

ASS. REC. BY:

REP: CS3/LPC 19005201/VA03-1¹²

Special Instruction:

Surveyor: MINILUE

ASSIGNMENT (Office)

From (Person): Gerald Pohof LPC

Date/Time:

26/6/19
27/3/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLW 82522

Insured:

YN 3213Mat Workshop n/s: Blk w/1 Automotive Service

Tel:

6745 2088of 1 Kaki Bukit Ave 6 Blk C, #01-55

Policy No:

Claim No:

18/19/19/VC00/051561

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 20/03/2019

CA / REV / REP. / REV 24 HRS

YES

H.O.D. Endowment:

Date/Time: 22.3.171.32pm

Person Contacted:

SallyVehicle (IN) OUT

Date/Time

Action/Instruction

Estimate (X)SLW 82522 - XYN 3213M - X22/3/19Submit P&S.26/6/19submit HS 2700 SL. (Red 6900, 75%)

RECEIVED 27 JUN 2019

26/6/2019

08/11/13 wef
ASS. REC. BY: Marcus

REF:

HPC/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No.

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Makes 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:

days

Res: Yes or No

Lum Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

c.c 1799

Colour

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.A.

Survey held at

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

27/11/13 19-11-2013 Juh
No soft/hard. PRS

RECEIVED: 27 Nov 2013

Date/Time. File Pass to?

☐

Prel. Report

11/28/13 turner

☐

Final Report

Date/Time. File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

)

TOTAL

Report Format :

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

450



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 18/19/19/VC00/021561

Your Ref : CS3/LPC19005201/Uqd3n2

20 June 2019

M/s LKK Auto Consultants Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 408933

Dear Sirs/Madam

PAPER SURVEY OF SLW8252Z

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SLW8252Z
- b) GIA report SLW8252Z
- c) GIA report and photos of YN3213M

Kindly study the documents and let us have your report by 3 July 2019.

Yours faithfully

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

JEQ/190233/0319.

MP/S19037288 / Kan Fook Sing Motor Workshop - Defu
 ENTRY DATE & TIME: 21/03/2019 11:24
 SUBMITTED BY: Helen Poh

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 21/03/2019 11:24
 Date Of Accident 20/03/2019 13:30
 Exact Location Of Accident AT PASIR RIS DRIVE 8
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW8252Z
Insured/Policyholder
 Name Of Registered Owner YEE WAI TUCK JIMMY
 NRIC No S7410738I
 Email Address JIMEVE@SINGNET.COM.SG
 Mobile Phone No (LOCAL) +65-97893875
 Alternative Phone No OFFICE-97893875
Vehicle Particulars
 Manufacturer HONDA
 Model STREAM-1.8 L (A)
 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 A29077782 QMX
 Cover Note Number 05/04/2018 - 19/05/2019
Driver
 Name of Driver YEE WAI TUCK JIMMY
 NRIC No S7410738I
 Date Of Birth 02/04/1974
 Occupation INDOOR
 Date Of Driving Pass 13/01/1998
 Driving Experience 23 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97893875
 Fax Number
 Contact Number OFFICE-97893875
 Email Address JIMEVE@SINGNET.COM.SG

Address BLK 128 PASIR RIS STREET 11 #08-343
 Postcode S510128
 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? 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: : POH SIEW LAN
 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

PLEASE REFER TO POLICE REPORT ATTACHED.

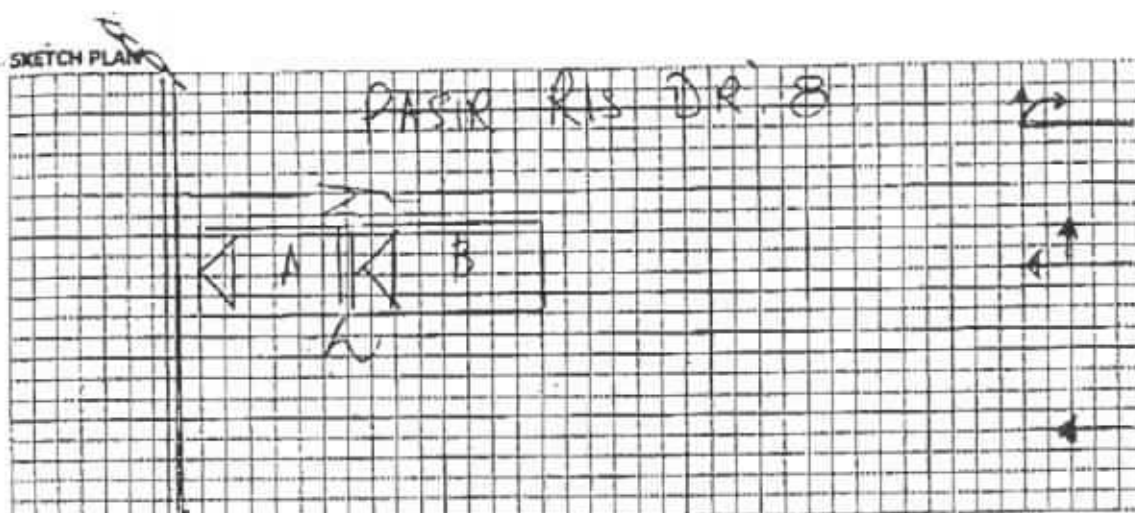
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN3213M
 Vehicle Make/Model/Colour NA
 Details Of Properties NA
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver LI JI GUO
 NRIC/Passport Number G8168894Q
 Contact Number 81831759

