

ASS. REC. BY:

REF:

es/lpc19017333/Kyd3²

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Ong Hi Ki

of

lpc

Date/Time: 2/10/2019 @ 9:48am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJP 1394D

Insured:

SLN 6256Z

at Workshop m/s

Messrs V8 Motor

Tel:

9725 0880

of

Blk 9 #01-44 Sin Ming Ind. Est. Sec. C

Policy No:

Claim No:

19/19/19/VPOS/022 434

Sum Insured:

Excess:

Make of Veh:

D.O.A. 27/09/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 12:02pm @ 2/10/19

Person Contacted:

Mr. Cheng

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLN 6256Z-CC3/LPC19017333/Tlvd3 DVA
	SJP 1394D-CC6/AXA17007938/Rlp1392 DVA 19/4/12
11/10/19	Sent Preli from E-Mail

ASS. REG. BY:

REF: LPC

ASSIGNMENT

Front:

Date:

7/10/2019

Estimated Cost:

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

To Inspect Vehicle No:

SJP 1394D

at Workshop n/s

V8 Motor

of

Blk 9 #01-44 Sin Ming Ind. Est.

Insured:

Sec-C

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

After 1pm

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

N/S

O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days:

Res.:

Yes or No

Lum Sum:

20

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

(up)

Date:

2/24

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJP 1394D

Regn:

03 09Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make:

Toy Vios

C.C.

1497

Colour:

As Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

320700

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053HY9305105122Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

195/50R15

R:

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

TOYO / YOKO or

Roadstone

Front

Rear

R/Bal.

3

mm

R/Bal.

2

mm

L/Bal.

3

mm

L/Bal.

2

mm

D.O.A.

27/9/19

D.O.I.

8/10/19

Survey held at

☒Des. of Damages: ☐ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop orFrt N/S

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

Date / Time

Action / Instruction

11 Lp @ 150d email (Red \$1580/-, 51%)

RECEIVED 16 DEC 2019

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

16/12/19 Typist

Days Of Repair:

4

Resurvey No. of Trip:

1

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Weekend (\$)

Survey Fee:

250

Transportation:

S + RS: \$

Photos

Other:

TOTAL

Report Format:

Comp Sum

\$1500/-

Your Ref: 19/19/19/VP05/022434Date: 11 Oct 2019Our Ref: ES/LPC19017333/Kyd3The Motor Claims Department
LONPAC INSURANCE BHD

Dear Sir/Madam,

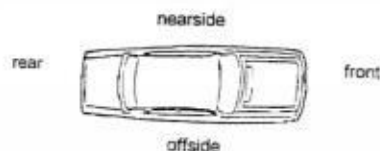
INITIAL INSPECTION REPORT OF VEHICLE NO. SJP1394D.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 08/10/2019 at the premises of M/s MESSRS V8 MOTOR WERKZ PTE LTD. and have the following to report:-

Workshop Estimate Amount	: S\$ 3,080.00 .
Revised Estimate Amount	: S\$ 1,917.50 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages
at the front n/s.



Yours faithfully

KONG SENG CHEONG
Licensed Appraiser

Yvonne Wong (LKK Auto)

From: Yvonne Wong (LKK Auto)
Sent: Friday, October 11, 2019 4:58 PM
To: llong@lonpac.com; MT_Claim_SG; assignments
Cc: SUR
Subject: PRE-REPAIR SURVEY --- YOUR REF: SLN 6256 Z --- ACCIDENT INVOLVING SJP 1394 D AND SLN 6256 Z ON 27 SEPTEMBER 2019 ALONG BKE TOWARDS KJE AT ABOUT 1900 HOURS Our Ref:19/19/19/VP05/022434
Attachments: SJP1394D LPC.pdf

Dear Sir/ Madam

Enclosed preliminary revised of vehicle SJP1394D

Date of survey : 08/10/2019

Number of days : 4 days

Thank you.

