

ASS. REC. BY:

REF:

08/SPF19018414/ASD307

Special Instruction:

Surveyor: Adnan

ASSIGNMENT (Office)

From (Person): Hafizul Furhan

of

SPF

Date/Time: 18/10/2019 @ 12:04pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMJ9573Y

Insured:

TP1101P

at Workshop m/s

MCA solution

Tel:

6243 1373

of

23 kuki Bukit Ave 1 # 62-03B

Policy No:

Claim No:

AEMD/105/001/2019/101

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/09/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 12:44pm @ 18/10/19

Person Contacted:

Ms. Heng

Vehicle: IN/OUT

Date/Time

Action/Instruction

Tel: 011-1111

SMJ9573Y-X

TP1101P-X

Do Not Finalise

*ASS. REC. BY:

REF:

SPF

ASSIGNMENT

From:

Date:

21/10/2019

Estimated Cost:

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

To Inspect Vehicle No:

SMJ 9573Y

at Workshop m/s

MG Solution

of

23 Kalai Bikit Ave 4 # 02-03B

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:

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMJ 9573Y

Yr Regn:

2013 / Nov

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

Truck / Trailer or

Make:

Toyota 86

C.C

1998

Colour

Orange

A/C:

Insured / Std / NI / NA

Sp. Reading

74567

T/Radio:

Insured / Std / NI / NA

Eng/No:

JF1ZN6K72E6018585

C/No:

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 225/40R18

R:

225/40R18

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

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

2/10/19

Survey held at

MG Solution

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

Front o/s

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

Date / Time

Action / Instruction

TP SPF.

Range - \$2.5k - \$3.5k

20/11/19

Submit HS \$2,700/- @ 4 days

C \$7,526.65 Red- 74%

4 days (0 Weekends) = 4 days

RECEIVED 20 NOV 2019

Date/Time, File Pass to?

20/11/19

1)

Type

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair:

4

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

220

Transportation:

\$ + RS \$

Photos

Others

TOTAL

220

Report Format:

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

\$2,700/- 45

Do Not Finalise

Nivitha (LKK Auto)

From: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>
Sent: Friday, 18 October 2019 12:04 PM
To: Admin-D (LKKAuto); SUR; assignments
Cc: Frankie THAY (SPF); Cui Fen ENG (SPF)
Subject: Pre-repair Survey of SMJ9573Y (vs TP1101P on 23/9/2019)
Attachments: SMJ9573Y (PRE-INSPECTION) ;YOUR REF TP1101P.pdf

Our ref: AEMD/105/009/2019/101

Hi,

Kindly conduct pre-repair survey of SMJ9573Y (vs TP1101P, DOA on 23/9/2019)

MG Solution Pte Ltd
23 Kaki Bukit Ave 4
#02-03B VICOM Inspection Ctr
Singapore 4415933

Contact person: Ms Heng, Tel: 91886931 / 62431373

Best Regards,

Hafizul Farhan Bin Rahmat

AEMD / PLD

Singapore Police Force

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



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MG SOLUTION PTE LTD
23 Kaki Bukit Ave 4 (South Wing) #02-03B
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
Co. Reg. No.: 201427944N

Date : 15/10/2019

Vehicle no

SMJ 95734

To : SPF ACCIDENT CLAIMS SECTION

Tel : 6478 6840

Fax : 6478 6848

Email :

By Fax & Email

AUTO MOTIVE ENAG 2 MOUNT DIV
POLICE LOGISTICS DEPARTMENT
NO. 1 MOUNT PLEASANT ROAD
BLOCK 8 OLD POLICE ACADEMY
02 - 12 SINGAPORE 298113

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SMJ 95734 and TP1101P along
FULLERTON RD TWPS RAFFLES QUAY ASIDE YELLOW on 23/9/2019
Box

We are instructed by LIM MINN KELVIN (Name of Claimant) to notify
you of a road traffic accident on the above mentioned. A copy of the Singapore Accident
Statement / Traffic Police Report filed is enclosed.