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report

refer to

Insurance Co.	M516
Policy No.	3202222
Date of Accident	20/5/2017
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Property Damage Claim <input checked="" type="checkbox"/> Third Party Claim	

Workshop: Shuewell Auto Ss P/L

DECLARATION

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

Policyholder's Signature

Date & Time: 21/3/19, 10:45am

Driver's Signature

(if driver is not the policyholder)

Date & Time: 21/3/19, 10:45am

Reporting Centre Personnel's Signature

Name:

NRC/TIN No.:



SINGAPORE POLICE FORCE



T/20190320/2133

1 of 4

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/20190320/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2019 16:18		Vide Report No.:		Station Diary No.: 58	
Informant's Particulars					
Name of Informant: YEE WAI TUCK JIMMY			Address: APT BLK 128 PASIR RIS STREET 11 #08-343 SINGAPORE 510128		
ID Type / ID No.: NRIC NO / S74107381			Contact No.: Home/Office: Mobile: 97893875		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 02/04/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2019 13:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 1 PASIR RIS DRIVE 8				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW8252Z	Car				Slightly Damaged	1
YN3213M	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190320/2133

2 of 4

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/20190320/2133

CONTINUATION OF REPORT

Passenger			
Name	EVELYN POH SIEW LAN		ID No. S7231863C
Related Vehicle	SLW8252Z (Car)		Contact No. 97965720
Hospital/Clinic	LIFE-LINK CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	YEE WAI TUCK JIMMY		ID No. S7410738I
Related Vehicle	SLW8252Z (Car)		Contact No. 97893875
Hospital/Clinic	LIFE-LINK CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LI JIGUO		ID No. G8168894Q
Related Vehicle	YN3213M (Lorry)		Contact No. 81831759
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 20/3/19 at about 1.30pm, my vehicle was stationary on the 2nd lane along Pasir Ris Dr 8 waiting for the traffic light to turn green as I wanted to turn right onto Pasir Ris Dr 1. I was the first vehicle in queue. When the traffic light turn green, I prepared to move off. Suddenly a vehicle collided onto the rear portion of my vehicle. I alighted my vehicle and made a check on my vehicle and discovered some scratches on the rear bumper. I then exchanged particulars with the other driver and we both agreed to lodge a police report for insurance claiming. I asked the driver as to what had happened on his end and he informed that he was rushing for time to deliver items and as such was distracted and could not stop in time.

I made a check on my wife and she informed that she felt some stiffness on her neck. As such, my wife and I went to a clinic for a medical check-up.



**SINGAPORE
POLICE FORCE**



T/20190320/2133

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

3 of 4

Report No. T/20190320/2133

CONTINUATION OF REPORT

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	21/03/2019 18:37
Date Of Accident	20/03/2019 13:30
Exact Location Of Accident	PASIR RIS DR 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN3213M
Insured/Policyholder	
Name Of Registered Owner	THINK FRESH TRADING PTE LTD
Co Reg No	0
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81831759
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA-3.0 D B31 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/102739
Cover Note Number	
Driver	
Name of Driver	LI JIGUO
Work Permit No	G2168894Q
Date Of Birth	10/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81831759
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BKJ 701 # 06-309 WEST COST RD
Postcode	120701
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , 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 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	SLW8252Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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
Date & Time:

