

Surveyor

REF: CSI/SPF 18001707/C vbs2

Special Instruction:

## ASSIGNMENT (Office)

\$ 14,433.98

From (Person): Abdul Rahman of SPF Date/Time: 29012018  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

Third Parties:

Claimant: \_\_\_\_\_

Surveyor: \_\_\_\_\_

Workshop: Borneo Motor

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJA 9495Y Insured: Bx 486D  
 at Workshop m/s Borneo Motor Tel: \_\_\_\_\_  
 of 17 Ubi Road 4

Policy No: \_\_\_\_\_ Claim No: AEMD 105 / 00A / 2017 / 017

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 10.02.2017  
 (Client's Record)

Do Not Indemnify

H.O.D. Enforcement/Date: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT

Date/Time: \_\_\_\_\_ Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_\_ days (Red \$ \_\_\_\_\_ / \_\_\_\_\_ %; Original \_\_\_\_\_ days)

Date/Time: \_\_\_\_\_ Submit Final Fig 13,489.70, 10 days (Red \$ \_\_\_\_\_ / \_\_\_\_\_ %; Original \_\_\_\_\_ days)

| Date/Time | Action/Instruction                                |
|-----------|---|
|           | <u>SJA 9495Y - B3 / FCL / 4406016 / Right</u>     |
|           | <u>Bx 486D - CSI / SPF 18001707 / ab</u>          |
|           | <u>DCA J 210314</u>                               |
|           | <u>DUT: B062016</u>                               |
|           | <u>*The repair cost is fair &amp; reasonable.</u> |
|           | <u>But the repair margin</u>                      |
|           | <u>19/1/2018</u>                                  |

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:

Date:

Basic &amp; Add

Transport

Photos

Others

Total

300

1) Date/Time 22/2 - 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 \_\_\_\_\_



# 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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF18001707/vb

ACCIDENT CLAIM SECTION  
(SINGAPORE POLICE FORCE)  
1 MOUNT PLEASANT ROAD  
BLK 8 OLD POLICE ACADEMY SINGAPORE 298333

Date : 29-01-2018



Code : SPF

## 1. Policy Particulars :- THIRD PARTY CLAIM

|              |                       |                |            |
|--------------|-----------------------|----------------|------------|
| Insured Veh. | QX 486D               | Veh. Inspected | SJA 9495Y  |
| Policy No.   |                       | Coverage (\$)  | 0.00       |
| Claim No.    | AEMD/105/009/2017/017 | Excess (\$)    | 0.00       |
| Assign From  | ABDUL RAHMAN          | Assign Date    | 29/01/2018 |

## 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

|  |  |
|--|--|
|  |  |
|--|--|

## 5. General Information

|                |  |                 |            |
|----------------|--|-----------------|------------|
| Accident Date  | 10/02/2017   | Inspection Date | 29/01/2018 |
| Survey held at | BORNEO MOTORS (S) PTE LTD<br>17 UBI ROAD 4<br>SINGAPORE 408611 |                 |            |

## 5a. Remarks

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



# SINGAPORE POLICE FORCE

SPF Accidents Claims Section  
Automotive Engg & Mgmt Div  
Police Logistics Department  
No. 1 Mount Pleasant Road  
Block 8 Old Police Academy  
#02-12 Singapore 298333

Your Ref : SJA9495Y

Our Ref : AEMD/105/009/2017/017

Date : 4 October 2017

Tel: 64784840

Fax: 64784848

LKK Auto Consultants Pte Ltd  
Paya Ubi Industrial Park  
51 Ubi Avenue 1 #01/02-25  
Singapore 408933

**Via Fax only: 62564315**

Dear Sir/Madam,

## **ACCIDENT ON 10 FEBRUARY 2017 INVOLVING GOVT VEHICLE QX486D AND OTHER VEHICLE SJA9495Y**

We refer to the above matter.

- 2 Kindly arrange for a **Paper Survey** of vehicle no. **SJA9495Y** which has already been repaired by **M/s Borneo Motors (S) Pte Ltd** of **2 Pandan Crescent**, Singapore **128462**.
- 3 For enquiries kindly contact **Suraidah** at Tel: **66311887**.
- 4 Estimates were provided by the workshop.
- 5 Thank you.

Yours faithfully,

Abdul Rahman  
Accident Claims Officer  
for ASST DIRECTOR

**A FORCE FOR THE NATION**



Co Reg No : 196700086Z  
GST Reg No : MR-8500000-9

Join Toyota ME @ <http://toyotame.borneomotors.com.sg> & earn points to redeem for attractive items!

**Borneo Motors (Singapore) Pte Ltd**

Online Service Booking :  
[www.toyotasingsapore.com.sg](http://www.toyotasingsapore.com.sg)

