

Special Instruction:

43: ~~4~~ 7800.00

Third Parties:

Claimant:

Surveyor: Auto Spec Appraisers

Workshop: multilateral Services

From (Person): Stella Ow of Team Koko Queen Date/Time: 04/01/2018
Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: JJN 719 Insured: YK 1199A
at Workshop m/s Multilateral Services Tel: 6459 1630 (Shamun)
of 160 Sin Ming Drive #06-01

Policy No: TWK-HY.S0.1463.17 - ntuc Claim No: MT/0838324-004

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 27.08.2014
(Client's Record)

16-01-2018 (Tuesday) @ 1:30pm

H.O.D. Enforce/ment/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red S _____ / _____ %; Original ¹³ days)

Date/Time: 24/1/18 Submit Final Fig LS 7150, 13 days (Red \$ 650 / 8 %; Original 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 25 JAN 2018

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date: _____

150

1) Date/Time 24/11- typist 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 _____

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: _____

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

N/S	O/S

Bal. or Market Value:			
IDAC Accident Rpt:		Consistent? :	Yes or No
GIA / PR Seen:		Consistent? :	Yes or No
Est. Repairs:	days	Res.:	Yes or No
Lum Sum:	%	3 Val.:	Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Veh No: TJN 71P Yr Regn: -

Type: (M) Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: Protar (M) C.C. -

Colour: M. Gold A/C: Insured / Std / NI / NA

Sp. Reading: 152587 T/Radio: Insured / Std / NI / NA

Eng No:

C/No: PLIC21LNP6B129769

Gen. Cond: (Good) Fair / Poor / Burnt

Steering: (C) In order / Jammed / Leaked / Burnt or

Brake: (C) In order / Jammed / Leaked / Burnt or

Modi: (C) Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60R14
R: —————

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Silver stone

<u>Front</u>		<u>Rear</u>	
R/Bal.	<u>7</u> mm	R/Bal.	<u>7</u> mm
L/Bal.	<u>7</u> mm	L/Bal.	<u>7</u> mm
D.O.A.	<u>—————</u>	D.O.I.	<u>16/11/18</u>

Survey held at —————

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time: File Pass to?

☐ : Prelim. Report
☐ : Final Report

1) _____
Date/Time File Return to?

Report Format :

Lump Sum / I.B.I.: (\$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee:

☐ Site Inc. (\$

Interview (S)

Tech. Info.

Weekend life

3-92-5

675

Survey Department Check List (Case Handler)

Reference No.: CS INC 15001709 Kvb-1
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are ACCURATE.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
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				

Surveyor (

): Case handler to make sure the surveyor completed all required information.

(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				

(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: VERON 24/1/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref : CS/INC15001709/Kvb-1

C/O: TAN KOK QUAN PARTNERSHIP
8 SHENTON WAY #47-01
AXA TOWERS SINGAPORE 068811

Date : 15-01-2018



Code : INC3

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

Insured Veh.	YK 1199A	Veh. Inspected	JJN 719
Policy No.	TWK.HY.so.1463.17-ntuc	Coverage (\$)	0.00
Claim No.	MT/0838324-004	Excess (\$)	0.00
Assign From	STELLA OW	Assign Date	04/01/2018

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	22/08/2014	Inspection Date	16/01/2018
Survey held at	160 SIN MING DRIVE #06-01		
Repairer	MULTILATERAL SERVICES		

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: Stella Ow on behalf of Lum Hui Yun <stellaow@tkqp.com.sg>
Sent: Thursday, 4 January, 2018 6:45 PM
To: assignments@lkkauto.com
Cc: Lum Hui Yun
Subject: NEW ASSIGNMENT : NTUC Ref: MT/0838324-004 ; TKQP Ref: TWK.HY.so.1463.17-ntuc
Attachments: Lump Sum Repair Bill.pdf; OI GIA Report of YK1199A.pdf; OI Police Report.pdf; Plaintiff's police report.pdf; Survey Report of JJN 719.pdf
Importance: High

Dear Celine,

We refer to the above matter.

We write on behalf of NTUC Income Insurance Co-Operative Ltd to engage you to conduct a physical re-inspection on motor vehicle no. JJN 719.