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

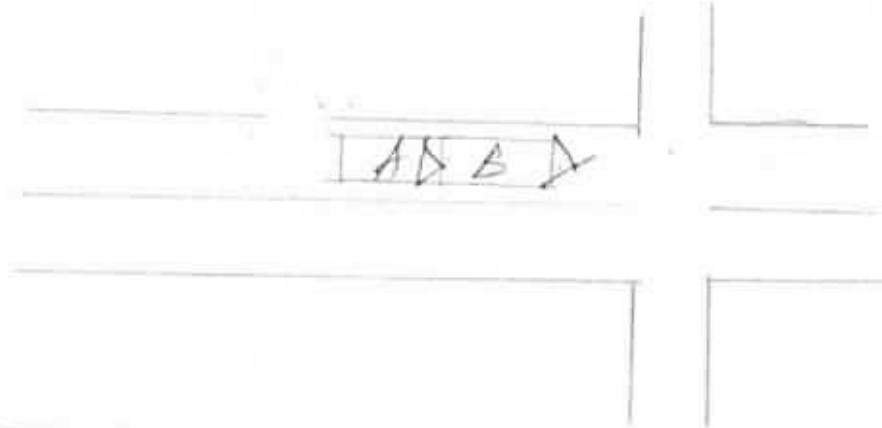
Reporting Centre's Channel's Signature
Name:
NRIC/FIN No:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

☐ Claim Own Damage ☐ Claim TP ☒ Reporting Only ☐ Claim ODT/TP at other workshop

Workshop Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

2019年3月20日 下午 1:30 左右在K1路附近。

Refer to Police Report No: T/20190321/

2049.

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

Signature

Reporting Centre/Inspector's Signature
Name
ID No./Office



POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190321/2099

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No: T/20190321/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2019 16:27		Vide Report No.:		Station Diary No.: 118	
Informant's Particulars					
Name of Informant: LI JIGUO			Address:		
ID Type / ID No.: FIN NO / G8168894Q			Contact No.: Home/Office: Mobile: 81831759		
Nationality: CHINESE			Email:		
Sex: Male	Age: 39	Date of Birth: 10/12/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry: 10/07/2023		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 20/03/2019 13:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 1 PASIR RIS DRIVE 8 Middle Lane along Pasir Ris Drive 8, turning to Pasir Ris Drive 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW8252Z	Car				Slightly Damaged	1
YN3213M	Lorry				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190321/2099

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3
Report No. T/20190321/2099

CONTINUATION OF REPORT

Driver			
Name	JIMMY WEE		ID No. NIL
Related Vehicle	SLW8252Z (Car)		Contact No. 97893875
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	LI JIGUO		ID No. G8168894Q
Related Vehicle	YN3213M (Lorry)		Contact No. 81831759
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 20/03/2019 at about 1330hrs, I was travelling on the middle lane in my vehicle YN3213M along Pasir Ris Drive 8. As I approached the X-Junction of Pasir Ris Drive 8 and Pasir Ris Drive 1, the traffic light was red. I stopped at the junction, behind the vehicle SLW8252Z. When the light turned green, I drove forward but the vehicle ahead did not move. Hence, the front portion of my vehicle collided to the rear of the vehicle ahead. The other vehicle has one driver and one passenger. At that time, there were no injuries sustained. The front of my vehicle suffered some minor scratches while the rear of the other vehicle sustained some minor scratches as well. I do not have any in car camera in my vehicle. On the same day in the evening, I was informed by the other party that the driver and passenger sustained pain to their neck areas.



**SINGAPORE
POLICE FORCE**



T/20190321/2099

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20190321/2099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

D /

Sgt 3 TAN WEE KIONG, SHAUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/03/2019 16:27

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case

Authentication Stamp

NP168

	SH 37
SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER
FS3E20850

U.W. : 2440 KG

M.L.W. : 3000 KG

TYRE : (F) 200R 16 10

SIZE : (R) 175R 14 B D

PASSENGER CAPACITY : 1 DRIVER 2 OTHERS

Accident Photo





No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883
Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

Report Reference : TP / 19029-03/AY / 2019
Date of Report : 3 Apr 2019

Yee Wai Tuck Jimmy
c/o No.1 Kaki Bukit Ave 6
#01-53/55 AutoBay@ Kaki Bukit
Singapore 417883

**THIRD PARTY SURVEY
ACCIDENT HAPPENED ON 20 Mar 2019**

Workshop Address : Bluwel Automotive Service Pte Ltd
No.1 Kaki Bukit Ave 6
#01-53/55 AutoBay@ Kaki Bukit
Singapore 417883

