

REF: CS/D447021971/G-7b52

Special Instruction:

L/S: \$ 8800.00

Third Parties:

Claimant:

Surveyor: Lee Automobile

Workshop: Everclawn Auto

From (Person): Roger Yap of DAL Date/Time: 07-11-2017
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SKK 9921U Insured: SKK 65973
at Workshop m/s Everdawn Auto Tel: 9817 4178 (Mr. Lee)
of 8 Kaki Bukit Ave 4 #01-02
Policy No: _____ Claim No: 72119 / RY
Sum Insured: _____ Excess: _____
Make of Veh: _____ D.O.A. 14.08.2017
(Client's Record)

20.11.2017 (Monday) @ 11am

H.O.D. Endorsement/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 12/14 Confirmed with _____ Final Fig _____, _____ days (Red S _____ / _____ %; Original 9 days)

Date/Time: 15/12/17 Submit Final Fig 43.06, 5 days (Red \$ 450 / 5 %; Original 9 days)

[illegible]

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

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

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 15/12/17 File Pass to Typist

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

2) Date/Time _____ File Return to _____

4) Date/Time _____ File Return 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/DAI17021971/tb

88 SOUTH BRIDGE ROAD
SINGAPORE 058716

Date : 17-11-2017



Code : DAI

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

Insured Veh.	SKC 6597J	Veh. Inspected	SKK 9921U
Policy No.		Coverage (\$)	0.00
Claim No.	72119/RV	Excess (\$)	0.00
Assign From	ROGER YAP	Assign Date	07/11/2017

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

--

5. General Information

Accident Date	14/08/2017	Inspection Date	20/11/2017
Survey held at	EVERDAWN AUTO SERVICE 8 KAKI BUKIT AVE 4 #01-02 PREMIER @ KAKI BUKIT SINGAPORE 415875		

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)

From: Shu Pei (LKKAuto) <shupe@lkkauto.com>
Sent: Tuesday, 7 November, 2017 11:20 AM
To: assignments
Subject: FW: [EXT] RE: DAIS Ref: 72119/Ry | YR Ref: AA.21402.17.EAS | Accdt involving SKC6597J (OI), SJF6093S and SKK9921U on 14/08/2017

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupe@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Roger Yap [<mailto:roger.yap@directasia.com>]
Sent: Tuesday, 7 November, 2017 10:45 AM
To: Aridas & Associates <aridasv@singnet.com.sg>; Admin A <admin-a@lkkauto.com>
Cc: Derrick Quok <derrick@directasia.com>; Kenneth Lim <kenneth@directasia.com>; Aaron Wang <aaron.wang@directasia.com>
Subject: RE: [EXT] RE: DAIS Ref: 72119/Ry | YR Ref: AA.21402.17.EAS | Accdt involving SKC6597J (OI), SJF6093S and SKK9921U on 14/08/2017

Without Prejudice – Save as to Cost

Dear Vincent,

We will appoint LKK for the re-inspection.

Dear LKK,

Please advise the name and contact of surveyor your assigning the case.

Best Regards,

Roger Yap / Personal Claims Specialist

Direct: +65 6603 3624

DirectAsia Insurance

Customer Service: +65 6665 5555

Retail: 88 South Bridge Road, S(058716)

www.directasia.com



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From: Aridas & Associates [<mailto:aridasv@singnet.com.sg>]
Sent: Tuesday, 7 November, 2017 10:07 AM
To: Roger Yap <roger.yap@directasia.com>

Subject: [EXT] RE: DAIS Ref: 72119/Ry | YR Ref: AA.21402.17.EAS | Accdt involving SKC6597J (OI), SJF6093S and SKK9921U on 14/08/2017

WITHOUT PREJUDICE

Dear Mr Roger Yap

ACCIDENT INVOLVING MOTOR VEHICLES SKK 9921 U, SKC 6597 J & SJF 6093 S ALONG THE SLIP ROAD OF AYE TOWARDS CLEMENTI AVENUE 6 ON 14.8.2017

We refer to the above matter and also to the telephone conversation between yourself and our Mr Vincent Kee on 7.11.2017 whereby we confirmed that our client's motor car **SKK 9921 U** can be inspected on **Monday, 20 November, 2017 at 11.00 a.m.** at M/s Everdawn Auto Service at 8 Kaki Bukit Avenue 4, #01-02, Premier @ Kaki Bukit, Singapore 415875. Please contact **Mr Lee** at his handphone number : **9817 4178**.

Kindly let us know the **name and handphone number of the surveyor** attending the reinspection.

Please note that the reinspection of the vehicle does not in any manner whatsoever waive our client's right in commencing legal proceedings against your insured under the terms of the protocol.

Upon receipt of the reinspection report from your surveyor, please let us have a copy for our perusal within seven (7) days of the report. We require your written confirmation that the report will be handed to us.

Kindly take notice that if your surveyor fails to turn up for the reinspection on the scheduled date and time, we cannot guarantee that our client will comply with another reinspection again.

We will not be held responsible for any cancellation or delay to the reinspection. Any fees or charges incurred in respect of the reinspection shall be borne by you.

