ASS. REC. BY Bungaph: (	ASSIGNM	ENT (Office)	3 Special Inst	
rom (Person Estimated Co	ot.		Date/I	ime: 30/12/100 3
17	STP RESIOD RESIEVATINVIMVI	Bill to:		
To Inspect Ve		17000	Insured:	SMM 6414C
nt Workshop	1	Rx		6257 1289
of	10 Amk Ind. A	COR DAH	04-06	
Policy No:	U	Claim No:	CMIDIO	105 987/APL
Sum Insured:		Excess:		
Make of Veh			. D.O.A	29/12/19
Client's Record	REP. / REV 24 HRS	F	3	112100 D. Endorsement:
Date/Time:	1'35pm3 20/12/19 Person Contacted:	Pypen	Vehicle	
Date/Time	Action/Instruction Estimate			the state of the s
	SMM 6AIAC - X			
	S/Z 17256:X			*
02/01/20	@ 14:23pm revised	PA to	Par line	kin untl
10.			-4 worg	v. a ever

í.

# ASS. PEC. BY: Cal. REF: SMO

ASSIGNMENT

From:	Date:	31/12/19	Veh No:	SLEI	7259	Yr Regn: 7	5 Ap	1-2018
Estimated Cost:			Type: M.Car	/ M.Cycle / E	Bus / Van / Loi	ry / Taxi / Prime	Mover / `	
OD (TP ) WS / TP RES / OD R	ES / EVA / INV /	MV	Truck	/ Trailer or	7.1	_		_
To Inspect Vehicle No:	3LZ 172	59	Make:	Hond	la bit	7 1.3 G	:.c [3]	1/
at Workshop m/s	Body fix		Colour					
at Workshop m/s of 10 AMk Ind · F	Peale IA #	-04-06	Sp.Reading	564	72	T/Radio: Insur	ed / Std / N	I/NA
Insured:			Eng/No:			o ).		
Policy No.			C/No:	6K3	3/309	310 *		
Claims No.			1	Jood / Fair /	Poor / Burnt			
Sum Insured:	Excess:		Steering: Ing	der / Jamm	ned / Leaked /	Burnt or		
(Client's Record)				_	ned / Leaked /	Burnt or		
Make of Veh:			Modi: Nil	I SIRing I S	STD A/Rim or	A- 0 10		
			Tyre Size:	F:	195/9	55 R15		
(Policy Condition)				R:		11		
Remark: The veh had comme		N/S O/S	1		Y / FS / LIZA /	MIC OHTSU / F	PIR / SUMI /	
repair at the time of	inspection.		TOYO / YO	KO or				
Bal. or Market Value:		0	Front	C		Rear		
IDAC Accident Rport:	Consistent?	: Yes or No	R/Bal.	6	mm	R/Bal.	6	mm
GIA / PR Seen:	Consistent?	: Yes or No	L/Bal.	6	mm	L/Bal.	6	mm
Est. Repairs:	days Res.:	Yes or No	D.O.A.		w/c	D.O.I. 3	-12-	-19
Lum Sum:	% 3 Val.:	Yes or No	Survey held	at	Wis	?		Pm
CA / REV / REP. / 24	HRS (WP)		Des. of Dam	nages : Frt /	Rear OIS	N/S / U/C / R	ooftop or	1
CA / REV / REF. / 24	, riko	Vehicle: IN / OUT				14		and the same of th
Date:Person	Contacted:		The U/C	/ Chassis	frame / Body	Structure affect	ted due to o	collision.
Date / Time	truction							
			7					
Date/Time, File Pass to?	7: Preli. Repo	ort	Days Of Re	epair:				
Constitution of the Consti	: Final Repo		Resurvey I		:	Survey Fee:		7240
Date/Time, File Return to?	d		,			Transportation:		
2)		Add Fee	e: : Site	Insp (\$		)S + RS	SI	
			: Inte	rview (\$		) Photos		
Report Format:			:Teo	h. Invs (\$		) Others		
Lump Sun / LEJ: (9		)	: We	elend (8				
matter addition of the Ca			Constant 9			TOTAL		

