

ASS. REC. BY:

Survivor: Kenneth

ASSIGNMENT (Office)

From (Person): Hafizul Farhan Kalmat of SPF

Date/Time: 9.10.19 11.45a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SGK 5290E

Insured: QX 774Y

at Workshop m/s JA Autocare Pte Ltd

Tel: 94513429

of 160 Sin Ming Dr #08-16 S 575722

Policy No:

Claim No: AEMD/105/009/2019/099

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 5.10.2019

CA / REV / REP. / REV 24 HRS

Date/Time: 9.10.19 11.50a.m

Person Contacted:

Jenny

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SGK 5290E - NA/INC 19014418/11/2 D.O.A - 13/03/2019
	QX 774Y - X

Do Not Finalise

ASS. REC. BY:

REF:

SPF/

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGK 5290E

Yr Regn:

08, 06

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

Truck / Trailer or

Make:

Toyota

S. Wagon

c.c.

2362

Colour:

M. Gold

A/C:

Insured / Std / NI / NA

Sp. Reading

657599

T/Radio:

Insured / Std / NI / NA

Eng/No:

7027890

C/No:

ACR 50

2362

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/55R17

R:

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

Front

R/Bal.

S

mm

Rear

R/Bal.

S

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

5/10/19

D.O.I.

9/10/19

Survey held at

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

Frt O/S

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

Date / Time

Action / Instruction

1

File pass to

C/Rup 81700 (Red. 2411.57; 58%)

Repair range- 1500 - 2000

Repair days : 4

week end : 2

Total : 6

RECEIVED 03 NOV 2019

Date/Time, File Pass to?

All Typist

Date/Time, File Return to?

☐

: Prell. Report

☒

: Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS, SI

Fixes

Others

TOTAL

Report Format :

TP

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

1700/-

Summer Lee (LKK Auto)

From: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>
Sent: Wednesday, 9 October, 2019 11:45 AM
To: Admin-D (LKKAuto); assignments; SUR
Cc: Frankie THAY (SPF); Cui Fen ENG (SPF)
Subject: Pre-repair Survey of SGK 5290E (vs QX 774Y on 05.10.2019)
Attachments: SAS2681860 (2).pdf

Message Classification: Unclassified

Our ref: AEMD/105/009/2019/099

Hi,

Kindly conduct pre-repair survey of **SGK 5290E** today at

JA Autocare Pte Ltd (Ngee Hup Motor Repairer)
160 Sin Ming Dr
#08-16 Sin Ming Auto City
Singapore 575722

Contact person: Jenny Chew, HP: 94513429

Best Regards,

Hafizul Farhan Bin Rahmat

AEMD / PLD

Singapore Police Force

DID: (65) 6478 4840 | FAX: (65) 6478 4848



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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	07/10/2019 17:03
Date Of Accident	05/10/2019 18:10
Exact Location Of Accident	VEERASAMY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK5290E
Insured/Policyholder	
Name Of Registered Owner	TONG DA FIRST ENTERPRISE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94873707
Alternative Phone No	OFFICE-94873707

Vehicle Particulars

Manufacturer	TOYOTA
Model	-

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	5089916302-02
Cover Note Number	

Driver

Name of Driver	VU THI DUNG
NRIC No	S7684577H
Date Of Birth	09/10/1976
Occupation	INDOOR
Date Of Driving Pass	10/11/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94873707
Fax Number	
Contact Number	

Address -
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 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) 5
Passenger 1 NAME: : PASSENGER
GENDER: : MALE
Passenger 2 NAME: : PASSENGER
GENDER: : FEMALE
Passenger 3 NAME: : PASSENGER
GENDER: : FEMALE
Passenger 4 NAME: : 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 CHANGI N.P.C
Police Station Address ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

refer attached police report.

Attachment(s)

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

Vehicle Registration Number

QX774Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

07-10-2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

one way ←

A: QX 7747

B: SGK 5290E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Reported Attached

DECLARATION

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

Policyholder's Signature
Date & Time:

07-10-2019

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

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



**SINGAPORE
POLICE FORCE**



T/20191006/2070

3 of 3

Report No. T/20191006/2070

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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:

G /

Sgt 1 CHIU XIN LEONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
SI VILTON HIA WEE SIANG
Contact No.: 65476228

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/10/2019 13:33

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20191006/2070

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20191006/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2019 13:33		Vide Report No.:		Station Diary No.: 48
Informant's Particulars				
Name of Informant: VU THI DUNG		Address: APT BLK 26 UPPER SERANGOON VIEW #10-32 SINGAPORE 534206		
ID Type / ID No.: NRIC NO / S7684577H		Contact No.: Home/Office:		Mobile: 94873707
Nationality: VIETNAMESE		Email:		
Sex: Female	Age: 42	Date of Birth: 09/10/1976	Type of Informant: Driver	
Race: Vietnamese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3		Date of Expiry:

General Information				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 05/10/2019 18:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 VEERASAMY ROAD SERANGOON ROAD Veerasamy Road toward Serangoon Road. Right after the Junction.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved					
Vehicle No.	Type	Make	Model	Color	Damage
QX774Y	Car	HYUNDAI	Avente	White	Slightly Damaged
SGK5290E	Car	TOYOTA	Estima	Gold	Slightly Damaged

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simel Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20191006/2070

2 of 3

Report No. T/20191006/2070

CONTINUATION OF REPORT

DRIVER			
Name	VU THI DUNG		ID No. S7684577H
Related Vehicle	SGK5290E (Car)		Contact No. 94873707
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 05/10/2019 at about 1810hrs, I was travelling along Veerasamy Road, towards Serangoon Road. I am on my way to send my passengers to Nex Mall. When I was driving, I noted that there was a Police Car, (QX774Y) in front of me. As the police car is slowing down, I also slowed down and stop my vehicle behind the police car. It was just after the Junction of Veerasamy Road and Serangoon Road.