Kindly acknowledge receipt of this email.

Thank you.

Yours faithfully

Mr Vincent Kee
M/s Aridas & Associates

From: Roger Yap [<mailto:roger.yap@directasia.com>]

Sent: Wednesday, 1 November 2017 3:58 PM

To: Aridas & Associates

Subject: RE: [EXT] RE: DAIS Ref: 72119/Ry | YR Ref: AA.21402.17.EAS | Accdt involving SKC6597J (OI), SJF6093S and SKK9921U on 14/08/2017

Without Prejudice

Dear Vincent,

We are agreeable to the \$50.00 downtime fee.

Kindly let us have 2 alternative dates and time as well as the venue for the said re-inspection at least two (2) weeks in advance so as to enable us sufficient time to depute an assessor to do the needful.

Best Regards,

Roger Yap / Personal Claims Specialist

Direct: +65 6603 3624

DirectAsia Insurance

Customer Service: +65 6665 5555

Retail: 88 South Bridge Road, S(058716)

www.directasia.com



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From: Aridas & Associates [<mailto:aridasv@singnet.com.sg>]

Sent: Wednesday, 1 November, 2017 2:32 PM

To: Roger Yap <roger.yap@directasia.com>

Subject: RE: [EXT] RE: DAIS Ref: 72119/Ry | YR Ref: AA.21402.17.EAS | Accdt involving SKC6597J (OI), SJF6093S and SKK9921U on 14/08/2017

WITHOUT PREJUDICE

Hi Roger Yap

We refer to your email of 1 November, 2017.

Our client is requesting for **\$50-00** downtime fee.

Kindly let us have your reply so that we can make the necessary arrangement.

Thank you.

Yours faithfully

Mr Vincent Kee
M/s Aridas & Associates

From: Roger Yap [<mailto:roger.yap@directasia.com>]

Sent: Wednesday, 1 November 2017 10:53 AM

To: Aridas & Associates

Subject: RE: [EXT] RE: DAIS Ref: 72119/Ry | YR Ref: AA.21402.17.EAS | Accdt involving SKC6597J (OI), SJF6093S and SKK9921U on 14/08/2017

Without Prejudice – Save As To Cost

Dear Vincent,

We refer to the matter above.

We are not agreeable to your counter offer.

We would like to request for an re-inspection to settle the matter amicably.

Kindly let us have 2 alternative dates and time as well as the venue for the said re-inspection at least two (2) weeks in advance so as to enable us sufficient time to depute an assessor to do the needful.

Thank you.

Best Regards,
Roger Yap / Personal Claims Specialist
Direct: +65 6603 3624

DirectAsia Insurance

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



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From: Aridas & Associates [<mailto:aridasv@singnet.com.sg>]
Sent: Wednesday, 1 November, 2017 10:38 AM
To: Roger Yap <roger.yap@directasia.com>
Subject: [EXT] RE: DAIS Ref: 72119/Ry | YR Ref: AA.21402.17.EAS | Accdt involving SKC6597J (OI), SJF6093S and SKK9921U on 14/08/2017

WITHOUT PREJUDICE (SAVE AS TO COSTS)

Hi Roger Yap

Please see attached.

Thank you.

Yours faithfully

Mr Vincent Kee
M/s Aridas & Associates

From: Roger Yap [<mailto:roger.yap@directasia.com>]
Sent: Tuesday, 31 October 2017 1:22 PM
To: Aridas & Associates
Subject: DAIS Ref: 72119/Ry | YR Ref: AA.21402.17.EAS | Accdt involving SKC6597J (OI), SJF6093S and SKK9921U on 14/08/2017

WITHOUT PREJUDICE – SAVE AS TO COST

Dear Sir,

RE : SKK9921U

We refer to the matter above.

Without admission of liability, we are prepared to settle your client's claim as follows:

Cost of repair	: \$4,800.00 (In Lieu of Reinspection)
Loss of Rental (\$180 X 4Days)	: \$720.00
Loss of Use (\$120 X 2 Days)	: \$240.00

Survey Fee	: \$690.00
LTA	: \$5.35
GIA	: \$29.00
Cost	: \$501.73 (Inclusive of GST)
Total	: \$6,986.08

Please confirm acceptance.

*Our offer is strictly on a without prejudice basis to our insured's rights and should not be construed as an admission of liability. If agreeable, please furnish us a copy of your client's **letter of authority / warrant to act** and the original documents should payment be made in your favour. Please note that the clearance of this cheque constitutes your client's acceptance of payment and discharge of all liability.*

Best Regards,

Roger Yap / Personal Claims Specialist

Direct: +65 6603 3624

DirectAsia Insurance

Customer Service: +65 6665 5555

Retail: 88 South Bridge Road, S(058716)

www.directasia.com



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Virus-free. www.avg.com

ARIDAS & ASSOCIATES

ACRA REG. NO : 53131060D
NOTARY PUBLIC
COMMISSIONER FOR OATHS
ADVOCATES & SOLICITORS

RECEIVED
25 SEP 2017

75 BUKIT TIMAH ROAD, #05-18, BOON SIEW BUILDING, SINGAPORE 229833
TEL : 6337 6359 (3 LINES) FAX : 6338 2713
E-mail : aridasv @ singnet.com.sg.

