



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 19/19/19/VP05/022727

Your Ref : CS3/LPC19021486/Htf3e2

22 March 2020

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 SKK6520M

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SKK6520M
- b) GIA report SKK6520M
- c) GIA report and photos of SMM3536D

Kindly study the documents and let us have your report by 12 June 2020.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : mt_claim@lonpac.com

MSME18158656-01 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 02/12/2019 13:54
 SUBMITTED BY: Chia Pei Ying

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	02/12/2019 13:54
Date Of Accident	30/11/2019 13:00
Exact Location Of Accident	PIE TWDS CHANGI AT THOMSON FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6520M
Insured/Policyholder	
Name Of Registered Owner	HARYATI BTE SINGIT
NRIC No	S7338484B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90123047
Alternative Phone No	OFFICE-90123047

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05022270
Cover Note Number	

Driver

Name of Driver	MOHAMAD ZURYNIE BIN MOHAMAD ZAINOI
NRIC No	S1811880G
Date Of Birth	24/07/1967
Occupation	INDOOR
Date Of Driving Pass	13/01/1992
Driving Experience	27 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94595949
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 856E TAMPINES ST 82 #02-208
Postcode	525856
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : SURIANI BTE SUNGIT GENDER: : FEMALE
Passenger 2	NAME: : MUHD IRSYAD BIN MD ZURYNIE GENDER: : MALE
Passenger 3	NAME: : IFFA NURMARINI BINTE MD ZURYNIE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE STATED DATE AND TIME, AT THE STATED VENUE, MY VEHICLE A (SKK6520M) WAS TRAVELLING STRAIGHT ON MY RIGHTFUL LANE. VEHICLE C (SHD6481P) IN FRONT OF MY VEHICLE STOPPED. SO, I SLOWED DOWN AND STOPPED TOO. VEHICLE B (SMM3536D) COULD NOT MAKE IT ON TIME TO STOP, COLLIDED ONTO THE REAR PORTION OF MY STATIONARY VEHICLE CAUSING MY VEHICLE TO PROPEL FORWARD TOWARDS VEHICLE C.

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	SMM3536D
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VEHICLE B

PRIVATE CAR

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SHD6481P

VEHICLE C

TAXI

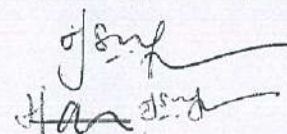
Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.

X 

Policyholder's Signature
Date & Time:



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

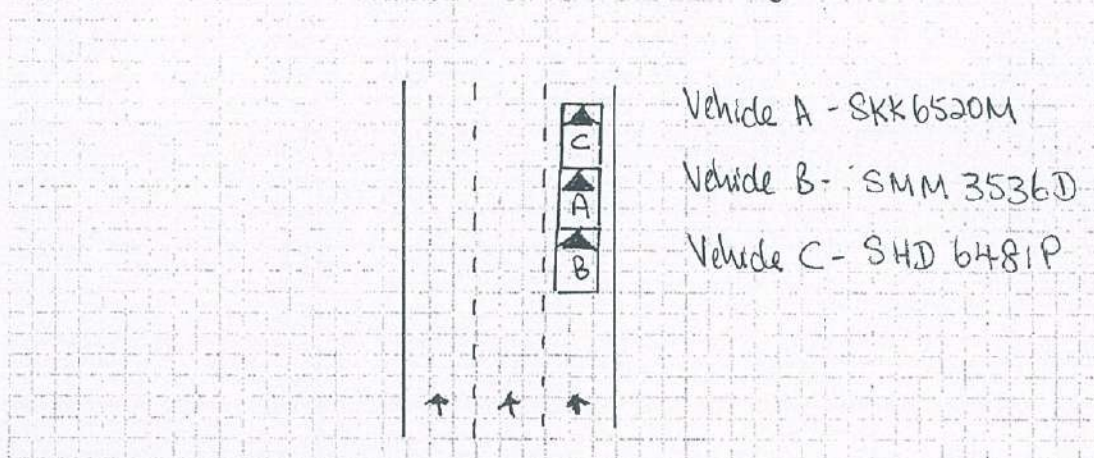
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan #2 Pg. 1

SKETCH PLAN

PIE towards Tuas at Thomson Flyover



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, at the stated venue,
my vehicle 'A' SKK 6520M was travelling straight on my
rightful lane. Vehicle 'C' SHD 6481P in front of my
vehicle stopped so I slow down and stopped too.
SMM 3536D
Vehicle 'B' could not make it on time to stop, collided
onto the rear portion of my stationary vehicle causing
my vehicle to propel forward towards vehicle C.

