

22/03/2002

ASS. REC. BY:

REF: CS/FCI 1904310 / R4 f302 Special Instruction:

Surveyor: Rasu

ASSIGNMENT (Office)

From (Person): Joanny

of

PCIDate/Time: 2.10.19 9.49.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SDP 151RInsured: SH 7307 Cat Workshop m/s TG 2K Spray PaintingTel: 68414220of BK 1010 Bukit Merah Lane 3 A01-117

Policy No:

Claim No: D19005888MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 8.9.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 2.10.19 9.30amPerson Contacted: Esther

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SDP 151RSH 7307C - CS/FCI 17012789 / R19 bn2DOA - 22/09/20177.10 @ 4:41pm sent preliadvice via email.lump sum \$10500 cred: 773.75; 420%

ASS. REC. BY:

REF: PCL

397A

COE XPIRY: 21/04/2028

ASSIGNMENT

From:

Date:

3.10.2019

Estimated Cost:

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

To Inspect Vehicle No: SDP 151R

at Workshop m/s TG 2K Spray Painting
of Block 1010 Bukit Merah Lane 3 #01-117

Insured:

Policy No.

Claims No.

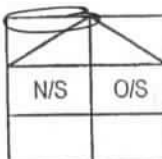
Sum Insured:

Excess:

(Client's Record)

Make of Veh: 11.309.01 Omni Wally

(Policy Condition)

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

Bal. or Market Value:

42K

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

mp"

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SDP 151R

Yr Regn: 2008 / APR

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

Truck / Trailer or

Make:

Honda Accord 2.0M C.C. 1998

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

312281

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

CL 71302020

1

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/40R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIE / 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.

08/09/19

D.O.I.

03/10/19

Survey held at

TG 2K

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

FRONT M/S

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

Date / Time

Action / Instruction

Market Value: \$42,000/-
LTA \$35,039 (estimated)
Nett Value: \$6,961

RECEIVED 21 NOV 2019

Date/Time, File Pass to?



Preli. Report



Final Report

1) 20/11 Typist

Date/Time, File Return to?

2)

Rep. Format:

TP

Lump Sum / LTA: \$

10501-

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

100

50

23

173

MOTOR SURVEY ASSIGNMENT

Date	11-09-2019	Our Ref No. D19005888MFSH
Accident Date	08-09-2019	Claim Type. Third Party
Insured Vehicle	SH7307C	Third Party Vehicle. SDP151R
Survey Location	BLOCK 1010 BUKIT MERAH LANE 3 #01-117	
Contact Person.	MS. KAREN	
Contact No.	68414220/ 0	Fax No. 67442935
Survey Type	DIRECT SETTLEMENT:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	TG 2K SPRAY PAINTING CENTRE	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Monday, 7 October 2019 4:41 PM
To: Admin-D (LKKAUTO); 'CWS Motor Claims'; assignments; SUR
Cc: 'Joanne Yong'
Subject: RE: SURVEY ASSESSMENT - D19005888MFSH/1
Attachments: PRELI ADVISED OF SDP 151R.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SDP 151R**
Number of days (estimated) : 2 days

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO) <admin-d@lkkauto.com>
Sent: Wednesday, 2 October 2019 9:35 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Joanne Yong' <JoanneYong@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19005888MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Wednesday, 2 October, 2019 9:24 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong <JoanneYong@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19005888MFSH/1

Dear Sir/Mdm,

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	397A
Vehicle Details	
Vehicle No.:	SDP151R
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Nov 2019
Vehicle Make:	HONDA
Vehicle Model:	ACCORD EURO-R 2.0 M
Primary Colour:	Red
Manufacturing Year:	2008
Engine No.:	K20A6542129
Chassis No.:	CL71302020
Maximum Power Output:	162.0 kW (217 bhp)
Open Market Value:	\$26,754.00
Original Registration Date:	22 Apr 2008
First Registration Date:	22 Apr 2008
Transfer Count:	2
Actual ARF Paid:	\$29,430.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Apr 2028
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$40,881.00
COE Rebate Amount:	\$34,371.00
Total Rebate Amount:	\$34,371.00

