: _____



**SINGAPORE
POLICE FORCE**



T/20190106/2008

1 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20190106/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2019 01:08	Vide Report No.: G/20190105/0236	Station Diary No.: 12
--------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD NUR SHAFIQ BIN HASBALD			Address: APT BLK 316 HOUGANG AVENUE 7 #11-95 SINGAPORE 530316	
ID Type / ID No.: NRIC NO / S9402740C			Contact No.:	Mobile: 91494240
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 24	Date of Birth: 29/01/1994	Type of Informant: Driver	
Race: Malayalee			Language: English	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2019 21:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES AVENUE 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Stationary vehicle against moving vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6830Y	Van	NISSAN	URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD	White	Slightly Damaged	1
SHD1081T	TAXI	KIA	OPTIMA 1.7(A)	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190106/2008

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 4

Report No. T/20190106/2008

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN5301H	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Brown	Slightly Damaged	2

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	MUHAMMAD NUR SHAFIQ BIN HASBALD			ID No.	S9402740C
Related Vehicle	GBB6830Y (Van)			Contact No.	91494240
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Passenger					
Name	NURI SABIRAH BINTE SALEHUDDIN			ID No.	S9608751I
Related Vehicle	GBB6830Y (Van)			Contact No.	87547699
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight	
Driver					
Name	LEE SENG CHONG			ID No.	S0332304H
Related Vehicle	SHD1081T (TAXI)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	



**SINGAPORE
POLICE FORCE**



T/20190100/2008

3 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20190100/2008

CONTINUATION OF REPORT

Driver			
Name	KHOO KIAT SIONG	ID No.	S8441662B
Related Vehicle	SLN5301H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/01/2018 at about 2125hrs, I was driving a rented van (GBB 6830Y) along Tampines Ave 9. While driving along the Tampines ave 9 and there is a small turn along the road. While I was turning and I did not saw any car vehicle. When I am going to make a turn I saw a car vehicle (SLN5301H) brake light was applied. When I saw the brake light, I quickly turn my steering wheel to avoid collide with the car vehicle. However it was too late, the van left side collided with the car vehicle right side and it result the van vehicle passenger door was unable to open. After which I called for police assistance. The traffic accident involved 3 vehicle. the car vehicle (SLN5301H) have in car camera install and have the footage of it.

The ambulance came and my wife was been conveyed to Changi General Hospital. As far as I know the taxi driver was not injure and the car vehicle (SLN5301H) passengers was been conveyed to KK Hospital.



**SINGAPORE
POLICE FORCE**



T/20190106/2008

4 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20190106/2008

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:

G /

Sgt 2 CHEE KIT YING

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

06/01/2019 01:08

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD SHAHRIL BIN ABDULLAH

Contact No.: 65476083

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9402740C



Name
MUHAMMAD NUR SHAFIQ BIN HASBALD
Race
MALAYALEE
Date of birth
29-01-1994
Country/Place of birth
SINGAPORE
Sex
M
S9402740C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES
EFFECTIVE DATE
24 May 2018
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