We enclose the following documents for your attention:-

1. Survey report from Auto Spec Appraiser dated 23 December 2014 on vehicle no. JJN 719;
2. Repair bill from Multilateral Services;
3. Police Report of Plaintiff, Tee Chee Shin; and
4. GIA report and Police Report of our clients' insured, YK 1199A.

Please note that the physical re-inspection is schedule as follows: -

Date	:	Tuesday, 16 January 2018
Time	:	1.30 p.m.
Venue	:	160 Sin Ming Drive Sin Ming Autocity #06-01, Singapore 575722
Contact	:	Mr Tee Chee Shin (9370 4054) Ms Sharon (6459 1630)

Please let us have your invoice billed to "NTUC Income Insurance Co-Operative Limited" care of our office address and also let us have the re-inspection report.

Please let us have your confirmation that the aforesaid date and time is suitable to you as soon as possible.

Thanks.

Best Regards,

Stella Ow
For and on behalf of Lum Hui Yun
Senior Associates

TKQP

Tan Kok Quan Partnership

Advocates & Solicitors, Singapore

8 Shenton Way #47-01 AXA Tower Singapore 068811

T (65) 6225 9333

D (65) 6496 9535

F (65) 6227 6116

E stellaow@tkqp.com.sg

W www.tkqp.com.sg

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MULTILATERAL SERVICES

Block 19, Sector A, Sin Ming Industrial Estate,

#01-07, Singapore 575677.

Tel: 64535654 Fax: 64591698

Reg. No. 46956800/C

DATE: 30/12/2014

INVOICE NO : TP 2214

TO: TEE CHEE SHIM
BLK 19, SECTOR A # 01-07
SIN MING INDUSTRIAL
SINGAPORE 575677

VEH NO : JUN 719

MODEL : PROTON

SAGA

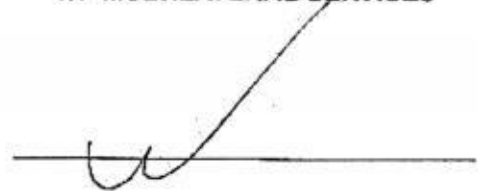
PAYMENT TERM :

SN	DESCRIPTION	AMOUNT S\$
	Accident Date: 22/08/2014	
	Lump Sum repair, supply parts and labour.	\$ 7,800.00
	Survey By: AUTO SPEC APPRAISER	
	Ref: JJN71929082014	
	Sub - Total	\$ 7,800.00
	TOTAL	\$ 7,800.00

NOTE : All cheques must be crossed and make payable to MULTILATERAL SERVICES

RECEIVED VEHICLE IN GOOD ORDER

for MULTILATERAL SERVICES



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	23/08/2014 11:54
Date Of Accident	22/08/2014 15:30
Exact Location Of Accident	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK1199A
Insured/Policyholder	
Name Of Registered Owner	TRIWAY EXPRESS (S) PTE. LTD.
Co Reg No	198204519N

Vehicle Particulars

Manufacturer	NISSAN
Model	MKB 210
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	5050669358-03 (TP)
Cover Note Number	

Driver

Name of Driver	HO GAW CHYE
NRIC No	S0314134I
Date Of Birth	21/03/1947
Occupation	Outdoor
Date Of Driving Pass	25/06/1979
Driving Experience	35 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-91084581
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLK 18 JALAN SULTAN #09-164
Postcode	190018
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- Chain Collision
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? Yes
Foreign Vehicle Registration Number JJN719 (Private Car)
Was any body injured in the Accident? Yes
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No

Details of Police Action

Was the accident reported to the police? Yes
If Yes, Please state which Police Station
Police Station Name [Other] 10 UBI AVE 3
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

ACCIDENT HAPPENED ON 22ND AUGUST 2014 AT ABOUT 15:50 HOURS. PLEASE REFER TO POLICE REPORT NO. T/20140822/4151 ATTACHED. NOTE: THE VEHICLE NUMBER FOR THE MALAYSIA VEHICLE SHOULD BE JJN 719 AND NOT JJN 7193 AS STATED IN THE POLICE REPORT. **ATTENDED BY CHRISTINA**

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JJN719
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
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 SFT9400T
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
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 3

Vehicle Registration Number SJB7303B
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
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 INJURED PERSON 1

