

CS3/LPC17021H5/Q103²⁴

ASSIGNMENT ORDER	
Client Name	Gerald poh
LPC	LPC
Date	10/12/2019
QD / ① WASH RES / QD RES / EVA / INV / MV / CC	
To: Report Vehicle No.	FBA 4711B
Model	SDM 215G
cc Workorder	360 Motorcity
6262 6246	
at 280 woodlands Ind ES #04-22	757322
Police No.	17/17 / 17/VPOS / 020185
Sum. Report	
Make of Veh.	
(Client's Report)	LOGA 21/09/17
CA / REV / REP. / REV 24 HRS	'wp'
Date Time	12.16pm ① 6/11/17
Person Contacted	Wani
Vehicle	① OUT
Date Time	Accident Number (X) Estimate
	FBA 4711B - X
	SDM 215G - CCC / TP1302212 / M21063615 N O - A - 21/11/2017

Submit PRS Report

Original sent back

longpac

23/11 Resurvey


20/1/2020

lump sum \$3000/-

(Red: 1100, 26%)

3 days

23/11 Typist

RECEIVED 29 JAN 2020

No Bill

By email also

REF:

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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time | Action / Instruction

6/11/2017 No GIA

Veh No:

PBA 4711B

Yr Regn:

May / 2006

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

Truck / Trailer or

Make:

Honda

cc

125.

Colour:

Yellow

A/C:

Insured / Std / NI / NA

Sp. Reading:

No Display

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VTMJC 32A 06 E 271074

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: N/S / S/Rim / STD A/Rim or

Tyre Size:

F: 3.00 / 18

R: 140 / 70 R17

BS: BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

6/11/2017

6-clpn

Survey held at

JLO Motor City

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

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

Date/Time, File Pass to?

☐

Preli. Report

3111 Typist

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

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

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee.

Transportation:

\$ + RS \$

Photos

Covers

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

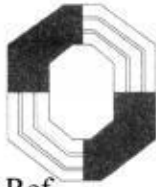
☐

Tech Invs (\$)

☐

Weekend (\$)

TOTAL



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 17/17/17/VP05/020185

Your Ref : CS3/LPC117021145/Stbs2

7 December 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 FBA4711B

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of FBA4711B
- b) GIA/police report FBA4711B
- c) GIA report and photos of SDM215G

Kindly study the documents and let us have your report by 18 December 2019.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : 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 ability.
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 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	28/09/2017 11:12
Date Of Accident	21/09/2017 09:30
Exact Location Of Accident	TPE TOWARDS PIE(CHANGI) AFTER EXIT 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA4711B
Insured/Policyholder	
Name Of Registered Owner	TAN GUAN RONG, NATHANIEL
NRIC No	S8904886I
Email Address	NATHANIEL_TAN_89@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81835039
Alternative Phone No	OTHERS-81835039

Vehicle Particulars

Manufacturer	HONDA
Model	XL125V
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/MT/17-366256-CA
Cover Note Number	

Driver

Name of Driver	TAN GUAN RONG, NATHANIEL
NRIC No	S8904886I
Date Of Birth	04/02/1989
Occupation	INDOOR
Date Of Driving Pass	10/03/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81835039
Fax Number	
Contact Number	OTHERS-81835039
Email Address	NATHANIEL_TAN_89@HOTMAIL.COM

Address	BLK 805 WOODLANDS ST 81 #10-13 SINGAPORE
Postcode	730805
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , 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

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	SDM215G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name TAN GUAN RONG, NATHANIEL

