

Surveyor

REF: CS/LAW18002403 /Ti vbe2

Special Instruction:

ASSIGNMENT (Office)

US: \$ 8500.00

From (Person): Michelle Liew of Tan Kok Guan Date/Time: 06-07-2018

Third Parties:

Estimated Cost: Bill to:

Claimant:

OD (TP Re-inspection) / Evaluation

Surveyor: KTO Automobile

To Inspect Vehicle No: JNL 2244

Insured: SGP 8705E

at Workshop m/s Ming Hua

Tel: 9695 1381 (Ah Hua)

of 160 Sin Ming Drive # 02-16

Policy No: TWK/AR/0439.17/ecics/ml/PD

Claim No: DMPH1600017H

Sum Insured:

Excess:

Make of Veh:

D.O.A. 10-05-2016

(Client's Record)

07-07-2018 (Wednesday) @ 2pm

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 5 days)

Date/Time: 22/7/18 Submit Final Fig 19,6350, 5 days (Red \$ 2150 / 25 %; Original _____ days)

Date/Time	Action/Instruction
	Blk 108 Jln Bukit Merah #09-179 Singapore 160108 (9192 7343)
	JNL 2244 - x
	SGP 8705E - 253 TCS 110 04348 (160)
	DP: 10350

[Signature]
2/2/2018

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 & Add	160
Transport	50
Photos	39
Others	80
Total	

160
50
39
80

1) Date/Time: 22/7-18 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 _____

Survey Department Check List (Case Handler)

Reference No.: CS/LAW/8002403/Tivb
 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

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

22/2/18

 Case Handler Date

*C: Critical *N: Non-Critical



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			
TAN KOK QUAN PARTNERSHIP		Ref : CS/LAW18002403/vb	
1 WALLICH STREET #07-02 GUOCO TOWERSINGAPORE 078881		Date : 06-02-2018	
		Code : L021	
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)			
Insured Veh.	SGP 8705E	Veh. Inspected	JNL 2299
Policy No.	TWK/AR/043917/ecics/ml/PD	Coverage (\$)	0.00
Claim No.	DMPH1600017H	Excess (\$)	0.00
Assign From	MICHELLE LIEW	Assign Date	06/02/2018
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	10/05/2016	Inspection Date	07/02/2018
Survey held at	BLK 108 JLN BUKIT MERAH #09-1792		
Repairer	MING HUA AUTO 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: Michelle Liew on behalf of Angeline Rajoo <michelleliew@tkqp.com.sg>
Sent: Tuesday, 6 February, 2018 5:56 PM
To: LKK (assignments@lkkauto.com)
Cc: Angeline Rajoo
Subject: Re-inspection on 07.02.18 - MC Suit No. 2469/2017 - LKK Ref: TBA || TKQP Ref: TWK/AR/0439.17/ecics/ml/PD
Attachments: 20180206173651937.pdf; 20180206173737216.pdf; 20180206173806679.pdf; 20180206173829337.pdf; 20180206173846044.pdf
Importance: High

Hi Catherine

**MC SUIT NO. 2469 OF 2017 - CLAIMANT: YAP KWEE KEONG
ACCIDENT INVOLVING JNL 2299 & SJL 9707D & SGP 8705E ON 10.05.2016 ALONG WOODLANDS ROAD**

We refer to the above matter and to the telephone conversation between your goodself and our Ms Michelle this afternoon.

As spoken, kindly conduct the physical re-inspection on vehicle no. **JNL 2299** at the following address and time:

Date/Time : **7 February 2018 at 1 p.m.**
Venue : Ming Hua Auto Services, 160 Sin Ming Drive #02-16, Singapore 575722
Contact person : Ah Hwa (Tel: 9695 1381)

For purposes of resurvey, we enclose herewith the following documents for your attention:-

1. GIA report of SGP 8705E and photos of damage
2. GIA report of SJL 9707D and photos of damage
3. Police report of JNL 2299
4. Repair bill from Ming Hua Auto Services
5. Survey report from KTO Automobile Assessors

Kindly let us have your resurvey report on an urgent basis.

Please note that our clients, ECICS Limited, will be paying you your charges. Kindly therefore direct your bill to them. However, you can care-of your bill to us and we will forward it to our clients for their payment. Please state our clients' reference no. DMPH1600017H and our file reference no. TWK/AR/0439.17/ecics/ml/PD in your bill.

