

YKS
62

REF: CPC

24867

ASSIGNMENT

(-2021)

From: Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s Orion Auto

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. on Market Value:

\$22K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

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:

GRA 285R

Yr Regn:

27 Dec 2006

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

Truck / Trailer or

Pick-up

Double cab

Make:

Toyota Hilux

C.C.:

2982

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading:

26723

T/Ratio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR0E812G 60400 3877

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

Insured / Jammed / Leaked / Burnt or

Brake:

Insured / Jammed / Leaked / Burnt or

Modi:

Nil / S/Rim / STD / R/Rim or

Tyre Size:

F: 195 R15

R:

11

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.

D.O.A.

06-05-19

Survey held at:

W/S

5pm

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

\$3000 - \$4000

ccr \$13154

Submit PRS Report.

RECEIVED 3 JUL 2019

Date/Time, File Pass to?

07/05/19

1)

Type

Date/Time, File Return to?

2)

☐

: Prel. Report

☐

: Final Report

Days Of Repair:

5

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

\$ + RS. 11

Photos

Others

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format :

PRS

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

TOTAL

490

490



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 18/19/19/VC05/021737

Your Ref : CS3/LPC19007924/Gsd3e2

25 July 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 GBA285R

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of GBA285R
- b) GIA report GBA285R
- c) GIA report and photos of GBC235A

Kindly study the documents and let us have your report by 8 August 2019.

Yours faithfully

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

Orion Autoclinic Pte Ltd

25 Kaki Bukit Road 4 #03-31 Synergy @ KB

Singapore 417800

H/P no. 9159 5951 (Jaron)

Email : mail4jaron@yahoo.com.sg

Date : 01/07/2019

Name : Mr Ng Puay Heng

Date of Accident : 30/04/2019

Address : C/o. 25 Kaki Bukit Road 4
Synergy@KB #03-31
Singapore 417800

Vehicle Model : Toyota Hilux (Double Cab

Final Repair Cost For GBA285R

Lump Sum Repair Costs

\$ 3,810.00



PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St 3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

VEHICLE INSPECTION REPORT

Report No. : PAS/TP/0060519

Date of Report : 28/06/2019

To : Mr Ng Puay Heng
C/o. 25 Kaki Bukit Road 4
Synergy@KB #03-31
Singapore 417800

Date of Assignment : 06/05/2019
Report requested by : Mr Ng Puay Heng
Date of Accident : 30/04/2019
Date of Inspection : 06/05/2019
Claim No. : Third Party Claim
Policy No. : -

PARTICULARS OF DAMAGED VEHICLE

Vehicle Registration No.	: GBA285R	Engine Capacity (cc)	: 2982cc
Make & Model	: Toyota Hilux (Double Cab)	Mileage (km)	: 267723km
Date of Registration	: 27/12/2006	Chassis / Frame No.	: MR0EZ12G604003877
Colour	: Black	Engine No.	: 1KD7192301

TYRE CONDITION

Front LH	: 6 mm	Front RH	: 6 mm
Make	: Bridgestone	Make	: Bridgestone
Rear LH	: 6 mm	Rear RH	: 6 mm
Make	: Bridgestone	Make	: Bridgestone

Road wheels Type : Standard

(The above represents the approximate remaining life of tyre treads)

PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)

General Bodywork	: Good
Paintwork	: Good
Handbrake	: Serviceable
Footbrake	: Serviceable
Steering	: Serviceable
Apparent Engine Modification	: Nil

PLACE OF REPAIRER OFFICE/WORKSHOP

Location : M/s. Orion Autoclinic Pte Ltd
25, Kaki Bukit Road 4, Synergy@KB, #03-31, Singapore 417800

ASSESSMENT

Repairer's Estimate	: \$ 5,282.40
Revised Amount	: \$ 4,764.70
Less Excess	: \$ -
Recommended Reserve	: \$ 3,810.00 (Lump Sum)

Estimated Normal Period of Repairs : 6 Working Days

Disclaimer: This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by PROMINENT APPRAISER SERVICES PTE LTD for any reliance on this report by any third party.



PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St 3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg: 2014044340

Vehicle No : GBA285R

Report No. : PAS/TP/0060519

GENERAL REMARKS

WITHOUT PREJUDICE

THE ASSIGNMENT

The survey was conducted at M/s. Orion Autoclinic Pte Ltd, 25, Kaki Bukit Road 4, Synergy@KB, #03-31, Singapore 417800.

(Subsequent inspections have been conducted)

POINT OF IMPACT

At the rear portion.

DAMAGES

The tailgate, RHR body panel, rear deck end panel, rear bumper, RH taillamp, etc.

Other parts were also found damaged. (See schedule for details)

ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD \$4,764.70.

CONCLUSION

The repairer has agreed to undertake the repairs at a lump sum of SGD \$3,810.00.


This inspection was conducted entirely on a '**Without Prejudice**' basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly,

Prominent Appraiser Services Pte Ltd


Andrew How
Automobile Appraiser
MSAAA
Licensed Appraiser



PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No. : GBA285R

Report No. : PAS/TP/0060519

APPRAISEMENT SCHEDULE

S/No.	Qty	Parts Descriptions	Condition		Repairer's Estimate (S\$)	Our Assessment (S\$)
1	1 pc	Tailgate	Dented/Distorted		\$ 1,224.30	\$ 1,224.30 78%
2	1 pc	Tailgate emblem (Hilux)	Necessary		\$ 67.40	\$ 67.40
3	1 pc	Taillamp RH	Cracked		\$ 265.30	\$ X 265.30 NA
4	1 pc	Rr bumper	Dented		\$ 1,070.60	\$ 1,070.60 69%
5	1 pc	Rr bumper step plate center	Refit		\$ 126.20	\$ 126.20
6	2 pcs	Rr bumper step plate R/L	RH Missing	\$ 97.40	\$ 194.80	\$ 194.80
7	2 pcs	Rr bumper bracket R/L	Bent	\$ 126.30	\$ 252.60	\$ 252.60
8	1 pc	Rr deck end panel	Dented/Distorted		\$ 558.30	\$ X 558.30 Repair
9	1 pc	Rr exhaust pipe	Dented/Bent		\$ 483.70	\$ X 483.70 NA
10	1 pc	Rr body panel RH	Dented/Repair			(Refer labour no. 2 & 3)
11	1 pc	Rr floor panel	Dented/Repair			(Refer labour no. 2 & 3)
12	1 pc	Rr chassis frame	Dented/Repair			(Refer labour no. 2 & 3)
					\$ 4,243.20	\$ 4,019.60
Less Discount : 25%					\$ 1,060.80	25% \$ 1,004.90
List Parts Sub-Total :					\$ 3,182.40	\$ 3,014.70
1	1 pc	Tailgate sticker (70km/h)	Necessary	S/N	\$ 20.00	\$ 20.00 100%
Special Nett Sub-Total :					\$ 20.00	\$ 20.00
Parts Total :					\$ 3,202.40	\$ 3,034.70

1896.4

25% : 1422.3



PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No. : GBA285R

Report No. : PAS/TP/0060519

S/No.	Labour Descriptions	Repairer's Estimate (S\$)	Our Assessment (S\$)
1	To check rear electrical wiring system.	\$ 30.00	\$ 20.00 ✓
2	To straighten, repair, realign on affected area and replace damaged parts.	\$ 1,000.00	\$ 880.00 500
3	To spray painting, blending on affected and adjacent area.	\$ 1,000.00	\$ 800.00 600
4	To spray anti-rust coating on new and affected panels.	\$ 50.00	\$ 30.00 ✓
Labour Total :		<u>\$ 2,080.00</u>	<u>\$ 1,730.00</u>
Total (Parts & Labour) :		<u>\$ 5,282.40</u>	<u>\$ 4,764.70</u>

For Lump Sum Repairs

The final adjusted Lump Sum contract amount is \$ 3,810.00

Under normal circumstances, the repairs should be completed within a reasonable period

of **6 Working Days.** (Exclude waiting days of PRI, Sunday, Public Holiday and awaiting of shipment for spare parts)

44 Photographs were taken at the time of inspection.

N.B: By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall has the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.