As a result of the accident, our client's / customer's vehicle has been damaged. Before our client
/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your
receipt of this notice whether you or your insurer would like to conduct a Pre- Repair Survey of
the vehicle. If we do not receive any reply from you within the stipulated timeline, our client / we
shall proceed to repair the vehicle without further reference to you.

Thank you.

Yours faithfully,



MS. HENG YOKE HONG
HP: 9188 6931

FOR SURVEYOR

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

Appointed Surveyor: _____
(Name & Signature)

Date & Time of inspection: _____

*CAN I CHECK THIS CASE LIABILITY? *

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	24/09/2019 16:50
Date Of Accident	23/09/2019 20:55
Exact Location Of Accident	FULLERTON RD TWDS RAFFLES QUAY INSIDE YELLOW BOX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9573Y
Insured/Policyholder	
Name Of Registered Owner	LIM MING KELVIN
NRIC No	S8836283G
Email Address	I@KEL.SG
Mobile Phone No	(LOCAL) +65-90121751
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	86-2.0 GS (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA456411/1
Cover Note Number	

Driver

Name of Driver	LIM MING KELVIN
NRIC No	S8836283G
Date Of Birth	22/09/1988
Occupation	INDOOR
Date Of Driving Pass	13/05/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90121751
Fax Number	
Contact Number	OFFICE-60000000
Email Address	I@KEL.SG

Address	BLK 416A FERNVALE LINK #15-104
Postcode	791416
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	SLK813X
	-
	-
Insurance Company of Driver's Own Vehicle	ETIQA INSURANCE PTE LTD
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : LIM SHI PEI
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	T20190925/2229
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Report Please refer Police Report

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TP1101P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

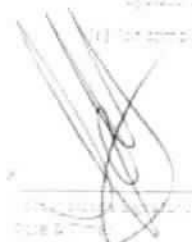
SKETCH PLAN

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 the Insured Person(s) only.
3. Information provided must be as truthful and accurate as possible. Any false information may result in the insurance company refusing to pay the claim. Facts may allow insurance companies to renege 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 LIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the reports will for a fee be made available upon application to interested parties.
7. The lodgment of this report to the insurers, whether by the insured or the insurer, is not an admission of policy liability on the part of the insured or the insurer.
8. Consent Under the Personal Data Protection Act (PDPA)

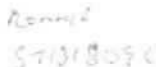
I Understand, acknowledge, agree and consent that:

 - (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) assessing, investigating, handling, settling or paying claims or other matters relating to the accident;
 - (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, receipts or notices to me) which could involve disclosure of certain personal data about me to bring about delivery of the same as well as the external cover of envelope/mail package and/or
 - (v) compliance with any legal requirement to disclose or transfer information relating to the accident.
 - (b) My insurer(s) 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) assessing, investigating, handling, settling or paying claims or other matters relating to the accident;
 - (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, receipts or notices to me) which could involve disclosure of certain personal data about me to bring about delivery of the same as well as the external cover of envelope/mail package and/or
 - (v) compliance with any legal requirement to disclose or transfer information relating to the accident.
 - (c) My insurer(s) 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) assessing, investigating, handling, settling or paying claims or other matters relating to the accident;
 - (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, receipts or notices to me) which could involve disclosure of certain personal data about me to bring about delivery of the same as well as the external cover of envelope/mail package and/or
 - (v) compliance with any legal requirement to disclose or transfer information relating to the accident.
 - (d) My insurer(s) 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) assessing, investigating, handling, settling or paying claims or other matters relating to the accident;
 - (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, receipts or notices to me) which could involve disclosure of certain personal data about me to bring about delivery of the same as well as the external cover of envelope/mail package and/or
 - (v) compliance with any legal requirement to disclose or transfer information relating to the accident.