DECLARATION

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

X *[Signature]*

Policyholder's Signature
Date & Time:

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

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

CI Pg. 1

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MOI

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
 ROAD TRANSPORT ACT 1987 (MALAYSIA).
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z19VP05022270

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

HONDA CIVIC 1.6 VTIS 1.6
- SKK6520M

2. Name of Policy Holder

HARYATI BTE SUNGIT

3. Effective Date of the Commencement of Insurance
for the purpose of the Act

16/02/2019

4. Date of Expiry of the Insurance

15/02/2020

5. Persons or Classes of Persons entitled to drive

(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER PERMISSION
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so
 permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT
 COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS
 (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE
 MOTOR TRADE.

Excess

: S\$ 500.00 (SECTION 1) INSURED / NAMED DRIVERS
 S\$ 1,500.00 (SECTION 1) UNNAMED DRIVERS
 S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS
 S\$ 100.00 WINDSCREEN EXCESS

LONPAC'S AUTHORISED WORKSHOPS

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and
 Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor
 Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner : KENSO LEASING PTE LTD

CHIEF EXECUTIVE
 (Singapore Branch)

User ID: MRMLP0014
 Date Issued: 14/02/2019

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



E/20191202/7016

1 of 2

POLICE REPORT (NP299)

Report No. E/20191202/7016

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 02/12/2019 15:43	Vide Report No.	Station Diary No.
Name Of Informant MOHAMAD ZURYNIE BIN MOHAMAD ZAINOI	Address APT BLK 856E TAMPINES STREET 82 #02-208 SINGAPORE 525856	
ID Type / ID No. NRIC NO / S1811880G	Contact No. Home/Office: Mobile: 94595949	
Nationality SINGAPORE CITIZEN	Email Address mohamadzurynie@gmail.com	
Occupation SENIOR TECHNICAL OFFICER	Sex Male	Age 52
Institution/School Name	Date of Birth 24/07/1967	Race Malay
Date/Time Of Incident 30/11/2019 13:00	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the above mentioned date and time, I was driving my vehicle, SKK6520M, along PIE(CHANGI). My wife and 2 children were on board my vehicle.

Due to traffic conditions, the taxi in front of mine, SHD6481P, came to a stop and as such I followed suit.

Suddenly, there was a massive impact from my rear causing my vehicle to propel forward and hit onto the taxi. I alighted to realise that SMM3536D had collided into my vehicle's rear.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2019 15:43
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT Pg. 1

**SINGAPORE
POLICE FORCE**

E/20191202/7016

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191202/7016

My family and I all felt discomfort on that evening. I proceeded to see my family doctor at Unihealth Clinic (Bedok) on 01/12/2019 and was given 3 days MC. My wife and children went to the same clinic on 02/12/2019 and was given 3 days MC each.

Particulars of my passengers as follows:

Wife - Suriani Binte Sungit S7017667Z

Son - Muhamad Irsyad Bin Mohamed Zurynie S9933273E

Daughter - Iffa Nurmarini Bte Mohd Zurynie

T0519712G

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2019 15:43
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	02/12/2019 10:32
Date Of Accident	30/11/2019 12:55
Exact Location Of Accident	PIE TOWARDS CHANGI BFORE CTE(SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3536D
Insured/Policyholder	
Name Of Registered Owner	TEE NAI KIM
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05023811
Cover Note Number	

Driver

Name of Driver	WONG WEI KANG
NRIC No	S9802199Z
Address	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR

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
Number of Passengers (Including Driver)	1

Circumstances of Accident

refer attached report.

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	SKK6520M
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Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHD6481P

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

SKETCH PLAN**IMPORTANT NOTICE**

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I understand, acknowledge, agree and consent that:

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 - (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/PIN No.:

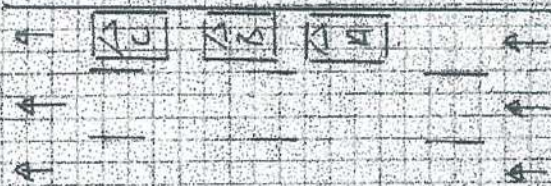
SKETCH PLAN

beCHA: SWMM3536D

vec H₂S: SKK 6520 m

KECHC : SHD 648/P

PTC TOWARDS CHAULI B4 (7E (SLE))



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT THE STATED DATE, PLACE & TIME. USE TO
FROM VECB HIT HIS FRONT VEHCL. AFTER THAT
THEN I HIT CARGO VECB B.

