



**LONPAC INSURANCE BHD**  
(S98FC5635C)

Our Ref : 18/18/18/VC05/021241

Your Ref : CS3/LPC19000203/Etd3n2

15 October 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 SGH4000Z**

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SGH4000Z
- b) GIA report SGH4000Z
- c) GIA report and photos of GV271K

Kindly study the documents and let us have your report by 29 October 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 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	17/12/2018 18:33
Date Of Accident	15/12/2018 10:00
Exact Location Of Accident	CP HOUGANG STREET 31 CARPARK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH4000Z
Insured/Policyholder	
Name Of Registered Owner	CHENG JING QIN
NRIC No	S7831172Z
Email Address	CHRISJQCHENG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90686950
Alternative Phone No	OFFICE-90686950

### Vehicle Particulars

Manufacturer	AUDI
Model	A5 2.0L
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00008754

Cover Note Number

### Driver

Name of Driver	CHENG JING QIN
NRIC No	S7831172Z
Date Of Birth	22/10/1978
Occupation	INDOOR
Date Of Driving Pass	30/05/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90686950
Fax Number	
Contact Number	OFFICE-90686950
EMail Address	CHRISJQCHENG@YAHOO.COM.SG

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	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)	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

Carpark exit, was queuing behind a van to exit the carpark. Suddenly this van started to reversed and when I saw, I honked to warn the driver. The van continued reversing and as a result bumped directly onto my vehicle front portion. Refer to the video footage.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GV271K
Vehicle Make/Model/Colour	TOYOTA/LITEACE D./BLUE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TUNG, DERRICK
NRIC/Passport Number	S9238940E
Contact Number	91120247
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



# 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 willful misrepresentation will result in the policy being voided and the insurer may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is to be taken as a declaration of the policyholder's consent to the terms and conditions of the policy.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Roadside Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon request 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 as stated.
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 be 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 vehicles involved in this accident (all insurers) who have insured vehicles 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 the Insurers;  
(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 and mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").  
(b) all insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms, may be 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 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

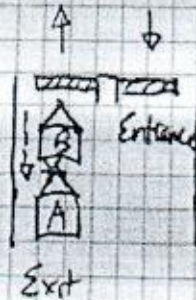
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



A: SGH 40002  
B: GV 271K

Hougang St. 31  
Carpark

Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

Carpark exit, was queuing behind a van to exit the carpark. Suddenly this van started to reversed and when I saw, I honked to warn the driver. The van continued reversing and as a result bumped directly onto my vehicle front portion. Refer to the video footage.

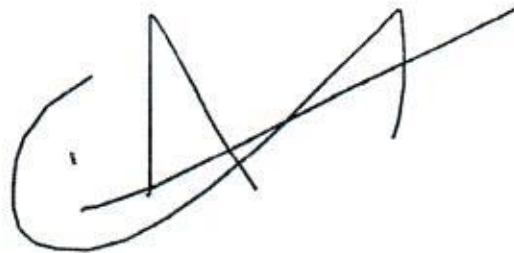
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

17 December 2018 at 1:00 PM

Date/Time:

17 December 2018 at 1:00 PM



[illegible]

## AUTOMOBILE ASSESSMENT REPORT

TO: CHENG JING QIN  
C/O: CONTINENTAL KLASSE PTE LTD  
68 KAKI BUKIT AVE 6  
#04-07 ARK@KB  
SINGAPORE 417896

Our Reference: 119/CK027  
Date: 20-Feb-2019

### ASSESSMENT OF VEHICLE NO. SGH 4000 Z

DATE OF LOSS: 15-Dec-2018

We have carried out a physical assessment at **CONTINENTAL KLASSE PTE LTD**,  
68 Kaki Bukit Ave 6 #04-07 ARK@KB, Singapore 417896, according to your instruction  
on **09-Jan-2019** and are pleased to submit our report herewith.

### 1. VEHICLE PARTICULARS

Registration No.: SGH 4000 Z  
Make & Model: AUDI A5 2.0L TFSI QUATTRO  
Year of Registration: 2011  
Engine Capacity: 1984  
Chassis No.: WAUZZZ8T0BA110332  
Engine No.: CDN230969  
Colour: WHITE  
Mileage (km): 109428

### 2. VEHICLE CONDITION

Body Paint: GOOD  
Steering: SERVICEABLE  
Foot Brake: SERVICEABLE  
Parking Brake: SERVICEABLE  
Modification: NIL

### 3. TYRE PARTICULARS & CONDITION

#### Front

RH Make/Size/Thread: KINFOREST 275/30 R20 – 75%  
LH Make/Size/Thread: KINFOREST 275/30 R20 – 75%

#### Rear

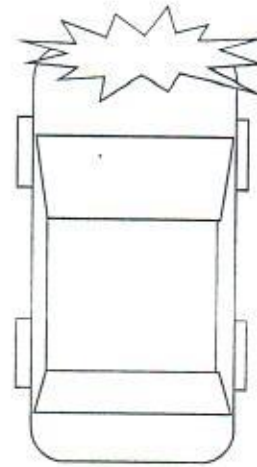
RH Make/Size/Thread: RADAR 275/30 R20 – 75%  
LH Make/Size/Thread: RADAR 275/30 R20 – 75%

#### 4. DESCRIPTION OF DAMAGE

At the time of the inspection, the vehicle sustained damages to the FRONT portion.

