

Surveyor:

REF:

CS/DA117021916/Rld<sub>pe2</sub>

Special Instruction:

4S: 4 5300.00

## ASSIGNMENT (Office)

From (Person): Gloria Kwok of DAI Date/Time: 16/11/2017

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: Impact Analysis

Workshop: Triple-T

OD (TP Re-inspection) / Evaluation

To Inspect Vehicle No: XD 5832C Insured: SKJ 5514T

at Workshop m/s Triple-T Automobile Tel: 6385 1171

of Blk 5 Delu Lane 10 #01-574

Policy No: Claim No: 70499

Sum Insured: Excess:

Make of Veh: D.O.A. 12.05.2017

(Client's Record)

17.11.2017 (Friday) @ 9am - 10am

Do Not Finalize  
H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red S 1 %; Original 6 days)

Date/Time: Submit Final Fig 4100, 4 days (Red S 1200, 13 %; Original 6 days)

Date/Time	Action/Instruction
	20 Kranji Crescent Singapore 728657 (Tel - 9838 8224)
	Check Exhaust Box - new or old - replaced before
	XD 5832C - X
	SKJ 5514T - X

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 09 JAN 2018

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/  
Evaluated by:

Fee Charged:

Basic & Add  
Transport  
Photos  
Others  
Total

Date:

200

1) Date/Time 09/11/18 File Pass to Hrisa

2) Date/Time File Return to

3) Date/Time File Pass to

4) Date/Time File Return to

5) Date/Time File Pass to

6) Date/Time File Return to





# 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

DIRECT ASIA INSURANCE (SINGAPORE) PL

Ref : CS/DAI17021916/qb

88 SOUTH BRIDGE ROAD  
SINGAPORE 058716

Date : 16-11-2017



Code : DAI

## 1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)

Insured Veh.	SKJ 5514T	Veh. Inspected	XD 5832C
Policy No.		Coverage (\$)	0.00
Claim No.	70499	Excess (\$)	0.00
Assign From	GLORIA KWOK	Assign Date	16/11/2017

## 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	12/05/2017	Inspection Date	17/11/2017
Survey held at	20 KRANJI CRESCENT		
Repairer	TRIPLE-T AUTOMOBILE		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

## Catherine Chong (LKK Auto)

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**From:** Gloria Kwok <gloria.kwok@directasia.com>  
**Sent:** Thursday, 16 November, 2017 10:44 AM  
**To:** assignments@lkkauto.com; Admin-D  
**Cc:** motor@iaconsulting.com.sg; Joleen Tan; Gloria Kwok  
**Subject:** RE-INSPECTION: Ref: 70499 / XD5832C on 17 November 2017 (Friday) from 9am to 10am (Part 1)  
**Attachments:** 70499 OI GIA.pdf

Dear Sirs,

Please arrange for Re-inspection on **XD5832C** on the following date, time and venue:

- (a) Date : **17 November 2017 (Friday)**
- (b) Time : **9am to 10am**
- (c) Place : 20 Kranji Crescent  
Singapore 728657
- (d) Contact: Irene Tan - 98388224 / 63851171

Please let us have your confirmation urgently on the above arrangement.

Kindly also ensure the attendance to the above without fail, and let us have a copy of the survey report upon completion.

Please note that LOD will follow in Part 2 - if not received, kindly arrange for collection of the LOD from me at 20 Anson Road  
#08-01  
Singapore 079912.

Thank you.

Best regards,  
Gloria Kwok  
DID : 65933811

**DirectAsia.com**

(Direct Asia Insurance Singapore Pte Ltd - a member of the DirectAsia.com Group - Company Reg: 200822611G)

88 South Bridge Road, Singapore, 058716  
Customer Service: +65 6665 5555



Singapore Website: [www.directasia.com](http://www.directasia.com) Hong Kong Website: [www.directasia.com.hk](http://www.directasia.com.hk) Thailand Website: [www.directasia.co.th](http://www.directasia.co.th)

## Catherine Chong (LKK Auto)

**From:** Gloria Kwok <gloria.kwok@directasia.com>  
**Sent:** Thursday, 16 November, 2017 10:55 AM  
**To:** assignments@lkkauto.com; Admin-D  
**Cc:** Joleen Tan; Gloria Kwok  
**Subject:** RE: RE-INSPECTION: Ref: 70499 / XD5832C on 17 November 2017 (Friday) from 9am to 10am (Part 2)

**Importance:** High

Hi Catherine,

In this assignment please check specifically for the following:

- Exhaust Box
  - o To check if this is new or old?
  - o To check if this being replaced before?

Thank you.

Best Regards,

**Gloria Kwok** / Assistant Executive, Claims  
Direct: +65 6593 3811

### DirectAsia Insurance

Customer Service: +65 6665 5555  
Retail: 88 South Bridge Road, S(058716)  
[www.directasia.com](http://www.directasia.com)



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**From:** Gloria Kwok  
**Sent:** Thursday, 16 November, 2017 10:48 AM  
**To:** assignments@lkkauto.com; Admin-D  
**Cc:** Irene; Joleen Tan; Gloria Kwok  
**Subject:** RE: RE-INSPECTION: Ref: 70499 / XD5832C on 17 November 2017 (Friday) from 9am to 10am (Part 2)

Hi,

LOD attached.

Thank you.

Best Regards,

**Gloria Kwok** / Assistant Executive, Claims  
Direct: +65 6593 3811

### DirectAsia Insurance

Customer Service: +65 6665 5555  
Retail: 88 South Bridge Road, S(058716)  
[www.directasia.com](http://www.directasia.com)

11  
replaced with  
new or old  
Ask WSP for  
purchase invoice.  
Apologies for  
the late reply.  
we checked rephrase, and confirm  
the old broken  
box.

70499/JT

# TRIPLE-T AUTOMOBILE

BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186  
TEL: 6385 1171 FAX: 6385 1141  
BUS. REG. NO. 53176519M



03<sup>rd</sup> August 2017

Our Ref: CL17097  
Your Ref: SKJ5514T

Direct Asia Insurance (S) Pte Ltd  
**Motor Claims Department**  
88 South Bridge Road  
Singapore 058716

Dear Sirs,

**ACCIDENT INVOLVING XD5832C AND SKJ5514T ALONG KRANJI ROAD & KRANJI WAY ON 12.05.2017**

We are the representative for M/s Hock Chuan Hong Waste Management Pte Ltd, whose vehicle registration number **XD5832C** was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above-captioned road traffic accident driven by your insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration **SKJ5514T**. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:-

Cost of repairs	\$ 5,300.00
Loss of use for 03 days @\$350.00	\$ 1,050.00
LTA search fee	\$ 5.35
	<u>\$ 6,355.35</u> ✓

Enclosed are the supporting documents for your perusal:-

GIA  
LTA search  
Repair bill

Kindly let us have your payment of **\$6,355.35** in our workshop's name within the next 14 days.

Please do not hesitate to contact our Ms Tan at 9838 8224 or email [motor@iaconsulting.com.sg](mailto:motor@iaconsulting.com.sg) should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully,

[Signature]

Encl.





Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 15 May 2017 / 09:36:09

Receipt Date/Time : 15 May 2017 / 09:36:09

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-170515-000271

Previous Receipt No. :

S/N Item Description/  
Business Transaction Reference  
No.

