

ASS. REC. BY:

REF:

CS3/LPC19012718/Ref 3-11

Special Instructions:

Surveyor: RAM

ASSIGNMENT (Office)

Firm (Person): Gerald poth

of

JPC

Date/Time: 18/09/2019

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SFW 8616D

Injured:

GBF 4939K

at Workshop w/s

Carsmith Pte. Ltd.

Tel:

90910000

of

13 Eski Bulevar Road 4 # 01-20

Policy No:

Claim No:

18/19/19/VCOO/022095

Sum Insured:

Excess:

Make of Veh:

D.O.A

12/7/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

4:24pm 18/7/19

Person Contacted:

Alex

Vehicle

IN

OUT

Date/Time	Action/Instruction
	<u>Handled (X)</u>
	<u>SFW 8616D</u>
	<u>GBF 4939K</u>
	<u>Dismantle: 22/7/2019</u>
	<u>After repair: 24/7/2019</u>

20/9/19 submit LS \$5200, 5 days.  
(Red \$1900, 220%)

mon/b  
19/9/2019

RAM

HPC

SINGAPORE

19/7/19

Form

Date

Type

Type of Vehicle

Make / Model

Year

Source of Vehicle

1. Car / Motorcycle / Bus / Truck / Lorry / Light / Heavy / Other

OD / IP / VS / IP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To inspect Vehicle No

SFW 8616D

Make

Volkswagen

Passat

Year 1993

Insurance company

CarSmith

Colour

White

Age

Insured / Std / NI / NA

at

13 Kaki Bukit Road 4 #01-20

Type/Heading

17292

L/Radio Insured / Std / NI / NA

Insured

Engine

Policy No

C/No

WVW 222 302 2C 193 881

Claim No

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured

Excess

Steering Inorder / Jammed / Leaked / Burnt or

Deductible/Percentage

Brake Inorder / Jammed / Leaked / Burnt or

Make of Veh

Alex @ 9091 0000

Mod Nil / SRim / STD AirRim or

General Condition



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

Type Size

F. 205 / 60 R. 17

R. 205 / 60 R. 17

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

TOYO / YOKO or

Est. or Market Value

Front

Rear

IDAC Accident Report

Consistent? Yes or No

R/Bal

6

mm

R/Bal

5

mm

GIA - PR Seen

Consistent? Yes or No

L/Bal

6

mm

L/Bal

5

mm

Est. Repairs

days

Res

Yes or No

D.O.A

12/07/2019

D.O.I

13/07/2019

Est. Sum

%

S.Val

Yes or No

Survey held at

CarSmith

12:22pm

CA / REV / REP. / 24 HRS (up)

Dist. of Damages: F/R / Rear / O/S / N/S / UIC / Rooftop or

Date

Person Contacted

Vehicle IN / OUT

The UIC / Chassis frame / Body Structure affected (specify location)

Date of Time Action / Inspection

MV: \$110,000

PV: \$54,980

NV: \$55,000

Survey Report



Prof. Report

Days Of Repair:

If



Final Report

Recovery No. of Trip:

2

Survey Report

Survey Fee

Insurance Fee

Total Cost



One for p. 10



Insurance



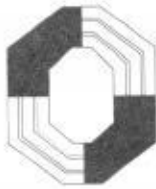
Total Cost



Total Cost

PR





# **LONPAC INSURANCE BHD**

(S98FC5635C)

Our Ref : 18/19/19/VC05/022095

Your Ref : CS3/LPC19012718/Fcf3s2

16 September 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 SFW8616D**

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SFW8616D
- b) GIA report SFW8616D
- c) GIA report and photos of GBF4939K

Kindly study the documents and let us have your report by 30 September 2019.

Yours faithfully

**GERALD POH**  
**SENIOR EXECUTIVE**  
**(CLAIMS)**  
Email : [mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)

## 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 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. 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	13/07/2019 19:21
Date Of Accident	12/07/2019 21:30
Exact Location Of Accident	GEK POH VILLE CC CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW8616D
Insured/Policyholder	
Name Of Registered Owner	YEO WANG PING
NRIC No	S1333588E
Email Address	YEOWP11@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96163187
Alternative Phone No	OFFICE-96163187
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT 1.8 TSI AT 3624H7 1798 CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG19005788
Cover Note Number	
Driver	
Name of Driver	YEO WANG PING
NRIC No	S1333588E
Date Of Birth	02/11/1958
Occupation	INDOOR
Date Of Driving Pass	25/04/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96163187
Fax Number	
Contact Number	OFFICE-96163187
Email Address	YEOWP11@HOTMAIL.COM

Address	NIL
Postcode	
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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

I park my veh at gek Poh villa cc. When I return to my car, someone inform me that my car was knocked. I went to the office to verify. The officer told me that a van driver had declared and pass them a pieces of paper. The officer then pass me the letter letter which had his details on it

#### 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	GBF4939K
Vehicle Make/Model/Colour	TOYOTA / HIACE DX 3.0 M
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KURUPPAN
NRIC/Passport Number	G7569698T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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.