HP 426A

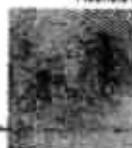


Licence No S9402740C



S9402740C

NRIC No S9402740C



Date of issue
04-07-2015

AFT BLK 318 HOUGANG AVENUE 7 #11-05
SINGAPORE 530316

NRIC No: S9402740C

Date: 26/02/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





3RD'S PARTY DL





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				
SOMPO INSURANCE SINGAPORE PL		Ref : CS3/SMO19000416/Jtd3e2-1		
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 02-07-2019		
		Code : SMO		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBB 6830Y	Veh. Inspected	SLN 5301H	
Policy No.	D19MTHCVE000167	Coverage (\$)	0.00	
Claim No.	CMTD1900190	Excess (\$)	0.00	
Assign From	HWANG SHIANG YI	Assign Date	25/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN QASHQAI	c.c	1197	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	SJNFEAJ11U1957045	Colour	BROWN	
Odometer	34109	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R17	GOODYEAR	6 mm	
L/H Front Tyre	215/60 R17	GOODYEAR	6 mm	
R/H Rear Tyre	215/60 R17	GOODYEAR	6 mm	
L/H Rear Tyre	215/60 R17	GOODYEAR	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	05/01/2019	Inspection Date	08/01/2019	
Survey held at	ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		10 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLN 5301H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BONNET	TO REPAIR SEE LABOUR	1,054.30	-
1	BONNET LOCK BRACE PANEL	NOT NECESSARY	90.40	-
1	BONNET INNER RUBBER BEADING	NOT NECESSARY	57.00	-
1	FRONT BUMPER FASCIA	TO REPAIR SEE LABOUR	2,470.70	-
2	FRONT BUMPER SIDE RETAINER	NOT NECESSARY	44.20	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	591.90	-
1	FRONT BUMPER SPONGE	CRACKED	207.20	207.20
2	FRONT BUMPER SIDE ATTACHMENT	NOT NECESSARY	96.40	-
1	FRONT SUPPORT PANEL	NOT NECESSARY	620.70	-
1	TAIL GATE	DENTED / DISTORTED	2,922.60	2,922.60
1	TAIL GATE OUTER GARNISH WITH SWITCH	DENTED / DISTORTED	351.50	351.50
1	TAIL GATE INNER TRIM (TOP)	WRAPED / DEFORMED	112.60	112.60
1	REAR BUMPER FASCIA	WRAPED / DEFORMED	2,322.10	720.00
2	REAR BUMPER SIDE RETAINER	NECESSARY	26.20	26.20
2	REAR BUMPER SIDE ATTACHMENT	NECESSARY	70.40	70.40
2	REAR BUMPER BRACKET	NECESSARY	183.40	183.40
1	REAR BUMPER REINFORCEMENT	BENT	638.10	638.10
1	REAR BUMPER TOW COVER	GRAZED / DEFORMED	17.80	17.80
1	REAR BUMPER SPONGE	CRACKED	133.80	133.80
1	REAR BUMPER CENTER COVER (CHROME)	NOT NECESSARY	319.40	-
1	TAIL LAMP BASE PANEL	NECESSARY	155.60	155.60
1	REAR FENDER	DENTED / DISTORTED	1,595.80	1,000.00
1	REAR FENDER GLASS W/INNER SEAL	NECESSARY	645.50	645.50
1	REAR FENDER SPLASH SHIELD	DENTED / DISTORTED	425.00	425.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR FENDER PROTECTOR	WRAPED / DEFORMED	595.60	240.00
1	REAR END PANEL (OUTER)	NECESSARY	540.90	540.90
1	REAR FENDER INNER TRIM (TOP)	WRAPED / DEFORMED	95.80	95.80
1	REAR FENDER INNER TRIM (BOTTOM)	DISTORTED	205.50	205.50
1	REAR FENDER INNER EXTENSION PANEL	NECESSARY	289.80	289.80
1	ROOF LINING	NOT NECESSARY	1,319.90	-
1	REAR SPEAKER BOARD	NOT NECESSARY	413.10	-
1	REAR FLOOR PANEL	NOT NECESSARY	1,883.20	-
1	REAR FLOOR SIDE PANEL	TO REPAIR SEE LABOUR	565.00	-
1	REAR FLOOR PANEL INSULATOR CLOTH	NOT NECESSARY	285.70	-
1	REAR FLOOR PANEL TOOL TRAY SPONGE	NOT NECESSARY	263.60	-
1	REAR FLOOR PANEL BOARD	DISTORTED	495.00	495.00
1	REAR WHEEL HOUSING PANEL (OUTER)	TO REPAIR SEE LABOUR	371.90	-
1	REAR WHEEL HOUSING PANEL (INNER)	TO REPAIR SEE LABOUR	580.60	-
1	REAR SUB CHASSIS FRAME MEMBER	TO REPAIR SEE LABOUR	1,125.50	-
1	REAR BACK REST CUSHION	NOT NECESSARY	899.20	-
1	REAR CROSS MEMBER	NOT NECESSARY	1,502.20	-
	LESS 30% DISCOUNT		-7,975.53	-2,843.01
			18,609.57	6,633.69
	NETT ITEMS			
1	BONNET LOCK (N)	NOT NECESSARY	54.20	-
1	BONNET LOCK CABLE (N)	NOT NECESSARY	38.00	-
1	BONNET STOPPER (N)	NOT NECESSARY	14.30	-
1	BONNET INSULATOR (N)	NOT NECESSARY	162.10	-
12	BONNET INSULATOR CLIPS (N)	NOT NECESSARY	78.00	-
2	BONNET HINGE (N)	NOT NECESSARY	98.00	-
1	BONNET STAND CLIPS (N)	NOT NECESSARY	8.50	-
1	FRONT GRILLE (N)	CRACKED	322.50	322.50
1	FRONT GRILLE BADGE (N)	NECESSARY	45.60	45.60