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SKJ5514T

As at 12 May 2017/09:40:00

Insurance Co: DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - SKJ5514T  
Enquiry Fee  
20170515093508472531

5.00	0.35	5.35
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Sub-Total	5.00	0.35	5.35
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Total Before Rounding	5.00	0.35	5.35
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Rounding Difference			0.00
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Total Amount Payable			5.35
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Paid By

20170515093521608	Direct Debit: eNETS Debit (Internet Banking)	5.35
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Total			5.35
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Cash Change			0.00
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Tendered Amount			5.35
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Excess Refundable Amount			0.00
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THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

# TRIPLE-T AUTOMOBILE

BLK 5 DEFU LANE 10 #01-574 SINGAPORE 539186

TEL: 63851171 FAX: 63851141

## INVOICE

To: Hock Chuan Hong Waste Management Pte Ltd

Invoice No. : CL17097

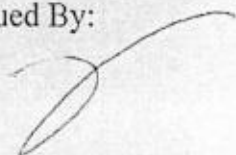
Date : 02/08/2017

Vehicle No. : XD5832C

No.	Description	Qty	Unit Price	Amount
1	REPAIR COST		\$ 5,300.00	\$ 5,300.00
Total:				\$ 5,300.00

Payment by cheque should be crossed and made payable to 'Triple-T Automobile'

Issued By:



.....  
Authorised Signature



## 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	12/05/2017 13:12
Date Of Accident	12/05/2017 09:40
Exact Location Of Accident	ALONG KRANJI ROAD AND KRANJI LOOP JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5514T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAMILVAANAN S/O GANESAN
NRIC No	S2651641B
Email Address	VAANAN@DPQUEST.COM
Mobile Phone No	(LOCAL) +65-91002426
Alternative Phone No	OFFICE-91002426

### Vehicle Particulars

Manufacturer	RENAULT
Model	FLUENCE 1.6L CVT ABS D/AB 2WD 4DR SR
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00376763
Cover Note Number	30/03/2017-31/05/2018

### Driver

Name of Driver	TAMILVAANAN S/O GANESAN
NRIC No	S2651641B
Date Of Birth	21/05/1961
Occupation	INDOOR
Date Of Driving Pass	15/04/1995
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-91002426
Fax Number	
Contact Number	OFFICE-91002426
Email Address	VAANAN@DPQUEST.COM

Address  
Postcode  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OWNER  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident UNKNOWN - REFER TO STATEMENT  
Weather Conditions CLEAR  
Road Surface DRY

#### 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? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACHMENT

#### 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 XD5832C  
Vehicle Make/Model/Colour ISUZU  
Details Of Properties  
Name of Driver  
NRIC/Passport Number S1684670H  
Contact Number 91243000  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

## 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.
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.

  
13/05/17  
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

I WAS DRIVING FROM KRANJI ROAD AND TURNING INTO KRANJI LOOP. I WAS ALREADY DRIVING ALONG KRANJI LOOP, ALL OF A SUDDEN A TRUCK FROM BEHIND ME CUT INTO MY PATH AND HIT AND BULGED MY CAR'S FRONT BUMPER AND ALL ACCESSORIES ATTACHED TO IT. I ABRUPTLY STOPPED MY VEHICLE AND GOT DOWN TO INSPECT MY DAMAGE. THE ACCIDENT HAPPENED TOO FAST AND IT WAS A TOTAL SHOCK TO ME. I REPORTED THE ACCIDENT TO THE POLICE AND ASKED FOR ASSISTANCE. I WAS ADVISED TO TAKE DOWN THE OTHER VEHICLE'S PARTICULARS AS WELL AS THE DRIVER'S DETAILS. THAT'S ALL.

*[Signature]* 13/11/17

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only

☒ Claim OD

Claim TP

Claim OD / TP at other workshop

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]* 12/11/17

Policyholder's Signature / Date & Time

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

*[Signature]*

Witnessed by Reporting Centre Personnel

Our reference: 177-1350  
Date: 28/7/2017

**INVOICE NO. 1350**

**Hock Chuan Hong Waste Management Pte Ltd**  
c/o Triple-T Automotive  
Blk 6 Defu Lane 10  
#01- 556  
Singapore 539187

Registration No. **XD5832C**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 564.00
Total amount			<u>\$ 564.00</u>

*Please kindly cross all cheques made payable to "Impact Analysis Consultant".*

We thank you in anticipation for your prompt payment.



**L. L. Tan (Ms)**  
*Principal Consultant*



Our reference: 177-1350

Date: 28/7/2017

c/o Triple-T Automotive  
Blk 6 Defu Lane 10  
#01- 556  
Singapore 539187

Dear Sirs

**RE: Road Traffic Accident on 12/5/2017  
Hock Chuan Hong Waste Management Pte Ltd**

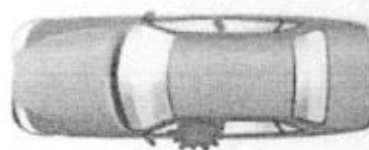
In accordance with your instructions received in this office on **17/7/2017**, we made arrangements to examine the vehicle on **17/7/2017** at above-mentioned address. The following data was recorded:

**Vehicle details**

Make	Isuzu	Registration	XD5832C
Model	CHY52T	Chassis	JALCYH52TC7000010
Colour	Blue	Gearbox	Manual
Odometer	396783km	Paintwork	Good
Steering	Good	Brakes	Good
Condition	Good		

**Tyre Depths**

Front left	295/80/22.5	80% Firenza
Front right	295/80/22.5	80% Firenza
Rear left	295/80/22.5	80% Firenza
Rear right	295/80/22.5	80% Firenza

**Impact Direction & Area of Damage:**


Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of **\$5,300.00** and **6** working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Our reference      177-1350  
Date                28/7/2017  
Page                2

### Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
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#### List Items:

Front wheel Mud guard (aluminum)	1	damaged	380.00	380.00 R
Exhaust box	1	bent	4500.00	4500.00
Exhaust box cover	1	crushed	350.00	350.00
Exhaust box mounting bracket	1 set	damaged	220.00	220.00 R

#### Sub- Total costs

Percentage discount : 15%

#### Sub-Total costs for parts

5450.00	5450.00	4850
817.50	817.50	15%
<b>4632.50</b>	<b>4632.50</b>	<b>4122.50</b>

#### Special Nett Items:

Fuel tank protector frame	1	bent	450.00	450.00 300
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#### Sub-Total costs for parts

450.00	450.00	300
<b>450.00</b>	<b>450.00</b>	<b>300</b>

#### Parts Repair

*	*	*	0.00	0.00
Sub- Total costs			0.00	0.00
Total costs for parts			<b>5082.50</b>	<b>5082.50</b>

Our reference 177-1350

Date 28/7/2017

Page 3

### Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 48.00	17	\$ 816.00
Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 300.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 50.00
Wiring / bulb checking	\$ 48.00	0.5	\$ 24.00
R&R exhaust box	\$ 48.00	2	\$ 96.00
*	*	*	\$ -
<b>Total labour cost</b>			<b>\$ 1,286.00</b>