VYTINGAM ARIDAS

LL.B (Hons) Lond. M.A.
Barrister, (Lincoln's Inn)

Service of Court Documents
By Fax
Is Not Acceptable

Our ref : AA.21402.17.EAS

Certificate of Posting
WITHOUT PREJUDICE

27 SEP 2017

1. Redzuan Bin Rosdi
Blk 104 Teck Whye Lane
#05-454
Singapore 680104
Owner of vehicle no. SKC 6597]

cc M/s Direct Asia Insurance (S) Pte Ltd
88 South Bridge Road
Singapore 058716
Attn : Motor Claims Dept
Your Ref : 72119/RV
Fax : 6516 0904

2. Mohamed Isa Bin Shamsuddin
C/o Blk 104 Teck Whye Lane
#05-454
Singapore 680104
Driver of vehicle no. SKC 6597]

3. Sai Chee Yong
Block 621 Bukit Batok Central
Jurong West Street 42 #06-637
Singapore 650621
Owner/Driver of vehicle no. SJF 6093S

cc M/s Etiqa Insurance Pte Ltd
1 Raffles Quay
#22-01, North Tower
Singapore 048583
Attn : Motor Claims Dept
Your Ref : to be advised
Fax : 6334 3704

Dear Sirs

CLAIMANT : RAJAN S/O SAMYAPPAN
ADDRESS : BLOCK 191A RIVERVALE DRIVE
#09-922
SINGAPORE 541191

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 14/8/2017 at 5.35pm along the slip road of AYE towards Clementi Avenue 6 involving our client's vehicle registration number SKK 9921U and vehicle registration number SKC 6597] and SJF 6093S driven by you at the material time.

We are instructed that the accident was caused by your negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows :

1.	Cost of repair plus 7% GST	\$ 9,416.00
2.	Rental charges for 5 days	\$ 1,000.00
3.	Loss of use at \$150.00 per day for 2 days	\$ 300.00
4.	Assessor's fees	\$ 690.00
5.	GIA report fees	\$ 29.00
6.	LTA search fees	\$ 5.35
7.	Legal costs and disbursements	\$ 900.00
		\$12,340.35

A copy each of the following supporting documents is enclosed :

- 1 1 GIA report;
- 2 Final repair bill;
- 3 Assessor's report and invoice;
- 4 40 original photographs for your perusal and return;
- 5 A copy of our client's Certificate of Insurance;
- 6 A copy of the LTA search particulars;
- 7 Rental Agreement from M/s Dawn Enterprises.

We have on 16.8.2017 notified your insurers, M/s Direct Asia Insurance (s) Pte Ltd., of the accident and a pre-repair survey of our client's vehicle was carried out on 18.8.2017.

In the meantime, the parties will commence negotiation to resolve the matter amicably.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully



encs

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	15/08/2017 15:23
Date Of Accident	14/08/2017 17:35
Exact Location Of Accident	AYE TOWARDS CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK9921U
Insured/Policyholder	
Name Of Registered Owner	RAJAN S/O SAMYAPPAN
NRIC No	S1676504Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90613271
Alternative Phone No	OTHERS-90613271

Vehicle Particulars

Manufacturer	BMW
Model	535

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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100380341-03000
Cover Note Number	22/07/2017 TO 21/07/2018

Driver

Name of Driver	CHEN CHEE YIN (ZENG ZHIREN)
NRIC No	S7237049Z
Date Of Birth	10/10/1972
Occupation	INDOOR
Date Of Driving Pass	15/05/1991
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91886068
Fax Number	
Contact Number	
EMail Address	LTCGARY@GMAIL.COM

Address APT BLK 25 TECK WHYE LANE #12-164 (S) 680025
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured FRIEND
 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
 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) 2

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 with attach.

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 SKC6597J
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver MOHAMED ISA BIN SHAMSUDDIN
 NRIC/Passport Number S1712332
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJF6093S
 Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

SAI CHEE YONG

NRIC/Passport Number

S7374032J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan Pg. 1

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.

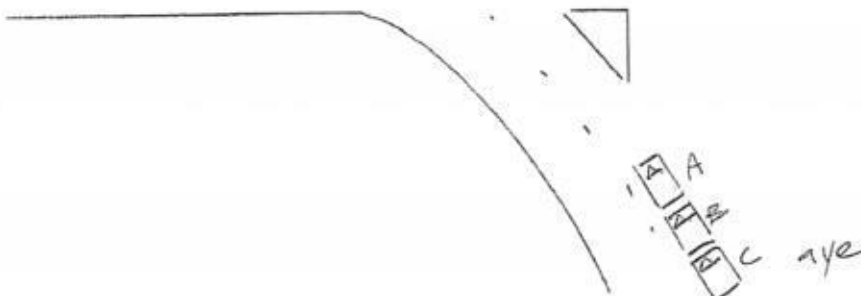
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

← Clementi ave 6



A: SKC 9921U

B: SKC 6597J

C: SJF 6093J

Accident Sketch Plan Pg. 1

Describe Circumstances of the Accident

I was driving at aye towards Clementi ave
6 at the slip road.
Vehicles stopped in fit & I followed as
well. suddenly I was hit by a car from
After the accident, I alighted from my
car then realized there were 2 of 3
vehicles involved in this accident. Then we
exchanged particular with each other & took
some photo.

