

REF: CS/DAU702782/6902

Special Instructions:

4/3: \$ 5400.00

Third Parties:

Claimant:

Surveyor: GTC Appraiser

Workshop: Allan's Workshop

From (Person): Joleen Tan of DAT Date/Time: 30-11-2013
Estimated Cost: _____ Bill to: _____

$$OD(\overbrace{TP \text{ Re-inspection}}) / \text{Evaluation}$$

To inspect Vehicle No. GBC 6875T Insured: SJG 30420

at Workshop m/s Allan's Workshop. Tel: 9344 1627
of No. 21 Defu Lane 3

Policy No: _____ Claim No: 71529/JT

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11-07-2017
(Client's Record)

NAME OF VENDOR: _____ D.O.A. 11-07-2017
(Client's Record)
06.12.2017 (Wednesday) @ 1pm Do not finalize
H.O.D. Endorsement/Date

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

Date/Time: 20/12/17 Confirmed with Final Fig , days (Red S / %; Original 6 days)

Date/Time: 20/12/14 Submit Final Fig 2200 5 days (Red \$ 3200 / 59 %; Original 6 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)

RECEIVED 21 DEC 2017

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date _____

2017

1) Date/Time _____ File Pass to _____

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:

Summary

REF:

3585 C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

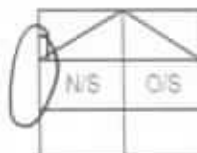
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res: Yes or NoLum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No. _____

GBC6873T

Yr Regn: 15Jw/2013

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

Truck / Trailer or _____

Make _____

Toyota Hiace

cc 2982

Colour _____

yellow

A/C: Insured / Std / NI / NA

Sp. Reading _____

119761

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No _____

JFHT02P400118077

Gen. Cond: Good / Fair / Poor / BurntSteering: Insider / Jammed / Leaked / Burnt orBrake: Insider / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: _____

F: 15 R15

R: 11

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

westlake

Front

Rear

R/Bal. _____

6

mm

R/Bal. _____

6

mm

L/Bal. _____

6

mm

L/Bal. _____

6

mm

D.O.A. _____

D.O.I. _____

06-12-17

Survey held at _____

w/s

1pm

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop orThe UIC Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

20/12/2017

DataTime, File Pass to?

☐

Preli. Report

☐

Final Report

fi

DataTime, File Return to?

fi

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS \$

Phone: _____

Smart: _____

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Tech. Insp: \$

☐

Weekend: \$

Report Format: _____

Lump Sum / I.B.I: \$

TOTAL



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/DAI17022782/gb

88 SOUTH BRIDGE ROAD
SINGAPORE 058716

Date : 30-11-2017



Code : DAI

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

Insured Veh.	SJG 3042D	Veh. Inspected	GBC 6873T
Policy No.		Coverage (\$)	0.00
Claim No.	71529/JT	Excess (\$)	0.00
Assign From	JOLEEN TAN	Assign Date	30/11/2017

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	11/07/2017	Inspection Date	06/12/2017
Survey held at	ALLAN'S WORKSHOP 21 DEFU LANE 3 SINGAPORE 539446		

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: Thursday, 30 November, 2017 12:21 PM
To: assignments
Subject: FW: Re-Inspection: 71529 /JT (TP VEH NO - GBC6873T) on 6 Dec 2017 at 1pm Part 2
Attachments: 7zip.zip

Importance: High

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: Joleen Tan [mailto:joleen.tan@directasia.com]
Sent: Thursday, 30 November, 2017 12:12 PM
To: Admin A <admin-a@lkkauto.com>
Cc: Gloria Kwok <gloria.kwok@directasia.com>; Shi Hsuan Tan <shihsuan.tan@directasia.com>; Kenneth Lim <kenneth@directasia.com>; Aaron Wang <aaron.wang@directasia.com>; Derrick Quok <derrick@directasia.com>
Subject: RE: Re-Inspection: 71529 /JT (TP VEH NO - GBC6873T) on 6 Dec 2017 at 1pm Part 2
Importance: High

Hi,

GIA & LOD attached.

Thank you.

