

AES. REC. BY:

REP:

033/SM019022496/IND3

Special Instructions:

Surveyor:

Tau Kiah

ASSIGNMENT (Office)

From (Person):

Gwice Teo

of

SMO

Date/Time:

23/12/19 @ 4:08pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SGL 7938C

Insured:

SQW 6202R

at Workshop m/s

Aabe Samus

Tel:

9720 0025

of

Blk 5035 Ark Ind. Park 2 # 01-365

Policy No:

Claim No:

CMTD1905938 / syH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

20/12/2019

(Client's Record)

24/12/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

4.17pm 23/12/19

Person Contacted:

Mr. Chua

Vehicle IN/OUT

Date/Time

Action/Instruction Estimated (X)

SGL 7938C-X

SQW 6202R - CS/SM019022477/Kqd3

D.O.A. 20/12/19

13/1/2020

Submit / PRS, repair range \$5000 - \$6000 (Est)

ASS. REC. BY:

Tanglin

REF:

ISMD

ASSIGNMENT

CoE 2021 June.

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:

416K.

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

PRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SGL7938C

Yr Regn:

2006, Aug

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

Truck / Trailer or

Make:

Toyota Camry

c.c 2362

Colour:

Silver

ARC:

Insured / Std / NI / NA

Sp. Reading

162302

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ACV403032461

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

77

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

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

12/4/12/1901030

Survey held at

Amble Services

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

Rear O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Day & repair range

50351 AMK # 01-365

No GIA

\$5000 - \$6000

7 days

Permitte: 24/12/2019.

RECEIVED 13 JAN 2020

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2) 13/1 - typist

Report Format:

PRS

Comp. Sign / Date

Days Of Repair:

7

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Wheel end (\$

Survey Fee:

Transportation:

S+RS: \$

Flows

(GWR)

TOTAL

Nivitha (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Monday, 23 December 2019 4:08 PM
To: sukmei@lawrencelee.com.sg; 'admin-d@lkkauto.com'; 'assignments@lkkauto.com'
Cc: Ye, Yong Kang Melvin; Henry, Irene James; Hwang, Shiang Yi
Subject: CMTD1905938/SYH - PRI(LKK)/ SGW6202R & SGL7938C ACC ON 20.12.19 \ Notice of Accident (Your ref: please advise // Our ref: LWP/ABE/PKK/4404/19/sm)
Attachments: 4404.NOA.pdf

Our Reference: CMTD1905938/SYH
Your Reference: LWP/ABE/PKK/4404/19/sm

Without Prejudice
EMAIL ONLY

Date: 23/12/2019

OUR Email: motorsurvey@sompo.com.sg

Attention:
M/S LAWRENCE LEE & CO

Dear Suk Mei,

ACCIDENT INVOLVING SGW6202R & SGL7938C ON 20.12.2019

We refer to your email reply of today.

We do not agree to your list of surveyors.

As such, we will be appointing our motor surveyor, **LKK AUTO** to conduct the pre-repair survey of your client's vehicle.

The pre-repair survey will include a survey of the vehicle when its damaged parts are being dismantled prior to the commencement of repairs.

We would like our motor surveyor to conduct a post repair inspection once your client's vehicle has been repaired.

The survey is conducted on a without Prejudice basis and without any admission of liability.

Aside to **LKK Auto**,

Please make the arrangement to survey for **SGL7938C** on a without prejudice basis and revert your report upon completion of survey to my colleague, Ms. Shiang Yi.

Our office will be closed on Christmas, New Year's Eve and New Year Day. Business will resume on 26th December 2019 and 2nd January 2020 respectively.

We wish you a Merry Christmas and a Happy New Year!

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147

For motor claims survey request, please email to motorsurvey@sompo.com.sg



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From: sukmei@lawrencelee.com.sg <sukmei@lawrencelee.com.sg>

Sent: Monday, December 23, 2019 3:36 PM

To: Teo, Grace <grace.teo@sompo.com.sg>; Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>

Cc: Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>

Subject: RE: CMTD1905938/SYH - PRI/ SGW6202R & SGL7938C ACC ON 20.12.19 \ Notice of Accident (Your ref: please advise // Our ref: LWP/ABE/PKK/4404/19/sm)

WITHOUT PREJUDICE

Dear Grace,

We refer to your email of even date.