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

4122.50  
300.00  
730.00  

---

5152.50  
20%  
4122  

---

4122.50  

---

4 days

Our reference 177-1350

Date 28/7/2017

Page 4

### Section C: Summary Table of Total Repair Cost

Description		Cost	
<b>Damaged Parts Assessment</b> (See section A)		\$5,082.50	
Replace parts		\$1,016.50	
Further discount	20%		
Recommended cost of parts replacement		\$4,066.00	(1)
<b>Labour Cost Calculation</b> (See section B)		\$1,286.00	(2)
<b>Total Repair Cost</b> (Round off to hundred)		\$5,300.00	(1) + (2)

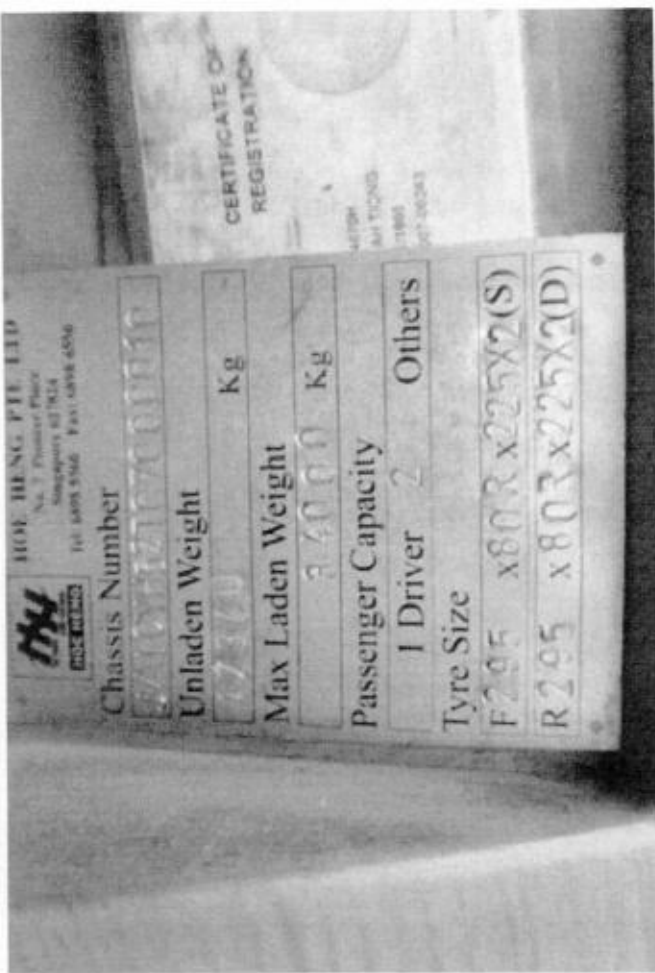
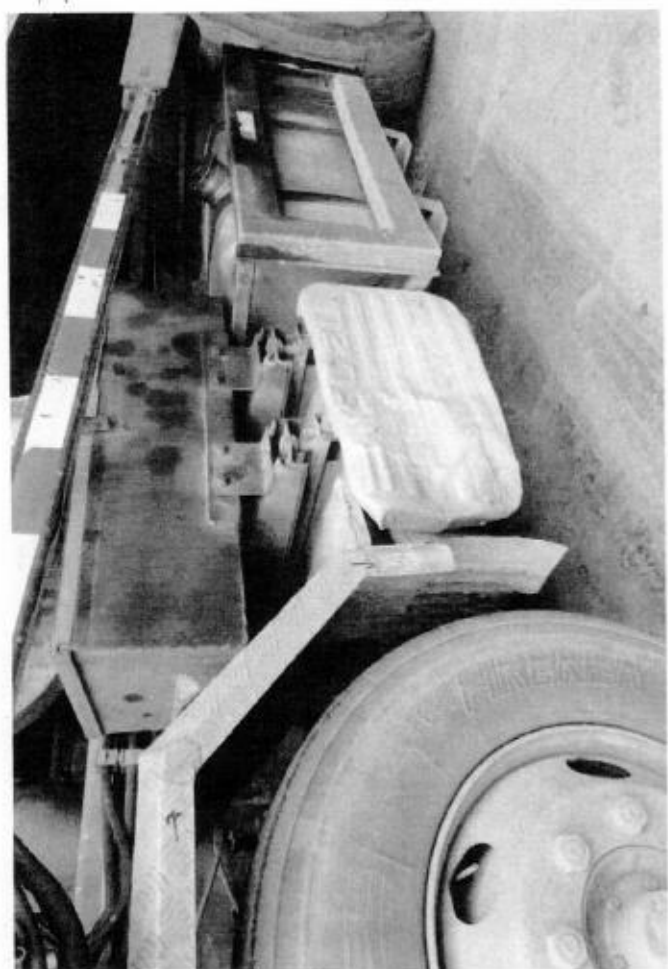
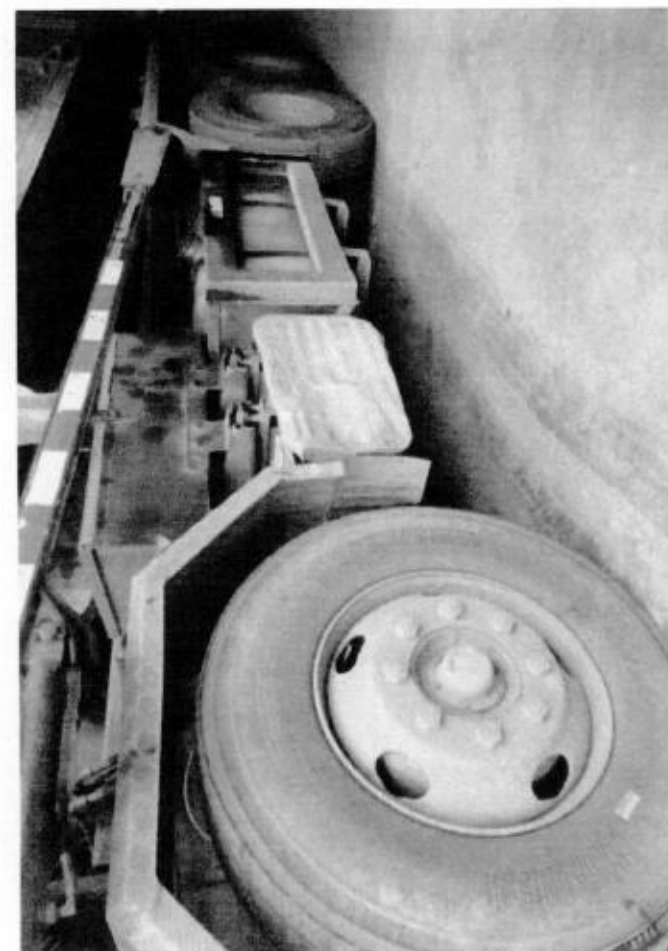
We would recommend a sum of \$5,300.00 and 6 working days for repair.  
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.