Approximate Age

Injuries Sustain REFER POLICE REPORT

Injured person in which vehicle? FBA4711B

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

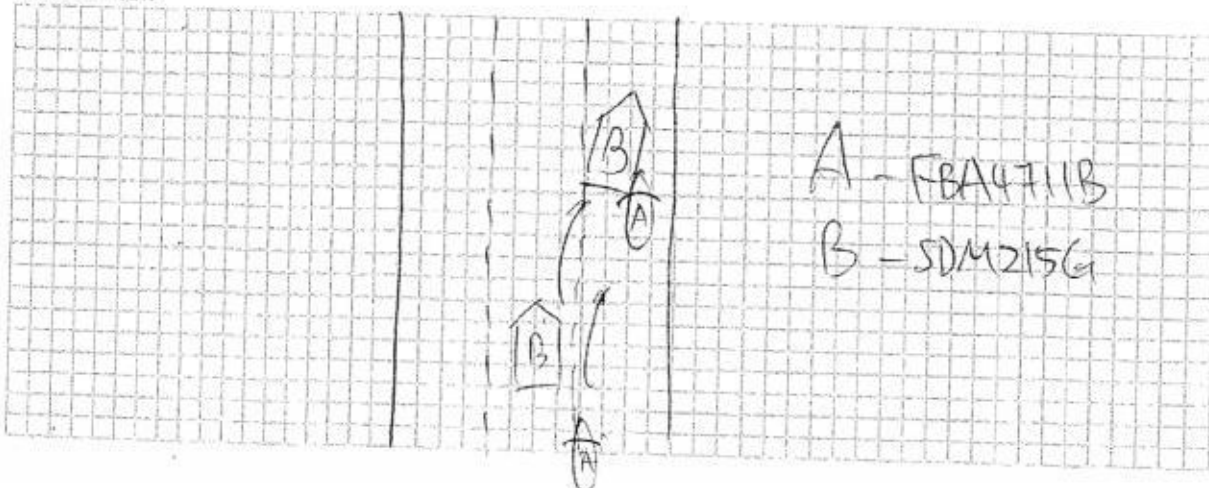
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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.
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.

 28/09/17
Policyholder's Signature / Date & Time

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


Witnessed By Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20170922/2124

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20170922/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2017 16:12		Vide Report No.:		Station Diary No.: 89	
Informant's Particulars					
Name of Informant: TAN GUAN RONG, NATHANIEL			Address: APT BLK 805 WOODLANDS STREET 81 #10-13 SINGAPORE 730805		
ID Type / ID No.: NRIC NO / S8904886I			Contact No.: Home/Office: Mobile: 81835039		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 04/02/1989	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT COORDINATOR			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/09/2017 09:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY TPE TWDS PIE CHANGI AFTER EXIT 5 AT TAMPINES AVENUE 10 FLYOVER				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA4711B	Motorcycle	HONDA	XL125V	Orange		0
SDM215G	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA4711B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72003350	06/06/2017	05/06/2018

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170922/2124

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3
Report No. T/20170922/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2017 16:12		Vide Report No.:		Station Diary No.: 89	
Informant's Particulars					
Name of Informant: TAN GUAN RONG, NATHANIEL			Address: APT BLK 805 WOODLANDS STREET 81 #10-13 SINGAPORE 730805		
ID Type / ID No.: NRIC NO / S8904886I			Contact No.: Home/Office: Mobile: 81835039		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 04/02/1989	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT COORDINATOR			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/09/2017 09:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY TPE TWDS PIE CHANGI AFTER EXIT 5 AT TAMPINES AVENUE 10 FLYOVER				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA4711B	Motorcycle	HONDA	XL125V	Orange		0
SDM215G	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBA4711B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72003350	06/06/2017	05/06/2018



**SINGAPORE
POLICE FORCE**



T/20170922/2124

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20170922/2124

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN GUAN RONG, NATHANIEL	ID No.	S8904886I
Related Vehicle	FBA4711B (Motorcycle)	Contact No.	81835039
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	21/09/2017	Date Discharge	21/09/2017
No. of Days granted Medical Leave	09	Degree of Injury	Serious

Brief Details.

On the 21/09/2017 at about 0930hrs, I was riding my motorcycle FBA4711B along TPE towards Changi between lane 1 and lane 2. It was not raining however the road surface was wet. As I was approaching the Tampines Avenue 10 flyover, the vehicle SDM215G which was on the 2nd lane above 2 car length in front had then signal right and slowing moving to the first lane. As the vehicle SDM215G was changing lane slowly and was slowing down thus I then applied my brakes and try to serve to the right to avoid a collision with the vehicle SDM215G however was still unable collision as after the vehicle SDM215G had moved into the first lane, the vehicle SDM215G begin to slow down. I had honked at the vehicle SDM215G however there was no response.