The information contained herein is correct as at 25 Nov 2019

OK

$$\begin{array}{r}
 42,000 \\
 34,371 \\
 \hline
 7,629
 \end{array}$$

$$\begin{aligned}
 \text{DOB: } & 08/09/1994 \\
 \text{PARF: } & \text{NOL} \\
 \text{COE} &= \text{OP} \times \frac{\text{busi. value}}{10 \text{ yrs}} \\
 &= 40881 \times \frac{103}{120} \\
 &= 35089.53
 \end{aligned}$$

$$\begin{aligned}
 \text{LTA} &= \text{PARF} + \text{COE} \\
 &= 35089.53
 \end{aligned}$$

$$\text{LTA} = 35089.53$$



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19005888MFSH

Date: 07/10/2019

Our Ref: CS/FCI19017310/R1tf3

The Motor Claims Department
First Capital Insurance Ltd

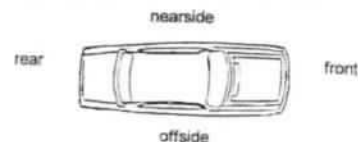
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SDP 151R

Please be informed that we had conducted the inspection of the abovementioned vehicle 03/10/2019 at the premises of M/s TG 2K Spray Painting have the following to report: -

Workshop Estimate Amount	: S\$ <u>1,823.75</u>
Revised Estimate Amount	: S\$ <u>1,308.75</u>
"Check" Items Amount	: S\$ <u>0.00</u>
Market Value	: S\$ <u> </u>
LTA Reimbursement Value	: S\$ <u> </u>
Nett Value	: S\$ <u> </u>

Description of Damage:
The vehicle sustained damages at the
Front n/s portion.



Comments/ Present Status:
Damages Consistent.

Yours faithfully
Rasul
Automotive Assessor

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	11/09/2019 17:17
Date Of Accident	08/09/2019 18:30
Exact Location Of Accident	SERANGOON NORTH AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP151R
Insured/Policyholder	
Name Of Registered Owner	LOPEZ PETER ABILIO
NRIC No	S1252397A
Email Address	PETER.LOPEZ@FOSTERGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-96911502
Alternative Phone No	OTHERS-96911502

Vehicle Particulars

Manufacturer	HONDA
Model	EURO R

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	GA344294
Cover Note Number	

Driver

Name of Driver	LOPEZ PETER ABILIO
NRIC No	S1252397A
Date Of Birth	09/10/1957
Occupation	INDOOR
Date Of Driving Pass	05/02/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96911502
Fax Number	
Contact Number	OTHERS-96911502
EMail Address	PETER.LOPEZ@FOSTERGROUP.COM.SG

Address	BLK 118 SERANGOON NORTH AVENUE 1 #13-219
Postcode	550118
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?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SH7307C
Vehicle Make/Model/Colour	COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

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



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

11/9/19.

Sketch Plan #2

SKETCH PLAN



SKETCH PLAN

Vehicle

A -

B -

Legend

Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature _____
Date & Time: _____

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

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

1191A

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

peter.lopez@fostergroup.com.sg

1 Date of accident 8/9/19 1830		2 Exact location of accident Serangoon Nth Ave 1.		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

Registration No. (VEHICLE A) SDP 151 R

6 Insured / policyholder (see insurance card)
Name Lopez Peter Abilio
Address
NRIC / Passport no. S 6752397A
Tel no. (from Singapore) 96911502
HP
7 Vehicle
Make, type Honda EX200R
8 Insurance company AXA
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA344294
9 Driver ☒ Same as Owner
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

C1	Other Collision
C2	Collision into Roadside
C3	Collision into Motorcycles
C4	Collision into Parked Vehicle
C5	Collision into Pedestrian
C6	Collision into Freeway
C7	Collision - Change/Cross Lane
C8	Collision - Cross Junction
C9	Collision - Head on Collision
C10	Collision - Head to Head
C11	Collision - Motor/Motorist Hit
C12	Collision - Opening Door of Vehicle
C13	Collision - Run-Over
C14	Collision - U-Turn
C15	Drunk Driving / Drug Influence
C16	Tire Deflation or Leaking
C17	Road
C18	Hit and Run / Misdirection / Deliberate Hit
C19	Hit by Fallen Tree / Other Objects
C20	Hit Collision
C21	Side Swipe
C22	Shift

Registration No. (VEHICLE B)

6 Insured / policyholder (see insurance card)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from Singapore)
HP
7 Vehicle
Make, type
8 Insurance company
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)
9 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