Please be informed that our client objects to the motor surveyors proposed by you.

Our client proposes to use one of the 10 motor surveyors below to conduct the joint pre-repair survey as the single joint expert:

Chuah Poh Siong Gary	Danny Ho
Michael Yap	Fong Kok Heng

Teo Liak Hoo	Jayson Liaw
Andrew How	Dennis Yap
Philip Foo	Dave Chang

Kindly revert within two (2) working days by fax 6533 3689 or email to sukmei@lawrencelee.com.sg.

Regards,

Suk Mei (sukmei@lawrencelee.com.sg)
 Secretary to Lee Wee Peng Lawrence
 Lawrence Lee & Co (UEN: 53159236K)
 133 New Bridge Road #13-05 Chinatown Point Singapore 059413
 tel. 6533 3680 fax. 6533 3689 email. info@lawrencelee.com.sg

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From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Monday, 23 December 2019 2:08 PM
To: sukmei@lawrencelee.com.sg; Hwang, Shiang Yi <shiangyi.hwang@sompo.com.sg>
Cc: Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>
Subject: CMTD1905938/SYH - PRI/ SGW622R & SGL7938C ACC ON 20.12.19 \ Notice of Accident
 (Your ref: please advise // Our ref: LWP/ABE/PKK/4404/19/sm)

Our Reference: CMTD1905938/SYH
 Your Reference: LWP/ABE/PKK/4404/19/sm

Without Prejudice
EMAIL ONLY

Date: 23/12/2019

OUR Email: motorsurvey@sompo.com.sg

Attention:
M/S LAWRENCE LEE & CO

Dear Suk Mei,

ACCIDENT INVOLVING SGW6202R & SGL7938C ON 20.12.2019

We refer to your Notice of Accident dated 23/12/2019.

Please be informed that **Ms. Hwang Shiang Yi** is the handler of this case who can be contacted at 63295 205/ shiangyi.hwang@sompo.com.sg.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffrey Ong	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Our office will be closed on Christmas, New Year's Eve and New Year Day. Business will resume on 26th December 2019 and 2nd January 2020 respectively.

We wish you a Merry Christmas and a Happy New Year!

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147

For motor claims survey request, please email to motorsurvey@sompo.com.sg



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From: sukmei@lawrencelee.com.sg <sukmei@lawrencelee.com.sg>

Sent: Monday, December 23, 2019 12:13 PM

To: Claims - Motor Survey <MotorSurvey@sompo.com.sg>

Subject: Notice of Accident (Your ref: please advise // Our ref: LWP/ABE/PKK/4404/19/sm)

Dear Sirs,

We refer to the above matter.

We enclose herewith our Notice of Accident of even date for your attention.

Regards,

Suk Mei (sukmei@lawrencelee.com.sg)

Secretary to Lee Wee Peng Lawrence

Lawrence Lee & Co (UEN: 53159236K)

133 New Bridge Road #13-05 Chinatown Point Singapore 059413

tel. 6533 3680 fax. 6533 3689 email. info@lawrencelee.com.sg

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LAWRENCE LEE & CO

Advocates & Solicitors

李伟平律师楼

UEN: 53159236K

Your ref: please advise

Our ref: LWP/ABE/PKK/4404/19/sm

133 New Bridge Road #13-05
Chinatown Point Singapore 059413
tel: 6533 3680 fax: 6533 3689
email: info@lawrencelee.com.sg

23 December 2019

Sompo Insurance Singapore Pte Ltd

EMAIL

Dear Sirs

**NOTICE OF ACCIDENT PURSUANT TO THE NIMA PROTOCOL
ACCIDENT ALONG ANG MO KIO AVE 5 ON 20.12.19
INVOLVING SGL7938C & SGW6202R**

We are instructed by Mr Pek Kain Kar to notify you of the abovementioned road traffic accident involving our client's vehicle registration number SGL7938C and vehicle registration number SGW6202R owned by your insured and driven by him or his servant/agent at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you 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 shall proceed to repair the vehicle without further reference to you.