2582.3

20% : 2050

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	03/05/2019 15:48
Date Of Accident	30/04/2019 17:30
Exact Location Of Accident	GAMBAS AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA285R
Insured/Policyholder	
Name Of Registered Owner	NG PUAY HENG
NRIC No	S1432486J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90680064
Alternative Phone No	OFFICE-90680064
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HILUX
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC05001447
Cover Note Number	
Driver	
Name of Driver	NG PUAY HENG
NRIC No	S1432486J
Date Of Birth	08/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	24/08/1977
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90680064
Fax Number	
Contact Number	OFFICE-90680064
Email Address	NOEMAIL

Address	BLK 166A PUNGGOL CENTRAL #06-125
Postcode	821166
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

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

Details of Police Action

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

Circumstances of Accident

WHILE WAITING TO EXIT THE SLIP ROAD, I WAS STATIONARY LOOKING OUT FOR ONCOMING TRAFFIC. VEHICLE B HIT ONTO MY REAR PORTION.

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	GBC235A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LU CHONG HUI
NRIC/Passport Number	
Contact Number	91779972
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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
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7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes:
 - (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 agent(s) (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

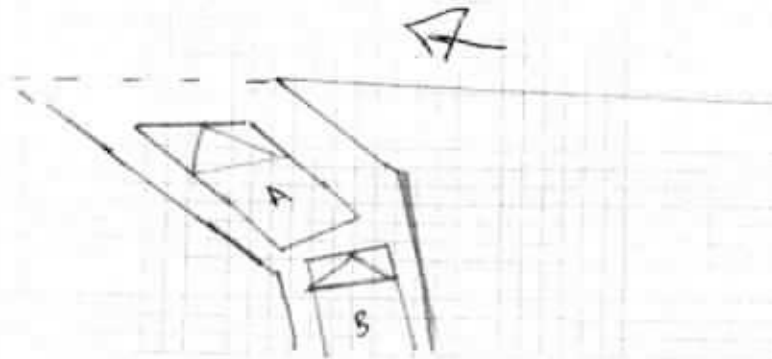
Driver's Signature
(If Driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name
NIC/PIN No

VERVE MOTOR

Sketch Plan #2 Pg. 1

SKETCH PLAN



4-GBA28CR
5-GBL235A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting to exit the 3rd road, I was stationary looking out for oncoming traffic. Vehicle 3 hit into my rear section.

DECLARATION

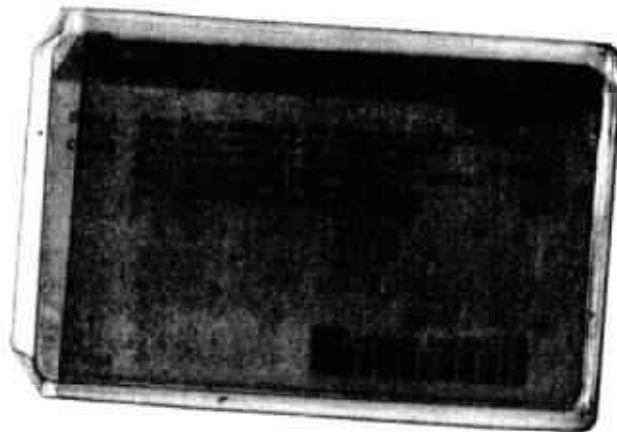
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/PIR No.






