

ASS. REC. BY:

REF: CS31 LPC 1909397 / NqB

Special Instruction:

SURVEYOR:

NAZ

ASSIGNMENT (Office)

From (Person):

ONG li li

of

LPC

Date/Time:

1.11.19 4.47p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGV 27125

Insured:

G2 835M

at Workshop m/s

Assura Auto

Tel:

9838 3224 / 6385171

of

Blk 5 Behn Lane 10 #01-574

Policy No:

Claim No:

181191 9 / VC05 / 022592

Sum Insured:

Excess:

Make of Veh:

D.O.A. 30.10.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

4.11.19

9.47a.m

Person Contacted:

Irene.

Vehicle IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

SGV 27125 - X

G2 835M - X

12/11/19

submit PRS.



## Summer Lee (LKK Auto)

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**From:** ONG LI LI <llong@lonpac.com>  
**Sent:** Friday, 1 November, 2019 4:44 PM  
**To:** Irene; MT\_Claim\_SG; assignments; Admin-D (LKKAuto)  
**Cc:** candy@iaconsultingsg.com  
**Subject:** RE: ACCIDENT INVOLVING SGV2712S AND GZ835M ALONG JUNCTION OF WOODLANDS ROAD AND MANDAI ROAD ON 30.10.2019 Our Ref: 18/19/19/VC05/022592  
**Attachments:** doc00832220191101143024.pdf

Without Prejudice

Save as to Costs

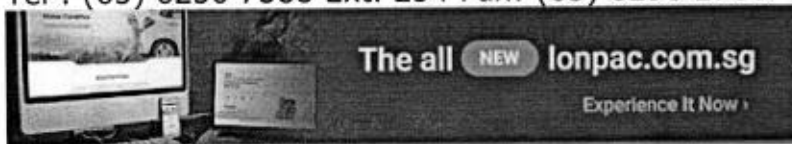
Dear Irene

We are not agreeable with your list of proposed surveyors and we shall appoint LKK Auto Consultants Pte Ltd to conduct the survey.

Dear Nivitha

Please arrange 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



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**From:** Irene [mailto:motor@iaconsultingsg.com]  
**Sent:** Friday, 1 November 2019 4:37 PM  
**To:** ONG LI LI; MT\_Claim\_SG  
**Cc:** candy@iaconsultingsg.com  
**Subject:** RE: ACCIDENT INVOLVING SGV2712S AND GZ835M ALONG JUNCTION OF WOODLANDS ROAD AND MANDAI ROAD ON 30.10.2019 Our Ref: TBA

Dear Ms Ong,

We refer to your email below.

We regret to inform you that our client will not appoint any of the surveyors from your list provided in your email dated today.

However, we are pleased to provide below a list of ten surveyors for your consideration.

Gilbert Leow	Impact Analysis Consultant
Andy Ho	Impact Analysis Consultant
Shandy Loh	Impact Analysis Consultant
Michael Yap	Mccoyp Pte Ltd
Joshua Ong	Delta-V Consultant
James Ong	Delta-V Consultant
Nick Ng	Delta-V Consultant
Loo Yee Khang	Cozon Engineers
Alex Teo	Cozon Engineers
Denise Yap	Pal's Appraiser Pte Ltd

Kindly let us know if you agree or disagree to appointing any of the above surveyors within the timeline stipulated under the NIMA protocol.

Thank you.

Thank you.

Regards,  
For and on behalf of Assure Auto Assist Pte Ltd  
Irene Tan

# ASSURE AUTO ASSIST PTE LTD

Blk 5 Defu Lane 10 #01-574 Singapore 539186

Tel: 6385 1171

BUS. REG. NO. 201919143Z

Date: 1/11/19

To Lompac Insurance Co Bhd  
Motor Claims Department

By fax only

300 Beach Road #17-04/07

The Concourse  
Singapore 199555

Dear Sir/Mdm,

## NOTIFICATION OF ACCIDENT

Please be informed that an accident involving my/our vehicle no. SGV2712S and vehicle(s) no. G2835M had taken place at / along Junction of Woodlands Road and Mandai Road on date 30/10/19 at time 1730hrs.

Kindly let us know within 2 working days from the date of this notice if you wish to carry out or waive a pre-repair inspection.

If we do not hear from you within 2 working days, we shall proceed to repair the vehicle without further notice and our client shall claim for the additional loss of use arising from the giving of this notification to you.

Please call Ms Tan at 98388224 to arrange.

Yours sincerely,



### PRI

Date / Time	
Company Name	
Surveyor	
Contact No.	
Signature	

### DISMANTLED PARTS

Date / Time	
Surveyor	

### AFTER REPAIR

Date / Time	
Surveyor	

## 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	01/11/2019 01:31
Date Of Accident	30/10/2019 17:30
Exact Location Of Accident	JUNCTION OF WOODLANDS ROAD AND MANDAI ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV2712S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG POH SIONG
NRIC No	S7805349F
Email Address	ALFPS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90057565
Alternative Phone No	OTHERS-90057565
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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
<b>Insurance Company</b>	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00004257
Cover Note Number	N.A
<b>Driver</b>	
Name of Driver	NG POH SIONG
NRIC No	S7805349F
Date Of Birth	12/02/1978
Occupation	INDOOR
Date Of Driving Pass	06/01/1999
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90057565
Fax Number	
Contact Number	OTHERS-90057565
Email Address	ALFPS@HOTMAIL.COM

Address	NA
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?	
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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD AND MADE A STOP AT THE TRAFFIC LIGHT AS THE LIGHT WAS RED. WHILE MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