Toyota Bodycare Centre  
17 Ubi Road #  
Singapore 409611  
Tel no.: 6631-1188

### ESTIMATE

| Account Detail    | Account No       | Customer Detail   |
|-------------------|------------------|---|
| THIRD PARTY CLAIM | S1000020/TPCLAIM | Mr Lim Tat Peng<br>642 Bedok Reservoir Road<br>#03-73<br>Singapore 410642<br>Mobile: 97315001 |
|                   | Document No      |   |
|                   | Document Date    |   |
|                   | 0                |   |
|                   | 13/02/2017       |   |

| Year              | Make       | Model  | Reg Date    | Veh Reg No       | Kilometers | WIP No       | Order No/Remarks   |
|-------------------|------------|--------|-------------|------------------|------------|--------------|--------------------|
| 07                | JEAGKT     | ACV40R | 27/12/2007  | SJA9495Y         | 185750     | 14153        | 7DS/SJA9495Y/10021 |
| Chassis No        | Engine No  | TWC No | Terms       | Service Engineer | Vehicle In | Collected On |                    |
| MR053BK4007019376 | 2AZE065720 | 60     | Sam San Joi |                  | 13/02/2017 | 8.00         | --/--/---- 0.00    |

| L | Cd | Job/Parts Description  | Qty | Unit Price | Disc % | Amount    |
|---|----|--|-----|------------|--------|-----------|
| 1 | Z  | BP-SUNDRY SUNDRIES TP-DIRECT SETTLEMENT<br>TP-QX823P ACC DATE:10/02/2017<br>DRIVE IN:10/02/2017<br>DATE-IN: DATE SURVEY:<br>NO OF REPAIR DAYS:<br>BY: AUTHORISED ON: |     |            |        | NET 30.00 |
| 2 | S  | BP-SUBLET DRILL HOLE AND INSTALL REAR REVERSE SENS   |     |            |        | 169.50    |
| 3 | S  | OR   |     |            |        |           |
| 4 | S  | BP-SUBLET CHECK LIGHTING & WIRING SYSTEM   |     |            |        | 115.26    |
| 5 | S  | BP-SUBLET REMOVE & INSTALL REAR WINDSCREEN TO ASSI   |     |            |        | 436.00    |
| 6 | S  | ST REPAIR  |     |            |        |           |
| 7 | S  | BP-SUBLET REMOVE & INSTALL SEAT, CARPET, BOOTLID GAR   |     |            |        | 678.00    |
| 8 | S  | NISH AND TRIMMING ASSY TO ASSIST REPAIR  |     |            |        |           |
| 9 | S  | BP-SUBLET REPLACE SPORT RIM AND CONDUCT WHEEL BALA   |     |            |        | 68.00     |
|   |    | NCING  |     |            |        |           |
| 7 | B  | BP-MECH CONDUCT FULL WHEEL ALIGNMENT   |     |            |        | 339.00    |
| 8 | S  | BP-SUBLET SUPPLY REAR LH SPORT RIM   |     |            |        | 480.00    |
| 9 | S  | BP-SUBLET SUPPLY & INSTALL REAR LH TYRE  |     |            |        | 360.00    |

Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.

| For & on behalf of<br>Borneo Motors | Customer's Signature                  | Change Summary    | Total      |
|-------------------------------------|---------------------------------------|-------------------|------------|
|                                     | Please acknowledge receipt of vehicle | Parts             |            |
|                                     |                                       | Labour            |            |
|                                     |                                       | Materials         |            |
|                                     |                                       | Lubrication/Fluid |            |
|                                     |                                       | Others            |            |
|                                     |                                       |                   | Amount Due |

PLEASE TEAR ALONG PERFORATED LINE

3358288

TO SECURITY GUARD

3358288

PLEASE ALLOW THE UNDERMENTIONED  
VEHICLE TO LEAVE THE COMPANY PREMISES.

DATE 13/02/2017  
TIME 13:41

VEHICLE NO SJA9495Y

CUSTOMER

SIGNATURE  
FOR BORNEO MOTORS (SINGAPORE) PTE LTD



**Borneo Motors**



Co Reg No : 196700086Z  
GST Reg No : MR-8500000-9

## ESTIMATE

Join Toyota ME @ <http://toyotame.borneomotors.com.sg> & earn points to redeem for attractive items!

Borneo Motors (Singapore) Pte Ltd

Online Service Booking :  
[www.toyotasingsapore.com.sg](http://www.toyotasingsapore.com.sg)  
Toyota Bodycare Centre  
17 Ubi Road 4  
Singapore 409611  
Tel no : 6631 1188

| Account Detail    | Account No                  | Customer Detail   |
|-------------------|-----------------------------|---|
| THIRD PARTY CLAIM | S1000020 / TPCLAIM          | Mr Lim Tat Peng<br>642 Bedok Reservoir Road<br>#03-73<br>Singapore 410642<br>Mobile: 97315001 |
|                   | Document No<br>0            |   |
|                   | Document Date<br>13/02/2017 |   |

| Year              | Make       | Model  | Reg Date    | Veh Reg No       | Kilometers | WIP No       | Order No/Remarks   |
|-------------------|------------|--------|-------------|------------------|------------|--------------|--------------------|
| 07                | JEAGKT     | ACV40R | 27/12/2007  | SJA9495Y         | 185750     | 14153        | 7DS/SJA9495Y/10021 |
| Chassis No        | Engine No  | TWC No | Terms       | Service Engineer | Vehicle In | Collected On |                    |
| MR053BK4007019376 | 2AZE065720 | 60     | Sam San Joi | 13/02/2017       | 8.00       | --/--/----   | 0.00               |