<p>Signature of A2 A2 Insurance</p> <p>Signature of SKEP/12/14/8/2012</p> <p> <input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage (1st) <input checked="" type="checkbox"/> Third Party Claim <input checked="" type="checkbox"/> Other Workshop </p>
--

Declaration

We declare the foregoing particulars are true in every respect.

Am6



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : chen chee yin (zeng zhiren)
VEHICLE NUMBER : SKF 9A210
DATE/TIME OF ACCIDENT : 14/8/2017 @ 1735hrs
PLACE OF ACCIDENT : ave towards Clementi ave 6
THIRD PARTY VEHICLE (IF ANY) : SKF 9A210, SJF 60935

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from bukit merah to home at tekong
white lane

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

no

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

chain collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

no

Name: 

I Affirmed The Above Information Is Given To My Best Knowledge.



HOTLINE TEL: (65) 6419-3600
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1986
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX.1

AUTOPLUS (A)

CERTIFICATE NO. 2100380341-03000

(This amount is subject to GST)

OWN DAMAGE EXCESS S\$800.00 (1)

WINDSCREEN EXCESS S\$100.00

(For policies with effect from 1st November 2002)

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SKK9921U

2) NAME OF INSURED

Rajan S/O Samyappan

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

22 Jul 2017

4) DATE OF EXPIRY OF INSURANCE

21 Jul 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION : All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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) LIMITATION AS TO USE*

Use only for social, domestic and pleasure purposes and for the insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63637118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Ethos - 30 Bukit Batok Cres (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 6562-4501)
5. Kan Fook Sing Motor - 61 Delu Lane 12 (Tel: 67479560) 6. Lai Hui (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
7. Mova Automotive - 1006 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415339)
9. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY NA

EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

Issued in Singapore 10 Jul 2017

AIG Asia Pacific Insurance Pte. Ltd.

155005-000
KOH TONG PCH
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120
SP-LLL

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPH02

AIG Building, 78 Shenton Way #07-16 Singapore 079120

AIG Asia Pacific Insurance Pte. Ltd.

Ci Reg No. 20100340WA

Enquire Vehicle & Owner Information (Vehicle No. SKC6597J As At 14 Aug 2017 / 17:35:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: AA,EAS

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S1681181E

Owner Name: REDZUAN BIN ROSDI

Registered Address Type: HDB / HUDC

Registered Block/House No.: 104

Registered Street Name: TECK WHYE LANE

Registered Unit No.: # 05 - 454

Registered Building Name: -

Registered Postal Code: 680104

Current Vehicle Details

Vehicle No.: SKC6597J

Make Description/Model: HYUNDAI / ELANTRA 1.6 AT ABS D/AB 2WD 4DR

Insurance Company Name: DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD

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Last updated on 13 Aug 2017 at 12:41 AM

Enquire Vehicle & Owner Information (Vehicle No. SJF6093S As At 14 Aug 2017 / 17:35:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: AA.EAS

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S7374032J

Owner Name: SAI CHEE YONG

Registered Address Type: HDB / HUDC

Registered Block/House No.: 621

Registered Street Name: BUKIT BATOK CENTRAL

Registered Unit No.: # 20 - 516

Registered Building Name: -

Registered Postal Code: 650621

Current Vehicle Details

Vehicle No.: SJF6093S

Make Description/Model: HONDA / AIRWAVE 1.5M A

Insurance Company Name: ETIQA INSURANCE PTE LTD

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Last updated on 13 Aug 2017 at 12:41 AM

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	15/08/2017 16:32
Date Of Accident	14/08/2017 17:45
Exact Location Of Accident	AYE SLIP ROAD TOWARDS CLEMENTI AVE 6 FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC6597J
Insured/Policyholder	
Name Of Registered Owner	ESTATE OF REDZUAN BIN ROSLI
NRIC No	S1681181E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85981868
Alternative Phone No	OTHERS-94524096

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 D/AB 2WD 4DR (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?	NO
If No, Please state action to be taken	THIRD PARTY
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/00123466/04
Cover Note Number	

Driver

Name of Driver	MOHAMED ISA BIN SHAMSUDDIN
NRIC No	S1712332G
Date Of Birth	10/05/1965
Occupation	INDOOR
Date Of Driving Pass	21/12/1982
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85981868
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 104 TECK WHYE LANE #05-454
Postcode	680104
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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
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)	2

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

KINDLY REFER

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	SJF6093S
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Name of Driver	SAI CHEE YONG
NRIC/Passport Number	S7374032J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKK9921U
Vehicle Make/Model/Colour	BMW 535I

Details Of Properties

Name of Driver

CHEN CHEE YIN (ZHENSG ZHIREN)

NRIC/Passport Number

S7237049Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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.