Name UNKNOWN
Approximate Age
Injuries Sustain REFER TO POLICE REPORT
Injured person in which vehicle? JJN719
Were seat belts worn?
Was injured conveyed to hospital by ambulance? Yes
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN
Approximate Age
Injuries Sustain REFER TO POLICE REPORT
Injured person in which vehicle? SFT9400T
Were seat belts worn?
Was injured conveyed to hospital by ambulance? Yes
Address
Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN
Approximate Age
Injuries Sustain REFER TO POLICE REPORT
Injured person in which vehicle? SJB7303B
Were seat belts worn?
Was injured conveyed to hospital by ambulance? Yes
Address

Postcode

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:

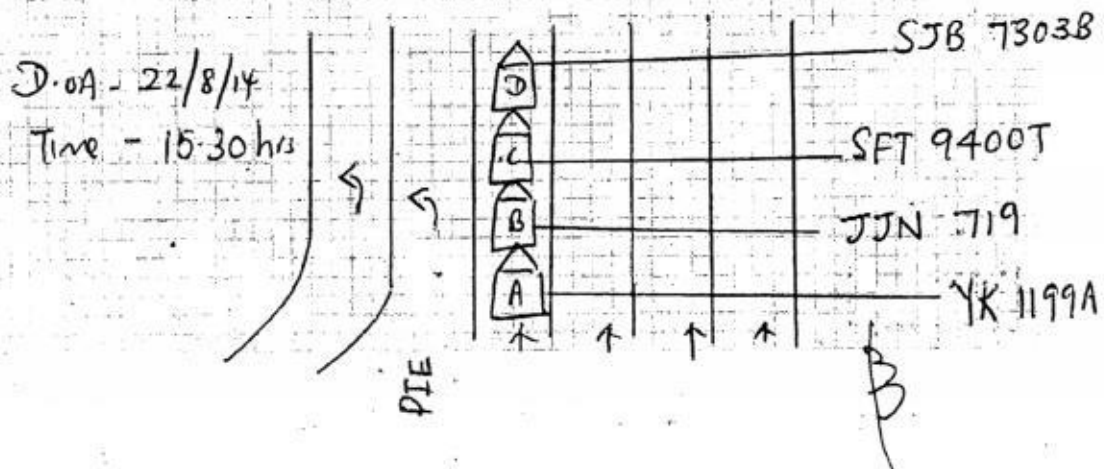
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Describe Circumstances of the Accident

(Refer to police report)

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

B

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

23 AUG 2014



Witnessed by Reporting Centre Personnel

Sketch Plan #3 Pg.1

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20140822/4151

1 of 3

Report No. T/20140822/4151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2014 20:48		Vide Report No.:		Station Diary No.:	
Name of Informant: HO GAW CHYE					
Address: APT BLK 18 JALAN SULTAN #09-164 SINGAPORE 190018					
ID Type / ID No.: NRIC NO / S0314134I		Contact No.: Home/Office: Mobile: 91084581			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 67	Date of Birth: 21/03/1947	Type of Informant: Driver		
Race: Chinese		Language: Chinese		Institution / School Name:	
Occupation: Deliveryman		Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:	

Details of the Accident:					
Type of Accident: Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/08/2014 15:30	Type of Location: Straight Road		
Location: Along Road 1 PAN ISLAND EXPRESSWAY					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved:					
Vehicle No.	Vehicle Type	Colour	Damage	Damage Description	Damage Level
JJN7193	Car			Slightly Damaged	0
SFT9400T	Car			Slightly Damaged	3
SJB7303B	Car			Slightly Damaged	3
YK1199A	Lorry			Slightly Damaged	1

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20140822/4151

2 of 3

Report No. T/20140822/4151

CONTINUATION OF REPORT

Name	HO GAW CHYE	ID No.	S0314134I
Related Vehicle	NIL	Contact No.	91084581
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME DATED 22 AUGUST 2014 @ 1530HRS, I WAS TRAVELLING ALONG CTE TOWARDS CITY. I WAS TRAVELLING ON THE THIRD LANE BEFORE THE NEXT EXIT IS UPPER SERANGOON. THE FIRST LANE IS FOR TURNING TO UPPER SERANGOON EXIT AND THE SECOND LANE IS FOR TOA PAYOH EXIT. IN FRONT OF ME WAS VEHICLE JN7193. SUDDENLY THE VEHICLE JN7193 STOPPED AND I JAMMED MY BRAKES TO STOP. I HAVE MAINTAINED A SAFE DISTANCE BUT STILL HIT THE BACK OF THE VEHICLE JN7193. SUBSEQUENTLY THE VEHICLE JN7193 HIT ADDITIONAL VEHICLE SFT9400T AND SBT7303B INFRONT OF HIM.