We do hereby notify you that our client's damaged vehicle may be inspected at the workshop at M/s Aabe Services at Blk 5035 Ang Mo Kio Ind Park 2 #01-365 Singapore 569538 (contact person: Mr Chua, mobile phone: 9720 0025).

Kindly revert within two (2) working days by fax 6533 3689 or email to sukmei@lawrencelee.com.sg.

Yours faithfully



LEE WEE PENG LAWRENCE

Cc client

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	21/12/2019 09:50
Date Of Accident	20/12/2019 16:55
Exact Location Of Accident	ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL7938C
Insured/Policyholder	
Name Of Registered Owner	PEK KAIN KAR
NRIC No	SXXXX755Z
Email Address	HERNYPKK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97940036
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10898914
Cover Note Number	

Driver

Name of Driver	PEK KAIN KAR
NRIC No	SXXXX755Z
Date Of Birth	26/07/1967
Occupation	INDOOR
Date Of Driving Pass	17/08/1989
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97940036
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	HERNYPKK@GMAIL.COM

Address	BLK 291 BISHAN ST 24 #20-39
Postcode	570291
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?	YES
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: : MOOJIN
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW6202R
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)

DETAILS OF INJURED PERSON 1

Name

PEK KAIN KAR

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGL7938C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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 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:

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

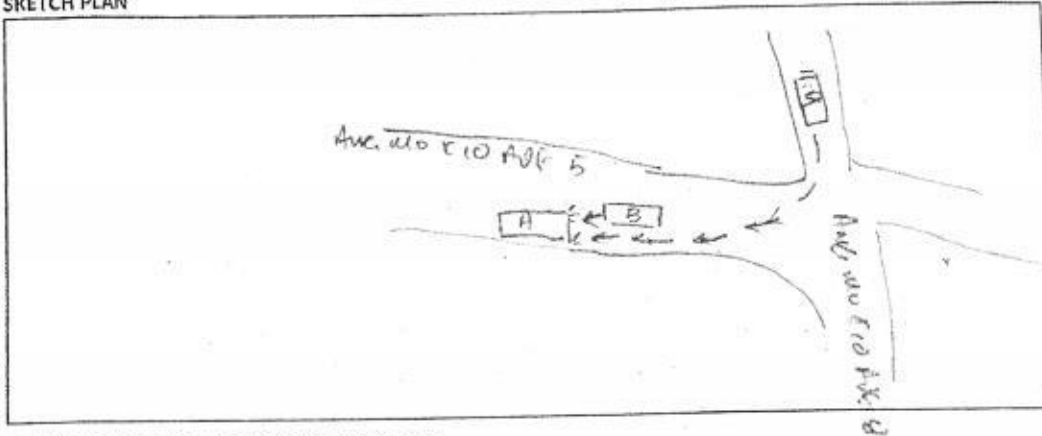

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 20/12/2019 Time: 16:55 Location: Ang Mo Kio Ave 5

Veh A: SGL7938C Veh B: SGW6202R No of pax: 2 Weather: Clear/dry Rain/Wet

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

* owner to pass video footage to his own workshop

PASSENGER MCGIN (M)

☐ Claim OD/TP at Falcon-Air ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself: hurnypkh@gmail.com

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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:
NRIL/ENR No.:



Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191220/2165

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20191220/2165

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2019 20:31	Vide Report No.:	Station Diary No.: 122
--	------------------	---------------------------

Informant's Particulars

Name of Informant: PEK KAIN KAR			Address: APT BLK 291 BISHAN STREET 24 #20-39 SINGAPORE 570291	
ID Type / ID No.: NRIC NO / S1811755Z			Contact No.:	Mobile: 97940036
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 52	Date of Birth: 26/07/1967	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2019 16:55	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 5 before the bus stop Opp Grandeur 8.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGL7938C	Car	TOYOTA	CAMRY 2.4 A	Silver	Slightly Damaged	1
SGW6202R	Car	TOYOTA	ESTIMA AERAS 2.4 A	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20191220/2165