Witnessed by Reporting Centre
Personnel

A hand-drawn diagram illustrating a network topology. The diagram shows five nodes labeled A, B, C, D, and E. Node A is connected to nodes B, C, and D. Node B is connected to node A. Node C is connected to nodes A and D. Node D is connected to nodes A and C. Node E is connected to node D. There are additional handwritten notes: "CLEMENTI" near node A, "AVE 6 FLYOVER" near node D, and "S8097 JES" near node E. Arrows indicate the direction of flow between nodes.

Describe Circumstances of the Accident

On 14 AUG 2017 at about 1743hrs, while driving vehicle no: SKC 6597J along AYE in lane 1 towards Clementi Aye Flyover when a black Bmw reg. no. SKK 9921U changed lane to from second lane suddenly, immediately the vehicle driver pressed on sudden brake thus resulting in myself pressing the sudden brake. My vehicle managed to stop on time without hitting the front vehicle SKK 9921U. However the rear vehicle reg. no SJF 6093S was unable to stop in time thus resulting in the vehicle hitting my vehicle SKC 6597J. The impact from rear vehicle SJF 6093S resulted in my vehicle to move forward hitting the front vehicle SKK 9921U. Thus the accident became a chain accident involving 3 vehicles. Front vehicle reg. no. SKK 9921U, middle vehicle reg. no SKC 6597J and rear vehicle SJF 6093S. No bodily injury was involved in the accident.

15/8/17.

You had been advised by the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



REPUBLIC OF SINGAPORE

DEATH REGISTRATION NO.

191551G

CERTIFICATE OF EXTRACT FROM REGISTER OF DEATHS

Death Registered at

SINGAPORE GENERAL HOSPITAL, SINGAPORE

Full Name of Deceased

REDZUAN BIN ROSDI

NRIC/Identification Document No.

S1681181E

Sex

MALE

Date and Time of Death

14/02/2014

0851 hours

Date of Birth

09/04/1965

Country/Place of Birth

SINGAPORE

Race

BOYANESE

Nationality

SINGAPORE CITIZEN

Usual Address

APT BLK 104 TECK WHYE LANE #05-454
SINGAPORE 680104

Place of Address where death occurred

SINGAPORE GENERAL HOSPITAL PTE LTD

CAUSE OF DEATH

- (a) METASTATIC GASTRO-ESOPHAGEAL
(b) JUNCTION ADENOCARCINOMA
(c) LYMPHANGITIS

Approximate Interval between onset and death

Years	Months	Days	Hours
	1	4	
		8	

Name of person verifying cause of death
DR TAN CHIN KIMOfficial Status
MEDICAL PRACTITIONER

NRIC/Identification Document No. of Informant

S1712332G

Name of Informant

MOHAMED ISA BIN SHAMSUDDIN

Address of Informant

28D LORONG MARZUKI
SINGAPORE 417883

Date of Death Registration

14/02/2014

Certified to be a true extract from the Register of Deaths

15/04/2014

Date

Form BD/BA - 1/03

TAN KOK GUAN
Registrar of Births and Deaths



DAWN ENTERPRISES

21 Seletar West Farmway 1
Singapore 798125
Tel: 63832661 Fax: 64842836
Reg No.430058/00D

Nº 34697

RENTAL AGREEMENT

DATE 17/8/17

HIRER'S PARTICULARS

Name Rajan s/o Samyappan
Address 191A Rivervale Drive
#09-922, S'pore 541191
I/C or Passport No. 816765-4-7 Country S'pore
Occupation _____
Date of Birth _____ Age _____
Driving Licence No. _____ Date Passed _____
Tel: (HP) _____ (Residence) _____

DRIVER'S PARTICULARS

Name Chen Chee Yin
Address 25 Teck Whye Lane
#12-164
S 680025
I/C or Passport No. 72370492 Country _____
Occupation _____
Date of Birth _____ Age _____
Driving Licence No. _____ Date Passed _____
Tel: (Office) _____ (Residence) _____

IMPORTANT NOTES:

1. No Insurance Coverage if the driver is below 24yrs old or less than 2 years driving licence
2. This vehicle is licensed to carry 06 passengers only
3. Hirer is liable to pay first \$ 2000 as excess all claims any accident plus loss of earning while damaged vehicle is under repair
4. For usage to Malaysia subject to higher excess all claims of \$35,000.00 and different rental rate
5. Please notify our office should there be any accident involving this hired vehicle within 24 hrs
6. No refund will be given for vehicle returns early
7. No refund will be given for petrol left in vehicle
8. Hirer is liable to pay all parking fee and traffic summonses
9. Vehicles to be return during office hour only
10. No Service on Public Holiday and Sunday