As per your instruction dated **22 Mar 2019** with regard to the above matter. We have carried out a physical inspection on the said vehicle **SLW 8252 Z**. We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No	: SLW 8252 Z	Engine No	: R18A13800316
Model	: Honda Stream	Mileage	: 152012
Year / Capacity	: 2009/1799	Colour	: White
Chassis No	: JHMRN68609S200337		

2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>	<u>Rim</u>
FRONT O/S	: 215/50 R17	Bridgestone	6.00 mm	Sport
REAR O/S	: 215/50 R17	Bridgestone	6.00 mm	Sport
FRONT N/S	: 215/50 R17	Bridgestone	6.00 mm	Sport
REAR N/S	: 215/50 R17	Bridgestone	6.00 mm	Sport



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883
Tel: 6748 6633 Fax: 67471017 Registration No. 209723252D

3. DESCRIPTION OF DAMAGES

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

4. Estimated normal period of repair : 6 working days to complete.
5. Enclosed number of photograph : 96 copies.
6. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey was done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.
7. Should you discover any discrepancy in the report, please kindly notify us within 2 weeks, 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 No: SLW 8252 Z
Report No: TP/ 19029-03/AY / 2019

SPARE PARTS

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Rear tailgate	Repair	\$ 930.00	\$ <i>n</i> <i>x</i>
1	Rear tailgate 'STREAM' emblem	Necessary	\$ 29.20	\$ <i>rev</i> 29.20 ✓
2	Rear taillamps <i>338.60</i>	O/S Damage	\$ 909.00	\$ <i>O/S rev</i> 454.50 <i>1/2 c</i>
1	Rear end panel <i>311.60</i>	Damage	\$ 371.30	\$ <i>but</i> 371.30 ✓
1	Rear end panel inner garnish	Damage	\$ 112.20	\$ <i>tw</i> 112.20 ✓
1	Rear bumper <i>638.00</i>	Damage	\$ 660.90	\$ <i>de</i> 660.90 ✓
2	Rear bumper side retainers	Necessary	\$ 97.00	\$ <i>rev</i> 97.00 ✓
1	Rear spare wheel carrier	Damage	\$ 291.10	\$ <i>n</i> 291.10 <i>x</i>
1	Rear exhaust silencer	Damage	\$ 514.90	\$ <i>n</i> 514.90 <i>x</i>
2	Rear exhaust silencer mountings	Necessary	\$ 57.00	\$ <i>1/1</i> 57.00 <i>x</i>
			\$ 3972.60	\$ 2588.10
Discount 20.0%			\$ 794.52	\$ 517.62
			\$ 3178.08	\$ 2070.48
<u>Special Nett Items</u>				
1	Rear bumper clip (1 set)	Necessary	\$ 35.00	\$ <i>rev</i> 35.00 ✓
1	Rear reverse sensor (1 set)	Damage	\$ 480.00	\$ <i>chd</i> 480.00 <i>280</i>
			\$ 515.00	\$ 515.00

1531.6

Spare Parts Total \$ 3693.08 \$ 2585.48

Vehicle No: **SLW 8252 Z**
 Report No: **TP/ 19029-03/AY / 2019**

LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 3693.08	\$ 2585.48
1	To remove and refit rear electrical wiring, replaced damaged lamps and test for proper functioning.	\$ 50.00	\$ 40.00 30
2	To remove and refit inner trims, inner garnishes, to facilitate the repairs.	\$ 120.00	\$ 80.00 /
3	To remove and refit rear bumper sensor.	\$ 100.00	\$ 80.00 sc
4	To remove and refit rear windscreen glass.	\$ 200.00	Not Required ^ ^ X
5	To remove and refit, straighten and re-adjust exhaust pipe and replace rear exhaust silencer and mountings.	\$ 100.00	\$ 80.00 ✓
6	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 1000.00	\$ 660.00 /
7	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 1000.00	\$ 880.00 ✓
8	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 150.00	\$ 60.00 50
Total		\$ 6413.08	\$ 4465.48

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:

\$ 3600.00

SDLS: THREE THOUSAND SIX HUNDRED ONLY


 Qualified Appraiser



BLUWEL AUTOMOTIVE SERVICE PTE LTD

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28
(Unit C) #01-51/53/55 Singapore 417883
Hp: 9755 2088 Tel: 6745 2088 Fax: 6841 2088
Website: www.bluwel.com.sg Email: bluwel2088@yahoo.com.sg
Co. Reg. No.: 200704951N
GST Reg. No.: 200704951N

Vehicle No : SLW 8252 Z Date : 3-Apr-19
Make/Model : Honda Stream
Name : Yee Wai Tuck Jimmy
Address : c/o No.1 Kaki Bukit Ave 6
#01-53/55 AutoBay@ Kaki Bukit
Singapore 417883