#### 5. REMARKS

Market Value:	Na
Salvage Value:	Na
Repair Limit:	Na
Estimated Amount:	\$18,076.27
Adjusted Amount:	\$10,676.33
Lump Sum:	<b>\$8,000.00</b>
Estimated Repair Days:	5 days



Pursuant to your instruction, we have **NOT AUTHORISED** repair.  
The assessment was conducted on a **"Without Prejudice"** basis.  
If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

#### Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by Aeon Auto Consultants LLP for any reliance on this report by any third party.



### ASSESSMENT REPORT FOR VEHICLE NO. SGH 4000 Z

#### PARTS (LIST ITEMS)

Qty	Description	Condition	Workshop's Estimate	Our Assessment
1	FRONT BONNET	Repair	4,700.93	-
2	FRONT BONNET MECHANISM LOCK CATCH L/R	Repair	181.54	-
2	FRONT BONNET MECHANISM LOCK L/R	Repair	479.20	-
1	FRONT RH HEADLAMP	Cracked	1,900.93	1,900.93
4	FRONT RH HEADLAMP CLIPS	Necessary	26.00	26.00
1	FRONT RH HEADLAMP LOWER BRACKET	Bent	123.47	123.47
1	FRONT GRILLE (RS5)	Cracked	1,680.80	1,680.80
1	FRONT GRILLE 'LOGO' EMBLEM	Necessary	96.30	96.30
1	FRONT GRILLE CLIP	Cracked	6.50	6.50
1	FRONT GRILLE 'RS5' EMBLEM	Cracked	88.60	88.60
1	FRONT BUMPER	Cracked	2,200.93	2,200.93
1	FRONT BUMPER INNER SPONGE	Cracked	120.77	120.77
1	FRONT BUMPER REINFORCEMENT	Bent	820.93	820.93
2	FRONT BUMPER REINFORCEMENT BRACKET L/R	Bent	401.94	401.94
2	FRONT BUMPER FOGLAMP GARNISH L/R	Cracked	422.93	422.93
2	FRONT BUMPER FOGLAMP COVER BRACKET L/R	Bent	96.89	96.89
2	FRONT BUMPER NOZZLE COVER L/R	Necessary	146.70	146.70
2	FRONT BUMPER NOZZLE COVER SPRING L/R	Bent	42.17	42.17
2	FRONT BUMPER SIDE RETAINER L/R	Bent	99.54	99.54
2	FRONT BUMPER HEADLAMP NOZZLE L/R	Repair	440.97	-
1	FRONT SUPPORT PANEL INNER TOP GARNISH	Cracked	210.93	210.93
1	FRONT SUPPORT PANEL	Repair	1,207.30	-
			<u>15,496.27</u>	<u>8,486.33</u>
Less 0% discount			-	-
Parts Total:			<u>15,496.27</u>	<u>8,486.33</u>

**ASSESSMENT REPORT FOR VEHICLE NO. SGH 4000 Z**

**SPECIAL NETT ITEMS**

1	FRONT NUMBER PLATE	Cracked	80.00	80.00
1	FRONT NUMBER PLATE HOLDER	Cracked	50.00	50.00
1	FRONT BUMPER CLIPS - SET	Necessary	30.00	30.00
Special Nett Total :			160.00	160.00

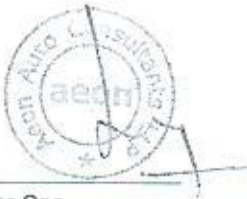
**LABOUR**

S/N	Description	Workshop's Estimate	Our Assessment
1	To remove, reinstall electrical wiring harness, check lighting.	120.00	100.00
2	To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.	1,000.00	850.00
3	To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident.	1,200.00	1,000.00
4	To apply anti-rust chemical on repaired and replaced panel.	100.00	80.00
Labour Total :		2,420.00	2,030.00
TOTAL (PARTS & LABOUR) \$		18,076.27	10,676.33

The workshop has agreed to undertake the repair on a Lump Sum basis.

The final adjusted Lump Sum contract amount is

**\$8,000.00 (SINGAPORE DOLLARS EIGHT THOUSAND ONLY)**



Amas Ong  
Automobile Assessor

## SINGAPORE ACCIDENT STATEMENT

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### ACCIDENT STATEMENT

Date Of Report	19/12/2018 17:55
Date Of Accident	15/12/2018 11:00
Exact Location Of Accident	JUNC HOUGANG ST 31 & UPP SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV271K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MCLINK ASIA PTE LTD
Co Reg No	200209013W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68468589

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE D.
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
Fleet Policy	NO
Policy Number	Z/18/VC05/000780-001
Cover Note Number	

### Driver

Name of Driver	TUNG DERRICK
NRIC No	S9238940E
Date Of Birth	16/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91120247
Fax Number	
Contact Number	OFFICE-91120247
Email Address	NOEMAIL



Address	BLK 658 HOUGANG AVENUE 8 #06-453
Postcode	530658
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

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

#### Other Information

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

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO 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	SGH4000Z
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

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- 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:

## Accident Sketch Plan

### SKETCH PLAN



1st Car 2nd Car  
3rd Car 4th Car

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

### DECLARATION

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



Policyholder's Signature  
Date & Time

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

Date & Time

Reporting Centre Personnel's Signature

Name  
NRIC/FIN No.



### Accident Sketch Plan

ON STATED DATE AND TIME, I WAS APPROACHING THE GANTRY. I REALIZE THAT MY CASH CARD HAS INSUFFICIENT VALUE, SO I REVERSED MY VEHICLE. I DID NOT NOTICE THAT VEHICLE B WAS AT REAR OF MY VEHICLE. AS A RESULT, MY VEHICLE SLIGHTLY GRAZED ONTO VEHICLE B FRONT PORTION.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