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
8	FRONT GRILLE CLIPS (N)	NECESSARY	52.00	15.00
10	FRONT BUMPER CLIPS (N)	NECESSARY	65.00	30.00
4	FRONT BUMPER SPONGE CLIPS (N)	NOT NECESSARY	26.00	-
1	FRONT BUMPER TOW COVER (N)	NOT NECESSARY	16.90	-
2	FOG LAMP ASSY (N)	NOT NECESSARY	589.00	-
2	HEAD LAMP ASSY (N)	CRACKED	2,864.40	2,300.00
1	HORN ASSY (ACC) (N)	NOT NECESSARY	83.80	-
2	TAIL GATE HINGE (N)	BENT	69.20	69.20
2	TAIL GATE ABSORBER (N)	DENTED / DISTORTED	366.80	366.80
1	TAIL GATE STOPPER (N)	NOT NECESSARY	15.70	-
1	TAIL GATE LOCK (N)	JAMMED	102.00	102.00
1	TAIL GATE LOCK STRIKER (N)	NOT NECESSARY	27.70	-
1	TAIL GATE WEATHER STRIPE (N)	WRAPED / DEFORMED	150.70	150.70
2	TAIL GATE REFLECTOR (N)	O/S GRAZED / DEFORMED	319.80	160.00
2	TAIL GATE REFLECTOR SEALANT (N)	NECESSARY-1PC ONLY	97.80	20.00
4	TAIL GATE REFLECTOR CLIPS (N)	NECESSARY-2PCS ONLY	38.00	10.00
1	TAIL GATE OUTER GARNISH CLIPS (N)	NECESSARY	9.50	9.50
1	TAIL GATE BADGE (N)	NECESSARY	35.20	35.20
1	TAIL GATE EMBLUM "QASHQAI" (N)	NECESSARY	56.20	56.20
1	TAIL GATE INNER TRIM BOARD (N)	WRAPED / DEFORMED	331.10	331.10
8	TAIL GATE INNER TRIM BOARD CLIPS (N)	NECESSARY	52.00	15.00
1	TAIL GATE EMBLUM "X TRONICCVT" (N)	NECESSARY	45.60	45.60
1	TAIL GATE KEYLESS SENSOR (N)	CRACKED	55.70	55.70
1	REAR WIPER BLADE (N)	WRAPED / DEFORMED	15.60	15.60
1	REAR WIPER ARM (N)	BENT	76.70	76.70
1	REAR WIPER MOTOR (N)	SERVICEABLE	426.00	-
1	REAR WIPER ARM COVER (N)	NOT NECESSARY	11.60	-
1	REAR NUMBER PLATE LAMP (N)	NOT NECESSARY	54.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	REAR BUMPER REFLECTOR (N)	NOT NECESSARY	83.20	-
2	REAR BUMPER STAY (N)	NOT NECESSARY	78.60	-
1	TAIL LAMP ASSY (N)	CRACKED	425.00	425.00
1	TAIL LAMP SEALANT (N)	WRAPED / DEFORMED	97.80	20.00
2	TAIL LAMP CLIPS (N)	NECESSARY	40.00	10.00
1	REAR WINDSCREEN GLASS W/MOULDING (N)	WRAPED / DEFORMED	1,416.40	1,416.40
1	REAR WINDSCREEN GLASS INNER SEAL (N)	WRAPED / DEFORMED	148.00	148.00
6	REAR FENDER SPLASH SHIELD CLIPS (N)	NECESSARY	33.00	20.00
8	REAR FENDER PROTECTOR CLIPS (N)	NECESSARY	52.00	15.00