As a result, I fell off with my motorcycle and was dragged for some distance, after I stopped moving, I saw that the vehicle SDM215G had slowed down for a while before accelerating and drove off. A rider who managed to pass by then assisted me to chase after the vehicle SDM215G and managed to obtain the vehicle plate number and gave it to me. An ambulance was also called by passer-by and I was conveyed Changi General Hospital and was given 9days of MC.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170922/2124

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20170922/2124

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: J / Sgt 1 LIM CHUN LEONG <i>Ch</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2017 16:12
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	Sgt 130
Authentication Stamp NP168	<i>Ch</i>

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 ability.
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 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	31/10/2017 16:02
Date Of Accident	21/09/2017 09:30
Exact Location Of Accident	TAMPINES EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM215G
Insured/Policyholder	
Name Of Registered Owner	YONG CHIN CHAW
NRIC No	S2513021I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96698812
Alternative Phone No	OTHERS-96698812

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 TSI (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z17VP05014354
Cover Note Number	

Driver

Name of Driver	YONG CHIN CHAW
NRIC No	S2513021I
Date Of Birth	23/04/1948
Occupation	INDOOR
Date Of Driving Pass	21/02/1977
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96698812
Fax Number	
Contact Number	OTHERS-96698812
Email Address	NOEMAIL

Address	65 MIMOSA CRES #02-47 MIMOSA PARK
Postcode	808036
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 - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	10 UBI AVE 3
Was notice of intended Prosecution given?	YES
If Yes, against whom?	YONG CHIN CHAW

Circumstances of Accident

ATTACHED POLICE REPORT NO. T/20170921/2061

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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:

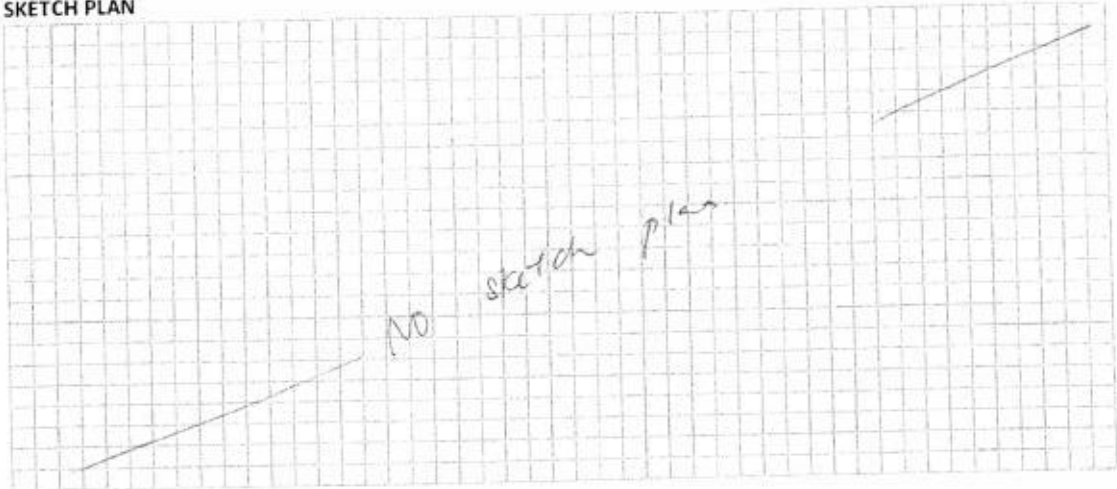
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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: 21/10/2017 @ 4:10 pm

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report no. 7120170921/2061

DECLARATION

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

Policyholder's Signature

Date & Time:

31/10/2017

@ 4:10 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20170921/2061

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20170921/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2017 12:54	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YONG CHIN CHAW			Address: 65 MIMOSA CRES #02-47 MIMOSA PARK SINGAPORE 808036		
ID Type / ID No.: NRIC NO / S25130211			Contact No.:		Mobile: 96698812
Nationality: SINGAPORE CITIZEN			Home/Office:		
			Email:		
Sex: Male	Age: 69	Date of Birth: 23/04/1948	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/09/2017 09:30	Type of Location:
Location: Along Road 1 TAMPINES EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: LANE CHANGE			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDM215G	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1K23Q5 MX	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDM215G	LONPAC INSURANCE BHD.	Z17VP05014354- 001	22/07/2017	21/07/2018



**SINGAPORE
POLICE FORCE**



T/20170921/2061

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20170921/2061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YONG CHIN CHAW	ID No.	S25130211
Related Vehicle	NIL	Contact No.	96698812
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 THE ABOVE DATE AND TIME MENTIONED, I WAS TRAVELLING ALONG TPE ALONG LANE 2 OF 3 LANES. WHILE MY VEHICLE WAS ON THE MOVE, A MOTORCYCLIST ON MY LEFT KEPT HAND-SIGNALLING FOR ME TO STOP MY VEHICLE AT THE ROAD SHOULDER. I THEN PROCEEDED TO FOLLOW HIS INSTRUCTIONS AND STOPPED MY VEHICLE AT THE LEFT SIDE OF THE ROAD SHOULDER. HE THEN INFORMED ME THAT I WAS INVOLVED IN A HIT-AND-RUN ACCIDENT.

I TOLD HIM THAT I WAS NOT AWARE OF ANY INCIDENT AND I WOULD HAVE STOPPED IF I WAS INVOLVED IN ONE.

WE THEN EXCHANGED PARTICULARS AND HE TOLD ME THAT HE IS GOING BACK TO THE ACCIDENT SCENE. WE THEN GO ABOUT OUR OWN WAYS.

AT AROUND 1030AM, I RECEIVED A CALL FROM TP IO OFFICER CLARENCE INFORMING ME THAT I WAS INVOLVED IN AN TRAFFIC ACCIDENT AND TOLD ME TO DRIVE IN TPHQ FOR FURTHER INVESTIGATIONS.



SINGAPORE
POLICE FORCE



T/20170921/2061

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20170921/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Mr. Zubair
T/c 85202412
@ 2nd 7-20 am
43 7777 1685

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:

TP /

RIVAI EMIR BIN YAHYA

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

21/09/2017 12:54

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

Signature: *[Handwritten Signature]*

Accident Photo



Accident Photo



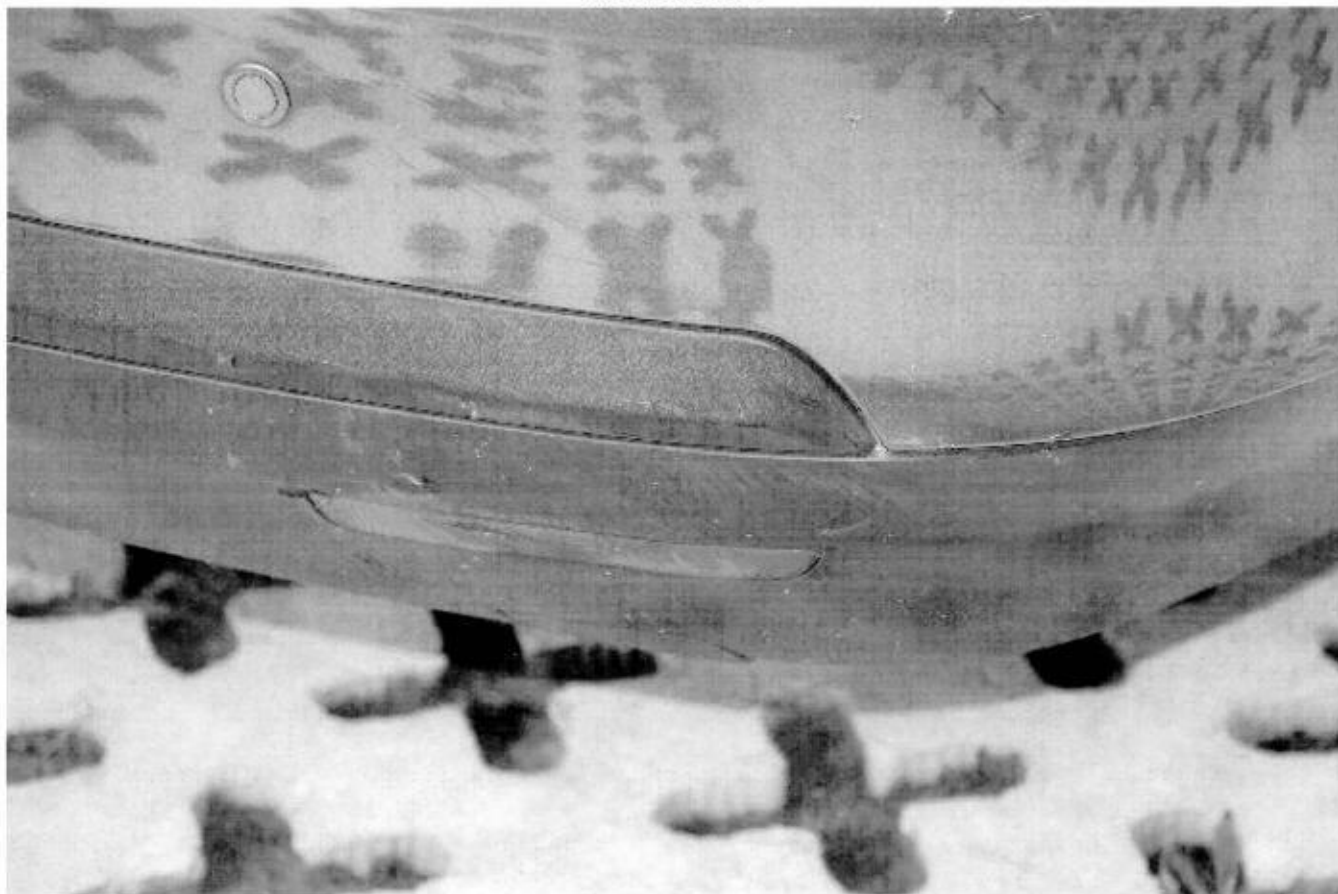
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189

Tel: 6315 1239, Fax: 6315 3298, Mobile: 9061 0543

ACCIDENT VEHICLE INSPECTION REPORT

Report no : 405M1017.PCR
Vehicle no : FBA4711B

1 REFERENCE

Date of inspection : 31 October 2017
Requested by : Tan Guan Rong, Nathaniel
Blk 805 Woodlands St 81
#10-13
Singapore 730805
Type of survey : Independent
Repairer : Performa Corse Research And Race
280 Woodlands Industrial E5, #04-22 Woodlands Harvest, Singapore 757322
Date of accident : 21-September 2017

2 VEHICLE DATA

Make/model : Honda XL125V
Chassis no : VTMJC32A06E271074
Engine no : JC29E9020891
Date of registration : 09 May 2006
Engine capacity : 125 cc
Colour : Yellow

3 STATIC CONDITION CHECK

Steering : Affected
Foot brakes : Serviceable
Hand brakes : Serviceable
Paintwork : Good
General : Good

4 TIRE CONDITION CHECK

	<u>mm/MAKE</u>	<u>SIZE</u>
Front tread	: 5 mm/Pirelli	3.00-18
Rear tread	: 5 mm/Pirelli	140/70-17

5 BRIEF DESCRIPTION OF DAMAGE

Front forks bent, fuel tank squashed, LHS fairing panel bent/deformed, LHS footrest bracket abraded, LHS front & rear footrests abraded/missing, etc. Please see para. 8 of this report for more details.

6 REMARKS

This inspection is carried out on a "WITHOUT PREJUDICE" basis and we have not authorized any repairs.