Best Regards,

Yvonne Wong (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Friday, October 11, 2019 4:49 PM
To: SUR <sur@lkkauto.com>
Subject: FW: PRE-REPAIR SURVEY --- YOUR REF: SLN 6256 Z --- ACCIDENT INVOLVING SJP 1394 D AND SLN 6256 Z ON 27 SEPTEMBER 2019 ALONG BKE TOWARDS KJE AT ABOUT 1900 HOURS Our Ref:19/19/19/VP05/022434

From: ONG LI LI <llong@lonpac.com>
Sent: Wednesday, 2 October, 2019 9:48 AM
To: Elaine Toh <Elainetoh@visionlawllc.com>; MT_Claim_SG <mt_claim@lonpac.com>; assignments <assignments@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>
Subject: RE: PRE-REPAIR SURVEY --- YOUR REF: SLN 6256 Z --- ACCIDENT INVOLVING SJP 1394 D AND SLN 6256 Z ON 27 SEPTEMBER 2019 ALONG BKE TOWARDS KJE AT ABOUT 1900 HOURS Our Ref:19/19/19/VP05/022434

Without Prejudice

Dear Elaine

Thank you for your confirmation on the appointment of SJE.

Dear Nivitha

Please arrange KENNETH KONG to conduct TP survey.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse
Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



From: Elaine Toh [mailto:Elainetoh@visionlawllc.com]

Sent: Wednesday, 2 October 2019 8:54 AM

To: ONG LI LI; MT_Claim_SG

Subject: RE: PRE-REPAIR SURVEY --- YOUR REF: SLN 6256 Z --- ACCIDENT INVOLVING SJP 1394 D AND SLN 6256 Z ON 27 SEPTEMBER 2019 ALONG BKE TOWARDS KJE AT ABOUT 1900 HOURS Our Ref:19/19/19/VP05/022434

Importance: High

Our Ref: SJP 1394 D (et)
WITHOUT PREJUDICE

Dear Sir/Madam,

We refer to your email of 1 October 2019 informing that you wish to conduct a pre-repair survey and your List of Surveyors.

Our client confirmed appointment of KENNETH KONG as the Single Joint Expert for this matter.

Please be informed that the said vehicle can be inspected at:

Venue: Messrs V8 Motor Werkz Pte Ltd
Blk 9 #01-44
Sin Ming Industrial Est Sector C
Singapore 575630
Contact: Mr. Chang – 9725 0880 (Please call before going)

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Thank you.

Regards,
Elaine Toh (Secretary)



FOR SURVEYOR

Please initial here after completion of pre-repair inspection.
Thank you.

Appointed surveyor :
(Name & Signature)

Date & Time of Inspection :

Vision Law LLC
Tel: 65342811 (Ext. 122)
Fax: 65356802

cc: SJP 1394 D – By email only

Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Wednesday, 2 October 2019 9:48 AM
To: Elaine Toh; MT_Claim_SG; assignments; Admin-D (LKKAuto)
Subject: RE: PRE-REPAIR SURVEY --- YOUR REF: SLN 6256 Z --- ACCIDENT INVOLVING SJP 1394 D AND SLN 6256 Z ON 27 SEPTEMBER 2019 ALONG BKE TOWARDS KJE AT ABOUT 1900 HOURS Our Ref:19/19/VP05/022434

Without Prejudice

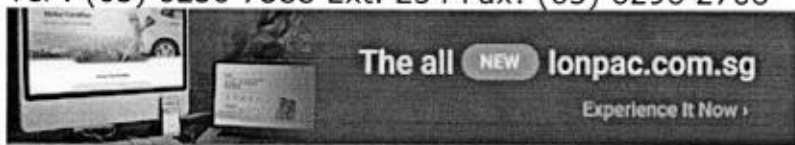
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Senior Claims Executive | Lonpac Insurance Bhd
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Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



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Importance: High

Our Ref: SJP 1394 D (et)
WITHOUT PREJUDICE

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Singapore 575630

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Elaine Toh (Secretary)
Vision Law LLC
Tel: 65342811 (Ext. 122)
Fax: 65356802



FOR SURVEYOR

Please initial here after completion of pre-repair inspection.
Thank you.