1	REAR END PANEL TOP TRIM (N)	WRAPED / DEFORMED	55.50	55.50
6	REAR END PANEL TOP TRIM CLIPS (N)	NECESSARY	51.00	10.00
16	REAR FENDER INNER TRIM CLIPS (N)	NECESSARY	104.00	20.00
1	REAR FENDER AIR VENT (N)	WRAPED / DEFORMED	108.80	108.80
18	ROOF LINING CLIPS (N)	NOT NECESSARY	76.00	-
	LESS 10% DISCOUNT		-964.45	-648.11
			8,680.05	5,832.99
	SPECIAL NETT ITEMS			
2	FOG LAMP BRACKET (SN)	NOT NECESSARY	65.00	-
1	FRONT NUMBER PLATE (SN)	NOT NECESSARY	55.00	-
1	FRONT NUMBER PLATE CASING (SN)	NOT NECESSARY	35.00	-
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	55.00	-
1	REAR NUMBER PLATE CASING (SN)	NOT NECESSARY	35.00	-
1	SET REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
1	REAR WINDSCREEN GLASS SEALANT (SN)	NECESSARY	60.00	60.00
1	REAR WINDSCREEN GLASS SOLAR FILM (SN)	NECESSARY	280.00	120.00
			865.00	180.00
	LABOUR			
	TOWING FEES.		250.00	50.00
	TO TUFF COAT AFFECTED AREAS.		210.00	50.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE & REPLACE INTERIOR UPHOLSTERY.		280.00	80.00
	TO REMOVE & REPLACE REAR FENDER GLASS, VACUUM REAR WINDSCREEN.		380.00	120.00
	TO REMOVE & REPLACE REVERSE SENSOR.		180.00	20.00
	TO RESET ELECTRICAL MODULE SYSTEM.		450.00	120.00
	TO CHECK & RECONNECT SNAP WIRING.		250.00	30.00
	TO REMOVE & RETIFY REAR SEAT.		180.00	40.00
	TO RESPRAY AFFECTED AREAS.		3,000.00	1,500.00
	TO REMOVE & REFIX AIR COND CONDENSOR, PIPING, VACUUM & TOP UP GAS.	NOT NECESSARY	200.00	-
	TO REMOVE & REFIX RADIATOR & TOP UP COOLANT.	NOT NECESSARY	180.00	-
	TO RENEW DAMAGED PARTS, STRAIGHTER & REPAIR FRONT & REAR CHASSIS MEMBER, & ALIGNED ALL PARTS. INCLUSIVE OF THE REPAIR OF BONNET, FRONT BUMPER FASCIA, REAR FLOOR SIDE PANEL, REAR WHEEL HOUSING PANEL (OUTER), REAR WHEEL HOUSING PANEL (INNER) AND REAR SUB CHASSIS FRAME MEMBER.		4,000.00	1,700.00
			9,560.00	3,710.00
GRAND TOTAL			37,714.62	16,356.68
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				13,000.00

Report Ref No. CS3/SMO19000416/Jtd3e2-1

ONG HWEE JIE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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