State TOTAL number of boxes marked with a cross

REFER TO ATTACHED

15 Signatures of drivers

[Signature]

16 My remarks

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)		
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)				
Insured	1 Occupation (if more than one, state all)		Email:	
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity	
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner		State the vehicle number and name of insurer of driver's own vehicle (where applicable)	
	4 Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify			
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no			
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)			
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	
	9/10/79	Indoor	Outdoor	9/2/79
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability			
	9 Full details of all driving convictions including pending prosecutions in the last 36 months			
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Serangoon - Nth.</u>			
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?			
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		
	16 Speed of vehicles	A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr		
	17 What warnings were given by driver or other party?			
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	19 What lights were displayed on your vehicle/the other vehicle(s)?			
	20 If your vehicle is commercial, state weight of load carried at time of accident			
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)			
Declaration	22 State number of Passengers (including Driver) <u>0</u>			
	I/We declare the foregoing particulars to be true in every respect			
	Policyholder's signature <u>[Signature]</u> Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____			

Police report



**SINGAPORE
POLICE FORCE**



T/20190909/2054

Police Station Of Origin:
Serangoon North NPP
103 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3
Report No. T/20190909/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 9/09/2019 12:52		Vide Report No.:		Station Diary No.: 14
Informant's Particulars				
Name of Informant: LOPEZ PETER ABILIO		Address: APT BLK 118 SERANGOON NORTH AVENUE 1 #12-219 SINGAPORE 550118		
ID Type / ID No.: NRIC NO / S1252397A		Contact No.: Home/Office: Mobile: 96911502		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 09/10/1957	Type of Informant: Driver	
Race: Eurasian		Language:	Institution / School Name:	
Occupation: SALES		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/09/2019 18:30	Type of Location: Car Park
Location: Along Road 1 SERANGOON NORTH AVENUE 1				
Open carpark at vicinity of 118 Serangoon North ave 1				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDP151R	Car	HONDA	ACCORD EURO-R 2.0 M	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SDP151R	AXA INSURANCE SINGAPORE PTE LTD	GA344294	22/04/2019	21/04/2020

Police report



**SINGAPORE
POLICE FORCE**



T/20190909/2054

2 of 3

Report No. T/20190909/2054

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOPEZ PETER ABILIO	ID No.	S1252397A
Related Vehicle	SDP151R (Car)	Contact No.	96911502
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 the 08/09/2019 at around 1630hrs, I had returned from lunch and parked my vehicle (SDP151R) at the open carpark near block 118 Serangoon North ave 1. My friend then came to my house at around 2500hrs to inform me that earlier at around 1830hrs, a taxi (Comfort Delgro) entered the open carpark and had scratched the front bumper of my vehicle. I then went down to make a check on my vehicle and discovered scratches on my front bumper and headlamp.

No note was left on my car with regards to the accident. As such, I contacted Comfort Delgro to inform them of the matter and they provided me with a feedback number (FB1909013184).

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3 of 3

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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:

F /

Sgt 2 CHAN KAI WENG GABRIEL

Y

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

09/09/2019 12:52

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

MP153

Signature: *Y*

Singapore Police Force

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop (Email / Fax (if any))	
To be completed and submitted within 24 hours to your insurer or Telac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1. Occupation (if more than one, state all)		Email:
	2. Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state relationship of driver with owner		state the vehicle number and name of insurer of driver's own vehicle (where applicable)
	4. Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify		
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____		
Of which vehicle are you the owner?	6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth	Occupation	Date of license pass
	9/10/77	Indoor	Outdoor
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability		Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	9. Full details of all driving convictions including pending prosecutions in the last 36 months		Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained
			If vehicle occupants, state in which vehicle
			Were seat belts being worn?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Was injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property
			Nature of damage
Police action	12. Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Serangoon. Nth.</u>		
	13. Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom?		
Accident details	14. Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others		
	15. Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others		
	16. Speed of vehicles <input type="checkbox"/> A <input type="checkbox"/> km/hr <input type="checkbox"/> B <input type="checkbox"/> km/hr		
	17. What warnings were given by driver or other party?		
	18. Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	19. What lights were displayed on your vehicle/the other vehicle(s)?		
	20. If your vehicle is commercial, state weight of load carried at time of accident		
Declaration	21. State how accident happened, width of roads, speed limits, etc (Ruler to attached)		
	22. State number of Passengers (including Driver) <input type="checkbox"/> 0		
I/We declare the foregoing particulars to be true in every respect			
Policyholder's signature <u>[Signature]</u> Date _____			
Driver's signature (if driver is not the policyholder) _____ Date _____			