Appointed surveyor :
(Name & Signature)

Date & Time of Inspection :

cc: SJP 1394 D – By email only

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	28/09/2019 10:45
Date Of Accident	27/09/2019 18:30
Exact Location Of Accident	BKE TOWARDS KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1394D
Insured/Policyholder	
Name Of Registered Owner	BALASUBRAMANIAN BALAMURUGAN
NRIC No	S7768233C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93876460
Alternative Phone No	OFFICE-93876460

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS G AUTO

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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102830012-01 CLASSIC
Cover Note Number	

Driver

Name of Driver	BALASUBRAMANIAN BALAMURUGAN
NRIC No	S7768233C
Date Of Birth	10/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2000
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93876460
Fax Number	
Contact Number	OFFICE-93876460
Email Address	NOEMAIL

Address BLK 742 #11-23 PASIR RIS STREET 71
 Postcode 510742
 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 CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 3
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? 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: : GRAB PASSENGER
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ROCHOR NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2949999 - FAX NO: 63918583
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

I WAS DRIVING ALONG BKE TOWARDS KJE, ON LANE 3. AS I WAS DRIVING, THE CAR(SLN6256Z) HIT ONTO THE FRONT LORRY(UNKNOWN REG. NO). I STOPPED MY CAR. AFTER THE CAR(SLN6256Z) HIT THE FRONT LORRY, THE CAR(SLN6256Z) MADE A REVERSE AND ONTO THE FRONT OF MY CAR WHILE MY CAR WAS IN STATIONARY POSITION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN6256Z
 Vehicle Make/Model/Colour HONDA / JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

BALASUBRAMANIAN BALAMURUGAN

Approximate Age

42

Injuries Sustain

BACK & NECK PAIN

Injured person in which vehicle?

SJP1394D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

B. Baranigan
Policyholder's Signature
Date & Time:

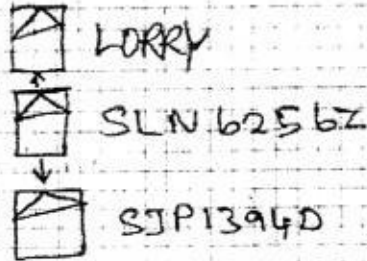
28 SEP 2019

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416497 Fax: 67492305
Email: work@idacnet.com.sg
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer

2 file

DECLARATION

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

B. Balanujan

Policyholder's Signature

Date & Time: 28 SEP 2019

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

IDAC KAKI BUKET (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191007/2078

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20191007/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2019 13:26	Vide Report No.:	Station Diary No.: 112
--	------------------	---------------------------

Informant's Particulars

Name of Informant: BALASUBRAMANIAN BALAMURUGAN	Address: APT BLK 742 PASIR RIS STREET 71 #11-23 SINGAPORE 510742		
ID Type / ID No.: NRIC NO / S7768233C	Contact No.: Home/Office: Mobile: 93876460		
Nationality: INDIAN	Email:		
Sex: Male	Age: 42	Date of Birth: 10/06/1977	Type of Informant: Driver
Race: Indian	Language: English		Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY				
Toward the direction of Choa Chu Kang				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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 Passengers
SJP1394D	Car	TOYOTA	VIOS G AUTO	Silver	Slightly Damaged	1
SLN6256Z	Car	HONDA	JAZZ	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJP1394D	NTUC Income Insurance Co-Operative Limited	5102830012-01	12/09/2019	11/09/2020

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191007/2078

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20191007/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BALASUBRAMANIAN BALAMURUGAN	ID No.	S7768233C
Related Vehicle	SJP1394D (Car)	Contact No.	93876460
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	30/09/2019	Date Discharge	30/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	DANIEL CHUA QUWW SING	ID No.	S7314314D
Related Vehicle	SLN6256Z (Car)	Contact No.	97668406
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/09/2019 at about 6.30pm, I was driving vehicle "SJP1394D" along BKE toward the direction of Choa Chu Kang. I was on the 3rd lane. This was a 3 lane road. There was a vehicle "SLN6256Z" travelling in front of me. The said car then hit onto a lorry which was travelling in front of the said vehicle. I quickly stopped my vehicle. The said vehicle was stucked at the rear of lorry. Suddenly the said car reversed out from the lorry and hit onto the front of my stationality vehicle. After hitting the front of my car, it move forward again and hit the rear of lorry again. It then stopped moving. I had alighted to check. No one was injured at that point of time. LTA officer came down. I did not take down the lorry registration number as the plate had fell off from lorry. On 30/09/2019, I am having back and neck pain. As such seeked medical treatment at 525 Ang Mo Kio Avenue 10 #01-2407 S(560525) "Intermedical 24 Hr Clinic" and was given 5 days of medical leave.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191007/2078