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20140822/4151

3 of 3

Report No. T/20140822/4151

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /

~~MUHAMMAD NUR BIN BAHARI~~

Marvin Yee

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Arman Bin Md Ali

Contact No.: 65476218

Signature Of Informant:

Date/Time:

22/08/2014 20:48

Classification Of Case:

Authentication Stamp
NP168

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20140825/4066

1 of 3

Report No. T/20140825/4066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2014 13:19	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TEE CHEE SHIN		Address: 142 PEKAN NANAS	
ID Type / ID No.: OTHERS / MALAYSIAN IC / 740722-01-6543		Contact No.: Home/Office: Mobile: 93704054	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 22/07/1974	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: CARPENTER		Driving Licence Information: Class: Date of Expiry:	

Details of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/08/2014 14:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY NEAR BRADDELL ROAD TOWARDS CTE NEARBY EXIT TO PIE CHANGI				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicles Involved

Vehicle No.	Type	Make	Model	Year	Condition	No. of Passengers
JJN719	Car				Seriously Damaged	0

Details of Pedestrians Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20140825/4066

2 of 3

Report No. T/20140825/4066

CONTINUATION OF REPORT

2014/8/25				
Name	TEE CHEE SHIN		ID No.	740722-01-6543
Related Vehicle	JJN719 (Car)		Contact No.	93704654
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/08/2014		Date Discharge	22/08/2014
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight	

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME, I WAS FROM ANG MO KIO GOING TO MY OFFICE. I WAS TRAVELLING FROM CTE TO TURN TO PIE. THE CAR INFRONT ME STARTED SLOWING DOWN. SUDDENLY, A CAR BANGED ME FROM THE BACK AND I HIT THE CAR INFRONT.

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20140825/4066

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Report No. T/20140825/4066

CONTINUATION OF REPORT

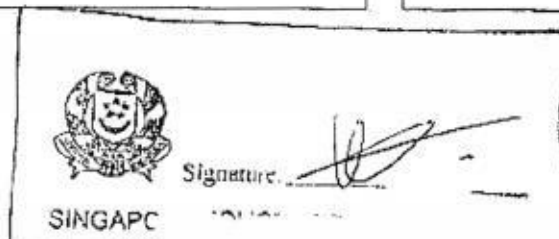
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / YEE HAO MING MARVIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2014 13:19
Officer In Charge Of Case: TP / GIT / Arman Bin Md Ali Contact No.: 65476218	Classification Of Case:

Authentication Stamp
NP168



AUTO SPEC APPRAISER

25 Moonstone Lane Moonstone Residence

#10-02 Singapore 328465

Tel : 68468023 Fax : 68427801

Vehicle Survey Report

Reg No	: AS2618	Date	: 23-12-2014
Our Reference No.	: JJN71929082014	Date Of Survey	: 29-08-2014
Claim Type	: Third Party	Date Of Accident	: 22-08-2014
Assignment Given By	: Tee Chee Shin	Survey Conduct At	: Multilateral Services
		Address	: Blk 19 Sin Ming Ind Estate
			: #01-07 Singapore 575677

Particulars of vehicle

Vehicle Reg. No.	: JJN 719	Engine Number	: I1idden
Make	: Proton	Chassis Number	: PL1C21LNR6B129769
Model	: Saga	Transmission Type	: Manual
		Vehicle Colour	: Silver
		Milcage Reading	: 97684

Visual and static test on vehicle during survey

Hand brake condition	: Serviceable	Body Condition	: Fair
Foot brake condition	: Serviceable	Paint Work condition	: Fair
Steering condition	: Serviceable	Remarks	: None
Modification	: None		

Condition of vehicle tyre

	Size	Make / Right Tread	Make / Left Tread
Front Tyre	: 175/70R14	Silverstone / 6MM	Silverstone / 6MM
Rear Tyre	: 175/70R14	Silverstone / 6MM	Silverstone / 6MM

Description on vehicle's point of impact and

Front and rear portion of the vehicle
(For more detail of the damages, please refer photographs attached)

Remarks

In accordance to your instruction, we have **NOT** authorised any repairs.
Estimated duration of repairs 13 days.
This survey was conducted entirely on a "WITHOUT PREJUDICE" basis.