| L  | Cd | Job/Parts Description   | Qty   | Unit Price | Disc % | Amount  |
|----|----|---|-------|------------|--------|---------|
| 10 | S  | BP-SUBLET LABOUR JOB<br>REPLACE REAR BUMPER, TAILLAMP LH, ETC<br>STRAIGHTEN & ALIGN REAR LH ACCIDENT AFFECTED |       |            |        | 4068.00 |
| 11 | S  | BP-SUBLET RESPRAY JOB ON REAR LH ACCIDENT AFFECTED AREAS  |       |            |        | 2780.00 |
| 12 | 1  | S67004-06091 L/RR DOOR PANEL ASSY, <i>BUL</i>   | 1.00  | 1336.00    | 15.00  | 1135.60 |
| 13 | 2  | S75978-06020 L/R DOOR BLACK TAPE, <i>NEC</i>  | 1.00  | 21.20      | 15.00  | 18.02   |
| 14 | 3  | S75988-06050 L/RR DOOR BLACK TAPE, <i>NEC</i>   | 1.00  | 41.90      | 15.00  | 35.61   |
| 15 | 4  | S75742-06910 L/REAR DOOR MLDG, <i>NEC</i>   | 1.00  | 65.00      | 15.00  | 55.25   |
| 16 | 5  | S75798-06020 L/R DOOR INSERT MLDG, <i>NEC</i>   | 1.00  | 13.80      | 15.00  | 11.73   |
| 17 | 6  | S61602-06140 L/REAR QUARTER PANEL, <i>BUL</i>   | 1.00  | 1009.20    | 15.00  | 857.82  |
| 18 | 7  | S61622-06908 L/RR TAIL LAMP PANEL, <i>CRA</i>   | 1.00  | 97.20      | 15.00  | 82.62   |
| 19 | 8  | S52159-06938 COVER, RR BUMPER <i>CUT</i>  | 1.00  | 600.50     | 15.00  | 510.42  |
| 20 | 9  | S92576-06080 RETAINER, RR BUM <i>DIS</i>  | 1.00  | 51.10      | 15.00  | 43.43   |
| 21 | 0  | S52158-06050 L/RR BUMPER SUPPORT, <i>BT</i>   | 1.00  | 60.80      | 15.00  | 51.68   |
| 22 | 1  | S52161-0K040 CLIPS <i>NEC</i>   | 10.00 | 3.80       | 15.00  | 32.30   |
| 23 | 2  | L81920-48012 REFLECTOR ASSY, <i>CRA</i>   | 1.00  | 57.50      | 15.00  | 48.87   |
| 24 | 3  | S81560-06270 L/R COMBINATION LAMP, <i>CRA</i>   | 1.00  | 557.50     | 15.00  | 473.87  |
| 25 | 4  | T90269-06017 RIVET <i>NEC</i>   | 2.00  | 3.10       | 15.00  | 5.26    |

Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.

| For & on behalf of<br>Borneo Motors | Customer's Signature                  | Change Summary    | Total      |
|-------------------------------------|---------------------------------------|-------------------|------------|
|                                     | Please acknowledge receipt of vehicle | Parts             | Less       |
|                                     |                                       | Labour            |            |
|                                     |                                       | Materials         |            |
|                                     |                                       | Lubrication/Fluid |            |
|                                     |                                       | Others            |            |
|                                     |                                       |                   | Amount Due |

PLEASE TEAR ALONG PERFORATED LINE

3358289

TO SECURITY GUARD

3358289

PLEASE ALLOW THE UNDERMENTIONED  
VEHICLE TO LEAVE THE COMPANY PREMISES.

DATE 13/02/2017  
TIME 13:41

VEHICLE NO SJA9495Y

CUSTOMER

SIGNATURE  
FOR BORNEO MOTORS (SINGAPORE) PTE LTD



Borneo Motors



Co Reg No : 196700086Z  
GST Reg No : MR-8500000-9

Join Toyota ME @ <http://toyotame.borneomotors.com.sg> & earn points to redeem for attractive items!

## ESTIMATE

Page 2 of 3  
Borneo Motors (Singapore) Pte Ltd

Online Service Booking :  
[www.toyotasingsapore.com.sg](http://www.toyotasingsapore.com.sg)  
Toyota Bodycare Centre  
17 Ubi Road 4  
Singapore 409611  
Tel no : 6631 1199

| Account Detail    | Account No       | Customer Detail   |
|-------------------|------------------|---|
| THIRD PARTY CLAIM | S1000020/TPCLAIM | Mr Lim Tat Peng<br>542 Bedok Reservoir Road<br>#03-73<br>Singapore 410642<br>Mobile: 97315001 |
|                   | Document No      |   |
|                   | Document Date    |   |
|                   | 0                |   |
|                   | 13/02/2017       |   |

| Year              | Make       | Model  | Reg Date    | Veh Reg No       | Kilometers | WIP No       | Order No/Remarks   |
|-------------------|------------|--------|-------------|------------------|------------|--------------|--------------------|
| 07                | JEAGKT     | ACV40R | 27/12/2007  | SJA9495Y         | 185750     | 14153        | 7DS/SJA9495Y/10021 |
| Chassis No        | Engine No  | TWC No | Terms       | Service Engineer | Vehicle In | Collected On |                    |
| MR053BK4007019376 | 2AZE065720 | 60     | Sam San Jo1 | 13/02/2017       | 8.00       | --/--/----   | 0.00               |

| L  | Cd | Job/Parts Description                             | Qty   | Unit Price | Disc % | Amount |
|----|----|---|-------|------------|--------|--------|
| 26 | 5  | L90269-04051 RIVET <i>NEC</i>                     | 10.00 | 1.10       | 15.00  | 9.30   |
| 27 | 6  | T08826-08115 PANEL BONDING AD <i>NEC</i>          | 1.00  | 237.60     | 15.00  | 201.96 |
| 28 | 7  | T08826-08609 SUPER FAST URETHANE BLACK <i>NEC</i> | 1.00  | 90.08      | 15.00  | 76.57  |
| 29 | 8  | T08826-08682 SINGLE STEP PRIMER <i>NEC</i>        | 1.00  | 173.44     | 15.00  | 147.42 |
| 30 | 9  | S75573-06040 REAR W/SCREEN MLDG, <i>NEC</i>       | 1.00  | 93.60      | 15.00  | 79.56  |
| 31 | 0  | T69210-22240 B4 HANDLE ASSY, FR DOOR <i>OUT</i>   | 1.00  | 70.40      | 15.00  | 59.84  |
| 32 | 1  | T69207-30040 B5 PLUG SUB-ASSY, RR <i>NEC</i>      | 1.00  | 33.90      | 15.00  | 28.81  |