 Signature of Driver
 Date & Time

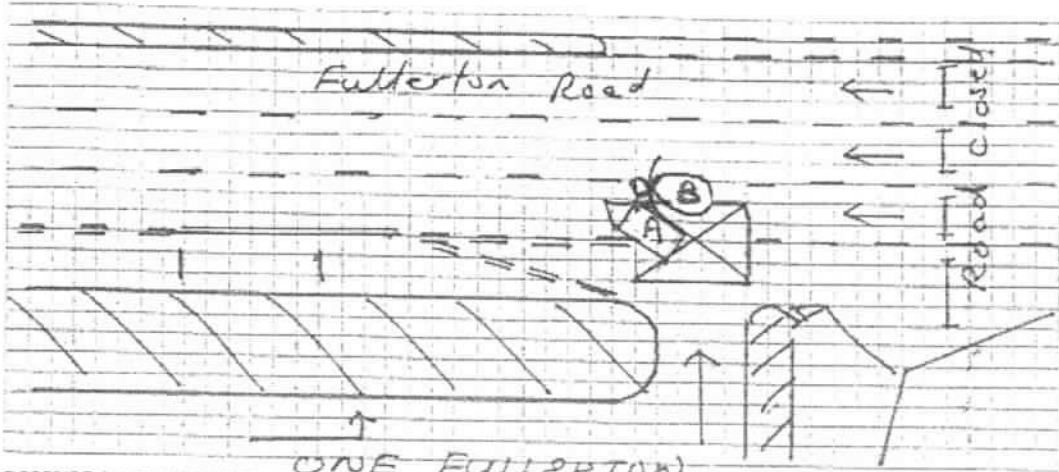

 Signature of Driver
 Date & Time


 Signature of Driver
 Date & Time


 Signature of Driver
 Date & Time

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No:- T/20190923/2186

(A) SMJ 9573 Y
(B) TP1101P

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

(We declare the foregoing contents are true to the best of our knowledge)

Policyholder's Signature
Date & Time

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

Reporting Centre/Police Station Signature
Name
Date & Time

ST13/09/06



SINGAPORE POLICE FORCE



T/20190923/2186

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4

Report No. T/20190923/2186

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2019 22:46		Vide Report No.:		Station Diary No.: 122	
Informant's Particulars					
Name of Informant: LIM MING, KELVIN			Address: APT BLK 416A FERNVALE LINK #15-104 SINGAPORE 791416		
ID Type / ID No.: NRIC NO / S8836283G			Contact No.: Home/Office: Mobile: 90121751		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 22/09/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: IT MANAGER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 23/09/2019 20:55	Type of Location: T-Junction
Location: FULLERTON ROAD Fullerton Road towards Raffles Quay, inside yellow box after the exit of one Fullerton carpark Lamp Post Number: 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ9573Y	Car	TOYOTA	TOYOTA 86 HIGH GRADE AUTO	Orange	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20190923/2186

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 4

Report No. T/20190923/2186

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ9573Y	AXA INSURANCE SINGAPORE PTE LTD	GA456411	28/03/2019	27/03/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM MING, KELVIN	ID No.	S8836283G
Related Vehicle	SMJ9573Y (Car)	Contact No.	90121751
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	LIM SHI PEI	ID No.	S9731054H
Related Vehicle	SMJ9573Y (Car)	Contact No.	84489480
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 23/09/2019 at about 8.55pm, while driving a vehicle bearing registration plate number SMJ9573Y from One Fullerton back to my house located at Bedok. While stopping at the stop line waiting to turn out to Fullerton Road, I checked there was no incoming car on the right and started to turn left slowly to lane 2 of Fullerton Road. I decided to turn left to lane 2 from the left lane as there was a stationary TP at Lane 1. While slowly turning out to lane 2, I suddenly saw one TP bike at my right side of my vehicle and I suddenly brake. I noticed the TP bike lost his balance and fell to his left side. I came to a stop and alight from the vehicle. I asked if he is fine and he informed that he is ok. As there was around 4-5 TP bike along the closed road of Fullerton Road, they all came to assist the situation.

I make a checked on my vehicle and noticed there was slight damages (dents and scratches) on the front right bumper and fender. I did not suffer any injuries. There was a TP bike by the name of VSC Louis standing at lane 1 who witness the whole incident. My passenger also witness the whole incident. Ambulance arrived at scene and I noticed the TP that fell down to the ground was conveyed to Singapore General Hospital.