# Nivitha (LKK Auto)

From:

Teo, Grace < grace.teo@sompo.com.sg>

Sent:

Monday, 30 December 2019 3:39 PM

To:

bodyfix@singnet.com.sg; 'admin-d@lkkauto.com'; 'assignments@lkkauto.com';

Gnoh, Pau Loong

Cc:

Ye, Yong Kang Melvin; Henry, Irene James

Subject:

CMTD1905987/GPL - LKK/ SMM6414C & SLZ1725G ACC ON 24.12.19 - VEH IN

**Attachments:** 

SLZ1725G GIA Report.pdf; ATT00001.htm

### Without Prejudice

Our Reference: CMTD1905987/GPL

Your Reference: SLZ1725G

Hi Ryan,

We acknowledged receipt of your claim documents.

Please be informed that Mr. Gnoh Pau Loong is the handler of this case who can be contacted at 63295 217/ PauLoong.Gnoh@sompo.com.sg.

As agreed, we will appoint LKK AUTO to survey the above vehicle.

Aside to LKK Auto,

Please make the arrangement to survey for **SLZ1725G** on a without prejudice basis and revert your report upon completion of survey to my colleague, **Mr. Pau Loong**.

Our office will be closed on New Year's Eve (31/12/19) and New Year Day (01/01/20). Business will resume on 2<sup>nd</sup> January 2020.

We wish you 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



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623 **Website:** www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

# Quick & Easy Claims Submission<sup>1</sup> & Product Purchase<sup>2</sup> via Sompo SG







<sup>1</sup> For Travel, Personal Accident & Home Insurance | <sup>2</sup> For Travel, Personal Accident, Home & Private Motor Insurance

**Disclaimer:** This e-mail, including attachments, is intended for the person(s) or company named and may contain confidential and/or legally privileged information. Unauthorised disclosure, copying or use of this information may be unlawful and is prohibited. If you are not the intended recipient, please delete this message.

**Privacy Policy Notice:** Sompo Insurance Singapore Pte. Ltd. may collect, use and disclose your personal data for the purposes stated in our Privacy Policy. This may include disclosure to holding and associated companies, credit bureau, parties to whom disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click <a href="https://example.com/herea/policy">herea/policy</a> for our Privacy Policy

From: Ryan <bodyfix@singnet.com.sg>
Sent: Monday, December 30, 2019 2:00 PM

To: Claims - Motor Survey < Motor Survey@sompo.com.sg>Subject: TP/SLZ1725G/Surveyor Request/DOA 24/12/2019

Dear Officers,

Our Ref: SLZ 1725 G

Your Insured: SMM 6414 C

DOA: 24/12/2019

Kindly arrange your surveyor to survey my client's vehicle. Vehicle is currently in the workshop, please arrange ASAP

Workshop: Bodyfix

Address: 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06 AMK AUTOPOINT SINGAPORE 568047

GIA as attached, please acknowledge us by email or call 62571289

From: canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>

Sent: Monday, 30 December 2019 3:12 PM

To: Chiang Liat Choon Subject: Scan Image

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	233J
Vehicle Details	
Vehicle No.:	SLZ1725G
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jan 2020
Vehicle Make:	HONDA
Vehicle Model:	FIT 1.3G CVT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	L13B1410766
Chassis No.:	GK31309310
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$15,395.00
Original Registration Date:	25 Apr 2018
First Registration Date:	25 Apr 2018
Transfer Count:	0
Actual ARF Paid:	\$5,395.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Apr 2028
PARF Rebate Amount:	\$4,046.00
Intended COE Rebate Details	
COE Expiry Date:	24 Apr 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$37,000.00
COE Rebate Amount:	\$30,751.00
Total Rebate Amount:	\$34,797.00