LONPAC INSURANCE BHD (558FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 190555

Tel: (65) 6250 7388 Fax: (65) 6796 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MZ300

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
 ROAD TRANSPORT ACT 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z19VC05001447

Type of Cover: THIRD PARTY

1. Index Mark and Vehicle Registration Number

 TOYOTA HILUX DOUBLE CAB
 - GBA285R

2. Name of Policy Holder

NG PUAY HENG

 3. Effective Date of the Commencement of Insurance
 for the purpose of the Act

24/01/2019

4. Date of Expiry of the Insurance

23/01/2020

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: SWEE SENG CREDIT PTE LTD

 CHIEF EXECUTIVE
 (Singapore Branch)

 User ID: NICHOLKHOO
 Date Issued: 21/12/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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	02/05/2019 12:37
Date Of Accident	30/04/2019 17:30
Exact Location Of Accident	SLIP RD FROM GAMBAS CRESCENT TOWARDS GAMBAS AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC235A
Insured/Policyholder	
Name Of Registered Owner	YAGERTEC SYSTEM SOLUTIONS (SINGAPORE) PTE.LTD.
Co Reg No	201108269C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63975860
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05000165
Cover Note Number	26/7/18-25/7/19
Driver	
Name of Driver	LU CHONG HUI
NRIC No	S7472385C
Date Of Birth	21/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1995
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91779972
Fax Number	
Contact Number	
Email Address	LUCHONGHUI@YAGERTEC.COM.SG

Address	BLK 139 BUKIT BATOK WEST AVE 6 #02-427
Postcode	650139
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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ACCIDENT OCCURED ON 30/4/19 AT ABOUT 530PM AT THE SLIP ROAD OF GAMBAS CRESCENT TOWARDS GAMBAS AVE. UPON NOTICE M/VAN GBA285R HAVE MOVED FORWARD, I FOLLOW TO ACCELERATE. HOWEVER I THEN REALIZED THE SAID VAN HAVE STOP. I COULD NOT STOP ON TIME AND COLLIDED ONTO THE REAR RIGHT OF THE VAN. I WAS ALONE AT THAT TIME AND NO ONE WAS INJURED.

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	GBA285R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG PUAY HENG
NRIC/Passport Number	S1432486J
Contact Number	90680064
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: 6B1 235A
INSURER : Long 89c
DATE & TIME: 30/4/19
5-30pm

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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.



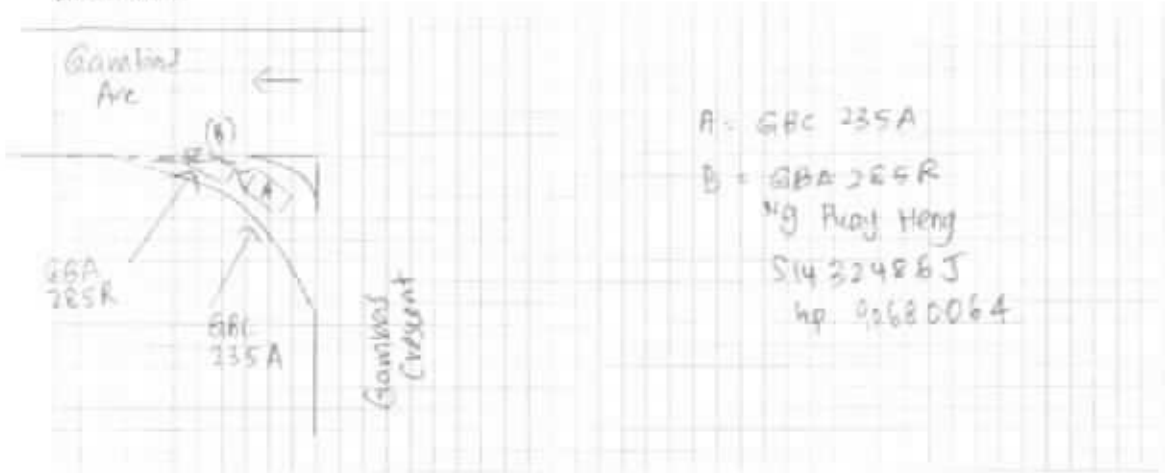
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 2ferdy
NRIC/FIN No. 75

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on 30/4/19 at about 530pm on the slip road of Gumbors Crescent towards Gumbors Av. Upon notice m/van GBA 285R had moved forward, I followed to see what was. However I then realized the said van had stop. I could not stop on time and collided with the rear right of the van. I was alone at that time and no one was injured.

