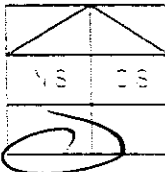


CS/TP18001871 / Drbez

Agent _____ Date _____
 Estimated Cost _____
 OD/TP/WS/TP/RES OD/RES EVA IN/OUT
 To inspect Vehicle No _____
 at Worksite No _____
 of _____
 Insured _____
 Policy No _____
 Claims No _____
 Sum Insured _____ Excess _____
 Claims Record _____
 Make of Veh _____



(Policy Condition)
 Remarks: The veh had commenced its
 repair at the time of inspection.

Est. or Market Value _____
 D/C Accident Report Consistent? Yes or No _____
 G/A R/P Seen Consistent? Yes or No _____
 Est. Repairs 5 days Repair Yes or No _____
 LHM Sum 20 \$ 3 year Yes or No _____

OA / REV / REP. / 24 HRS

Date _____ Person Contacted _____ Vehicle IN/OUT _____

SLH 2027 B 2016 Oct
 Type C Motor Vehicle Bus Van Light Truck Prime Mover
 Truck Tractor
 Make Toyota Corolla Altis 1598
 Colour Grey Insured Stop N/A
 St Reading 27553 T-Race Insured Stop N/A
 Eng No 1ZR X 588737
 C No MR053REH104555470
 Gen Cond C Fair Poor Burnt
 Steering C Jammed Leaked Burnt or
 Brake C Jammed Leaked Burnt or
 Mod NP STD A/R or
 Tyre Size R 205/55R16
 R 11
 BS/DUN/EXNOVA/GY/RS LIZA/MO/CHTSU/PR SUMI
 TOYO/YOKO or Dunlop
 Front 5 Rear 5
 R.Ba. 5 L.Ba. 5
 D/C A 06/03/17 D/C 08/03/17
 Survey read at Technique Rep Ubi
 Des of Damages Rev Front Rear C/S N/S U/O Rooftop or
 The U/O Chassis frame Body Structure affected due to collision

Date Time Action Instruction

Independent
SLH 2127B - NP / 1801700460 / 184

200-663208

Submit 2/5 3500 - 5 dgs 7 w
Red: \$442.43 (54%)

RECEIVED 11/11/2018

Date Time File Report ☐ Prelim Report

Days Of Repair 5

typist ☒ Final Report

Resurvey No. of Trip 2

Date Time File Return

Survey Fee

Performance

Add Fee: ☐ Site Insd \$

☐ Night \$

☐ Test \$

☐ Rep \$

Report Format TP - Independent

Lump Sum 3500

150
50
50+50
70
80

450



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Affiliated to Federation Internationale Des Experts En Automobile

TEAMWORK GARAGE PTE LTD

Ref : CS/TP18001871/Drb

53 UBI AVENUE 1 #01-24 SINGAPORE 408934

Date : 31-01-2018



Code : TP376

1. Policy Particulars : THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SLH 2027B
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	08/03/2017

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	06/03/2017	Inspection Date	08/03/2017
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		

5a. General Remarks

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

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	07/03/2017 14:29
Date Of Accident	06/03/2017 17:00
Exact Location Of Accident	GUILLEMARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2027B
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96611843
Alternative Phone No	Office-96611843

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	WORK

Are you claiming under your own insurance policy for repair to your vehicle? No

If No, Please state action to be taken Third Party

Vehicle Category Private Car

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5075357162-01
Cover Note Number	

Driver

Name of Driver	TAN YEOW CHIM
NRIC No	S7041641G
Date Of Birth	04/12/1970
Occupation	Outdoor
Date Of Driving Pass	19/10/1993
Driving Experience	23 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-96611843
Fax Number	
Contact Number	Others-96611843
Email Address	NOEMAIL

Address	BLK 702 PASIR RIS DRIVE 10 #05-121
Postcode	510702
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRER
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	AFTER RAIN
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SGT104X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	83053028
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	TAN YEOW CHIM
Approximate Age	

Injuries Sustain	SLIGHTLY PAIN AT RIGHT BODY
Injured person in which vehicle?	SLH2027B
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The 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")

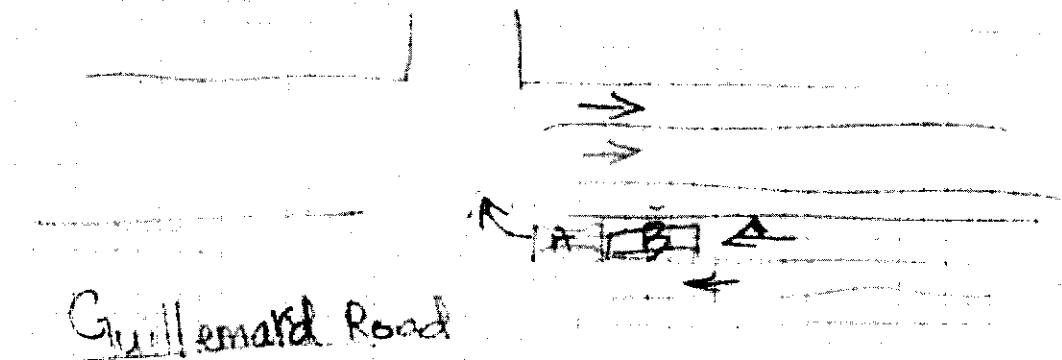
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature, Date & Time
Sketch Plan

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

Witnessed by Reporting Centre Personnel



A9LH2027B E115T 02

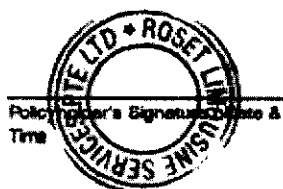
Sketch Plan #2

Describe Circumstances of the Accident

Vehicle A was ~~travelling~~ travelling along Guillemard Road. Vehicle A while coming to the Junction to turn right. Suddenly from behind Vehicle B hit on the rear portion Vehicle A.