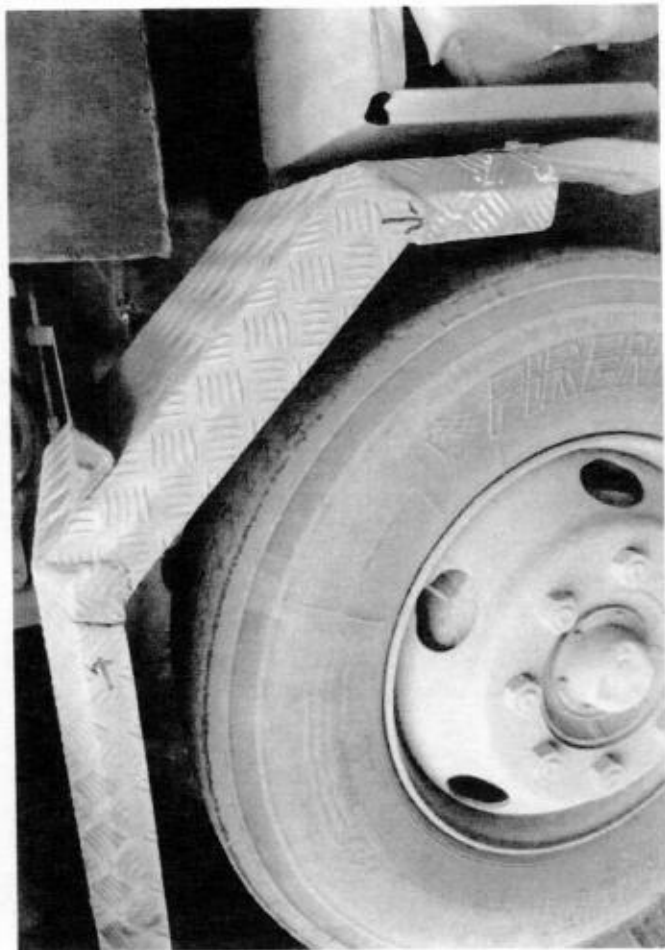
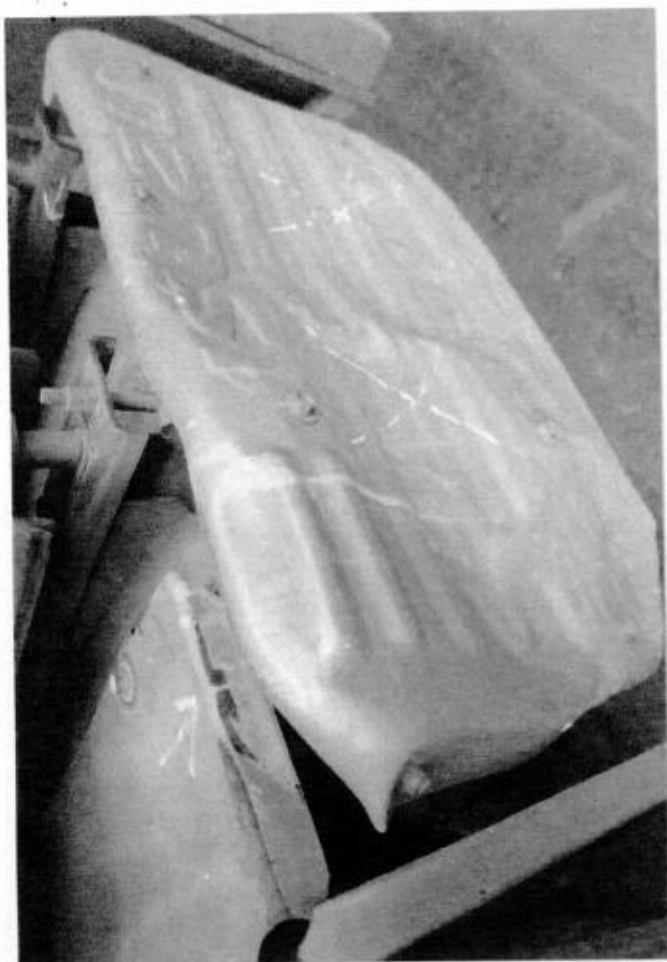
Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)  
B.Eng. (Hons, NUS)  
Diploma.Mechanical, ITC. Mechanical & Electrical  
NTC-2 Automovite Technology  
Sr.MIES, Institution of Engineers, Singapore  
MATAI, Maryland Association of Traffic Accident Investigators  
IAARS, International Association of Accident Reconstruction Specialists  
ARC #1649, CLI, CGI