Best Regards

Michelle Liew
Secretary
For and on behalf of Ms Angeline Rajoo

TKQP

Tan Kok Quan Partnership
Advocates & Solicitors, Singapore
1 Wallich Street #07-02 Guoco Tower Singapore 078881
T (65) 6225 9333

D (65) 6496 9569

F (65) 6225 0111

E michelleliew@tkqp.com.sg

W www.tkqp.com.sg

This email is intended solely for the abovenamed addressee(s). It may contain confidential and/or legally privileged information. If this email has reached you in error, please delete it immediately and inform us of the error. Thank you for your co-operation.

Internet communications cannot be guaranteed to be secured or error-free as information can be intercepted, corrupted, lost, or it may arrive late or contain viruses. The sender therefore does not accept liability for any errors or omissions in the contents of this message which arise as a result of Internet transmission.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/05/2016 16:21
Date Of Accident	10/05/2016 22:45
Exact Location Of Accident	Woodlands crossing flyover twds woodlands chkpoint
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP8705E
Insured/Policyholder	
Name Of Registered Owner	THE CAR CHAUFFEUR LLP
Co Reg No	T15110513e
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88386779
Alternative Phone No	Office-60000000
Vehicle Particulars	
Manufacturer	BMW
Model	320I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	work use
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	ECICS Limited
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MPH16A00015400
Cover Note Number	
Driver	
Name of Driver	LIM YU ZHENG
NRIC No	S8903427B
Date Of Birth	23/01/1989
Occupation	Outdoor
Date Of Driving Pass	22/06/2012
Driving Experience	3 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-91203157
Fax Number	
Contact Number	
EEmail Address	zyzyzlim@gmail.com

Address
 Postcode
 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- Chain Collision
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? Yes
 Foreign Vehicle Registration Number JNL2299 (Private Car)
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 4

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

Report Please refer to sketch Plan
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JNL2299
 Vehicle Make/Model/Colour BMW
 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 SJL9707D
 Vehicle Make/Model/Colour NISSAN LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
 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

Sketch Plan
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repeal 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. This 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

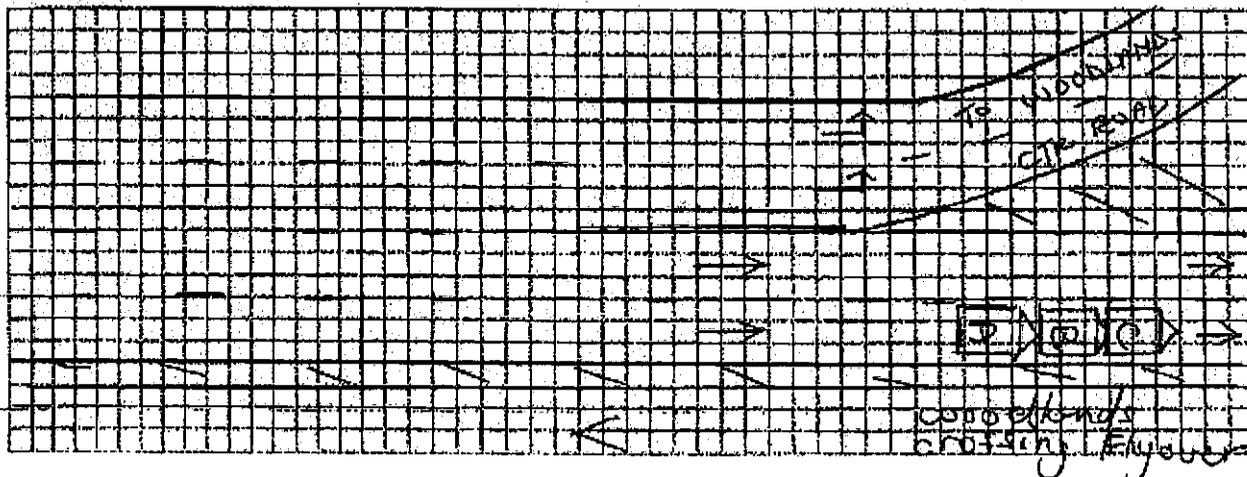
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