The information contained herein is correct as at 02 Jan 2020

ОК

# Shirley Hiew (LKK Auto)

From:

Shirley Hiew (LKK Auto)

Sent:

Thursday, 2 January 2020 2:23 pm

To:

'Gnoh, Pau Loong'; 'Teo, Grace'

Cc:

'Ye, Yong Kang Melvin'; 'Henry, Irene James'; SUR; assignments

Subject:

RE: CMTD1905987/GPL - LKK/ SMM6414C & SLZ1725G ACC ON 24.12.19 - VEH IN

**Attachments:** 

PRELI ADVISE - SLZ 1725G .pdf

Dear Pau Loong,

Enclosed preliminary revised of vehicle SLZ 1725G.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

### **LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: <u>Sur@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Sent: Monday, 30 December 2019 4:35 pm

To: 'Teo, Grace' <grace.teo@sompo.com.sg>; assignments <assignments@lkkauto.com>; 'Gnoh, Pau Loong'

<PauLoong.Gnoh@sompo.com.sg>

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

<sur@lkkauto.com>

Subject: RE: CMTD1905987/GPL - LKK/ SMM6414C & SLZ1725G ACC ON 24.12.19 - VEH IN

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that repairer agreed survey on 31/12/2019.

Wishes you a Merry Christmas & Happy New Year 2020

Best Regards

**G.NIVITHA** 

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: <u>assignments@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your Ref: CMTD1905987/GPL

Date: 02 January 2020

Our Ref: <u>CS/SMO19022894/Gsd3</u>

The Motor Claims Department SOMPO INSURANCE SINGAPORE PL

Dear Sir/Madam,

# PRELIMINARY ADVISE REPORT OF VEHICLE NO. <u>SLZ 1725G</u>.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 31/12/2019 at the premises of M/s Bodyfix and have the following to report:-

Workshop Estimate Amount	: <u>S</u> \$	6,225.00	
Revised Estimate Amount	: <u>S</u> \$	3,145.00	
"Check" Items Amount	: <u>S</u> \$	=	
Market Value	: <u>S</u> \$	·-	
LTA Reimbursement Value	: <u>S</u> \$		
Nett Value	: <u>S\$</u>	/ <del>=</del>	

# **Description of Damage:**

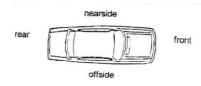
The vehicle sustained damages at the rear portion.

# **Comments/ Present Status:**

Damages Consistent. Repair days: 4 days

Yours faithfully

Xing Guo Qiang Automotive Assessor



### 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 witholding 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	24/12/2019 16:02	
Date Of Accident	24/12/2019 11:15	
Exact Location Of Accident	ALONG NEWTON CIRCLE	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ1725G	
Insured/Policyholder		
Name Of Registered Owner	SIN CHOY YEE JACKUELINE	

NRIC No SXXXX233J Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90067771
Alternative Phone No OFFICE-90067771

Vehicle Particulars

Manufacturer HONDA
Model FIT-1.3 (A)

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?

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5100099273-01

Cover Note Number

Driver

Name of Driver SIN CHOY YEE JACKUELINE

NRIC No SXXXX233J
Date Of Birth 19/11/1958
Occupation OUTDOOR
Date Of Driving Pass 11/05/1977

Driving Experience 42 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90067771

Fax Number

Contact Number OFFICE-90067771

EMail Address NOEMAIL

Address

BLK3, DERBYSHIRE ROAD, #04-02

Postcode

309459

NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

......

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

YES

If Yes, Please state which Police Station

Police Station Name

KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2959999 - FAX NO: 63918499

Was notice of intended Prosecution given?

If Yes, against whom?

NO

**Circumstances of Accident** 

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMM6414C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NILS

NRIC/Passport Number

Contact Number

90115722

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 20

# **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLZ1725G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

### Accident Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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:
  - 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
- 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 undergany regulations, laws or court orders.