Joleen Tan

From: Joleen Tan
Sent: Thursday, 30 November, 2017 12:15 PM
To: admin-a@lkkauto.com
Cc: Gloria Kwok; Shi Hsuan Tan; Kenneth Lim; Aaron Wang; Derrick Quok
Subject: Re-Inspection: 71529 /JT (TP VEH NO - GBC6873T) on 6 Dec 2017 at 1pm Part 1
Importance: High

WITHOUT PREJUDICE

Dear Sir/Madam

We are instructing you to conduct a physical re-inspection of motor vehicle no: GBC6873T.

Details of the re-inspection are as follows:-

Date	6 Dec 2017
------	------------

Time .	1pm
Venue	Allan Workshop No 21 Defu Lane 3 Singapore 539446
Contact Person	Allan

Please reply urgently to all to confirm the above arrangement, and advise the surveyor's name and contact number.

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.

Thank you.

Regards
Joleen Tan

From: Jerdine Wang [<mailto:jerdine.wang@ksteoptr.com>]

Sent: Wednesday, 29 November, 2017 4:32 PM

To: Joleen Tan

Subject: [EXT] Re: Claim: 71529 , Claimed Policy: MT/00085837/05 , Policy Holder: Pei Chen Hsu

WITHOUT PREJUDICE

Dear Joleen,

We refer to your email of even date and our tele-conversation awhile ago.

We are at best prepared to advise client on the following:

COR: \$4,350.00

LOU: \$480.00

Survey Fee: \$446.00

LTA fees: \$5.35

Costs: \$535.00

Total: \$5,816.35

Should the above proposal be rejected, we invite you to conduct a physical reinspection on **6 Dec 2017 at 1.00pm**. Details are as follows:

Date & Time: 6 Dec 2017 at 1.00pm

**Venue: Allan Workshop
No. 21 Defu Lane 3
Singapore 539446**

Contact person: Allan

Kindly revert urgently.

Thank you.

Regards
Jerdine
Teo Keng Siang LLC

IMPORTANT NOTICE: This message is intended only for the attention of the addressee and may contain legally privileged and/or confidential information. Its unauthorised use, disclosure, storage or copying is not permitted. If you are not the intended recipient, please permanently delete the original, destroy all copies and inform the sender.

张景祥大律師樓
(律師樓及宣誓堂)

TEO KENG SIANG LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098. Tel: 6333 4222 Fax: 6333 5676/5688
ROC: 201510228C GST Reg No.: 201510228C Email: KSTEOCO@singnet.com.sg
(FAX - NOT FOR SERVICE OF COURT DOCUMENTS)

71529/ST

RECEIVED
21 AUG 2017

BY: _____

Our Ref : TKS/A648-ACC-38679.17/my
Your ref : SJG 3042D
Date : 17 August 2017

Secretary in charge: Jerdine
Tel : 6333 4222
Fax : 6333 5676/6333 5688
Email: jerdine.wang@ksteoptr.com

To: Direct Asia Insurance (Singapore) Pte Ltd
88 South Bridge Road
Singapore 058716
Attn: Motor Claims Department

WITHOUT PREJUDICE
BY HAND

cc. Hsu Pei Chen
Blk 234 Simei Street 4
#11-242
Singapore 520234

CERTIFICATE OF POSTING
(For your information only)

Dear Sir,

RE: ACCIDENT INVOLVING GBC 6873 T / SJG 3042 D ON 11/07/17 AT THE OPEN SPACE
CARPARK OF BLK 234 SIMEI STREET 4

We are instructed by DHL EXPRESS (SINGAPORE) PTE LTD to claim damages against you in connection with a road accident on 11/07/17 AT THE OPEN SPACE CARPARK OF BLK 234 SIMEI STREET 4 involving our client's motor vehicle registration number GBC 6873 T and motor vehicle registration number SJG 3042 D driven by you at the material time.

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

Property Damage	
Cost of repairs	\$ 5,400.00
Loss of Use (8 days x \$150/day)	\$ 1,200.00
Pre-Repair Inspection (2 days x \$150/day)	\$ 300.00
Police/GIA report/ LTA fees	\$ 5.35
Survey Fees	\$ 446.00
Costs contribution	\$ 856.00
TOTAL	\$ 8,207.35

Teo Keng Siang
LL.M (Singapore),
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

Joseph Tan Chin Aik
LL.B (Hons) Singapore
PGDE (NTU/NIE)

Our Ref: TKS/A648-ACC-38679.17/my

A copy each of the following supporting documents is enclosed:

- ☐ GIA Report of GBC 6873 T / SJG 3042 D
- ☐ LTA Search of SJG 3042 D
- ☐ Repairer's Bill
- ☐ Surveyor's Report.
- ☐ Original Photographs of damage of GBC 6873 T -46 copies

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

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter 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



Teo Keng Siang LLC

Cc: Client

encs

Teo Keng Siang
*LL.M(Singapore),
LL.B (Hons) (Singapore)*

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

Joseph Tan Chin Aik
*LL.B (Hons) Singapore
PGDE (NTU/NIE)*

Enquire Vehicle & Owner Information (Vehicle No. SJG3042D As At 11 Jul 2017 / 13:50:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: A648-MISC17/MY

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S7460691A

Owner Name: HSU PEI CHEN

Registered Address Type: HDB / HUDC

Registered Block/House No.: 234

Registered Street Name: SIMEI STREET 4

Registered Unit No.: # 11 - 242

Registered Building Name: -

Registered Postal Code: 520234

Current Vehicle Details

Vehicle No.: SJG3042D

Make Description/Model: SUZUKI / SWIFT 1.6 AT

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

Land Transport & Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.
Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.
Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution
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Last updated on 16 Jul 2017 at 12:47 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 willful 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 12/07/2017 11:16
Date Of Accident 11/07/2017 13:50
Exact Location Of Accident OPEN CARPARK OF BLK234 SIMEI ST 4
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC6873T
Insured/Policyholder
Name Of Registered Owner STVE PTE LTD/OR DHL EXPRESS (SINGAPORE)P/L
Co Reg No -
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-62858888

Vehicle Particulars

Manufacturer TOYOTA
Model HIACE
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken REPORTING ONLY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number 100828617
Cover Note Number

Driver's

Name of Driver MUSTAFFAR BN ALI
NRIC No S1175355H
Date Of Birth 05/12/1956
Occupation OUTDOOR
Date Of Driving Pass 14/11/1986
Driving Experience 30 YEARS AND 7 MONTHS
Gender MALE
Mobile Number +65-83699747
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 441A FERNVALE RD #03-301 S791441
Postcode

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 COLLISION - MAJOR/MINOR RD

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 ATTACHED REPORT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJD3042D

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver HSU PEI CHEN

NRIC/Passport Number

Contact Number 96995830

Address NA

Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name NA

Phone Number NA

Email Address NA

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 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/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.



1130hrs 12/7



Policyholder's Signature / Date & Time

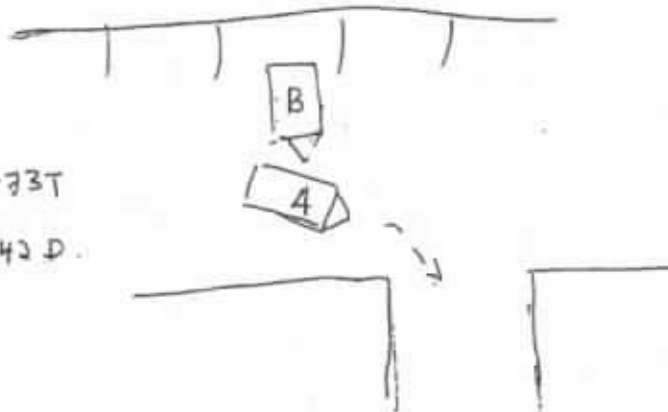
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: GBC 6873T

B: SJG3042D



Accident Sketch Plan Pg. 1

Describe Circumstances of the Accident

As I was exiting the car park, suddenly veh & came out of the lot & collided onto my left side partition.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 12/7/11 3:45

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



Witnessed by Reporting Centre Personnel

Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No : C9R6873T
Name(as shown in NRIC): Mustaffar Bin Ali
[*Vehicle Driver / Vehicle Owner](*) Please delete as appropriate
NRIC/Passport No : S1743554
Address : _____
Contact (Tel) : _____ (H/P) : 5/12/1956
(Email) : _____
Date of Accident : 11/2/2012 Time of Accident : 1350hrs
Place of Accident : opp car park of blk 234 Simei St 4
Insurance Company : Asi Pacific Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to add statement as below :
while I was driving straight and going out
then a car coming out from the park
on my left side hit the left portion of
the car.