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20191007/2078

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:

A/

Sr Staff Sgt KHOO CHOON HUA

Signature Of Informant:

E. Kalawigan

Signature Of Interpreter:

Not applicable

Date/Time:

07/10/2019 13:26

Officer In Charge Of Case:

TP / AEIT /

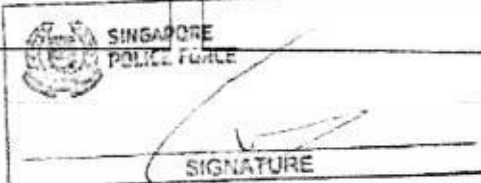
SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168



Intemedical 24 Hr Clinic

525 Ang Mo Kio Avenue 10, #01-2407

Singapore 560525 Tel: 69192998

Medical Certificate

Date : 30 Sep 2019

MC No. : 0000029554

This is to certify that :

Name : BALASUBRAMANIAN BALAMURUGAN

NRIC : S7768233C

is Unfit for Duty for 5 days

from 30/09/2019 to 04/10/2019 inclusive.

Intemedical 24-Hr Clinic
Blk 525 Ang Mo Kio Ave 10
#01-2407
Singapore 560525
Tel: 69192998

ONG SWEE SENG RAYMOND

MBBS (SINGAPORE)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Individual Statement

Intemedical 24 Hr Clinic
525 Ang Mo Kio Avenue 10, #01-2407
Singapore 560525 Tel: 69192998

Co Reg No : 201701498E

INVOICE

BALASUBRAMANIAN BALAMURUGAN
742 PASIR RIS STREET 71
#11-23
S(510742)

Invoice No. : 31821
Our Reference : 21555
Date : 30 Sep 2019

Patient : BALASUBRAMANIAN BALAMURUGAN
(S7768233C)

Doctor : ONG SWEE SENG
RAYMOND

DESCRIPTION	QTY	FEE (S\$)
ARCOXIA 120MG	5.00 tabs	15.00
CORGESIC- HOT	1.00 tube	8.00
CONSULTATION		18.00
Total Amount Payable		41.00
Receipt No. 39709 - CASH Payment Received		41.00
Outstanding Balance		0.00

All cheques should be crossed and made payable to :

Intemedical 24 Hr Clinic

This is a computer generated invoice which does not require a signature
E. & O.E

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

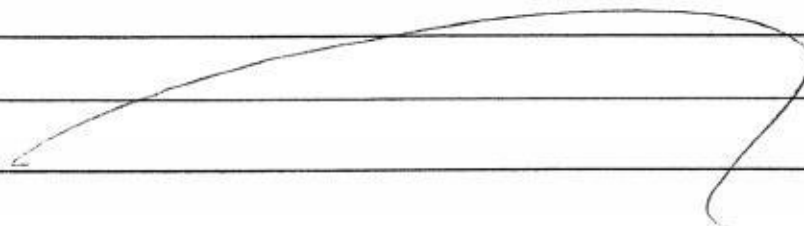
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SJP 1394D
Name (as shown in NRIC) : Devasubramanian NRIC/FIN/Passport No : S7768233C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 27 Sep 2019 Time of Accident : 1900
Place of Accident : DKE -> KJE
Insurance Company : NTUL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To add in the police report due to injury



B. Balanarajan

Policyholder / Driver's Signature

Date:

- 7 OCT 2019

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

V8 MOTOR WERKZ PRIVATE LIMITED

9 SIN MING INDUSTRIAL EST SECTOR C
#01-44 SIN MING INDUSTRIAL ESTATE SINGAPORE 575644
Tel No. : 88181666/91442977
E-Mail : V8MOTORWERKZ@GMAIL.COM
Buss. Reg. No. : 201622378N

LONPAC INSURANCE BHD

Supplementary Estimate : V8ES0002

Attention : Motor Claim Department

Not Notified
1/2 day @ 1500
Repair After Rain
Date : 07/10/2019
Vehicle Num. : SJP1394D
Make/Model : Toyota Vios 1.5E A
Chassis/Eng# :
Accident Date : 07/10/2019
Claim No. :
Reference :
Policy No. : 5102830012-01