Borneo Motors is the only authorised workshop to maintain your Toyota. Service your Toyota every 6 months or 10,000 km (whichever comes first) to enjoy warranty benefits. Conditions apply.

| For & on behalf of<br>Borneo Motors | Customer's Signature                  | Change Summary    | Total      |
|-------------------------------------|---------------------------------------|-------------------|------------|
|                                     | Please acknowledge receipt of vehicle | Parts             | 13,489.70  |
|                                     |                                       | Labour            | 3,965.94   |
|                                     |                                       | Materials         | 369.00     |
|                                     |                                       | Lubrication/Fluid | 9,154.76   |
|                                     |                                       | Others            | 0.00       |
|                                     |                                       |                   | 0.00       |
|                                     |                                       |                   | GST 7.00%  |
|                                     |                                       |                   | Less       |
|                                     |                                       |                   | Amount Due |
|                                     |                                       |                   | 14,433.98  |

PLEASE TEAR ALONG PERFORATED LINE

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TO SECURITY GUARD

3358290

PLEASE ALLOW THE UNDERMENTIONED  
VEHICLE TO LEAVE THE COMPANY PREMISES.

DATE 13/02/2017  
TIME 13:41

VEHICLE NO SJA9495Y

CUSTOMER

SIGNATURE  
FOR BORNEO MOTORS (SINGAPORE) PTE LTD



Borneo Motors



## 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             | 10/02/2017 16:28      |
| Date Of Accident           | 10/02/2017 08:50      |
| Exact Location Of Accident | BUKIT TIAH EXPRESSWAY |
| Country/State of Loss      | Singapore             |

### DETAILS OF OWN VEHICLE

|  |                                      |
|--|--------------------------------------|
| Vehicle Registration Number  | SJA9495Y                             |
| <b>Insured/Policyholder</b>  |                                      |
| Name Of Registered Owner   | LIM TAT PENG                         |
| NRIC No  | S1234537B                            |
| Email Address  | NOEMAIL                              |
| Mobile Phone No  | (LOCAL) +65-97315001                 |
| Alternative Phone No   | Others-97365001                      |
| <b>Vehicle Particulars</b>   |                                      |
| Manufacturer   | TOYOTA                               |
| Model  | CAMRY-2.4 (A)                        |
| Exact Purpose for which vehicle was being used at time of accident           | NORMAL USAGE                         |
| 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                          |
| <b>Insurance Company</b>   |                                      |
| Name of Insurance Company  | AIG Asia Pacific Insurance Pte. Ltd. |
| Type Of Coverage   | Comprehensive                        |
| Fleet Policy   | No                                   |
| Policy Number  | 2100056048                           |
| Cover Note Number  |                                      |
| <b>Driver</b>  |                                      |
| Name of Driver   | NEO YONG HWI                         |
| NRIC No  | S1465603J                            |
| Date Of Birth  | 25/02/1961                           |
| Occupation   | Indoor                               |
| Date Of Driving Pass   | 04/07/2001                           |
| Driving Experience   | 15 Years And 7 Months                |
| Gender   | Female                               |
| Mobile Number  | (Local) +65-97365001                 |
| Fax Number   |                                      |
| Contact Number   |                                      |
| Email Address  | NOEMAIL                              |

|   |                                       |
|---|---------------------------------------|
| Address   | BLOCK 642 BEDOK RESERVOIR ROAD #03-73 |
| Postcode  | 410642                                |
| Was driver an employee of the Insured's Company     | No                                    |
| If No, Relationship of the Driver with the Insured  | Spouse                                |
| Vehicle Registration Number of Driver's Own Vehicle | -                                     |
|   | -                                     |
|   | -                                     |
| Insurance Company of Driver's Own Vehicle           | -                                     |
|   | -                                     |
|   | -                                     |

#### General Information of the Accident

|                    |  |
|--------------------|--|
| Type Of Accident   | Collision- Head to Rear (TP Hit Insured) |
| 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?  | Yes   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | Geylang Neighbourhood Police Centre                               |
| Police Station Address                    | ROAD: 132 Paya Lebar Road , POSTCODE: 409014 , COUNTRY: Singapore |
| Police Station Contact                    | TEL NO: 1800-8486999 - FAX NO: 68486799                           |
| Was notice of intended Prosecution given? | No  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT NO. T/20170210/2106 FOR THE CIRCUMSTANCES OF THE ACCIDENT.