18/1 1033hrs

Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

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	11/07/2017 16:08
Date Of Accident	11/07/2017 13:40
Exact Location Of Accident	CARPARK OF BLK 230 SIMEI STREET 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3042D
Insured/Policyholder	
Name Of Registered Owner	HSU PEI CHEN
NRIC No	S7460691A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96995830
Alternative Phone No	OFFICE-96995830

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.6 AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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/00085837/04
Cover Note Number	-

Driver

Name of Driver	HSU PEI CHEN
NRIC No	S7460691A
Date Of Birth	08/04/1974
Occupation	INDOOR
Date Of Driving Pass	27/06/2005
Driving Experience	12 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96995830
Fax Number	
Contact Number	OFFICE-96995830
EEmail Address	NOEMAIL

Address	BLK 234 SIMEI STREET 4 #11-242
Postcode	520234
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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

MY VEH WAS PARKED AT THE CARPARK BELOW THE BLK 230 SIMEI STREET 4, BEFORE I MOVING OUT FROM MY LOT, I HAVE CHECK ON THE DRIVE WAY THAT WAS NO VEHICLE, WHEN I SLOWLY MOVING OUT FROM THE LOT. SUDDENLY VEH B (BEARING NO GBC6873T) COME FROM MY RIGHT SIDE WITH A HIGH SPEED AND NEVER GIVE WAY TO MY VEH. AS THE RESULT, THE VEH B LEFT SIDE HIT ONTO MY VEH RIGHT FRONT PORTION.

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	GBC6873T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MUSTAFFAR BIN ALI
NRIC/Passport Number	S1175355H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 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 *aforsaid*.


B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

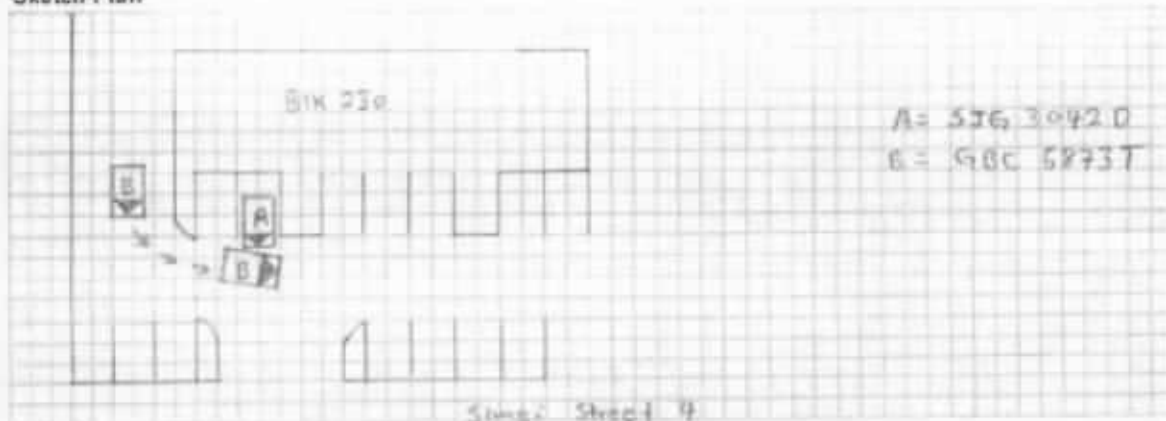
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 11-7-2017
Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

Please Refer to Statement

Declaration

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

2216 11-7-2017
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ALLAN'S WORKSHOP

No. 21 Defu Lane 3 Singapore 539446

H/P: 9344 1627

噴漆，打嗝，意外保險賠償

Spray Painting, Panel Bending & Accident Insurance Claims.

M/s. STUE PTE LTD.

No. 2092

Vehicle No: QBC 6873T.

Date: 10/08/17.

[illegible]

收貨人 Customer's Sign & Chop

收銀人 Issued By

GTG APPRAISER SERVICES LLP

3018 Bedok North St.5 #01-47 Eastlink Light Ind. Bldg.

Singapore 486132. Hand phone No. 91142468

Co. Reg. No.: T12LL0280J

TAX INVOICE

To: STVE PTE LTD
c/o: 21 Defu Lane 3
Singapore 539446

Date: 08 August 2017
Invoice No: GTG/0470

DESCRIPTION

AMOUNT

OUR SERVICE RENDERED INCLUDE THE FOLLOWINGS:

- SURVEY INSPECTION FOR VEHICLE NO. GBC 6873 T
- DIGITAL PHOTOGRAPHS SERVICES
- TRANSPORTATION

GRAND TOTAL S\$446.00



GTG APPRAISER SERVICES LLP

GTG APPRAISER SERVICES LLP

3018 Bedok North St.5 #01-47 Eastlink Light Ind. Bldg.
Singapore 486132. Hand phone No. 91142468
Co. Reg. No.: T12LL0280J

AUTOMOBILE INSPECTION REPORT

To: STVE PTE LTD
c/o: 21 Defu Lane 3
Singapore 539446

Date : 08 August 2017
Our Reference : GTG/2017/07/10

Accident Date : 11/07/2017
Inspection Date : 26/07/2017
Repairer Name : ALLAN'S WORKSHOP
21 Defu Lane 3
Singapore 539446

VEHICLE INFORMATION

Registration No.	: GBC 6873 T	Year of Regn.	: 15.7.2013
Make	: TOYOTA	Colour	: Orange
Model	: HIACE 3.0	Odometer	: 113854
Chassis No.	: JTFHT02P400118077		
Engine No.	: 1KD2305536		

TIRES CONDITION

	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
LH Front	: FIRENZA	195/15	approximate 80%
RH Front	: FIRENZA	195/15	approximate 80%
LH Rear	: FIRENZA	195/15	approximate 80%
RH Rear	: FIRENZA	195/15	approximate 80%

Note: The above percentages denote the remaining estimate life of the tyre thread.

POINT OF IMPACT AND DAMAGE

The vehicle has sustained impact damages on the left hand side portion.
(Please see photographs attached which taken during our survey)

GTG APPRAISER SERVICES LLP

3018 Bedok North St.5 #01-47 Eastlink Light Ind. Bldg.

Singapore 486132. Hand phone No. 91142468

Co. Reg. No.: T12LL0280J

Registration No. GBC 6873 T

Our Reference: GTG/2017/07/10

Qty	Descriptions	Conditions	Repairer's Estimate	Revised Amount
LIST ITEMS				
1	Front bumper	deformed	623.10	623.10
2	Front bumper side retainers	distorted	151.20	151.20
1	Front shock absorber LH	distorted	258.40	X 258.40
1	Front shock absorber RH	necessary	258.40	X 258.40
1	Front wheel bearing LH	distorted	240.00	240.00
1	Front bearing hub LH	distorted	214.60	X 214.60
1	Sliding door LH	dented	1,937.80	X 1,937.80
Total list items			\$3,683.50	\$3,683.50
Less 25%			\$920.88	\$920.88
Total Cost- List Items			\$2,762.63	\$2,762.63

SPECIAL NETT ITEMS				
1 set	Wheel hub cover	broken	120.00	100.00
1	Front rim	distorted	250.00	200.00
1	Front tyre LH	cut	200.00	150.00
1 set	Front door stickers- DHL	necessary	250.00	200.00
1 set	Front door stickers- LTA	necessary	60.00	40.00
1 set	Sliding door stickers- DHL	necessary	800.00	600.00
Total Cost- Special Nett Items			\$1,680.00	\$1,290.00
Grand Total Cost of Parts			\$4,442.63	\$4,052.63

Labour Charges

To panel beat and straighten front door LH, front wheel arch LH, rear fender LH and affected area.

1,400.00 1,200.00

To realign replacement parts

To putty and spray painting on accident affected area and to touch up paint work where required

1,400.00 1,200.00

To remove and check all electrical components, wirings and control unit and test for working condition

80.00 60.00

To transfer sliding door mechanism

90.00 70.00

To perform four wheel alignment

100.00 90.00

To apply undercoating on the required area for rust protection

100.00 X 90.00

Total Labour

\$3,170.00 **\$2,710.00**

Total Parts & Labour

\$7,612.63 **\$6,762.63**

2741.58

20% : 2200

GTG APPRAISER SERVICES LLP

3018 Bedok North St.5 #01-47 Eastlink Light Ind. Bldg.

Singapore 486132. Hand phone No. 91142468

Co. Reg. No.: T12LL0280J

Registration No. GBC 6873 T

Our Reference: GTG/2017/07/10

REPORT SUMMARY

At the time of our visual inspection, we noted that this vehicle has sustained impact damages on the left hand side portion.

We have listed the breakdown of our findings and recommendation as per schedule attached having taken into consideration on the age and condition of the vehicle.