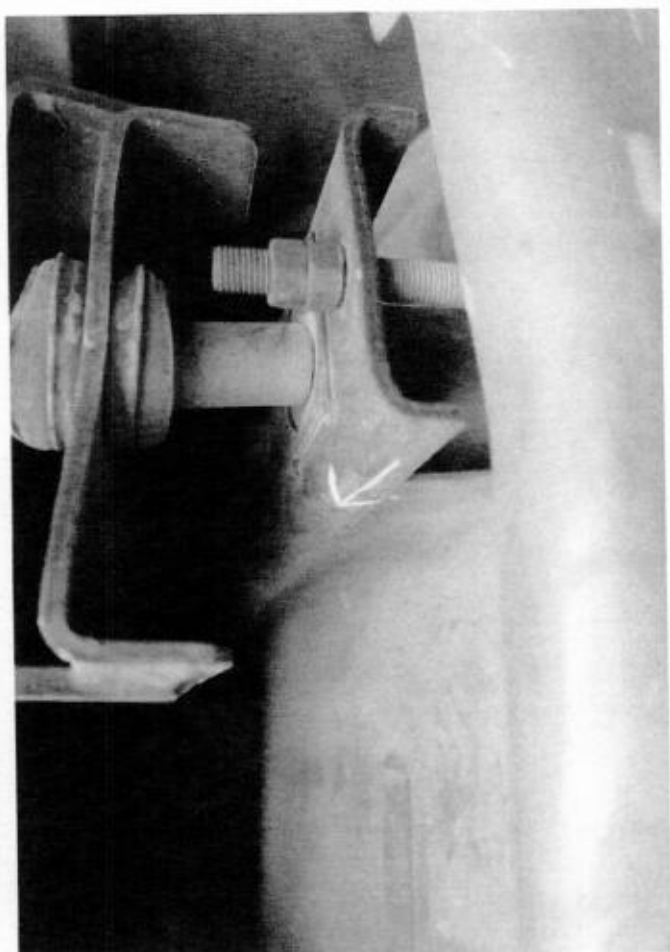
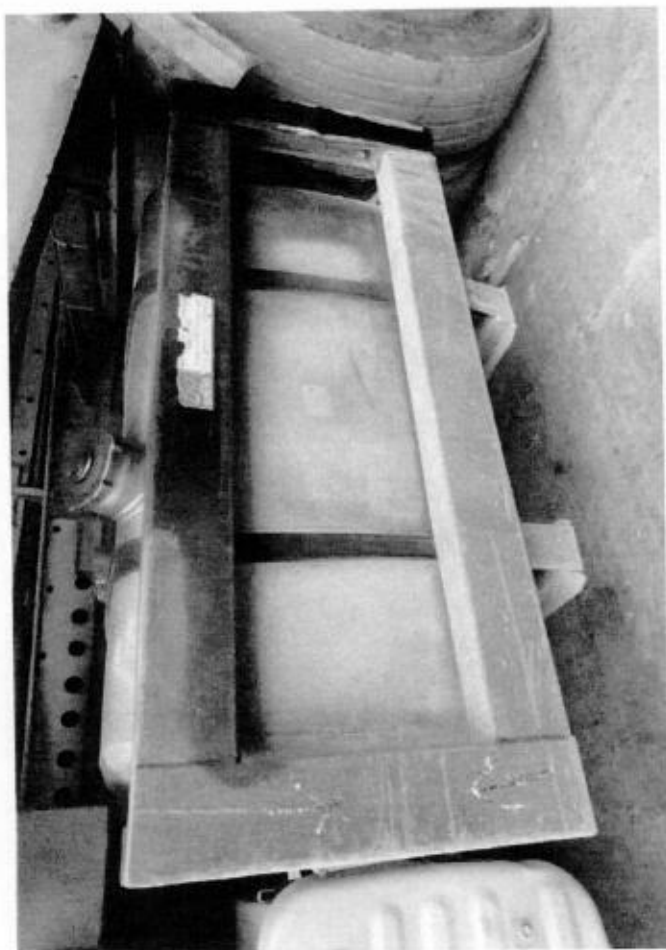
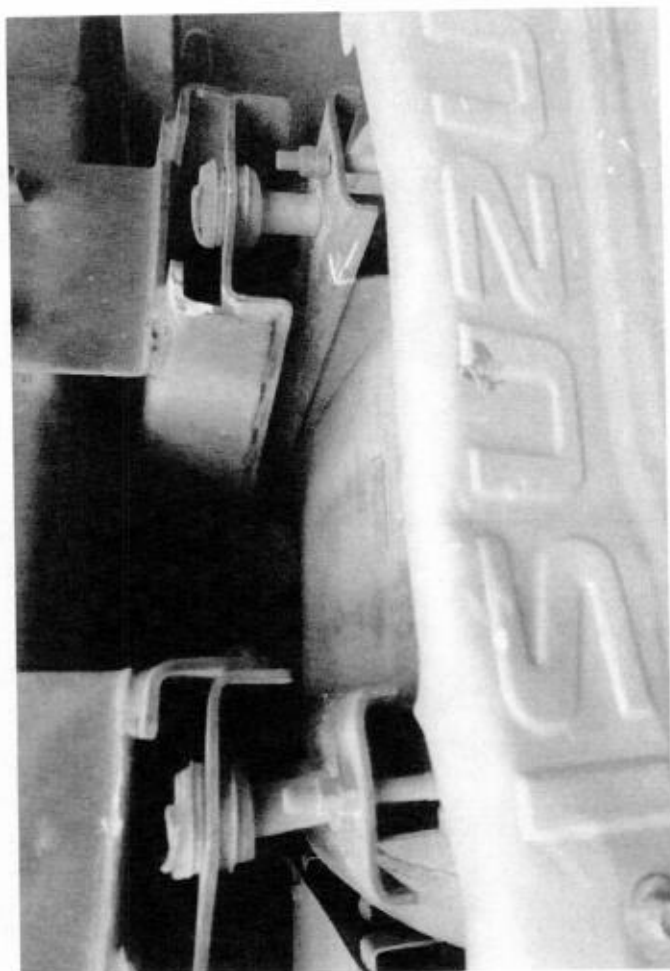
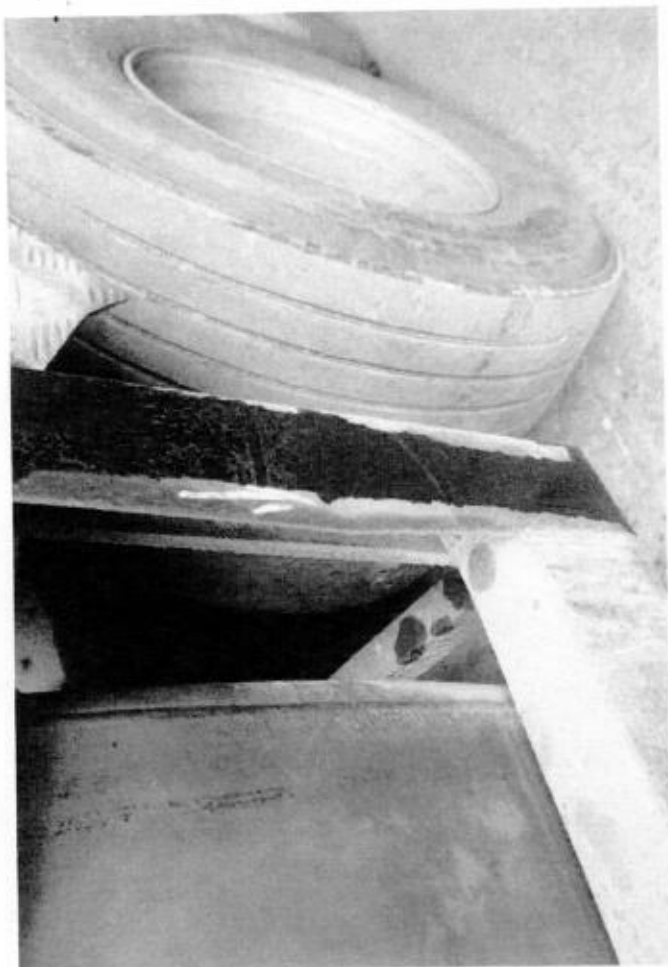