#### 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         | QX823P         |
| Vehicle Make/Model/Colour           | FORD WHITE     |
| Details Of Properties               |                |
| Name of Driver                      | HUANG SHAO HUI |
| NRIC/Passport Number                | S9311758A      |
| Contact Number                      | 83995746       |
| Address                             |                |
| Postcode                            |                |
| Insurance Company Name              |                |
| Nature Of Damage                    |                |
| No. Of Passenger (Including Driver) |                |

#### Details of Witness

|              |  |
|--------------|--|
| Name         |  |
| Phone Number |  |



TYPE OF CLAIM: ☐ OD ☐ OD/UL ☒ DS

MCA:

Sam

## MOTOR ACCIDENT REPORT

|   |         |       |      |  |         |                 |      |
|---|---------|-------|------|--|---------|-----------------|------|
| Date Of Report:   | 10/2/17 | Time: | 1515 | Date Of Accident:  | 10/2/17 | Time:           | 0850 |
| Exact Location Of Accident: Bukit Timah Expressway  |         |       |      |  |         |                 |      |
| Country/State of Loss: Singapore <input checked="" type="checkbox"/> / Wilayah Persekutuan <input type="checkbox"/> / Selangor Darul Ehsan <input type="checkbox"/> / Negeri Sembilan <input type="checkbox"/> / Melaka <input type="checkbox"/> / Pahang <input type="checkbox"/> / Johor <input type="checkbox"/> / Perak <input type="checkbox"/> / Kedah <input type="checkbox"/> / Kelantan <input type="checkbox"/> / Terengganu <input type="checkbox"/> / Pulau Pinang <input type="checkbox"/> / Perlis <input type="checkbox"/> / Thailand <input type="checkbox"/> |         |       |      |  |         |                 |      |
| OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)   |         |       |      |  |         |                 |      |
| Vehicle Registration Number: SJA 9495T  |         |       |      | Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: 512345378   |         |                 |      |
| Name Of Registered Owner: Lim Tat Peng  |         |       |      |  |         |                 |      |
| Mobile Number: 97315001   |         |       |      | Alternative No:  |         | Email Address:  |      |
| Vehicle Particulars   |         |       |      |  |         |                 |      |
| Manufacturer: Toyota <input checked="" type="checkbox"/> Lexus <input type="checkbox"/> Suzuki <input type="checkbox"/> Hino <input type="checkbox"/>   |         |       |      | Model: Camry   |         |                 |      |
| Exact Purpose for which vehicle was being used at time of accident: Normal Usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please specify):   |         |       |      |  |         |                 |      |
| Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party <input checked="" type="checkbox"/>   |         |       |      |  |         |                 |      |
| Vehicle Category: Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Others <input type="checkbox"/>   |         |       |      |  |         |                 |      |
| Insurance Company   |         |       |      |  |         |                 |      |
| Name of Insurance Company: AIG  |         |       |      |  |         |                 |      |
| Type Of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>   |         |       |      |  |         |                 |      |
| Fleet Policy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |         |       |      | Policy / Cover Note No: 210005604P   |         |                 |      |
| DRIVER DETAILS AT POINT OF ACCIDENT   |         |       |      |  |         |                 |      |
| Name of Driver: Neo Yong Hui  |         |       |      | NRIC/ Passport / FIN No: 514656037   |         |                 |      |
| Date Of Birth: 25-2-1961  |         |       |      | Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>                  |         |                 |      |
| Date Of Driving Pass: 4-7-2001  |         |       |      | Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>                         |         |                 |      |
| Mobile Number: 97365001   |         |       |      | Fax No:  |         | Alternative No: |      |
| Address: Bile 642 Bedole Reservoir Rd #03-73  |         |       |      | Postal Code: 410642  |         |                 |      |
| Email Address:  |         |       |      |  |         |                 |      |
| Was driver an employee of the Insured's Company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> State relationship of the driver with the insured: Spouse  |         |       |      |  |         |                 |      |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable):  |         |       |      |  |         |                 |      |
| Insurance Company of Driver's Own Vehicle (if applicable):  |         |       |      |  |         |                 |      |
| GENERAL INFORMATION OF THE ACCIDENT   |         |       |      |  |         |                 |      |
| Type Of Accident: TP Hit Zuchend.   |         |       |      |  |         |                 |      |
| Weather Conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (if others, please state condition):   |         |       |      |  |         |                 |      |
| Road Surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (if others, please state condition):   |         |       |      |  |         |                 |      |
| Was any body injured in the Accident? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. of Passengers (Incl driver in your vehicle):  |         |       |      |  |         |                 |      |
| Was any foreign vehicle involved in this accident? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Vehicle No: Vehicle type:  |         |       |      |  |         |                 |      |
| Was any other material or property (e.g: other vehicle) damaged? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  |         |       |      |  |         |                 |      |
| Was there any video captured by Car Camera? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Are accident scene photos available for attachment? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>   |         |       |      |  |         |                 |      |
| Was the accident reported to the police? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> (If yes, please state which Police Station):   |         |       |      |  |         |                 |      |
| Was notice of intended Prosecution given? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, please state against whom):  |         |       |      |  |         |                 |      |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. No <input type="checkbox"/> Yes <input type="checkbox"/>  |         |       |      |  |         |                 |      |
| DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)   |         |       |      |  |         |                 |      |
| Vehicle Registration Number: QX P23P  |         |       |      | Vehicle Make/Model/Colour:   |         |                 |      |
| Details Of Properties Damage In Accident:   |         |       |      |  |         |                 |      |
| Name of Driver: Huang Shaohui   |         |       |      |  |         |                 |      |
| NRIC/Passport/FIN Number: 59311758A   |         |       |      | Contact Number: 83995746   |         |                 |      |
| Address: Postal Code:   |         |       |      |  |         |                 |      |
| Insurance Company Name:   |         |       |      |  |         |                 |      |
| Nature Of Damage:   |         |       |      | No. Of Passenger (Including Driver):   |         |                 |      |
| DETAILS OF ACCIDENT INDEPENDANT WITNESS   |         |       |      |  |         |                 |      |
| Name:   |         |       |      | Name:  |         |                 |      |
| Phone Number:   |         |       |      | Phone Number:  |         |                 |      |
| Email Address:  |         |       |      | Email Address:   |         |                 |      |
| DETAILS OF INJURED PERSON 1 (Please fill Annex A if more person injured)  |         |       |      |  |         |                 |      |
| Name:   |         |       |      | Approximate Age:   |         |                 |      |
| Address: Postal Code:   |         |       |      |  |         |                 |      |
| Injuries Sustained:   |         |       |      | Injured person in which vehicle:   |         |                 |      |
| Were seat belt worn? No <input type="checkbox"/> Yes <input type="checkbox"/>   |         |       |      | Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/> |         |                 |      |