SCHEDULE

SLD 19754

2000 cc

MODEL

1.8i

Date

Time

Mileage

17/8/17

10.00 am

22/8/17

CHARGES

<u>5</u> Day at \$ <u>200.00</u> per days	\$ <u>1000.00</u>
Day at \$ _____ per week	
Day at \$ _____ per month	
TOTAL AMOUNT	\$ <u>1000.00</u>
AMOUNT PAID	\$ <u>1000.00</u>
BALANCE DUE	
Days Extension From _____ To _____	
Amount Deposit (refundable) \$	

FROM

17/8/17

TO

22/8/17

I/we have read and understood the terms and conditions above and hereby agreed to abide

Half Tank Petrol

Hirer's Signature

Driver/Gurantor's Signature

DAWN ENTERPRISES

EVERDAWN AUTO SERVICE

8 KAKI BUKIT AVE 4

#01-02 PREMIER @KAKI BUKIT

SINGAPORE 415875

Reg No: 52883181-W GST Reg No: M90366827T

Tel:- 64870828

Fax:-63822839

FINAL BILL

TO: **RAJAN S/O SAMYAPPAN**
c/o EVERDAWN AUTO SERVICE
8 KAKI BUKIT AVE 4
#01-02 PREMIER @KAKI BUKIT
SINGAPORE 415875

DATE 31 AUG 2017

Bill No:- EDAS/TP/0058

PARTICULAR

AMOUNT

VEHICLE NO: **SKK 9921 U**
ACCIDENT DATE:- 14/08/2017

Cost Of Repair
GST 7%
TOTAL

\$8,800.00
\$616.00

\$ **9,416.00**

SIN DOLLARS : NINE THOUSAND AND FOUR HUNDRED AND SIXTEEN ONLY



LEE THIAM HUAT



LEE AUTOMOBILE APPRAISERS SERVICES

CORRESPONDENCE : BUKIT PANJANG POST OFFICE P.O.BOX 244, SINGAPORE 916809
FAX: (65) 6763 3827, HANDPHONE: 8188 2833
BUSINESS REG. NO.: 52891429D

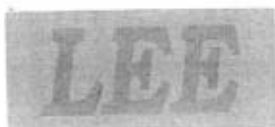
TO: RAJAN S/O SAMYAPPAN
c/o EVERDAWN AUTO SERVICE
8 KAKI BUKIT AVE 4
#01-02 PREMIER@KAKI BUKIT
SINGAPORE 415875

INVOICE NO. L17080668
YOUR REF LEE/TP/08/1845/17
OUR REF 31 AUG 2017
DATE

PARTICULARS		AMOUNTS (S\$)
VEHICLE REGISTRATION NO.	SKK 9921 U	\$690.00
MAKE/MODEL	BMW 535i	
TO OUR PROFESSIONAL CHARGES FOR		
<input checked="" type="checkbox"/> INSPECTION OF VEHICLE		
<input checked="" type="checkbox"/> APPRAISAL REPORT		
<input checked="" type="checkbox"/> PHOTOGRAPHY		
<input checked="" type="checkbox"/> TRANSPORT CHARGES		
<input checked="" type="checkbox"/> REINSPECTION OF VEHICLE		
<input type="checkbox"/> AUTOMOTIVE CONSULTATION		
<input checked="" type="checkbox"/> CORRESPONDENCE, POSTAGE & OTHER DISBURSEMENT		
<input type="checkbox"/> OTHERS		
<input type="checkbox"/>		
<input type="checkbox"/>		
DOLLARS:	SIX HUNDRED AND NINETY ONLY	

(* CHEQUE SHOULD BE CROSSED AND MAKE PAYABLE TO "LEE AUTOMOBILE APPRAISERS SERVICES")

LEE AUTOMOBILE APPRAISERS SERVICES



LEE AUTOMOBILE APPRAISERS SERVICES

CORRESPONDENCE : BUKIT PANJANG POST OFFICE P.O.BOX 244, SINGAPORE 916809
FAX: (65) 6763 3827. HANDPHONE: 8188 2833
BUSINESS REG. NO.: 52891429D

TO: RAJAN S/O SAMYAPPAN
c/o EVERDAWN AUTO SERVICE
8 KAKI BUKIT AVE 4
#01-02 PREMIER@KAKI BUKIT
SINGAPORE 415875

OUR REF. LEE/TP/08/1845/17
DATE 31 AUG 2017

AUTOMOBILE APPRAISAL REPORT

)

Vehicle Registration No.	: SKK 9921 U
Make/Model	: BMW 535i
Year Manufacture/Register	: 2011
Colour	: Black
Engine No.	: Obscure
Chassis No.	: WBAFR72080C581281
Odometer Reading	: 198246km
Nature Of Inspection	: Third Party
Date Of Accident	: 14 Aug 2017
Date Of Inspection	: 17 Aug 2017
Name of Workshop	: Everdawn Auto Service
	: 8 Kaki Bukit Ave 4
	: #01-02 Premier@Kaki Bukit
	: Singapore 415875

)

TYRE CONDITION ON VEHICLE

Location	Make	Size	Thread Balance
Nearside Front	Michelin	275/35ZR19	8mm
Offside Front	Michelin	275/35ZR19	8mm
Nearside Rear	Michelin	275/35ZR19	8mm
Offside Rear	Michelin	275/35ZR19	8mm

*(The above represent on estimated remaining life of the tyre thread in mm)

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The damages sustained on the vehicle were apparently confined at its rear portion.