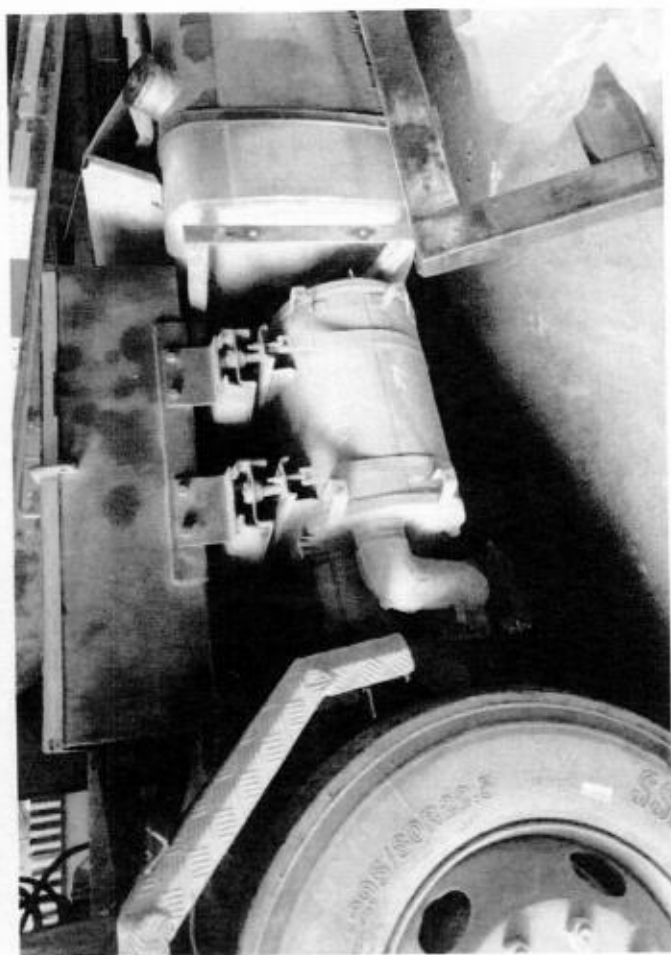
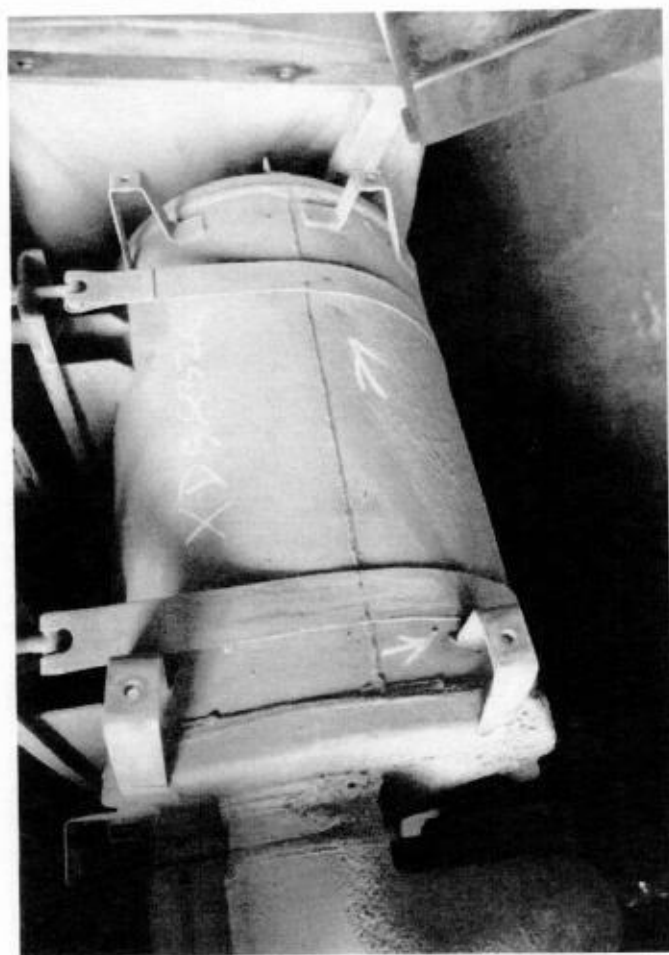
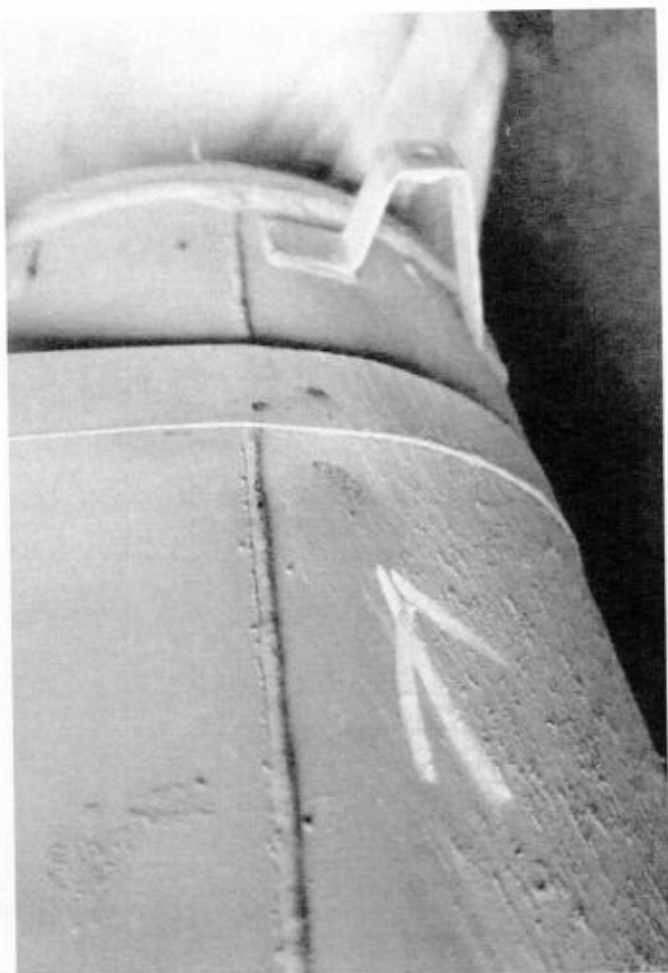
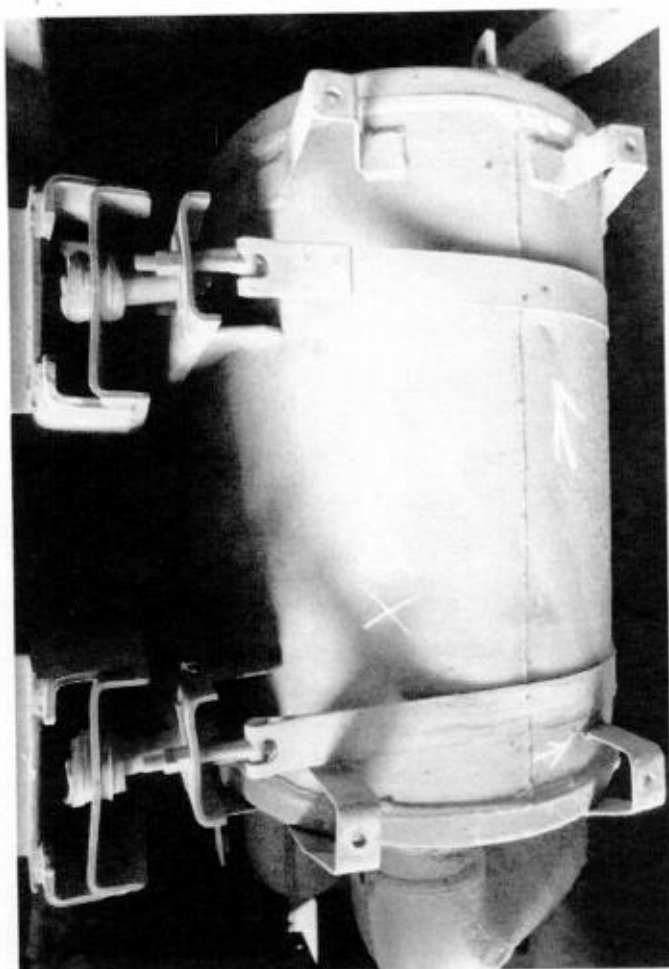
THE INSTITUTION  
OF ENGINEERS  
SINGAPORE