Point Of Impact



AUTO SPEC APPRAISER

JIN719

25 Moonstone Lane Moonstone Residence

#10-02 Singapore 328465

Tel : 68427801 Fax : 68468023

Adjustment on Spare Parts & Repair Cost

S/No	Qty	Vehicle Parts Description	Condition	Original Quotation (S\$)	Recommendation (S\$)
1	1	Bonnet	Buckled	267.00	267.00
2	1	Bonnet lock top	Jam	11.00	11.00
3	1	Bonnet lock bottom	Jam	12.00	12.00
4	1	Front support panel	Twist	316.00	316.00
5	2	Front fender	Bent RH	225.00	112.50
6	2	Front fender inner panel LH	Bent	328.00	R 328.00 X
7	1	Front fender cowl	Torn	64.00	64.00
8	1	Front fender stay bracket LH	Bent	15.50	15.50
9	2	Bonnet hinge	Dent	39.00	R 39.00 X
10	1	Front bumper	Torn	186.00	186.00
11	1	O/s front bumper bracket	Bent	59.00	59.00
12	1	N/s front bumper bracket	Bent	59.00	59.00
13	1	O/s front bumper stay	Bent	20.00	20.00
14	1	N/s front bumper stay	Bent	20.00	20.00
15	1	N/s headlamp	Crack	164.00	164.00
16	1	O/s headlamp	Crack	164.00	164.00
17	1	Radiator assy	Bent	609.00	609.00
18	1	Radiator fan motor	Jam	261.00	261.00
19	1	Radiator fan blade	Cut	40.00	40.00
20	1	Radiator fan cowl	Crack	80.00	80.00
21	1	Radiator grille	Crack	46.00	46.00
22	1	Radiator grille brace panel	Bent	40.00	40.00
23	1	Radiator grille emblem	Necessary	125.00	125.00
24	1	Radiator wiper tank	Dent	80.00	NH 80.00 X
25	1	Wiper tank motor	Serviceable	65.10	0.00
26	1	Battery	Cut	180.00	Sm 180.00 X
27	1	Battery tray	Cut	55.00	R 55.00 X
28	1	Battery support bracket	Dent	28.00	28.00
29	1	Battery fastener clamp	Dent	22.00	R 22.00 X
30	1	O/s front fender protector moulding	Necessary	10.00	10.00
31	1	O/s front fender indicator lamp	Crack	62.00	62.00
32	1	O/s front fender stay rod	Bent	12.00	12.00
33	1	N/s front fender indicator lamp	Crack	62.00	62.00
34	1	N/s front fender protector moulding	Necessary	10.00	10.00
35	1	Horn	Dent	55.00	55.00
36	1	Rear bumper	Dent	572.00	572.00
37	2	Rear bumper side retainer	Necessary	84.00	84.00
38	1	Rear bootlid	Dent	458.00	458.00
39	1	Rear bootlid Saga emblem	Necessary	58.50	58.50
40	1	Rear bootlid spoiler	Crack	396.00	396.00
41	2	Rear bootlid hinge	Dent	88.00	R 88.00 X 59.50
42	1	Rear bootlid rubber	Necessary	119.00	119.00 50/m
43	2	Rear bootlid absorber	Dent	86.00	NH 86.00 X
44	1	Rear bootlid lock	Dent	52.80	52.80
45	2	Rear fender	Dent LH	1,105.00	552.50
46	2	Taillamp	Crack	412.00	412.00
47	1	Taillamp inner garnish	Deform	102.40	102.40
48	1	Taillamp panel	Bent	352.00	352.00
49	1	Rear exhaust pipe	Repair	585.00	0.00
50	2	Rear exhaust mounting	Necessary	56.00	nn 56.00 X