DECLARATION

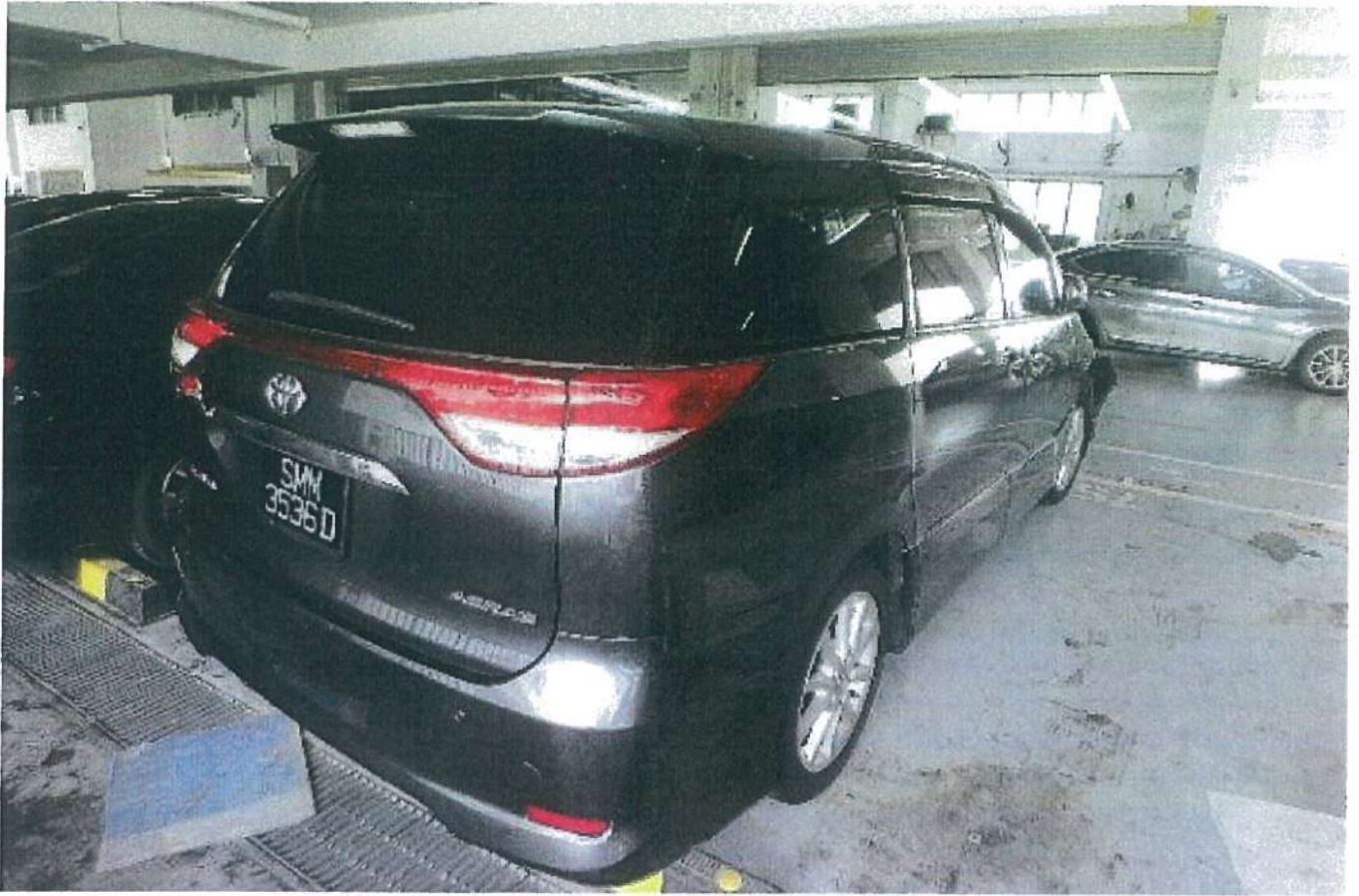
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