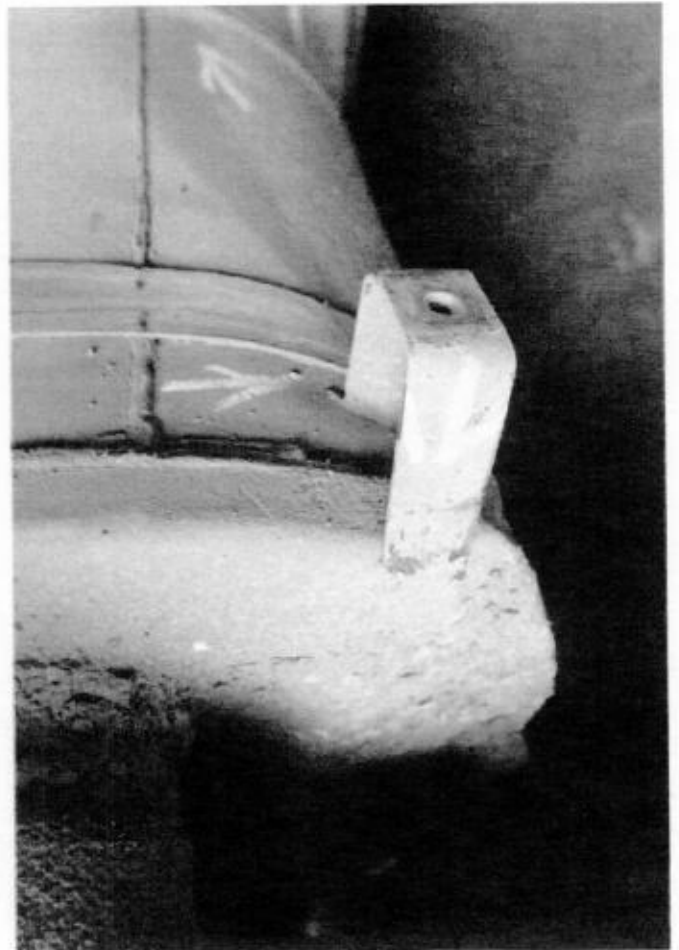
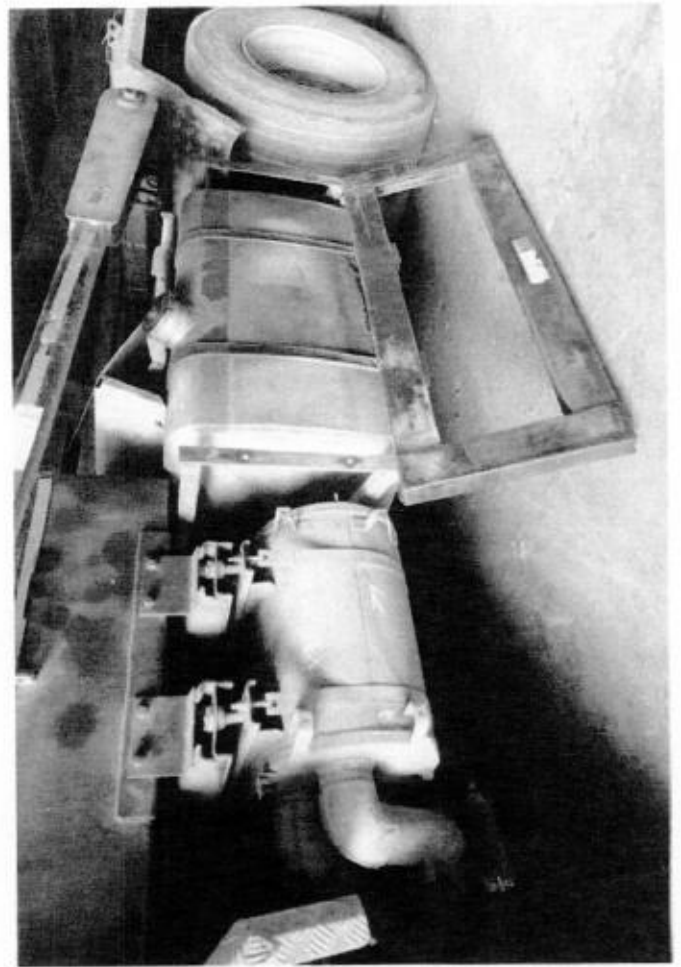














## SINGAPORE ACCIDENT STATEMENT

### 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	15/05/2017 10:52
Date Of Accident	12/05/2017 09:40
Exact Location Of Accident	KRANJI LOOP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5832C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD
Co Reg No	199305775C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63667000

### Vehicle Particulars

Manufacturer	ISUZU
Model	CYH52T
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5090897747
Cover Note Number	

### Driver

Name of Driver	TEO AH TIONG
NRIC No	S1684670H
Date Of Birth	12/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1998
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91243000
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 303 SHUNFU ROAD
	#06-53
Postcode	570303
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	UNKNOWN - REFER TO SKETCH PLAN
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN.

#### 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	SKJ5514T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAMIL VAANAN S/O GANESAN
NRIC/Passport Number	S2651641B
Contact Number	91002426
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

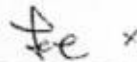
### SKETCH PLAN

#### 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.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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/still 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' law firms/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

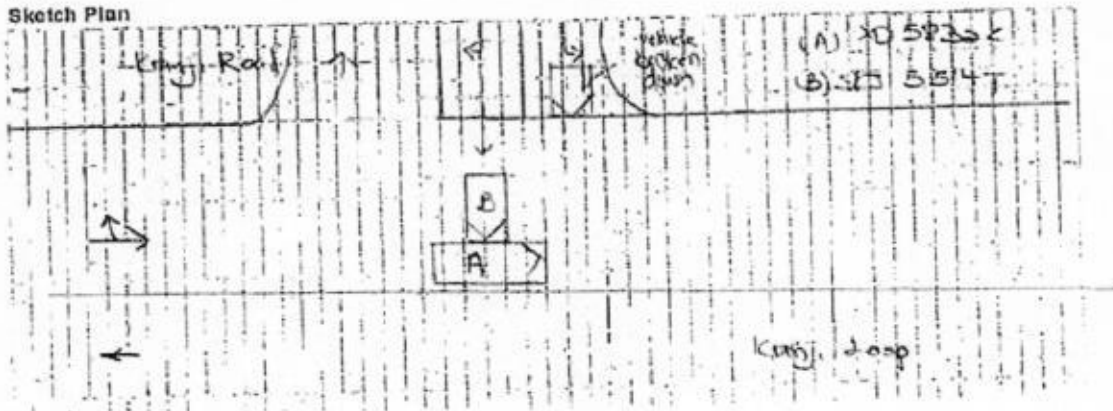
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Sketch Plan #2

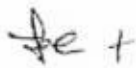
Describe Circumstances of the Accident

ON MENTIONED DATE/TIME, I WAS TRAVELLING ALONG KRANJI LOOP TOWARDS KRANJI CRESCENT. I WAS PASSING BY KRANJI ROAD WHEN VEHICLE B DASHED OUT FROM THE MINOR ROAD WITHOUT CHECKING FOR TRAFFIC. ITS FRONT PORTION COLLIDED INTO MY LEFT PORTION. NO ONE WAS INJURED.