**SINGAPORE
POLICE FORCE**



T/20190923/2186

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 4

Report No. T/20190923/2186

CONTINUATION OF REPORT

Other TP bike who assisted the scene took my in car camera SD card (32GB) and asked me to sign a n acknowledgement slip. However, I did not received a copy of Acknowledgement slip. I was given a case card reference to A/20190923/0104 and i was advised to lodge a police report at the nearest police



**SINGAPORE
POLICE FORCE**



T/20190923/2186

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190923/2186

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 3 GOH JIAN WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/09/2019 22:46

Officer In Charge Of Case:

TP / DDGVT /

Sr Staff Sgt YUS MASTARI KHAZALI

Contact No.: 65476214

Classification Of Case:

Authentication Stamp

NR168LICE FORCE

SIGNATURE



SINGAPORE POLICE FORCE

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20190925/2229

1 of 3

Report No. T/20190925/2229

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2019 22:24		Vide Report No.: T/20190923/2186		Station Diary No.: 126
Informant's Particulars				
Name of Informant: LIM MING, KELVIN		Address: APT BLK 416A FERNVALE LINK #15-104 SINGAPORE 791416		
ID Type / ID No.: NRIC NO / S8836283G		Contact No.: Home/Office: Mobile: 90121751		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 31	Date of Birth: 22/09/1988	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: IT MANAGER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 23/09/2019 20:55	Type of Location: T-Junction
Location: Along Road 1 FULLERTON ROAD				
FULLERTON ROAD TOWARDS RAFFLES QUAY, INSIDE YELLOW BOX AFTER THE EXIT OF ONE FULLERTON CARPARK. LAMP POST NUMBER: 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ9573Y	Car	TOYOTA	TOYOTA 86 HIGH GRADE AUTO	White	Slightly Damaged	1
TP1101P	Motorcycle					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20190925/2229

2 of 3

Report No T/20190925/2229

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ9573Y	AXA INSURANCE SINGAPORE PTE LTD	GA456411	22/03/2019	27/03/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM MING, KELVIN	ID No.	S8836283G
Related Vehicle	SMJ9573Y (Car)	Contact No.	90121751
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	LIM SHI PEI	ID No.	S9731054H
Related Vehicle	SMJ9573Y (Car)	Contact No.	84489480
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 23/09/2019 at about 2246hrs, I have lodged a traffic accident report reference T/20190923/2186.

I am lodging this new report to add in the TP motorcycle plate number of TP1101P



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T 20190925/2229

3 of 3

Report No: T 20190925/2229

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 3 CHUA KAI LING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / DDGVT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Signature Of Informant:

Date/Time:

25/09/2019 22:24

Classification Of Case:

Authentication Stamp

NP168

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

Email: mg3solution@gmail.com

TO	: SPF	DATE	: 19-Oct-19
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT	:		
<u>VEHICLE DETAILS</u>			
VEHICLE NO	: SMJ9573Y		
MODEL	: TOYOTA 86	JF1ZN6K72EG018585	
CHASSIS NO		shirley.	
<u>ACCIDENT DETAILS</u>		DATE	: 23-Sep-19
		TIME	: 20:55HRS
THIRD PARTY REQUESTOR / CONTACT		:	JACK LI

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT BUMPER <i>tom</i>	1	\$ 1,980.30	\$ 1,980.30
2	FRONT BUMPER SIDE RETAINER <i>new</i>	1	\$ 72.40	\$ 72.40
3	HEADLAMP HID RH <i>new</i>	1	\$ 3,550.60	\$ 3,550.60
4	FRONT FENDER <i>dented</i>	1	\$ 980.00	\$ 980.00
5	FRONT FENDER SIGNAL LAMP <i>missing</i>	1	\$ 230.00	\$ 230.00
6	FRONT FENDER INNER COWLING <i>tom</i>	1	\$ 168.90	\$ 168.90