AUTO SPEC APPRAISER

JIN719

25 Moonstone Lane Moonstone Residence
#10-02 Singapore 328465
Tel : 68427801 Fax : 68468023


Adjustment on Spare Parts & Repair Cost

S/No	Qty	Vehicle Parts Description	Condition	Original Quotation (S\$)	Recommendation (S\$)
51	1	Spare tyre panel board	Crack	154.00	154.00 X
52	1	Spare tyre panel	Repair	1,102.00	0.00
TOTAL :				9574.30	7157.20
Less market discount 10%				0.00	715.72
				9574.30	6441.48
1	2	No plate	Crack	80.00	80.00
2	1	Rear windscreen glass sealant	Necessary	50.00	50.00
TOTAL :				130.00	130.00
1		To check wiring functions		50.00	30.00
2		To apply rust proofing on replaced/repared panel		250.00	150.00
3		Remove and refit rear windscreen glass		150.00	100.00
3		Remove and refit aircon.		150.00	100.00
3		Remove and refit exhaust pipe.		150.00	120.00
4		To putty and spray paint charges		1600.00	1500.00
5		Labour charges		1600.00	1500.00
TOTAL :				3950.00	3500.00
TOTAL PARTS AND LABOUR				13,654.30	10071.48

RECOMMENDED COST OF LUMP SUM REPAIR

7,800.00

Vehicle Surveyed By:


Ng Ching Chye
For Auto Spec Appraiser



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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref : CS/INC15001709/Kvbs2-1

C/O: TAN KOK QUAN PARTNERSHIP
8 SHENTON WAY #47-01
AXA TOWERS SINGAPORE 068811

Date : 29-01-2018



Code : INC3

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

Insured Veh.	YK 1199A	Veh. Inspected	JJN 719
Policy No.	TWK.HY.so.1463.17-ntuc	Coverage (\$)	0.00
Claim No.	MT/0838324-004	Excess (\$)	0.00
Assign From	STELLA OW	Assign Date	04/01/2018

2. Vehicle Particulars & Condition

Make & Model	PROTON (M)	c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.	PL1C21LNR6B129769	Colour	METALLIC GOLD
Odometer	152587	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	185/60R14	SILVERSTONE	7 mm
L/H Front Tyre	185/60R14	SILVERSTONE	7 mm
R/H Rear Tyre	185/60R14	SILVERSTONE	7 mm
L/H Rear Tyre	185/60R14	SILVERSTONE	7 mm

4. Description of Damages

THE VEHICLE HAD COMMENCED ITS REPAIR AT THE TIME OF INSPECTION. REPAIR CONDITION SEE DETAILS.
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5. General Information

Accident Date	22/08/2014	Inspection Date	16/01/2018
Survey held at	160 SIN MING DRIVE #06-01		
Repairer	MULTILATERAL SERVICES		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	13 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. JJN 719

Qty	Description of Parts	Condition	Initial Surveyor (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BONNET	REPLACED	267.00	267.00
1	BONNET LOCK TOP	REPLACED	11.00	11.00
1	BONNET LOCK BOTTOM	REPLACED	12.00	12.00
1	FRONT SUPPORT PANEL	REPLACED	316.00	316.00
2	FRONT FENDER	O/S REPLACED	112.50	112.50
2	FRONT FENDER INNER PANEL LH	REPAIRED SEE LABOUR	328.00	-
1	FRONT FENDER COWLING	REPLACED	64.00	64.00
1	FRONT FENDER STAY BRACKET LH	REPLACED	15.50	15.50
2	BONNET HINGE	REPAIRED SEE LABOUR	39.00	-
1	FRONT BUMPER	REPLACED	186.00	186.00
1	O/S FRONT BUMPER BRACKET	REPLACED	59.00	59.00
1	N/S FRONT BUMPER BRACKET	REPLACED	59.00	59.00
1	O/S FRONT BUMPER STAY	REPLACED	20.00	20.00
1	N/S FRONT BUMPER STAY	REPLACED	20.00	20.00
1	N/S HEADLAMP	REPLACED	164.00	164.00
1	O/S HEADLAMP	REPLACED	164.00	164.00
1	RADIATOR ASSY	REPLACED	609.00	609.00
1	RADIATOR FAN ASSY	REPLACED	261.00	261.00
1	RADIATOR FAN BLADE	REPLACED	40.00	40.00
1	RADIATOR FAN COWLING	REPLACED	80.00	80.00
1	RADIATOR GRILLE	REPLACED	46.00	46.00
1	RADIATOR GRILLE BRACE PANEL	REPLACED	40.00	40.00
1	RADIATOR GRILLE EMBLEM	REPLACED	125.00	125.00
1	RADIATOR WIPER TANK	NOT CHANGED	80.00	-
1	WIPER TANK MOTOR	SERVICEABLE	-	-
1	BATTERY	SERVICEABLE	180.00	-
1	BATTERY TRAY	REPAIRED SEE LABOUR	55.00	-
1	BATTERY SUPPORT BRACKET	REPLACED	28.00	28.00