### 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 Insurers who have insured my vehicle(s) involved in this accident (all Insurers 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 claim;
    - (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.
  - (b) all Insurers 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.

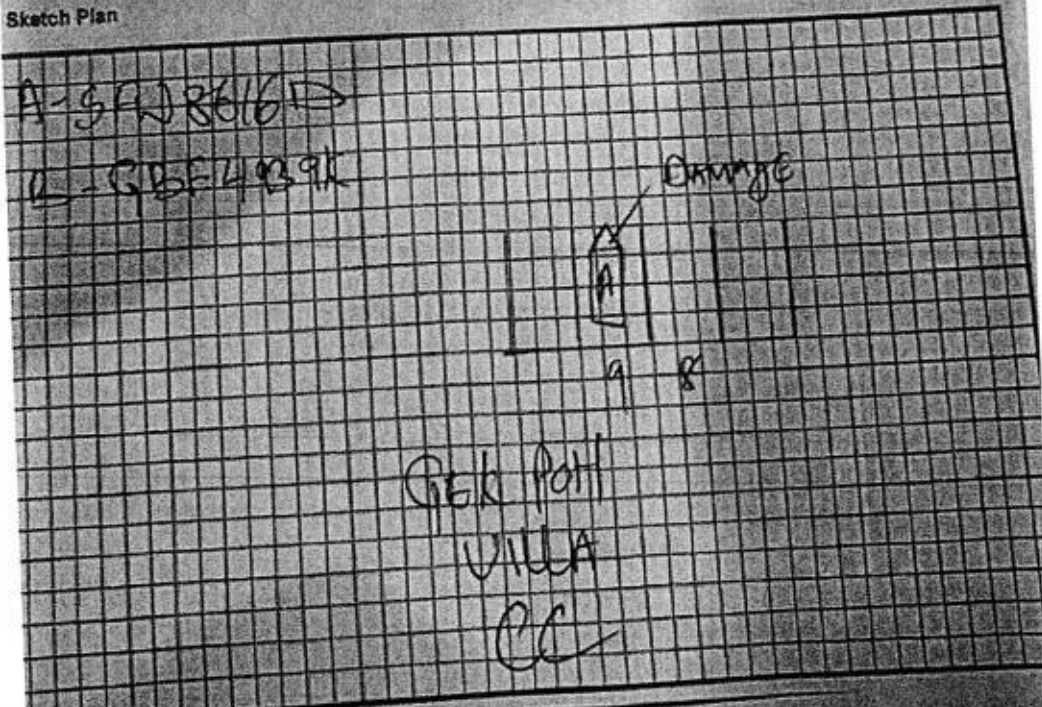
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMED SHARIL  
BIN SATAR

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

I park my veh at gek Poh villa cc. When I return to my car, someone inform me that my car was knocked. I went to the office to verify. The officer told me that a van driver had declared and pass them a pieces of paper. The officer then pass me the letter letter which had his details on it

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

13 July 2019 at 3:59 PM

Date/Time:

13 July 2019 at 3:59 PM

### SINGAPORE ACCIDENT STATEMENT

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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	17/07/2019 15:10
Date Of Accident	12/07/2019 21:35
Exact Location Of Accident	GEK POH VILLE CC CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4939K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FYH INTEGRATED PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62549935

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z18VC05001211
Cover Note Number	-

#### Driver

Name of Driver	KARUPPAN PANDI SELVAM
NRIC No	G7569698T
Date Of Birth	01/06/1981
Occupation	INDOOR
Date Of Driving Pass	26/02/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98144457
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	NO 1 SUNVIEW RD #04-23
Postcode	627615
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	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?	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

PLEASE REFER TO ATTACHED STATEMENT.

#### 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	SFW8616D
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)	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver.
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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 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:

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

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

## Accident Sketch Plan

### SKETCH PLAN



A. 0000000000  
B. 0000000000

For the 2016 02 04 0000

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

### DECLARATION

(We declare the foregoing particulars are true in every respect)



Policyholder's Signature  
Date & Time

*Prakash Kumar*

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

*[Signature]*

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

### **Accident Sketch Plan**

MY VEH WAS PARKED AT THE GEK POH VILLE CC CARPARK, WHILE MOVING OUT FROM THE LOT, MY VEH LEFT REAR MISJUDGED HIT ONTO A PARKED VEH RIGHT FRONT PORTION.

Accident Photo



Accident Photo