## 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

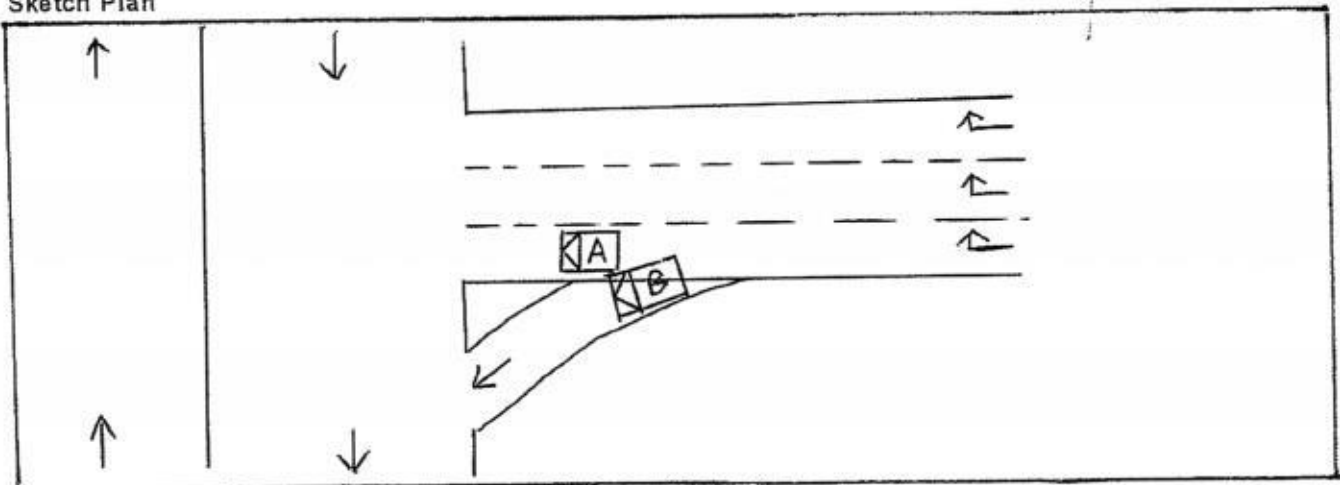
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

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

Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20170210/2106

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20170210/2106

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>10/02/2017 14:36 | Vide Report No.:<br>j/20170210/0081 | Station Diary No.:<br>92 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |   |                            |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant:<br>NEO YONG HWI       |            |                              | Address:<br>APT BLK 642 BEDOK RESERVOIR ROAD #03-73<br>SINGAPORE 410642 |                            |
| ID Type / ID No.:<br>NRIC NO / S1465603J |            |                              | Contact No.:  | Mobile: 97365001           |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Home/Office:  |                            |
|  |            |                              | Email:  |                            |
| Sex:<br>Female                           | Age:<br>55 | Date of Birth:<br>25/02/1961 | Type of Informant:<br>Driver  |                            |
| Race:<br>Chinese                         |            |                              | Language:   | Institution / School Name: |
| Occupation:<br>Retiree                   |            |                              | Driving Licence Information:<br>Class:                                  |                            |

**General Information of the Accident**

|   |                                  |   |  |                                    |
|---|----------------------------------|---|--|------------------------------------|
| General Information of the Accident                                       |                                  |   |  |                                    |
| Type of Accident:   | Non-Injury<br>Government Vehicle | Drink Drive:<br>No                          | Date/Time of Accident:<br>10/02/2017 08:50 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>BUKIT TIMAH EXPRESSWAY<br>WOODLANDS AVENUE 3 |                                  |   |  |                                    |
| Weather:<br>Clear   |                                  | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way  |                                  | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Side              |                                  |   | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model                                       | Color | Condition           | No of Passenger |
|-------------|------|--------|---|-------|---------------------|-----------------|
| QX823P      | Car  | FORD   | EVEREST<br>3.0 TDCI<br>AUTO 5DR<br>4WD_EXTN | White | Slightly<br>Damaged | 3               |
| SJA9495Y    | Car  | TOYOTA | CAMRY 2.4<br>AUTO ABS<br>AIRBAG             | Grey  | Slightly<br>Damaged | 0               |



**SINGAPORE  
POLICE FORCE**



T/20170210/2106

2 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20170210/2106

CONTINUATION OF REPORT

**Brief Details.**

On the above date, time and location, I was driving my vehicle, SJA 9495Y, along BKE. I exited BKE to enter Woodlands Ave 3 and stopped at the traffic light as it was red. Suddenly, a vehicle hit my left side of my vehicle. I made a check and a police vehicle, QX 823P side swipe on my left portion of my vehicle. No one was injured. My vehicle suffered damages at the rear left side bumper. There are scratches at the left rim of my vehicle till my left side passenger door.