S/N Quantity Particular Unit Price Amount S\$

- LIST ITEMS :
1. 1PCS FRONT BUMPER
 2. 2PCS FOG LAMP
 3. 2PCS FOG LAMP COVER
 4. 1PCS FENDER PANEL
 5. 1PCS FENDER COVERING
 6. 10PCS PANEL COVERING CLIP
 7. 1PCS HEADLAMP
 8. 1PCS SIDE FENDER RETAINER
 9. 1PCS REFORCIMENT
 10. 1PCS REFORCIMENT BRACKET
 11. DISMANTLE , REPLACE, REPAIR FOR BUMPER, FOG LAMP, SIDE FENDER AND ADJUST TO FIT/L.CHARGE
 12. 1JOB
 13. 1PCS SPRAY ON BUMPER , SIDE FENDER, BONNET.

List Total S\$:

25%

<i>R₁</i>	350.00	<i>✓</i>
<i>R₂</i>	260.00	<i>x</i>
<i>R₃</i>	200.00	<i>x</i>
<i>Bur</i>	320.00	<i>✓</i>
<i>R₄</i>	150.00	<i>x</i>
<i>R₅</i>	50.00	<i>x</i>
<i>Gr</i>	320.00	<i>✓</i>
<i>DIT</i>	80.00	<i>✓</i>
<i>R₆</i>	260.00	<i>✓</i>
<i>R₇</i>	160.00	<i>✓</i>
	450.00	<i>400</i>
	480.00	<i>400</i>
	3,080.00	

E. & O.E.

Total S\$: 3,080.00

for V8 MOTOR WERKZ PRIVATE LIMITED

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before 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
- Supplemental repair must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:




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 : CS/LPC19017333/Kyd3s2		
300 BEACH ROAD		Date : 16-12-2019		
#17-04/07 THE CONCOURSESINGAPORE 199555		Code : LPC2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLN 6256Z	Veh. Inspected	SJP 1394D	
Policy No.		Coverage (\$)	0.00	
Claim No.	19/19/19/VP05/022434	Excess (\$)	0.00	
Assign From	ONG LI LI	Assign Date	02/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA VIOS (A)	c.c	1497	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	MR053HY9305105122	Colour	SILVER	
Odometer	320700	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/50 R15	ROADSTONE	3 mm	
L/H Front Tyre	195/50 R15	ROADSTONE	3 mm	
R/H Rear Tyre	195/50 R15	ROADSTONE	2 mm	
L/H Rear Tyre	195/50 R15	ROADSTONE	2 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	27/09/2019	Inspection Date	08/10/2019	
Survey held at	V8 MOTOR WERKZ PTE LTD 9 SIN MING INDUSTRIAL EST SECTOR C #01-44 SIN MING INDUSTRIAL ESTATE SINGAPORE 575644			
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:		4 Working Days		



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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. SJP 1394D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	BENT	350.00	350.00
2	FOG LAMP @ \$130.00	SERVICEABLE	260.00	-
2	FOG LAMP COVER @ \$100.00	SERVICEABLE	200.00	-
1	FENDER PANEL	BUCKLED	320.00	320.00
1	FENDER COVERING	SERVICEABLE	150.00	-
10	PANEL COVERING CLIP @\$5.00	NOT NECESSARY	50.00	-
1	HEADLAMP	CUT	320.00	320.00
1	SIDE FENDER REATINER	DISTORTED	80.00	80.00
1	REINFORCEMENT	BENT	260.00	260.00
1	REINFORCEMENT BRACKET	BENT	160.00	160.00
	LESS 25% DISCOUNT		-	-372.50
			2,150.00	1,117.50
	LABOUR			
	DISMANTLE, REPLACE, REPAIR FOR BUMPER, FOG LAMP, SIDE FENDER AND ADJUST TO FIT/L. CHARGE.		450.00	400.00
	SPRAY ON BUMPER, SIDE FENDER, BONNET.		480.00	400.00
			930.00	800.00
	GRAND TOTAL		3,080.00	1,917.50
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,500.00

Report Ref No. CS/LPC19017333/Kyd3s2

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.