2701.90

TOTAL PRICE \$ 6,982.20

2026.42

LESS 25% \$ 1,745.55

SUB TOTAL PRICE \$ 5,236.65

SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	FRONT BUMPER CLIP (SET) <i>new</i>	1	\$ 30.00	\$ 30.00
2	FRONT BUMPER LOWER LIP <i>new</i>	1	\$ 1,800.00	\$ 1,800.00
3	FRONT FENDER INNER COWLING CLIPS (SET) <i>new</i>	1	\$ 30.00	\$ 30.00
4	FRONT BUMPER & FENDER STICKER <i>new</i>	1	\$ 1,200.00	\$ 1,200.00

TOTAL \$ 3,060.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)

1	TO PANEL BEAT, REMOVE AND REPLACE PARTS	\$ 800.00	400	
2	TO SPRAY PAINT AFFECTED AREA	\$ 800.00	400	
3	TUFF COAT	\$ 180.00	X	
4	WIRING CHECK	\$ 150.00	30	

TOTAL

\$1,930.00

830

ESTIMATE REPORT

TOTAL PARTS COST : \$ 8,296.65
TOTAL LABOUR COST : \$ 1,930.00
TOTAL REPAIR COST : \$ 10,226.65

APPROVED DETAILS

EXCESS :
NO. OF WORKING DAYS :
RE-SURVEY :
PART BY PART OR LUMP SUM :
DATE & TIME OF SURVEY :
SURVEYED BY :
CONTACT NUMBER :
FAX NUMBER :

Admin him
L/S 21/10/18.

04 Days.

total: 341642

L/S: 2.7K

Range : 2.5K - 3.5K.

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:



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/SPF19018414/Asd3e2		
ACCIDENT CLAIM SECTION (SPORE POLICE FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMYSINGAPORE 298333 ATTN : HAFIZUL FARHAN		Date : 28-11-2019		
		Code : SPF		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	TP 1101P	Veh. Inspected	SMJ 9573Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	AEMD/105/009/2019/101	Excess (\$)	0.00	
Assign From	HAFIZUL FARHAN	Assign Date	18/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA 86	c.c	1998	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	JF1ZN6K72EG018585	Colour	ORANGE	
Odometer	74567	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/40 R18	DUNLOP	6 mm	
L/H Front Tyre	225/40 R18	DUNLOP	6 mm	
R/H Rear Tyre	225/40 R18	DUNLOP	6 mm	
L/H Rear Tyre	225/40 R18	DUNLOP	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	23/09/2019	Inspection Date	21/10/2019	
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933			
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		

**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. SMJ 9573Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	TORN	1,980.30	1,580.00
1	FRONT BUMPER SIDE RETAINER	NOT NECESSARY	72.40	-
1	HEADLAMP HID RH	NOT NECESSARY	3,550.60	-
1	FRONT FENDER	DENTED	980.00	795.00
1	FRONT FENDER SIGNAL LAMP	MISSING	230.00	158.00
1	FRONT FENDER INNER COWLING	TORN	168.90	168.90
	LESS 25% DISCOUNT		-1,745.55	-675.48
			5,236.65	2,026.42
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	30.00	30.00
1	FRONT BUMPER LOWER LIP (SN)	NOT NECESSARY	1,800.00	-
1	SET FRONT FENDER INNER COWLING CLIPS (SN)	NECESSARY	30.00	30.00
1	FRONT BUMPER & FENDER STICKER (SN)	NECESSARY	1,200.00	500.00
			3,060.00	560.00
<u>LABOUR</u>				
	TO PANEL BEAT, REMOVE AND REPLACE PARTS.		800.00	400.00
	TO SPRAY PAINT AFFECTED AREA.		800.00	400.00
	TUFF COAT.	NOT NECESSARY	180.00	-
	WIRING CHECK.		150.00	30.00
			1,930.00	830.00
GRAND TOTAL			10,226.65	3,416.42
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,700.00

Report Ref No. CS/SPF19018414/Asd3e2

NOTES : THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$2,500-\$3,500

ADRIAN LING WAI PING

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

Licensed Appraiser

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