**SINGAPORE  
POLICE FORCE**



T/20170210/2106

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20170210/2106

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:

G /

Staff Sgt MOHAMED FADHLY BIN RAZALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

10/02/2017 14:36

Classification Of Case:





**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : Neo Yong Hui  
VEHICLE NUMBER : SJA 9495Y  
DATE/TIME OF ACCIDENT : 10/2/17 @ 0850  
PLACE OF ACCIDENT : BKE  
THIRD PARTY VEHICLE (IF ANY) : QX 923P

\*\*\*\*\*

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

from home to Marsiling

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?

TP Hit Insured.

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

No.

.....  
Name: [Signature]

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



HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## RENEWAL SCHEDULE

TOYOTA AUTO PROTECTOR

THIS SCHEDULE IS NOT MEANT FOR ROAD TAX RENEWAL PURPOSES  
PLEASE PRODUCE YOUR ORIGINAL CERTIFICATE OF INSURANCE

|   |   |
|---|---|
| <b>PERIOD OF INSURANCE</b> : From : 27 Dec 2016<br>(both dates inclusive) To : 26 Dec 2017<br><b>INSURED</b> : Lim Tat Peng<br><b>ADDRESS</b> : 642 Bedok Reservoir Road<br>#03-73<br>Singapore 410542<br><b>BUSINESS/PROFESSION</b> : Management<br><b>REGISTRATION NO.</b> : SJA9495Y<br><b>MAKE AND TYPE OF BODY</b> : TOYOTA Camry 2.4<br><b>YEAR OF REGISTRATION</b> : 2007 <b>CC/TONNAGE</b> : 2,362.00<br><b>SEATING CAPACITY</b> : 5<br><b>CHASSIS NO.</b> : MR053BK4007019376<br><b>ENGINE NO.</b> : 2AZE065720<br><b>SUM INSURED</b> : Market Value<br><b>INSURING WITH COE/PARF</b> : Yes<br><b>EXCESS</b> : S\$1000.00 (1)<br><br><b>NAMED DRIVERS</b> :<br>1) The Policyholder<br><br><b>SUBJECT TO AGE CONDITION</b> : All Age Condition<br><b>HIRE PURCHASE OWNERS/EMPLOYER'S LOAN</b> :<br>DBS BANK LTD | <b>POLICY NO.</b> : 2100056048<br><b>ENDORSEMENT NO.</b> : 09000<br><br><b>PREMIUM CALCULATION :</b> S\$<br>After 5% Safe Driving Discount & 50% No Claim Discount<br><br><b>PREMIUM</b> \$1,292.76<br><b>GST @ 7.00%</b> \$90.49<br><br><b>Total Due</b> \$1,383.25<br><br>Insurance coverage includes the following benefit(s): Loss Of Use<br>15 Days (1500 - 1600cc)<br><br><b>SUBJECT TO ENDORSEMENT(S) :</b><br>2(O), 7(a), 15, 25, 57, 72(b), 82(f), 88(a), 94, 130, 140(c)<br><br>Issued in SINGAPORE on 6 Dec 2016 |
|---|---|

**Person(s) Entitled To Drive :**

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 authorized 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 Authorized Driver (named or unnamed) if You are or the said Authorized Driver is below the age of 23 and/or has less than 2 years' driving experience.

**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, pacemaking, 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.

**APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS**

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6631 1188)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65884501)
4. Ethos - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass-Fix - 62 Ubi Ave 3 (Tel: 62780887) - For windscreen only
6. Kan Fook Sing Motor - 61 Delu Lane 12 (Tel: 67479560) 7. Lai Huet (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
8. Moya Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 87415338)
10. SME Motor - 1 Kaki Bukit Ave 6 Bldg D (Tel: 67476106)

030210-453  
INCHCAPE AUTO TOYOTA-UBI2 GSL  
33 LENG KEE ROAD  
SINGAPORE 159102

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

FINANCE COPY

IASHRO,

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Identification Number: **S1465603J**

Name: **NEO YONG HWI**

Birth Date: **25 Feb 1961**

Issue Date: **14 Aug 2010**

001664079A




**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1465603J**



Name  
**NEO YONG HWI**

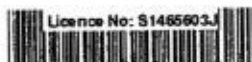
Race  
**CHINESE**  
 Date of birth **25-02-1961** Sex **F**  
 Country of birth  
**SINGAPORE**

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

**EFFECTIVE DATE**

**Class 3** Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg **04 Jul 2001**

NP 428A



4623092

NRIC No **S1465603J**



Date of issue  
**13-08-2010**

Address  
**APT BLK 642 BEDOK RESERVOIR ROAD**  
**#03-73**  
**SINGAPORE 410642**



Your Ref: AEMD/105/009/2017/017

Date: 27<sup>th</sup> February 2018

Our Ref: CS1/SPF18001707/Cvbs2

**M/s Automotive Engineering & MGT Division**

Accident Claim Section

(Singapore Police Force)

1 Mount Pleasant Road

Blk 8 Old Police Academy

Singapore 298333

(The Motor Claims Department)

Attn: Abdul Rahman

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO.:  
SJA 9495Y INSURED VEHICLE NO: QX 486D ACCIDENT ON 10/02/2017**

We thank you for your instruction on 29/01/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SJA 9495Y from M/s Borneo Motors (Singapore) Pte Ltd.
- b) Singapore Accident Statement of Vehicles SJA 9495Y.
- c) Colour damaged vehicle photographs of SJA 9495Y.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

**1. Information Recorded: -**

|                      |                        |
|----------------------|------------------------|
| Registration Number  | : SJA 9495Y            |
| Make & Mode          | : Toyota Camry-2.4 (A) |
| Year of Registration | : 2007                 |
| Chassis Number       | : MR053BK4007019376    |



51 UBI AVE 1, #01/02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 6256 3561 FAX: (065) 6256 4315

2. Our finding is that the repair cost of \$13,489.70 (before GST) quoted by M/s Borneo Motors (Singapore) Pte Ltd is fair & reasonable.
  