(Details are describe in the attached schedule).

NOTE : This revised estimate was from a visual inspection. Should there be any discrepancy or unseen items in this survey, kindly notify the company within (7) days from the date hereof. Otherwise this revised amount shall be treated as valid.



LEE AUTOMOBILE APPRAISERS SERVICES

CORRESPONDENCE : BUKIT PANJANG POST OFFICE P.O.BOX 244, SINGAPORE 916809
 FAX: (65) 6763 3827, HANDPHONE: 8188 2833
 BUSINESS REG. NO.: 52891429D

APPRAISEMENT SCHEDULE

Vehicle Registration No: SKK 9921 U

Our Ref. LEE/TP/08/1845/17

S/NO.	Qty	Description	Comments/ Conditions	Repairer's Estimate	Assessed Amount	
		LIST ITEMS				
1	1	Boot cover	distorted/bent/cut	\$ 1,450.00	\$ 1,450.00	
2	1	Boot cover lock-top	bent	\$ 450.00	\$ X 450.00	N/V
3	1	Boot reflector	bent	\$ 340.00	\$ X 340.00	NN
4	1	Boot cover weatherstrip	essential	\$ 120.00	\$ X 120.00	N/V
5	1	Boot cover "535i" emblem	essential	\$ 60.00	\$ 60.00	
6	1	Boot cover "BMW" logo motif	essential	\$ 78.00	\$ 78.00	
7	1	Rear taillamp	bent	\$ 470.00	\$ X 470.00	NN
8	1	Rear bumper	bent/cut/deformed	\$ 1,650.00	\$ 1,650.00	
9	1	Rear bumper reinforcement	bent/oblique	\$ 650.00	\$ 650.00	
10	1	Rear bumper reflector	essential	\$ 45.00	\$ X 45.00	NN
11	1	Rear bumper top plastic covering	bent	\$ 260.00	\$ 260.00	
12	1	Rear bumper inner plastic covering	bent	\$ 185.00	\$ 185.00	
13	1	Rear bumper side bracket	bent	\$ 145.00	\$ 145.00	
14	1	Rear end panel	bent	\$ 720.00	\$ X 720.00	Repair
15	1	Rear exhaust silencer	bent/resonance	\$ 1,855.00	\$ X 1,855.00	
16	1	Rear exhaust silencer chrome pipe	bent/cut	\$ 145.00	\$ X 145.00	NN
17	1	Rear exhaust silencer rubber mounting	essential	\$ 40.00	\$ X 40.00	
		Less 10%		\$ 8,663.00	\$ 8,663.00	
		Sub total parts		\$ -	\$ (866.30)	
				\$ 8,663.00	\$ 7,796.70	
		SPECIAL NETT ITEMS				
1	1	Rear reverse sensor	cut/shorted	\$ 210.00	\$ 210.00	/
		Total parts		\$ 8,873.00	\$ 8,006.70	
		To check rear wiring and function including to remove & refix rear reverse sensor.		\$ 90.00	\$ 80.00	30
		Labour charge as recommended for repaired & replaced damaged parts.		\$ 1,200.00	\$ 1,000.00	500
		To putty and spraypainting including touch up all affected areas.		\$ 1,250.00	\$ 1,000.00	600
		To apply rustproof treatment to the replaced/repared panels.		\$ 180.00	\$ 120.00	60
		To remove & refix exhaust silencer.		\$ 200.00	\$ X 150.00	NN
		To mount vehicle onto chassis alignment bench to facilitate repair.		\$ 800.00	\$ X 600.00	NN
				\$ 5430.2	\$ X 600.00	NN
				20% : 4300		1190
		GRAND TOTAL		\$ 12,593.00	\$ 10,956.70	



LEE AUTOMOBILE APPRAISERS SERVICES

CORRESPONDENCE : BUKIT PANJANG POST OFFICE P.O.BOX 244, SINGAPORE 916809
FAX: (65) 6763 3827. HANDPHONE: 8188 2833
BUSINESS REG. NO.: 52891429D

Vehicle Number: - SKK 9921 U

Our Ref: LEE/TP/08/1845/17

ASSESSMENT SUMMARY

The damages sustained on the vehicle were thoroughly inspected and every item that was mentioned in the repair estimate against the actual damages found on the vehicle. Before we arrived at our recommendation as to whether the parts needed to be replaced or repair.

We have listed the breakdown of our finding and our recommendation as per schedule attached.

Our assessment to reinstate the vehicle is **\$10956.70** revised amount of the repairer's estimate of **\$12593.00**. The aforesaid recommendation, in our opinion, is fair and reasonable for the restoration of the vehicle to its pre-accident condition.

However, after taken into consideration the age and condition of the vehicle and the availability of the recondition components and to economize the repair, we therefore recommend a contract **Lump Sum** at **\$8800.00** corresponding to supply of parts, labour and spray painting charges.