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Qty	Description of Parts	Condition	Initial Surveyor (\$)	Our Adjusted (\$)
1	BATTERY FASTENER CLAMP	REPAIRED SEE LABOUR	22.00	-
1	O/S FRONT FENDER PROTECTOR MOULDING	REPLACED	10.00	10.00
1	O/S FRONT FENDER INDICATOR LAMP	REPLACED	62.00	62.00
1	O/S FRONT FENDER STAY ROD	REPLACED	12.00	12.00
1	N/S FRONT FENDER INDICATOR LAMP	REPLACED	62.00	62.00
1	N/S FRONT FENDER PROTECTOR MOULDING	REPLACED	10.00	10.00
1	HORN	REPLACED	55.00	55.00
1	REAR BUMPER	REPLACED	572.00	572.00
2	REAR BUMPER SIDE RETAINER	REPLACED	84.00	84.00
1	REAR BOOTLID	REPLACED	458.00	458.00
1	REAR BOOTLID SAGA EMBLEM	REPLACED	58.50	58.50
1	REAR BOOTLID SPOILER	REPLACED	396.00	396.00
2	REAR BOOTLID HINGE	REPAIRED SEE LABOUR	88.00	-
2	REAR BOOTLID ABSORBER	NOT CHANGED	86.00	-
1	REAR BOOTLID LOCK	REPLACED	52.80	52.80
2	REAR FENDER	N/S REPLACED	552.50	552.50
2	TAILLAMP	REPLACED	412.00	412.00
1	TAILLAMP INNER GARNISH	REPLACED	102.40	102.40
1	TAILLAMP PANEL	REPLACED	352.00	352.00
1	REAR EXHAUST PIPE	REPAIRED SEE LABOUR	-	-
2	REAR EXHAUST MOUNTING	NOT NECESSARY	56.00	-
1	SPARE TYRE PANEL BOARD	NOT CHANGED	154.00	-
1	SPARE TYRE PANEL	REPAIRED SEE LABOUR	-	-
	LESS 10% DISCOUNT		-703.82	-595.02
			6,334.38	5,355.18
1	REAR BOOTLID RUBBER (50%) (SN)	REPLACED	119.00	59.50
	LESS 10% DISCOUNT		-11.90	-
			107.10	59.50

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Qty	Description of Parts	Condition	Initial Surveyor (\$)	Our Adjusted (\$)
	<u>SPECIAL NETT ITEMS</u>			
2	NO PLATE (SN)	REPLACED	80.00	80.00
1	REAR WINDSCREEN GLASS SEALANT (SN)	REPLACED	50.00	50.00
			130.00	130.00
	<u>LABOUR</u>			
	TO CHECK WIRING FUNCTIONS.		30.00	30.00
	TO APPLY RUST PROOFING O REPLACED / REPAIRED PANEL.		150.00	150.00
	REMOVE AND REFIT REAR WINDSCREEN GLASS.		100.00	100.00
	REMOVE AND REFIT AIRCON.		100.00	100.00
	REMOVE AND REFIT EXHAUST PIPE.		120.00	60.00
	TO PUTTY AND SPRAY PAINT CHARGES.		1,500.00	1,500.00
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF FRONT FENDER INNER PANEL LH, BONNET HINGE, BATTERY TRAY, BATTERY FASTENER CLAMP, REAR BOOTLID HINGE, REAR EXHAUST PIPE AND SPARE TYRE PANEL.		1,500.00	1,500.00
			3,500.00	3,440.00
	GRAND TOTAL		10,071.48	8,984.68
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		7,800.00	7,150.00

Report Ref No. CS/INC15001709/Kvbs2-1

KONG SENG CHEONG

Licensed Appraiser

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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