Driver's grature

(If driver is not the policyholder)

Date & Time:

694.5 Sin Ming Road #01.55:50 G. In Ming and Bat Singapure 1756.43 Tel: 6453 1235 Fax: 6453 7544

Reporting Centre Personnel's Signature

NRIC/FIN No

Palicyholder's Signature Date & Time:

# Accident Sketch Plan

SKETCH PLAN

orchard Rel

& stoppe	det Newton a	icle to wait for
traffic	to clear veluele	B came from
meller	and like out	my nehicle
my real	+	1
near po	collan	
/		
	The second secon	
ECLARATION	0	CITY AUTO PTE LTD
	ticulars are trustor every respect	Elk in Sin Ning Road #01 59/60/62 Sin Ming in 1 Est
		Synompare 575640
	1	1et 6453 1235 Fax: 6453 7944
	X	(Claims Section)  Reporting Centre Personnel's Signature
nlicyholder's Signature ate & Time:	Oriver a Synature (if driver a not the palicyhalder)	Name
are or title.	Or other winds the postynoseer	NRIC/FIN No.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1304233J





SIN CHOY YEE JACKUELINE

冼 翠 CHINESE

543042337

Date of pirth 19-11-1958 Country/Place of birth SINGAPORE



6011947



30-08-2018

3 DERBYSHIRE ROAD #04-02 SINGAPORE 309459

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING GLASSLES

MASS DATE

Class 3 Motor Cars and Motor Tractors the weight of 11 May 1977 which unleden does not exceed 2500 kilograms

NP 428A

# Police report





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892 1 of 3 Report No. T/20191226/2168

Tel No: 1800-2959999

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time 26/12/201	e Report N 19 23:47	/lade:	Vide Report No.:	Station Diary No. 144
Informan	t's Partic	ulars		
	Informant: Y YEE JA	CKUELINE	Address: 3 DERBYSHIRE ROAD #04	-02 SINGAPORE 309459
ID Type / NRIC NO	ID No.: / S13042	33J	Contact No.: Home/Office:	Mobile: 90067771
Nationalit SINGAPO	y: DRE CITIZ	ŒN.	Email:	
Sex: Female	Age: 61	Date of Birth: 19/11/1958	Type of Informant: Driver	58.5
Race: Chinese			Language:	Institution / School Name:
Occupation	n: HIRF DR	IVFR	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/12/2019 11:15	Type of Location Roundabout	
		us, before Clemence Road Surface:	au Avenue	oad Speed Limit:	
Weather:		Dry	1"	odd Opood Emm.	
Clear					
Clear Traffic Flow:		Traffic Control:		raffic Volume: loderate	

Market State of State	ehicle Invo	The second secon	Madel	Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color	Conumon	INO OF Passerige
SLZ1725G	Car	HONDA	FIT 1.3G CVT	White	Slightly Damaged	0
SMM6414C	Car	MAZDA		Blue	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLZ1725G	NTUC Income Insurance Co-Operative Limited	5100099273-01	25/04/2019	24/04/2020	

## Police report





T/20191226/2168

2 of 3

Report No. T/20191226/2168

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

CONTINUATION OF REPORT

### Brief Details.

I am the above mentioned person, residing at the above address. I am lodging this report for insurance claim.

On 24/12/2019 at about 1115hrs, I was driving at the roundabout of Newton Circus at the outer left lane going towards Scotts Road.

I was driving a my vehicle ,SLZ1725G, along Newton Circus Right before Clemenceau Ave, when a Dark Blue Mazda bearing the number , SMM6414C hit onto the rear of my vehicle. I did not sustain any injuries or feel unwell at that point of time.

On 26/12/2019 morning, I felt discomfort and strain on my neck and decided to seek medical treatment. I was then given 3 days medical leave from 26/12/2019 to 28/12/2019. MC Number: O201907948

I managed to exchange particulars and contact number with the other party at Newton Circus OSCP. Namely: Mr. Nils (HP:90115722).