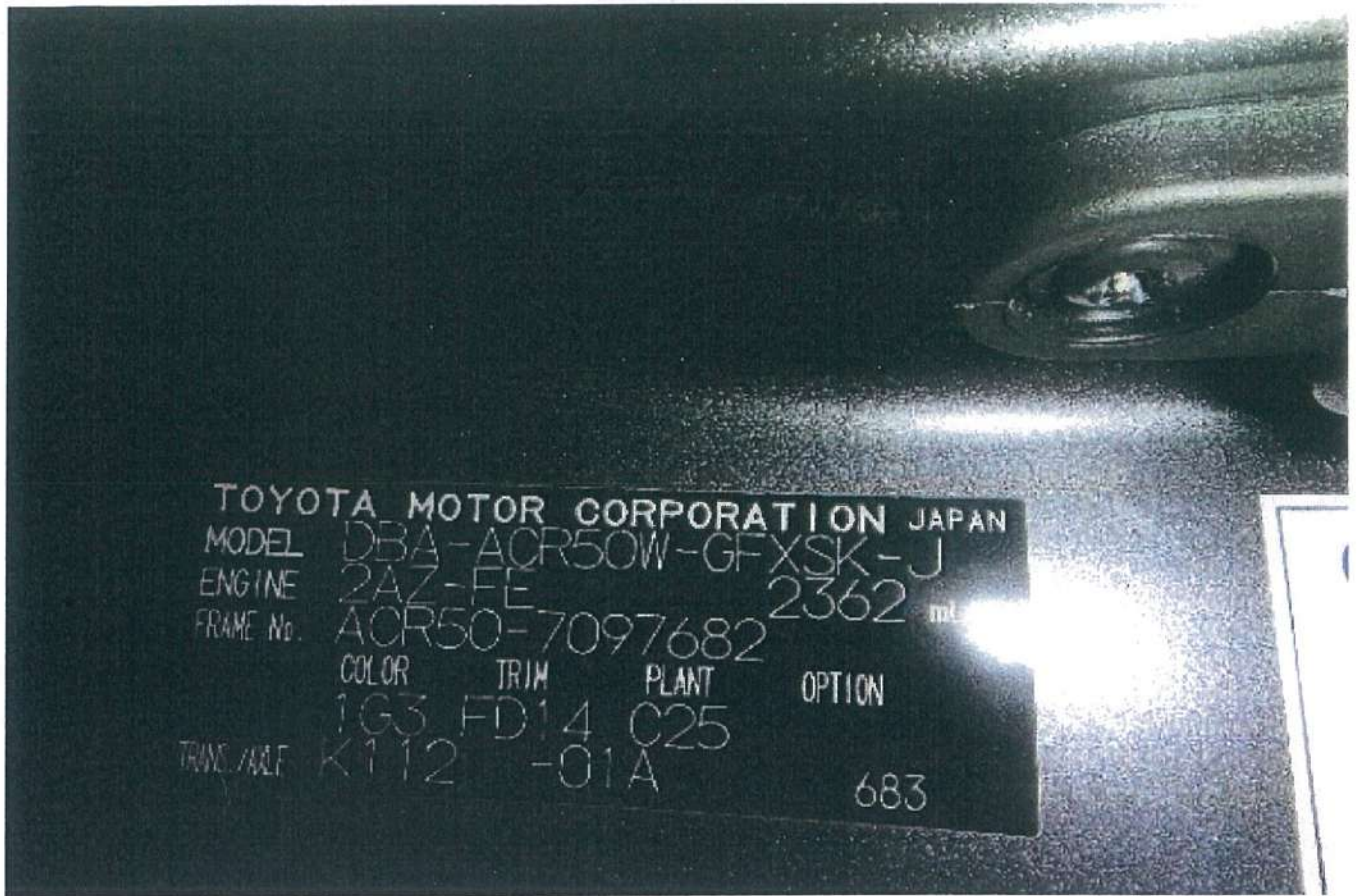
Accident Photo



Accident Photo



Accident Photo



Accident Photo



PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Report Reference : **TP / 12-19002/DY / 2019**

Date of Report : **30 Mar 2020**

Haryati Bte Singit
c/o No.1 Kaki Bukit Ave 6, Blk D
#01-87 AutoBay@Kaki Bukit
Singapore 417883

THIRD PARTY SURVEY

ACCIDENT HAPPENED ON 30 Nov 2019

As per your instruction dated **2 Dec 2019** with regard to the above matter. We have carried out a physical inspection on the said vehicle **SKK 6520 M**. We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No : SKK 6520 M
Model : Honda Civic
Year / Capacity : 2013/1598
Chassis No : JHMFB1630CS201107
Engine No : R16B11001609
Mileage : 147429
Colour : Grey

2. TYRES CONDITION

		<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT	O/S	: 205/55 R16	Yokohama	5.00	mm	Sport
REAR	O/S	: 205/55 R16	Yokohama	5.00	mm	Sport
FRONT	N/S	: 205/55 R16	Yokohama	5.00	mm	Sport
REAR	N/S	: 205/55 R16	Yokohama	5.00	mm	Sport

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear and front portion(s). For more detail of the damages, please see photograph attached.

4. Workshop Address : Z-One Automotive Pte Ltd
No.1 Kaki Bukit Ave 6, Blk D
#01-87 AutoBay@Kaki Bukit
Singapore 417883

5. Estimated normal period of repair : 20 working days to complete.

6. Enclosed number of photograph : 328 copies.

7. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey was done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.

8. Should you discover any discrepancy in the report, please kindly notify us within 2 weeks, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.