7 RECOMMENDATION

Cost of repairs : \$4,100.00 (lump sum)
Estimated no of days : Five (5)

8 ASSESSMENT OF DAMAGE AND COSTS

Report no: 405M1017.PCR

Vehicle no: FBA4711B

A SPARE PARTS

<u>Description</u>	<u>Qty</u>	<u>Assessed Condition</u>	<u>Repairer's Amount</u>	<u>Revised Amount</u>
Front fork assy LH/RH	2	bent	720.00	720.00
Steering stem	1	bent	195.00	195.00
Windscreen	1	broken	135.00	135.00
Fuel tank assy	1	squashed	690.00	690.00
Front brake disc	1	bent	115.00	115.00
Front fender	1	bent/deformed	69.00	69.00
Handle bar	1	bent	126.00	126.00
Clutch lever	1	tip abraded	62.00	62.00
Handle bar end balancer set	1	scraped	44.00	44.00
Headlamp assy	1	grazed	125.00	125.00
Headlamp bracket	1	bent	55.00	55.00
LHS fairing panel sticker	1	necessary	40.00	40.00
LHS fairing panel	1	bent/deformed	158.00	158.00
LHS mirror	1	scraped	35.00	35.00
LHS frame cover	1	cracked	95.00	95.00
Gear shift pedal	1	abraded/bent	52.00	52.00
LH front footrest	1	missing	45.00	45.00
LH footrest bracket	1	abraded	145.00	145.00
LH rear footrest assy	1	abraded	45.00	45.00
		Subtotal of the above	2,951.00	2,951.00
		Discount 10%	295.10	295.10
		Subtotal 1:	2,655.90	2,655.90
(Special nett)				
Steering con – upper set	1	necessary	55.00	55.00
Steering con – lower set	1	necessary	42.00	42.00
Front sticker number plate	1	torn	15.00	15.00
Crash bar set	1	abraded/bent	330.00	330.00
Rear box	1	abraded	480.00	480.00
ERP unit	1	abraded	166.00	166.00
		Subtotal 2:	1,088.00	1,088.00
		Total cost of parts:	3,743.90	3,743.90

B LABOUR

Towing fee (2x).	70.00	60.00
To spray paint fuel tank, LHS fairing panel, LHS frame cover, front fender, etc.	900.00	720.00
Labour charges to rmoeve and replace damaged body parts and to adjust and repair affected areas.	600.00	480.00
Total cost of labour:	1,570.00	1,260.00
Total cost of repair:	5,313.90	5,003.90

9 CONCLUSION

Report no: 405M1017.PCR

Vehicle no: FBA4711B

The actual damage sustained by the vehicle was carefully inspected and assessed during the inspection and the assessment is appended in para. 8 of this report. The degree of damage sustained by individual part(s) is/are carefully assessed before the part(s) is/are recommended to be either replaced or repaired.

The revised or adjusted cost of repairs to restore the vehicle is \$5,003.90 .

However, considering the age and condition of the vehicle and the availability of good second parts in the market, the repairs are recommended to be undertaken on a contract lump sum basis of \$4,100.00 and the estimated number of days for the repairs would be Five (5) working days.

The above recommendations in my view are fair and reasonable for the restoration of the vehicle to its pre-accident condition.

Note: By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged part(s) with used, reconditioned or new part(s), or to repair the part(s) to a roadworthy condition.

We have not authorised any repairs and would like to revert the recommendations for your consideration and decision.

Yours faithfully



.....
Liaw Leong San

Licensed Automotive Appraiser

PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189

Tel: 6315 1239, Fax: 6315 3298, Mobile: 9061 0543

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Chassis no : VTMJC32A06E271074
Engine no : JC29E9020891
Date of registration : 09 May 2006
Engine capacity : 125 cc
Colour : Yellow

3 STATIC CONDITION CHECK

Steering : Affected
Foot brakes : Serviceable
Hand brakes : Serviceable
Paintwork : Good
General : Good

4 TIRE CONDITION CHECK

	<u>mm/MAKE</u>	<u>SIZE</u>
Front tread	: 5 mm/Pirelli	3.00-18
Rear tread	: 5 mm/Pirelli	140/70-17

5 BRIEF DESCRIPTION OF DAMAGE

Front forks bent, fuel tank squashed, LHS fairing panel bent/deformed, LHS footrest bracket abraded, LHS front & rear footrests abraded/missing, etc. Please see para. 8 of this report for more details.