40 photographs were taken at the times of static inspection.

Under normal circumstances, the repairs should be completed within a reasonable period **09** full working days

This inspection was conducted entirely on a '**Without Prejudice**' basis and we have not given authorization and instruction to the repairer to proceed with the repair.

We are reverting the matter to you for your discretion.

Very truly yours

.....
K. W. LEE Dip. Auto. Engrg.
MIAME, AMIMI, CAE, ENG. TECH, MSAE, AMIRTE, AMSOE
AUTOMOTIVE ENGINEER ASSESSOR



DAWN ENTERPRISES

21 SELETAR WEST FARMWAY 1

SINGAPORE 798125

TEL: 6383 2661 FAX: 6484 2836

REG. NO. 430058/000

No. 18849

Date. 22/8/17

OFFICIAL RECEIPT

Received from

Rajan S/o Samyapran
Only thousand only

the sum of Dollars

being Payment Of

SLD 14737 (17/8/17 - 22/8/17)

\$

1000/7

Cash Cheque No.

DAWN ENTERPRISES



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/DAI17021971/Gtbs2

88 SOUTH BRIDGE ROAD
SINGAPORE 058716

Date : 15-12-2017



Code : DAI

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

Insured Veh.	SKC 6597J	Veh. Inspected	SKK 9921U
Policy No.	MT/00123466/04	Coverage (\$)	0.00
Claim No.	72119/RV	Excess (\$)	0.00
Assign From	ROGER YAP	Assign Date	07/11/2017

2. Vehicle Particulars & Condition

Make & Model	B.M.W. 535i	c.c	2979
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	WBAFR72080C581281	Colour	BLACK
Odometer	203956	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	275/35ZR19	CONTINENTAL	6 mm
L/H Front Tyre	275/35ZR19	CONTINENTAL	6 mm
R/H Rear Tyre	275/35ZR19	CONTINENTAL	6 mm
L/H Rear Tyre	275/35ZR19	CONTINENTAL	6 mm

4. Description of Damages

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.
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5. General Information

Accident Date	14/08/2017	Inspection Date	20/11/2017
Survey held at	EVERDAWN AUTO SERVICE 8 KAKI BUKIT AVE 4 #01-02 PREMIER @ KAKI BUKIT SINGAPORE 415875		

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:	5 Working Days
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LKK Auto Consultants Pte Ltd

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKK 9921U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT COVER	REPLACED	1,450.00	1,450.00
1	BOOT COVER LOCK-TOP	NOT NECESSARY	450.00	-
1	BOOT REFLECTOR	NOT NECESSARY	340.00	-
1	BOOT COVER WEATHERSTRIP	NOT NECESSARY	120.00	-
1	BOOT COVER "535I" EMBLEM	REPLACED	60.00	60.00
1	BOOT COVER "BMW" LOGO MOTIFF	REPLACED	78.00	78.00
1	REAR TAILLAMP	NOT NECESSARY	470.00	-
1	REAR BUMPER	REPLACED	1,650.00	1,650.00
1	REAR BUMPER REINFORCEMENT	REPLACED	650.00	650.00
1	REAR BUMPER REFLECTOR	NOT NECESSARY	45.00	-
1	REAR BUMPER TOP PLASTIC COVERING	REPLACED	260.00	260.00
1	REAR BUMPER INNER PLASTIC COVERING	REPLACED	185.00	185.00
1	REAR BUMPER SIDE BRACKET	REPLACED	145.00	145.00
1	REAR END PANEL	REPAIRED SEE LABOUR	720.00	-
1	REAR EXHAUST SILENCER	NOT NECESSARY	1,855.00	-
1	REAR EXHAUST SILENCER CHROME PIPE	NOT NECESSARY	145.00	-
1	REAR EXHAUST SILENCER RUBBER MOUNTING	NOT NECESSARY	40.00	-
	LESS 10% DISCOUNT		-	-447.80
			8,663.00	4,030.20
SPECIAL NETT ITEMS				
1	REAR REVERSE SENSOR (SN)	REPLACED	210.00	210.00
			210.00	210.00
LABOUR				
	TO CHECK REAR WIRING AND FUNCTION INCLUDING TO REMOVE & REFIX REAR REVERSE SENSOR.		90.00	30.00
	LABOUR CHARGE AS RECOMMENDED FOR REPAIRED & REPLACED DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL		1,200.00	500.00
	TO PUTTY AND SPRAY PAINTING INCLUDING TOUCH UP ALL AFFECTED AREAS.		1,250.00	600.00

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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO APPLY RUSTPROOF TREATMENT TO THE REPLACED / REPAIRED PANELS.		180.00	60.00
	TO REMOVE & REFIX EXHAUST SILENCER.	NOT NECESSARY	200.00	-
	TO MOUNT VEHICLE ONTO CHASSIS ALIGNMENT BENCH TO FACILITATE REPAIR.	NOT NECESSARY	800.00	-
			3,720.00	1,190.00
	GRAND TOTAL		12,593.00	5,430.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,300.00

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XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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