# Police report





3 of 3

Report No. T/20191226/2168

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE Tel No: 1800-2959999

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 / AKITA RYUTA	Signature of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2019 23:47
Officer In Charge Of Case:	Classification Of Case:
TP / GIA /	
Staff Sgt WONG SIEU LUI Contact No.: 65476151	

# **BODYFIX**

NO 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06 **AMK AUTOPOINT SINGAPORE 568047** 

Tel No.: 62571289 Fax No.: 64837432 E-Mail: bodyfix@singnet.com.sg

Tax Reg. No.: 53010635C Buss. Reg. No.: 53010635C

SOMPO INSURANCE SINGAPORE PTE LTD

50 RAFFLES PLACE #05-01/06

SINGAPORE LAND TOWER S.048623

Attention: Motor Claim Department

Contact: 64616555 Fax No.: 62213302

Supplementary Estimate: ES311219

Date: 31/12/2019

Vehicle Num.: SLZ 1725 G Make/Model: HONDA FIT

Chassis/Eng# : GK31309310 Accident Date : 24/12/2019

Claim No.: Reference:

Policy No.:

S/N	Quantity	Particular	Unit Price	Amount S\$
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	1 PC 1 PC 1 PC 1 PC 6PCS LH 1 PC 1 PC LH RH 1 PC 1 PC 1 PC 1 PC	LIST ITEMS: REAR TAILGATE REAR WINDSCREEN SEALANT REAR WINDSCREEN MOULDING REAR TAILGATE EMBLEM REAR BUMPER CLIPS REAR TAIL LAMP REAR END PANEL REAR END PANEL TOP GARNISH SIDE RETAINER SIDE RETAINER TAILGATE LOCK REAR BUMPER REAR FENDER (LH) REAR TAILGATE RUBBER	5.00	1,150.00 120.00 125.00 80.00 30.00 480.00 550.00 180.00 40.00 280.00 750.00
		List TotalS\$:		3,985.00
1.	1 SET	SPECIAL NETT ITEMS: REVERSE SENSOR X  Special Nett Total S\$:		200.00
		LABOUR: RUST-PROOFING ON THE REAR ACCIDENT AFFECTED PORTIONS TO CHECK&TEST LIGHTING FUNCTIONS &REVERSE SENSOR WIRING TO REMOVE & REFIT REAR WINDSCREEN LABOUR TO REPLACE ABOVE PARTS, PANEL BEAT, REPAIR &		× 100.00 ~ 40.00

CONTINUE / ...

# BODYFIX

NO 10 ANG MO KIO INDUSTRIAL PARK 2A #04-06 AMK AUTOPOINT SINGAPORE 568047

Tel No.: 62571289 Fax No.: 64837432 E-Mail: bodyfix@singnet.com.sg

Tax Reg. No.: 53010635C Buss. Reg. No.: 53010635C

SOMPO INSURANCE SINGAPORE PTE LTD

50 RAFFLES PLACE #05-01/06

SINGAPORE LAND TOWER S.048623

Attention: Motor Claim Department

Contact: 64616555 Fax No.: 62213302

Supplementary Estimate: ES311219

Date: 31/12/2019

Vehicle Num.: SLZ 1725 G

Make/Model: HONDA FIT Chassis/Eng#: GK31309310

Accident Date : 24/12/2019

Claim No.:

Reference:

Policy No.:

Quantity S/N

Particular

Unit Price

Amount S\$

**RE-ALIGN DAMAGE PARTS** 

PUTTY & SPRAY PAINT REAR BOOTLID, REAR BUMPER & OTHER

AFFECTED AREAS

TO REMOVE & REFIT REAR WINDSCREEN TO ASSIST REPAIRS

Yao 800.00

400 1,000.00

100.00

2,040.00

Labour Total S\$:

et by put. before part phos. Guo Qiang - 82880282

SingDollars: Six Thousand Two Hundred Twenty-Five Only

E. & O.E.

Total S\$:

6,225.00

\_\_\_\_\_

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:

for BODYFIX