Suddenly, the police car's hazard light was switched on, and it started to reverse towards my car. Upon seeing this, I pressed down on my car horn, trying to alert the driver in the police car. However, the rear of the police car knocked into the right-front of my vehicle. At that point, the driver stopped his vehicle, and stepped out. He further informed that we have to wait for the traffic police to arrived. After the Traffic Police arrived. The traffic police officer advised me to lodge a police report.

I have in-car camera in my vehicle. One of my grab passenger agreed to be my witness. (Atika, 87932408).

JA AUTOCARE PTE LTD

8 Kaki Bukit Ave 4

#02-37 Premier@Kaki Bukit

Singapore 415875

Not Inspected
 11 Lyr @ 1700h
 Review After Paint
 4 days

SPF Accident Claims Section
 Automotive Egg & Mgmt Div
 Police logistics Dept.
 No 1. Mount Pleasant road
 Blk 8 Old Ploce Academy
 #02-12
 Singapore 298333

Estimate

Date: 20.08.2019
 Vehicle no: SGK 5290E
 Model: TOYOTA ESTIMA
 DOA: 05.10.2019

Parts

- 01) Front bumper *983.00*
 02) Front bumper retainer rh
 03) Front bumper bracket rh
 04) Front bumper sponge
 05) Front bumper clips
 06) Front bumper reinforcement
 07) Head lamp rh
 08) Head lamp clips rh

<i>Bu</i>	\$ 1,380.00	✓
	\$ <i>rh</i> 65.00	X
	\$ <i>rh</i> 75.00	X
	\$ <i>rh</i> 350.80	X
	\$ <i>rh</i> 60.00	✓
	\$ <i>rh</i> 550.80	X
<i>cm</i>	\$ 780.50	✓
<i>rh</i>	\$ 60.00	✓ <i>18.00</i>
	\$ 3,322.10	
Less 25%	\$ (830.53)	
	\$ 2,491.57	

Labour charges

- 09) To check wiring
 10) To apply anti rust
 11) To knock out dents on affected areas and renew parts
 12) To putty & respray painting

\$ 120.00	<i>201</i>
\$ <i>rh</i> 100.00	X
\$ 600.00	<i>3001</i>
\$ 800.00	<i>4401</i>
\$ 1,620.00	

Grand Total **\$ 4,111.57**

FOR JA AUTOCARE PTE LTD

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before respray 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:



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF19017790/Ktf3s2

ACCIDENT CLAIM SECTION (SPORE POLICE
FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD
POLICE ACADEMYSINGAPORE 298333

Date : 07-11-2019



ATTN: HAFIZUL FARHAN

Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 774Y	Veh. Inspected	SGK 5290E
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2019/099	Excess (\$)	0.00
Assign From	HAFIZUL FARHAN	Assign Date	09/10/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA ESTIMA (A)	c.c	2362
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	ACR507027890	Colour	METALLIC GOLD
Odometer	457599	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/55 R17	BRIDGESTONE	8 mm
L/H Front Tyre	215/55 R17	BRIDGESTONE	8 mm
R/H Rear Tyre	215/55 R17	BRIDGESTONE	8 mm
L/H Rear Tyre	215/55 R17	BRIDGESTONE	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/10/2019	Inspection Date	09/10/2019
Survey held at	160 SIN MING DRIVE #08-16 SINGAPORE 575722		
Repairer	JA AUTOCARE PTE LTD		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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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

Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGK 5290E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	BUCKLED	1,380.00	983.00
1	FRONT BUMPER RETAINER RH	SERVICEABLE	65.00	-
1	FRONT BUMPER BRACKET RH	TO REPAIR SEE LABOUR	75.00	-
1	FRONT BUMPER SPONGE	SERVICEABLE	350.80	-
1	FRONT BUMPER CLIPS	NECESSARY	60.00	60.00
1	FRONT BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	550.80	-
1	HEAD LAMP RH	CRACKED	780.50	780.50
1	HEAD LAMP CLIPS RH	NECESSARY	60.00	18.00
	LESS 25% DISCOUNT		-830.53	-460.38
			2,491.57	1,381.12
	LABOUR			
	TO CHECK WIRING.		120.00	20.00
	TO APPLY ANTI RUST.		100.00	-
	TO KNOCK OUT DENTS ON AFFECTED AREAS AND RENEW PARTS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER BRACKET RH AND FRONT BUMPER REINFORCEMENT.	NOT NECESSARY	600.00	300.00
	TO PUTTY & RESPRAY PAINTING.		800.00	440.00
			1,620.00	760.00
	GRAND TOTAL		4,111.57	2,141.12
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,700.00

Report Ref No. CS/SPF19017790/Ktf3s2

THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$1,500.00 - \$2,000.00

RECOMMENDED REPAIR DAYS : 4

WEEKENDS : 2

TOTAL DAYS : 6

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.