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20191220/2165

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL7938C	AVIVA LTD	10898914	08/02/2019	07/02/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PEK KAIN KAR	ID No.	S1811755Z
Related Vehicle	SGL7938C (Car)	Contact No.	97940036
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/12/2019	Date Discharge	20/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 20/12/2019 at about 1655hrs I was travelling on the extreme left lane along Ang Mo Kio Ave 5 before the bus stop "Opposite Grandeur 8". I then stopped my vehicle to alight my passenger with my hazard light on. My vehicle was stationery and suddenly I felt an impact from the rear. I then alighted to make a check and discovered that a vehicle (SGW6202R) had collided into my rear bumper. The front left part of the said vehicle had collided into the rear right part of my bumper.

We then exchanged particulars. We then agreed to do separate reports and to make our own claims. Right after I let the scene I felt pain on the left of my back, left part of my neck, left eye and my tightness in my chest. I then went to Mount Alvernia to see a doctor and was given 4 days of MC.

I wish to state that I have an in car camera however it was only recording the front.



SINGAPORE
POLICE FORCE



T/20191220/2165

3 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20191220/2165

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:

E /

Sgt 2 MUHAMMAD ZULHILMI BIN ABU
HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG/CECILIA

Contact No.: 65476404

Authentication Stamp:

NP168

Signature Of Informant:

Date/Time:

20/12/2019 20:31

Classification Of Case:



Mount Alvernia Hospital
Medical Certificate

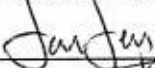
24-Hour Walk-in Clinic and
Emergency Department

No: M19000032134

This is to certify that PEK KAIN KAR, S1811755Z, is granted Outpatient Sick Leave for 4 day(s) from 20-Dec-2019 to 23-Dec-2019.

Remark :

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.