Declaration

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel

SLH 2027B

Rear Portion

1. Rear Bumper x 1 <i>Dent</i>	589.80	✓	
2. Rear Bumper Reflector LH x 1 <i>crack</i>	96.53	✓	
3. Rear Bumper Reinforcement x 1 <i>bt</i>	397.00	✓	
4. Rear End Panel x 1 <i>Dent</i>	595.00	✓	
5. Rear End Panel Top Garnish x 1 <i>dent</i>	280.00	✓	
6. Rear Taillamp LH x 1 <i>crack</i>	421.60	✓	
7. Rear Fender Inner Trim LH x 1 <i>horn</i>	361.60	✓	
8. Rear Bootlid x 1 (Repair) <i>Repr</i>	978.00	X	
9. Rear Bootlid Lock x 1 <i>bt</i>	151.40	✓	3090.83
10. Rear Bootlid Toyota Logo x 1 <i>new</i>	68.30	✓	
11. Rear Bootlid Corolla Emblem x 1 <i>new</i>	64.80	✓	25% 2318.12
12. Rear Bootlid Altis Emblem x 1 <i>new</i>	64.80	✓	
13. Rear Spare Tyre Panel x 1 (Repair) <i>Repr</i>	843.60	X	
	4912.43		
14. Rear Reverse Sensor x 1 Set (SN) <i>Dem</i>	300/-	270/-	250/-
15. Rear Bumper Clip x 1 Set (SN) <i>new</i>	60/-	30/-	

Labour

16. Check Rear Lighting	60/-	30/-	
17. Remove and Replace Rear Reverse Sensor	60/-	40/-	
18. Remove and Re-fit Inner Trims to Facilitate the Repair	150/-	80/-	
19. Panel Beating to Remove and Re-fit Damaged Body Panels, including repair of Spare Tyre Panel and Rear Bootlid	1000/-	800/-	1790/-
20. Spray Painting	1000/-	800/-	
21. Apply Anti Rust	100/-	40/-	
	1642.43		4358.12
			453500/-

5 days vgn.

**LKK Auto Consultants Pte Ltd**

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

Affiliated to Federation Internationale Des Experts En Automobile

TEAMWORK GARAGE PTE LTD

Ref : CS/TP18001871/Drbe2

53 UBI AVENUE 1 #01-24 SINGAPORE 408934

Date : 08-02-2018



Code : TP376

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SLH 2027B
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	08/03/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA COROLLA ALTIS	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	MR053REH104555670	Colour	GREY
Odometer	27553	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55 R16	DUNLOP	5 mm
L/H Front Tyre	205/55 R16	DUNLOP	5 mm
R/H Rear Tyre	205/55 R16	DUNLOP	5 mm
L/H Rear Tyre	205/55 R16	DUNLOP	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	06/03/2017	Inspection Date	08/03/2017
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		

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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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLH 2027B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DENTED	589.80	589.80
1	REAR BUMPER REFLECTOR	CRACKED	96.53	96.53
1	REAR BUMPER REINFORCEMENT	BENT	397.00	397.00
1	REAR END PANEL	DENTED	595.00	595.00
1	REAR END PANEL TOP GARNISH	DEFORMED	280.00	280.00
1	REAR TAILLAMP LH	CRACKED	421.60	421.60
1	REAR FENDER INNER TRIM LH	TORN	361.60	361.60
1	REAR BOOTLID	TO REPAIR SEE LABOUR	978.00	-
1	REAR BOOTLID LOCK	BENT	151.40	151.40
1	REAR BOOTLID TOYOTA LOGO	NECESSARY	68.30	68.30
1	REAR BOOTLID COROLLA EMBLEM	NECESSARY	64.80	64.80
1	REAR BOOTLID ALTIS EMBLEM	NECESSARY	64.80	64.80
1	REAR SPARE TYRE PANEL	TO REPAIR SEE LABOUR	843.60	-
	LESS 25% DISCOUNT		-	-772.71
			4,912.43	2,318.12
SPECIAL NETT ITEMS				
1	REAR REVERSE SENSOR (SN)	DAMAGED	300.00	220.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	60.00	30.00
			360.00	250.00
LABOUR				
	CHECK REAR LIGHTING.		60.00	30.00
	REMOVE AND REPLACE REAR REVERSE SENSOR.		60.00	40.00
	REMOVE AND RE-FIT INNER TRIMS TO FACILITATE THE REPAIR.		150.00	80.00
	PANEL BEATING TO REMOVE AND RE-FIT DAMAGED BODY PANELS, INCLUDING REPAIR OF SPARE TYRE PANEL AND REAR BOOTLID. INCLUSIVE OF THE REPAIR OF REAR BOOTLID AND REAR SPARE TYRE PANEL.		1,000.00	800.00
	SPRAY PAINTING.		1,000.00	800.00
	APPLY ANTI RUST.		100.00	40.00
			2,370.00	1,790.00
GRAND TOTAL			7,642.43	4,358.12

Report Ref No. CS/TP18001871/Drbe2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,500:00
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Report Ref No. CS/TP18001871/Drbe2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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