DECLARATION

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



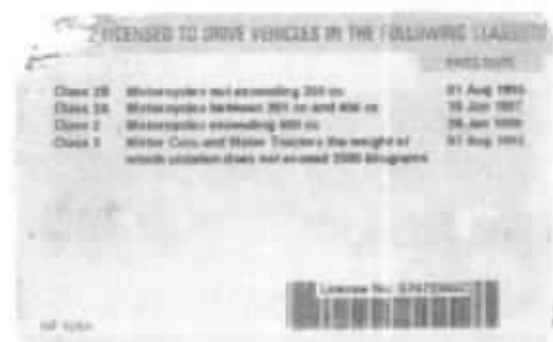
Policyholder's Signature
Date & Time

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

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

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Sketch Plan #3



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE





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/LPC19007924/Gsd3e2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555			Date : 16-08-2019	
			Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBC 235A	Veh. Inspected	GBA 285R	
Policy No.		Coverage (\$)	0.00	
Claim No.	18/19/19/VC05/021737	Excess (\$)	0.00	
Assign From	GERALD POH	Assign Date	26/07/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA HILUX	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	MR0EZ12G604003877	Colour	BLACK	
Odometer	267723	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15	BRIDGESTONE	6 mm	
L/H Front Tyre	195 R15	BRIDGESTONE	6 mm	
R/H Rear Tyre	195 R15	BRIDGESTONE	6 mm	
L/H Rear Tyre	195 R15	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	30/04/2019	Inspection Date	06/05/2019	
Survey held at	ORION AUTOCLINIC-25 KAKI BKT RD 4# 03-31			
Repairer	-			
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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBA 285R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	TAILGATE	DENTED / DISTORTED	1,224.30	789.00
1	TAILGATE EMBLEM (HILUX)	NECESSARY	67.40	67.40
1	TAILLAMP RH	NOT NECESSARY	265.30	-
1	RR BUMPER	DENTED	1,070.60	690.00
1	RR BUMPER STEP PLATE CENTER	NOT NECESSARY	126.20	-
2	RR BUMPER STEP PLATE R/L @\$97.40	O/S MISSING	194.80	97.40
2	RR BUMPER BRACKET R/L @\$126.30	BENT	252.60	252.60
1	RR DECK END PANEL	TO REPAIR SEE LABOUR	558.30	-
1	RR EXHAUST PIPE	NOT NECESSARY	483.70	-
1	RR BODY PANEL RH (NPA)	TO REPAIR SEE LABOUR	-	-
1	RR FLOOR PANEL (NPA)	TO REPAIR SEE LABOUR	-	-
1	RR CHASSIS FRAME (NPA)	TO REPAIR SEE LABOUR	-	-
LESS 25% DISCOUNT			-1,060.80	-474.10
			3,182.40	1,422.30
SPECIAL NETT ITEMS				
1	TAILGATE STICKER (70KM/H) (SN)	NECESSARY	20.00	10.00
			20.00	10.00
LABOUR				
TO CHECK REAR ELECTRICAL WIRING SYSTEM.			30.00	20.00
TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF RR DECK END PANEL, RR BODY PANEL RH, RR FLOOR PANEL AND RR CHASSIS FRAME.			1,000.00	500.00
TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA.			1,000.00	600.00
TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED PANELS.			50.00	30.00
			2,080.00	1,150.00

Report Ref No. CS3/LPC19007924/Gsd3e2-1



GRAND TOTAL		5,282.40	2,582.30
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,050.00

Report Ref No. CS3/LPC19007924/Gsd3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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