Repairer's Estimate	:	<u>\$7,612.63</u>
Revised Amount	:	<u>\$6,762.63</u>
Recommended Amount	:	<u>\$5,400.00 (Lump Sum)</u>

The repairers have agreed to undertake repairs at our adjusted amount of \$S5,400.00 (Five Thousand And Four Hundred).

Please find attach 46 photos taken during the course of our inspection.

Under normal circumstances, the estimated duration for the repair work/s to be completed should be approximately 06 working days.

This inspection was carried out base on "Without Prejudice" basis and no instruction and authorisation given to the repairer to commence with the said repair work/s.

Should there be any discrepancy found in the report, kindly notify us within (07)days from the date hereof. Otherwise, this report shall be deemed VALID.

GTG APPRAISER SERVICES LLP



Eddie Sim C S
Licensed Appraiser

Disclaimer

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




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/DAI17022782/Ggbe2		
88 SOUTH BRIDGE ROAD SINGAPORE 058716		Date : 21-12-2017		
		Code : DAI		
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)				
Insured Veh.	SJG 3042D	Veh. Inspected	GBC 6873T	
Policy No.	MT/00085837/04	Coverage (\$)	0.00	
Claim No.	71529/JT	Excess (\$)	0.00	
Assign From	JOLEEN TAN	Assign Date	30/11/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA HIACE	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	JTFHT02P400118077	Colour	YELLOW	
Odometer	119761	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15	WEST LAKE	6 mm	
L/H Front Tyre	195 R15	WEST LAKE	6 mm	
R/H Rear Tyre	195 R15	WEST LAKE	6 mm	
L/H Rear Tyre	195 R15	WEST LAKE	6 mm	
4. Description of Damages				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.				
5. General Information				
Accident Date	11/07/2017	Inspection Date	06/12/2017	
Survey held at	ALLAN'S WORKSHOP 21 DEFU LANE 3 SINGAPORE 539446			
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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBC 6873T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	REPLACED	623.10	623.10
2	FRONT BUMPER SIDE RETAINERS	REPLACED	151.20	139.00
1	FRONT SHOCK ABSORBER LH	NOT NECESSARY	258.40	-
1	FRONT SHOCK ABSORBER RH	NOT NECESSARY	258.40	-
1	FRONT WHEEL BEARING LH	REPLACED	240.00	240.00
1	FRONT BEARING HUB LH	NOT NECESSARY	214.60	-
1	SLIDING DOOR LH	REPAIRED SEE LABOUR	1,937.80	-
	LESS 25% DISCOUNT		-920.87	-250.52
			2,762.63	751.58
SPECIAL NETT ITEMS				
1	SET WHEEL HUB COVER (SN)	REPLACED	120.00	80.00
1	FRONT RIM (SN)	REPLACED	250.00	50.00
1	FRONT TYRE-LH (SN)	REPLACED	200.00	90.00
1	SET FRONT DOOR STICKERS-DHL (SN)	REPLACED	250.00	100.00
1	SET FRONT DOOR STICKERS-LTA (SN)	REPLACED	60.00	20.00
1	SET SLIDING DOOR STICKERS-DHL (SN)	REPLACED	800.00	300.00
			1,680.00	640.00
LABOUR				
	TO PANEL BEAT AND STRAIGHTEN FRONT DOOR LH,FRONT WHEEL ARCH LH,REAR FENDER LH AND AFFECTED AREA.TO REALIGN REPLACEMENT PARTS.INCLUSIVE OF THE REPAIR OF SLIDING DOOR LH.		1,400.00	400.00
	TO PUTTY AND SPRAY PAINTING ON ACCIDENT AFFECTED AREA AND TO TOUCH UP PAINT WORK WHERE REQUIRED.		1,400.00	800.00
	TO REMOVE AND CHECK ALL ELECTRICAL COMPONENTS,WIRINGS AND CONTROL UNIT AND TEST FOR WORKING CONDITION.		80.00	30.00
	TO TRANSFER SLIDING DOOR MECHANISM.		90.00	60.00
	TO PERFORM FOUR WHEEL ALIGNMENT.		100.00	60.00

Report Ref No. CS/DAI17022782/Ggbe2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO APPLY UNDERCOATING ON THE REQUIRED AREA FOR RUST PROTECTION.	NOT NECESSARY	100.00	-
			3,170.00	1,350.00
GRAND TOTAL			7,612.63	2,741.58
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,200.00

Report Ref No. CS/DAI17022782/Ggbe2

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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