  
  
  
  
  
  
  
  
  
3. We recommend that the repairs of the entire damage require about 10 (Ten) working days to complete.



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJA 9495Y

| Qty  | Description of Parts           | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|--------------------------------|-----------|---------------------------|-------------------|
| <b>REPLACEMENT OF PARTS</b>  |                                |           |                           |                   |
| 1  | REAR LH SPORT RIM (SN)         | CUT       | 480.00                    | 480.00            |
| 1  | REAR LH TYRE (SN)              | CUT       | 360.00                    | 360.00            |
| 1  | L/RR DOOR PANEL ASSY, (SN)     | BUCKLED   | 1,135.60                  | 1,135.60          |
| 1  | L/R DOOR BLACK TAPE, (SN)      | NECESSARY | 18.02                     | 18.02             |
| 1  | L/RR DOOR BLACK TAPE, (SN)     | NECESSARY | 35.61                     | 35.61             |
| 1  | L/REAR DOOR MLDG, (SN)         | NECESSARY | 55.25                     | 55.25             |
| 1  | L/R DOOR INSERT MLDG, (SN)     | NECESSARY | 11.73                     | 11.73             |
| 1  | L/REAR QUARTER PANEL, (SN)     | BUCKLED   | 857.82                    | 857.82            |
| 1  | L/RR TAIL LAMP PANEL, (SN)     | CRACKED   | 82.62                     | 82.62             |
| 1  | COVER, RR BUMPER (SN)          | CUT       | 510.42                    | 510.42            |
| 1  | RETAINER, RR BUM (SN)          | DISTORTED | 43.43                     | 43.43             |
| 1  | L/RR BUMPER SUPPORT, (SN)      | BENT      | 51.68                     | 51.68             |
| 10   | CLIPS (SN)                     | NECESSARY | 32.30                     | 32.30             |
| 1  | REFLECTOR ASSY, (SN)           | CRACKED   | 48.87                     | 48.87             |
| 1  | L/R COMBINATION LAMP, (SN)     | CRACKED   | 473.87                    | 473.87            |
| 2  | RIVET (SN)                     | NECESSARY | 5.26                      | 5.26              |
| 10   | RIVET (SN)                     | NECESSARY | 9.30                      | 9.30              |
| 1  | PANEL BONDING AD (SN)          | NECESSARY | 201.96                    | 201.96            |
| 1  | SUPER FAST URETHANE BLACK (SN) | NECESSARY | 76.57                     | 76.57             |
| 1  | SINGLE STEP PRIMER (SN)        | NECESSARY | 147.42                    | 147.42            |
| 1  | REAR W/SCREEN MLDG, (SN)       | NECESSARY | 79.56                     | 79.56             |
| 1  | HANDLE ASSY, FR DOOR (SN)      | CUT       | 59.84                     | 59.84             |
| 1  | PLUG SUB-ASSY, RR (SN)         | NECESSARY | 28.81                     | 28.81             |
| 1  | SUNDRIES (SN)                  | NECESSARY | 30.00                     | 30.00             |
|  |                                |           | <b>4,835.94</b>           | <b>4,835.94</b>   |
| <b>LABOUR</b>  |                                |           |                           |                   |
| DRILL HOLE AND INSTALL REAR REVERSE SENSOR.  |                                |           | 169.50                    | 169.50            |
| CHECK LIGHTING & WIRING SYSTEM.  |                                |           | 115.26                    | 115.26            |
| REMOVE & INSTALL REAR WINDSCREEN TO ASSIST REPAIR.                                 |                                |           | 436.00                    | 436.00            |
| REMOVE & INSTALL SEAT, CARPET, BOOTLID GARNISH AND TRIMMING ASSY TO ASSIST REPAIR. |                                |           | 678.00                    | 678.00            |
| REPLACE SPORT RIM AND CONDUCT WHEEL BALANCING.                                     |                                |           | 68.00                     | 68.00             |

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## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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| Qty                         | Description of Parts   | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|--|-----------|---------------------------|-------------------|
|                             | CONDUCT FULL WHEEL ALIGNMENT.  |           | 339.00                    | 339.00            |
|                             | LABOUR JOB REPLACE REAR BUMPER, TAILLAMP LH, ETC STRAIGHTEN & ALIGN REAR LH ACCIDENT AFFECTED. |           | 4,068.00                  | 4,068.00          |
|                             | RESPRAY JOB ON REAR LH ACCIDENT AFFECTED AREAS.  |           | 2,780.00                  | 2,780.00          |
|                             |  |           | 8,653.76                  | 8,653.76          |
| GRAND TOTAL                 |  |           | 13,489.70                 | 13,489.70         |
| RECOMMENDED COST OF REPAIRS |  |           |                           | 13,489.70         |

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HO LEONG CHUAN

Automotive Assessor

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