#### 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	GZ835M
Vehicle Make/Model/Colour	SSANGYONG / MUSSO DCABIN / SILVER
Details Of Properties	N.A
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RATHINAVEL RADHAKRISHNAN AATHUSHNARAYANAN
NRIC/Passport Number	G3166915X
Contact Number	90567611
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

SGV2712S

**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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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/authorities (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: 31 Oct 2019

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

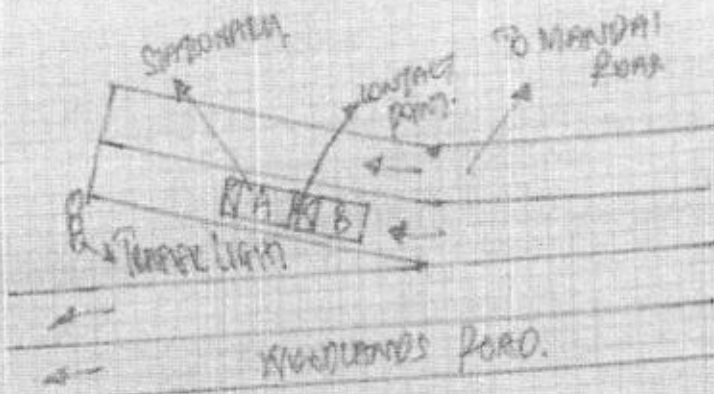
Reporting Centre Personnel's Signature  
Name:  
NRIC/PIN No:



### Sketch Plan #2

### SKETCH PLAN

X Rohling  
A: SGV 2p 25.  
B: QZ 835 M.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

NEVER TO ATTACHED STATEMENT

## DECLARATION

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

*Polling*

Owner's Signature \_\_\_\_\_  
 (It must be the person who owns the car.)  
 Date & Time \_\_\_\_\_

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
HASHIM BIN KAMARI

Reporting Contact Person's Signature:  
Name:  
Job/Title:

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD AND MADE A STOP AT THE TRAFFIC LIGHT AS THE LIGHT WAS RED. WHILE MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

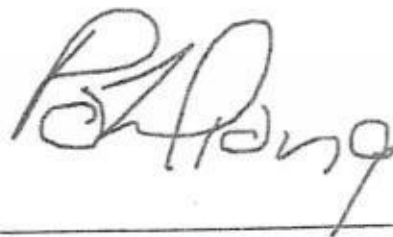
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

31 October 2019 at 4:29 PM

Date/Time:

31 October 2019 at 4:29 PM

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	349F
<b>Vehicle Details</b>	
Vehicle No.:	SGV2712S
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Nov 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	G4FGGU041611
Chassis No.:	KMHD841CMHU365798
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$18,083.00
Original Registration Date:	01 Mar 2017
First Registration Date:	01 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$18,083.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Feb 2027
PARF Rebate Amount:	\$13,562.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	28 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,430.00
COE Rebate Amount:	\$36,072.00
<b>Total Rebate Amount:</b>	<b>\$49,634.00</b>

The information contained herein is correct as at 12 Nov 2019

OK

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**SGV2712S**

Make / Model  
**HYUNDAI / ELANTRA AD 1.6 GLS AT**

Vehicle Type :  
**P10 - Passenger Motor Car**

Vehicle Attachment 1 :  
**No Attachment**

Vehicle Scheme :  
**Normal**

Chassis No. :  
**KMHD841CMHU365798**

Propellant :  
**Petrol**

Engine No. :  
**G4FGGU041611**

Motor No. :  
**-**

Engine Capacity :  
**1591 cc**

Power Rating :  
**-**

Maximum Power Output :  
**93.8 kW (125 bhp)**

Maximum Laden Weight :

**1800 kg**

Unladen Weight :

**1345 kg**

Year Of Manufacture :

**2017**

Original Registration Date :

**01 Mar 2017**

Lifespan Expiry Date :

-

COE Category :

**A - Car up to 1600cc & 97kW (130bhp)**

Quota Premium :

**\$49,430.00**

COE Expiry Date :

**28 Feb 2027**

Road Tax Expiry Date :

**29 Feb 2020**

PARF Eligibility Expiry Date :

**28 Feb 2027**

Inspection Due Date :

**29 Feb 2020**

Intended Transfer Date :

**12 Nov 2019**

CO2 Emission :

**162.00 (g/km)**

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-

PM Emission:

-

## Fees To Be Paid For Transfer

Transfer Fees

\$25.00



Print

OK →

Save as PDF

Copy as Text



PRE-REPAIR INSPECTION REPORT				
LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Ref: CS3/LPC19019397/Nqf3s2 Date: 18-11-2019 Code: LPC2		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	GZ 835M	Veh. Inspected	SGV 2712S	
Policy No.		Coverage (\$)	0.00	
Claim No.	18/19/19/VC05/022592	Excess (\$)	0.00	
Assign From	ONG LI LI	Assign Date	01/11/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI ELANTRA	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHD841CMHU365798	Colour	SILVER	
Odometer	68703 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	225/45 R17	CONTINENTAL	6 mm	
L/H Front Tyre	225/45 R17	CONTINENTAL	6 mm	
R/H Rear Tyre	225/45 R17	CONTINENTAL	6 mm	
L/H Rear Tyre	225/45 R17	CONTINENTAL	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
<b>5. General Information</b>				
Accident Date	30/10/2019	Inspect Date / Time	05/11/2019 ( 04:50 PM )	
Survey held at	ASSURE AUTO - BLK 5 DEFU LANE 10 #01-574			
Repairer	-			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.				

Report Ref No. CS3/LPC19019397/Nqf3s2

Inspected By



MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor



K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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