QTY	ITEM	AMT (\$\$)
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Lump sum repair costs	\$	3,600.00
GST 7 %	\$	252.00
Grand-total	\$	<u>3,852.00</u>

Dollars : Three Thousand Eight Hundred And Fifty Two Only



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
LONPAC INSURANCE BHD		Ref : CS3/LPC19005201/Uqd3n2-1		
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 28-06-2019		
		Code : LPC2		
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	YN 3213M	Veh. Inspected	SLW 8252Z
	Policy No.	Z/18/VC00/102739	Coverage (\$)	0.00
	Claim No.	18/19/19/VC00/021561	Excess (\$)	0.00
	Assign From	GERALD POH	Assign Date	26/06/2019
2. Vehicle Particulars & Condition				
	Make & Model	HONDA STREAM (A)	c.c	1799
	Engine No.	HIDDEN	Year of Reg.	2009
	Chassis No.	JHMRN68609S200337	Colour	WHITE
	Odometer	152012	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	215/50 R17	BRIDGESTONE	6 mm
	L/H Front Tyre	215/50 R17	BRIDGESTONE	6 mm
	R/H Rear Tyre	215/50 R17	BRIDGESTONE	6 mm
	L/H Rear Tyre	215/50 R17	BRIDGESTONE	6 mm
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
	Accident Date	20/03/2019	Inspection Date	22/03/2019
	Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883		
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: 5 Working Days				



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLW 8252Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR TAILGATE	TO REPAIR SEE LABOUR	930.00	-
1	REAR TAILGATE "STREAM" EMBLEM	NECESSARY	29.20	29.20
2	REAR TAILLAMPS	O/S CRACKED	909.00	338.60
1	REAR END PANEL	BENT	371.30	316.60
1	REAR END PANEL INNER GARNISH	TWISTED	112.20	112.20
1	REAR BUMPER	DEFORMED	660.90	638.00
2	REAR BUMPER SIDE RETAINERS	NECESSARY	97.00	97.00
1	REAR SPARE WHEEL CARRIER	TO REPAIR SEE LABOUR	291.10	-
1	REAR EXHAUST SILENCER	TO REPAIR SEE LABOUR	514.90	-
2	REAR EXHAUST SILENCER MOUNTINGS	NOT NECESSARY	57.00	-
	LESS 20% DISCOUNT		-794.52	-306.32
			3,178.08	1,225.28
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	35.00	35.00
1	SET REAR REVERSE SENSOR (SN)	SHORTED	480.00	280.00
			515.00	315.00
LABOUR				
	TO REMOVE AND REFIT REAR ELECTRICAL WIRING,REPLACED DAMAGED LAMPS AND TEST FOR PROPER FUNCTIONING.		50.00	30.00
	TO REMOVE AND REFIT INNER TRIMS,INNER GARNISHES,TO FACILITATE THE REPAIRS.		120.00	80.00
	TO REMOVE AND REFIT REAR BUMPER SENSOR.		100.00	50.00
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS.	NOT NECESSARY	200.00	-
	TO REMOVE AND REFIT,STRAIGHTEN AND RE-ADJUST EXHAUST PIPE AND REPLACE REAR EXHAUST SILENCER AND MOUNTINGS.		100.00	80.00



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REPLACE THE ABOVE DAMAGED PARTS,STRAIGHTEN,KNOCK OUT,REALIGN AND REPAIR INCLUDING CUT AND WELD BODY PANELS.TO RE-ADJUST TO THE ORIGINAL POSITION USING POWER TOOLS.INCLUSIVE OF THE REPAIR OF REAR TAILGATE,REAR SPARE WHEEL CARRIER AND REAR EXHAUST SILENCER.		1,000.00	660.00
	TO SPRAY PAINT ON THE REPLACED AND REPAIRED PARTS,PREPARE SPRAY SUCH AS MASKING TAPE THE UNAFFECTED AREAS WITH PAPER,CLEANING AND SANDING OF SURFACES,FINAL POLISHING AND WAXING ARE ALSO AVAILABLE.		1,000.00	880.00
	TO APPLY UNDERCOATING ON THE REPAIRED AND REPLACED PANELS FOR RUST PROTECTION.		150.00	50.00
			2,720.00	1,830.00
GRAND TOTAL			6,413.08	3,370.28
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,700.00

Report Ref No. CS3/LPC19005201/Uqd3n2-1

CHUA KANG SENG

Licensed Appraiser

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