Declaration

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

Witnessed by Reporting Centre Personnel

## INSURANCE CERT

07/02 2007 22:44 FAX

8 May 2017 11:22

001/002

No. 7000 P. 2



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5090897747

Cover: Third Party, Fire &amp; Theft

- |   |  |
|---|--|
| 1. Index mark and Registration Number of Vehicle  | : XD5832C                                  |
| Chassis Number  | : JALCYH52TC7000010                        |
| 2. Name of Policyholder   | : HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD |
| 3. Effective Date of Insurance  | : 10 May 2017                              |
| 4. Expiry Date of Insurance   | : 09 May 2018                              |
| 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  |  |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |  |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |  |

This Policy does not cover

- (a) Use for hire or reward.  
 (b) Use for racing, pace-making, reliability trial or speed-testing.  
 (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency: TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)  
 Date of Issue: 05 May 2017 17:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Driving License

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


Licence Number: **S 16846**

Name: **TEO AH TIONG**

Birth Date: **12 Jan 1965**

Issue Date: **28 Mar 2008**

001585990F

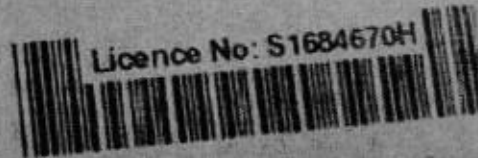


**ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

	PASS DATE
Class 2B Motorcycles $\leq 200$ cc	27 Jan 1995
Class 3 Motor Cars $\leq 3000$ kg with $\leq 7$ passengers, exclusive of the driver; and other motor vehicles $\leq 2500$ kg	02 Oct 1996
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500$ kg	16 Mar 1993
*Motor vehicles which are not constructed to carry load and the unladen weight $< 7250$ kg	
Class 5 Motor vehicles not constructed to carry any load and the unladen weight $> 7250$ kg	05 Jun 1998

NP 428A

Licence No: S1684670H



CLASS 5 ~ 5 JUN 1998



Reference No. : CS/DA/12079916/Rigb  
Policy Type: OD / TP / TP RES / TL / EVA

XD 5832C

Typist

(1) Office Assign Form

C	Reference No.
C	Customer Code
N	Assign From
C	Assign Date
C	Veh No (Inspected)
C	Veh No (Insured)
C	D.O.A
C	Policy No
C	Claim No
C	Insurance Authorisation (CA /REV/REP)
C	Report Type
C	Weekend Charges
N	Survey held at/Repairer
C	Excess

[illegible]

(1) Assignment Form

(1) Assignment Form

C	Vehicle No
C	Regn Month/Year
N	Vehicle Type
N	Make & Model
C	Engine Capacity. (C.C)
N	Colour
C	Odometer. (Sp.Reading)
C	Chassis No
N	General Condition
N	Steering
N	Brake
N	Modification (Modi)
C	Tyre Size
N	Tyre Make
C	Tyre Balance
C	Date of Inspection
N	Survey held
N	Des.of Damages

[illegible]

(2) System - (Views/Merimen)

### C Damaged Vehicle Photographs Uploaded

--	--	--	--

(3) Workshop Estimate/Assignment Form

N	ALL Parts condition
C	Market Value for OD cases
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)
C	Days of repair
C	Finalised Amount
C	Re-inspection Cases to Finalize within 5 Days

✓	
✓	

(4) System - (Views/Merimen)

C Resurvey photo Uploaded

--	--	--	--

Check By:

Case Handler

Date \_\_\_\_\_

## Shiau Chan (LKKAUTO)

---

**From:** Shiau Chan (LKKAUTO)  
**Sent:** Tuesday, 9 January, 2018 4:27 PM  
**To:** 'Gloria Kwok'  
**Cc:** Admin-D (LKKAUTO); SUR  
**Subject:** RE: RE-INSPECTION: Ref: 70499 / XD5832C on 17 November 2017 (Friday) from 9am to 10am (Part 2)

Dear Gloria,

Apologize for the late reply.

We have checked with the repairer, and confirmed they replaced the old exhaust box.

We will submit our report to you shortly.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Gloria Kwok [<mailto:gloria.kwok@directasia.com>]  
**Sent:** Thursday, 16 November, 2017 10:55 AM  
**To:** [assignments@lkkauto.com](mailto:assignments@lkkauto.com); Admin-D <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Cc:** Joleen Tan <[joleen.tan@directasia.com](mailto:joleen.tan@directasia.com)>; Gloria Kwok <[gloria.kwok@directasia.com](mailto:gloria.kwok@directasia.com)>  
**Subject:** RE: RE-INSPECTION: Ref: 70499 / XD5832C on 17 November 2017 (Friday) from 9am to 10am (Part 2)  
**Importance:** High

Hi Catherine,

In this assignment please check specifically for the following:

- Exhaust Box
  - o To check if this is new or old?
  - o To check if this being replaced before?

Thank you.

Best Regards,

**Gloria Kwok** / Assistant Executive, Claims  
Direct: +65 6593 3811

**DirectAsia Insurance**

Customer Service: +65 6665 5555  
Retail: 88 South Bridge Road, S(058716)  
[www.directasia.com](http://www.directasia.com)



## 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

DIRECT ASIA INSURANCE (SINGAPORE) PL

Ref : CS/DAI17021916/R1qbe2

88 SOUTH BRIDGE ROAD  
SINGAPORE 058716

Date : 10-01-2018



Code : DAI

#### 1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)

Insured Veh.	SKJ 5514T	Veh. Inspected	XD 5832C
Policy No.		Coverage (\$)	0.00
Claim No.	70499	Excess (\$)	0.00
Assign From	GLORIA KWOK	Assign Date	16/11/2017

#### 2. Vehicle Particulars & Condition

Make & Model	ISUZU CYH52T	c.c	15681
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	JALCYH52TC7000010	Colour	BLUE
Odometer	418019	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

#### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	295/80 R22.5	FIRENZA	8 mm
L/H Front Tyre	295/80 R22.5	FIRENZA	8 mm
R/H Rear Tyre	295/80 R22.5 (D)	FIRENZA	8/8 mm
L/H Rear Tyre	295/80 R22.5 (D)	FIRENZA	8/8 mm

#### 4. Description of Damages

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.

REPAIR CONDITION SEE DETAILS.

#### 5. General Information

Accident Date	12/05/2017	Inspection Date	17/11/2017
Survey held at	20 KRANJI CRESCENT		
Repairer	TRIPLE-T AUTOMOBILE		

#### 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:	4 Working Days
-------------------------------------	----------------

**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

Page No.: 1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. XD 5832C**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT WHEEL MUD GUARD (ALUMINUM)	REPAIRED SEE LABOUR	380.00	-
1	EXHAUST BOX	REPLACED	4,500.00	4,500.00
1	EXHAUST BOX COVER	REPLACED	350.00	350.00
1	SET EXHAUST BOX MOUNTING BRACKET	REPAIRED SEE LABOUR	220.00	-
	LESS 15% DISCOUNT		-817.50	-727.50
			4,632.50	4,122.50
<b>SPECIAL NETT ITEMS</b>				
1	FUEL TANK PROTECTOR FRAME (SN)	REPLACED	450.00	300.00
			450.00	300.00
<b>LABOUR</b>				
	TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTIONED ON THE "PARTS REPAIR" COLUMN INCLUSIVE OF REPLACEMENT PARTS. INCLUSIVE OF THE REPAIR OF FRONT WHEEL MUD GUARD (ALUMINUM) AND SET EXHAUST BOX MOUNTING BRACKET.		816.00	400.00
	SPRAY PAINTING TO ADJACENT PANELS. JOB ALLOWANCE. PAINT/MATERIAL.		300.00	200.00
	APPLY RUST PROOFING ON THE ADJACENT PANELS.		50.00	50.00
	WIRING/BULB CHECKING.	NOT NECESSARY	24.00	-
	R&R EXHAUST BOX.		96.00	80.00
			1,286.00	730.00
<b>GRAND TOTAL</b>			<b>6,368.50</b>	<b>5,152.50</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>4,100.00</b>

Report Ref No. CS/DAI17021916/R1qbe2

MOHAMMED RASUL BIN MOHD YUNUS

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.