6 REMARKS

This inspection is carried out on a "WITHOUT PREJUDICE" basis and we have not authorized any repairs.

7 RECOMMENDATION

Cost of repairs : \$4,100.00 (lump sum)
Estimated no of days : Five (5)

8 ASSESSMENT OF DAMAGE AND COSTS

Report no: 405M1017.PCR
Vehicle no: FBA4711B

A SPARE PARTS

Description	Qty	Assessed Condition	Repairer's Amount	Revised Amount
Front fork assy LH/RH / BT	2	bent	720.00	720.00 /
Steering stem X SVC	1	bent	195.00	195.00 x
Windscreen / CRA	1	broken	135.00	135.00 100
Fuel tank assy X R	1	squashed	690.00	690.00 x
Front brake disc X SVC	1	bent	115.00	115.00 x
Front fender / SCRL	1	bent/deformed	69.00	69.00 50
Handle bar / BT	1	bent	126.00	126.00 /
Clutch lever / SCRL	1	tip abraded	62.00	62.00 36
Handle bar end balancer set / SCRL	1	scraped	44.00	44.00 30
Headlamp assy X SVC	1	grazed	125.00	125.00 x
Headlamp bracket X SVC	1	bent	55.00	55.00 x
LHS fairing panel sticker / NEC	1	necessary	40.00	40.00 15
LHS fairing panel / SCRL	1	bent/deformed	158.00	158.00 80
LHS mirror / SCRL	1	scraped	35.00	35.00 /
LHS frame cover / CRA	1	cracked	95.00	95.00 50
Gear shift pedal / SCRL	1	abraded/bent	52.00	52.00 /
LH front footrest / MTS	1	missing	45.00	45.00 /
LH footrest bracket / SCRL	1	abraded	145.00	145.00 /
LH rear footrest assy / SCRL	1	abraded	45.00	45.00 30
Subtotal of the above			2,951.00	2,951.00 1,514
Discount 10%			295.10	295.10 -10%
Subtotal 1:			2,655.90	2,655.90 1,362.6
Steering con - upper set X	1	necessary	55.00	55.00 x } hr
Steering con - lower set X	1	necessary	42.00	42.00 x }
Front sticker number plate / Nec	1	torn	15.00	15.00 /
Crash bar set / BT	1	abraded/bent	330.00	330.00 /
Rear box / SCRL	1	abraded	480.00	480.00 380
ERP unit / short	1	abraded	166.00	166.00 156
Subtotal 2:			1,088.00	1,088.00 881
Total cost of parts:			3,743.90	3,743.90

B LABOUR

Towing fee (2x).	70.00	60.00 /
To spray paint fuel tank, LHS fairing panel, LHS frame cover, front fender, etc.	900.00	720.00 250
Labour charges to rmoeve and replace damaged body parts and to adjust and repair affected areas.	600.00	480.00 300

P = 524.7

N = 881

L = 310

1,715.7

- 20%

1,372.56

Total cost of labour:

1,570.00 1,260.00 610

Total cost of repair:

5,313.90 5,003.90 2,853

L/S = \$2,300

Repair day - 3 days

2,282.88

9 CONCLUSION

Report no: 405M1017.PCR
Vehicle no: FBA4711B

The actual damage sustained by the vehicle was carefully inspected and assessed during the inspection and the assessment is appended in para. 8 of this report. The degree of damage sustained by individual part(s) is/are carefully assessed before the part(s) is/are recommended to be either replaced or repaired.

The revised or adjusted cost of repairs to restore the vehicle is \$5,003.90 .

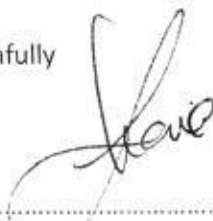
However, considering the age and condition of the vehicle and the availability of good second parts in the market, the repairs are recommended to be undertaken on a contract lump sum basis of **\$4,100.00** and the estimated number of days for the repairs would be **Five (5)** *3 days* working days.

The above recommendations in my view are fair and reasonable for the restoration of the vehicle to its pre-accident condition.