Dr. Oh Jen Jen
MCR : 08966D

A&E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

20/12/2019

Date

> Back to OneMotoring

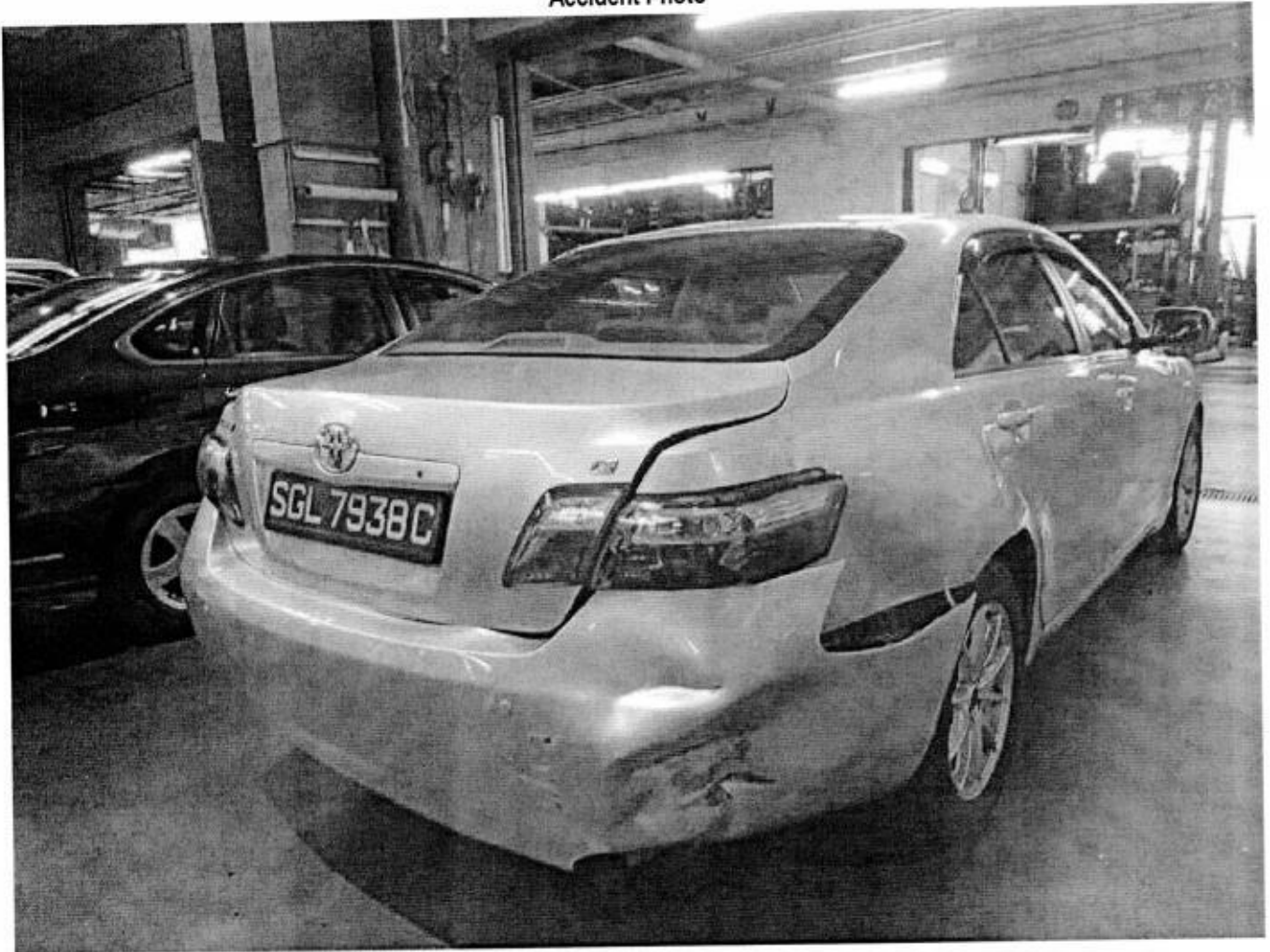
Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	755Z
Vehicle Details	
Vehicle No.:	SGL7938C
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.4 A
Primary Colour:	Silver
Manufacturing Year:	2006
Engine No.:	2AZC044936
Chassis No.:	ACV403032461
Maximum Power Output:	123.0 kW (164 bhp)
Open Market Value:	\$26,400.00
Original Registration Date:	08 Aug 2006
First Registration Date:	08 Aug 2006
Transfer Count:	4
Actual ARF Paid:	\$29,040.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Jun 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$24,240.00
COE Rebate Amount:	\$7,096.00
Total Rebate Amount:	\$7,096.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 13 Jan 2020

OK

Accident Photo



Accident Photo



Accident Photo



Accident Photo






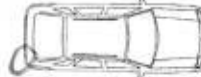
LKK Auto Consultants Pte Ltd

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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PRE-REPAIR INSPECTION REPORT			
SOMPO INSURANCE SINGAPORE PL		Ref: CS3/SMO19022496/T1vd3s2	
50 RAFFLES PLACE #05-01/06		Date: 14-01-2020	
SINGAPORE LAND TOWERS SINGAPORE 048623		Code: SMO	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SGW 6202R	Veh. Inspected	SGL 7938C
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1905938/SYH	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	23/12/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA CAMRY	c.c	2362
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	ACV403032461	Colour	SILVER
Odometer	162302 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/60 R16	DUNLOP	6 mm
L/H Front Tyre	215/60 R16	DUNLOP	6 mm
R/H Rear Tyre	215/60 R16	DUNLOP	6 mm
L/H Rear Tyre	215/60 R16	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.			
5. General Information			
Accident Date	20/12/2019	Inspect Date / Time	24/12/2019 (10:30 AM)
Survey held at	BLK 5035 AMK IND. PARK 2 #01-365		
Repairer	AABE SERVICES		
5a. Remarks			
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$5,000-\$6,000(EST)			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		7 Working Days	

Report Ref No. CS3/SMO19022496/T1vd3s2

Inspected By



MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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