TG2K Spray Painting Centre

MS FIRST CAPITAL INSURANCE LTD

Attn.: Motor Claims Department

ESTIMATE DATE : 1/10/2019
 REGN NO : SDP 151 R
 MODEL : HONDA EURO R
 CHASSIS NO : CL71302020
 YOUR INSURED VEH. : SH 7307 C
 TYPE OF CLAIM : 3RD-PARTY CLAIM

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

A) MATERIALS

Amount S\$

1) Front bumper. <i>de</i>	\$ 1,050.00
2) No. Plate Garnish. <i>at</i>	\$ 115.00
Sub-Total:	\$ 1,165.00
Less 25%:	\$ (291.25)

3) Front No. Plate. *cut* S/Nett: \$ 35 50.00

TOTAL MATERIALS : \$ 923.75

B) LABOUR CHARGE

1) Remove damage front bumper and replace with new part. And conduct repair on affected areas.	\$ 400.00 <i>200</i>
2) To spray paint on new bumper and affected areas.	\$ 500.00 <i>200</i>

TOTAL LABOUR: \$ 900.00

GRAND TOTAL :

\$1,823.75

Esther Ong (Tel: 68414220)
 TG 2K Spray Painting Centre

email: rasul@lkkauto.com 4/5

03/10/19 @ 1130

Resurvey after repair

NB. This is only an estimate and should additional work be found necessary to be carried out in the course of repairs, extra materials and labour cost will be charged accordingly which however, you will be informed prior to action taken. Part prices are subject to changes.



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			
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI19017310/R1tf3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 26-11-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	SH 7307C	Veh. Inspected
			SDP 151R
	Policy No.		Coverage (\$)
			0.00
	Claim No.	D19005888MFSH	Excess (\$)
			0.00
	Assign From	JOANNE YONG	Assign Date
			02/10/2019
2. Vehicle Particulars & Condition			
	Make & Model	HONDA ACCORD 2.0 M	c.c
			1998
	Engine No.	HIDDEN	Year of Reg.
			2008
	Chassis No.	CL71302020	Colour
			RED
	Odometer	312281	Steering
			IN ORDER
	Brakes	IN ORDER	Modification
			SPORTS RIM
	General	FAIR	
3. Conditions of Tyres			
		Size	Make
			Balance
	R/H Front Tyre	225/40 R17	MICHELIN
			6 mm
	L/H Front Tyre	225/40 R17	MICHELIN
			6 mm
	R/H Rear Tyre	225/40 R17	MICHELIN
			6 mm
	L/H Rear Tyre	225/40 R17	MICHELIN
			6 mm
4. Description of Damages			
	THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.		
	DAMAGES SEE DETAILS.		
5. General Information			
	Accident Date	08/09/2019	Inspection Date
			03/10/2019
	Survey held at	TG2K SPRAY PAINTING CENTRE	
		BLK 1010 BUKIT MERAH LANE 3	
		#01-117	
		SINGAPORE 159724	
5a. Remarks			
	A) DAMAGES CONSISTENT TO ACCIDENT REPORT.		
	B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.		
	C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.		
5b. Estimate Days of Repair			
	ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDP 151R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	DEFORMED	1,050.00	1,050.00
1	NO PLATE GARNISH	CUT	115.00	115.00
	LESS 25% DISCOUNT		-291.25	-291.25
			873.75	873.75
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NO PLATE (SN)	CUT	50.00	35.00
			50.00	35.00
<u>LABOUR</u>				
	REMOVE DAMAGED FRONT BUMPER AND REPLACE WITH NEW PART.AND CONDUCT REPAIR ON AFFECTED AREAS.		400.00	200.00
	TO SPRAY PAINT ON NEW BUMPER AND AFFECTED AREAS.		500.00	200.00
			900.00	400.00
GRAND TOTAL			1,823.75	1,308.75
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,050.00

Report Ref No. CS/FC119017310/R1tf3e2

MARKET VALUE: \$42,000.00 (EST)-LTA REIMBURSEMENT VALUE: \$35,089.00 (EST)=NETT VALUE: \$6,911.00

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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