Note: By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged part(s) with used, reconditioned or new part(s), or to repair the part(s) to a roadworthy condition.

We have not authorised any repairs and would like to revert the recommendations for your consideration and decision.

Yours faithfully



Liaw Leong San
Licensed Automotive Appraiser



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 : CS3/LPC17021145/Qtd3s2-1

300 BEACH ROAD
#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 29-01-2020



Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDM 215G	Veh. Inspected	FBA 4711B
Policy No.	Z17VP05014354	Coverage (\$)	0.00
Claim No.	17/17/17/VP05/020185	Excess (\$)	0.00
Assign From	GERALD POH	Assign Date	10/12/2019

2. Vehicle Particulars & Condition

Make & Model	HONDA	c.c	125
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	VTMJC32A06E271074	Colour	YELLOW
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	3.00/18	DUNLOP	6 mm
L/H Front Tyre			mm
R/H Rear Tyre	140/70R17	DUNLOP	6 mm
L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION, O/S AND N/S BODY. DAMAGES SEE DETAILS.

5. General Information

Accident Date	21/09/2017	Inspection Date	06/11/2017
Survey held at	360 MOTORCITY-280 WOODLANDS IND.E5#04-22		
Repairer	-		

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:	3 Working Days
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51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBA 4711B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
2	FRONT FORK ASSY LH/RH	BENT	720.00	720.00
1	STEERING STEM	SERVICEABLE	195.00	-
1	WINDSCREEN	CRACKED	135.00	100.00
1	FUEL TANK ASSY	TO REPAIR SEE LABOUR	690.00	-
1	FRONT BRAKE DISC	SERVICEABLE	115.00	-
1	FRONT FENDER	SCRATCHED	69.00	50.00
1	HANDLE BAR	BENT	126.00	126.00
1	CLUTCH LEVER	SCRATCHED	62.00	36.00
1	SET HANDLE BAR END BALANCER	SCRATCHED	44.00	30.00
1	HEADLAMP ASSY	SERVICEABLE	125.00	-
1	HEADLAMP BRACKET	SERVICEABLE	55.00	-
1	LHS FAIRING PANEL STICKER	NECESSARY	40.00	15.00
1	LH FAIRING PANEL	SCRATCHED	158.00	80.00
1	LHS MIRROR	SCRATCHED	35.00	35.00
1	LHS FRAME COVER	CRACKED	95.00	50.00
1	GEAR SHIFT PEDAL	SCRATCHED	52.00	52.00
1	LH FRONT FOOTREST	MISSING	45.00	45.00
1	LH FOOTREST BRACKET	SCRATCHED	145.00	145.00
1	LH REAR FOOTREST ASSY	SCRATCHED	45.00	30.00
	LESS 10% DISCOUNT		-295.10	-151.40
			2,655.90	1,362.60
SPECIAL NETT ITEMS				
1	SET STEERING CON - UPPER (SN)	NOT NECESSARY	55.00	-
1	SET STEERING CON - LOWER (SN)	NOT NECESSARY	42.00	-
1	FRONT STICKER NUMBER PLATE (SN)	TORN	15.00	15.00
1	SET CRASH BAR (SN)	BENT	330.00	330.00
1	REAR BOX (SN)	SCRATCHED	480.00	380.00
1	ERP UNIT (SN)	SHORTED	166.00	156.00
			1,088.00	881.00
LABOUR				
	TOWING FEE (2X).		70.00	60.00
	TO SPRAY PAINT FUEL TANK, LHS FAIRING PANEL, LHS FRAME COVER, FRONT FENDER, ETC.		900.00	250.00

Report Ref No. CS3/LPC17021145/Qtd3s2-1



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TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR CHARGES TO REMOVE AND REPLACE DAMAGED BODY PARTS AND TO ADJUST AND REPAIR AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF FUEL TANK ASSY.		600.00	300.00
			1,570.00	610.00
GRAND TOTAL			5,313.90	2,853.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,000.00

Report Ref No. CS3/LPC17021145/Qtd3s2-1

OI SUN PIN

Asst. Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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