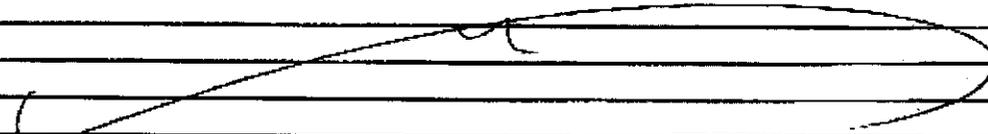
Describe Circumstances of the Accident

On 10/05/2016 at about 2245 hrs on along Woodlands Crossing Flyover towards Woodlands Checkpoint after Woodlands Center Road Exit. I was travelling on the extreme Right lane and when my front vehicle stop due to heavy traffic hence I try to stop but was in vain hence collided onto the Rear Portion of Vehicle (B). It was a chain collision of total 3 vehicles involved. I have 3 passengers inside my vehicle.

(A) SGP 8705 E

(B) SJL 9707 D

(C) JNL 2299



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 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	12/05/2016 16:32
Date Of Accident	10/05/2016 22:55
Exact Location Of Accident	BKE TWDS WOODLANDS CHECKPOINT VIADUCT WOODLANDS CR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9707D
Insured/Policyholder	
Name Of Registered Owner	SYED SALIM BIN ALI ALHADI
NRIC No	S1198427D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96194640
Alternative Phone No	Office-96194640
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO-1.5 C11 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA043623/1
Cover Note Number	
Driver	
Name of Driver	SYED OMAR BIN SYED ABDULLAH ALATTAS
NRIC No	S1519607F
Date Of Birth	03/05/1962
Occupation	Indoor
Date Of Driving Pass	12/01/2011
Driving Experience	5 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-92775242
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 1 MARINE TERRACE #15-300
 Postcode 440001
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Other --
 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 JNL2299 (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
 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 Marine Parade N.p.c
 Police Station Address ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: Singapore
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20160511/2003.
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGP8705E
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 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 JNL2299
 Vehicle Make/Model/Colour

Details Of Properties

VEHICLE C

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

SYED OMAR BIN SYED ABDULLAH ALATTAS

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJL9707D

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim 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 police 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 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 and 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 insurer's 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 investigation relating to the claims;

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

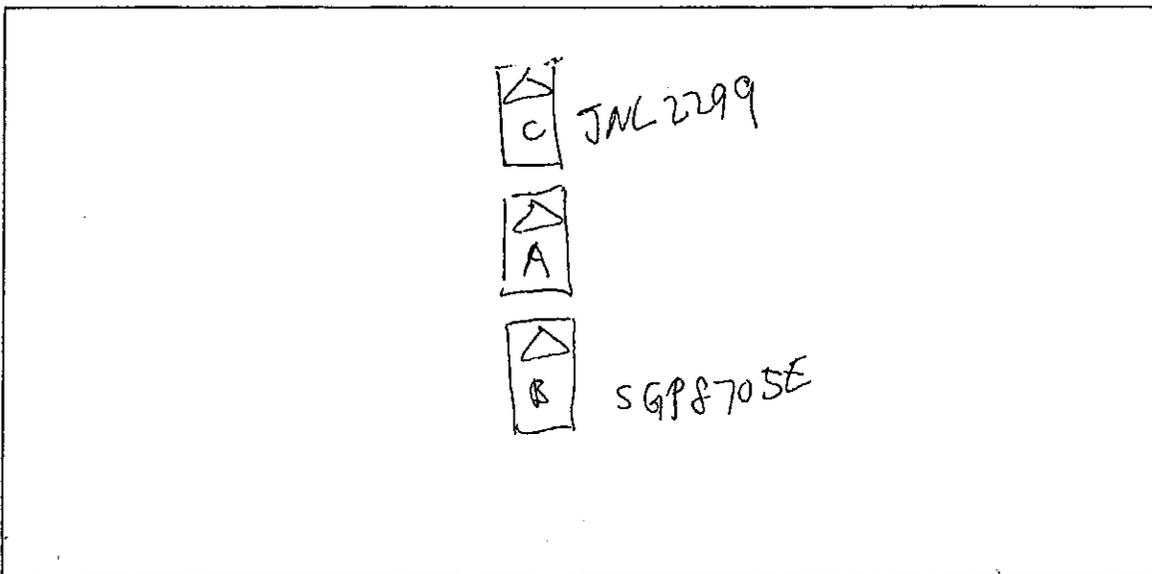
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personal

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20160511/2003

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 4

Report No. T/20160511/2003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Yap	ID No.	NIL
Related Vehicle	JNL2299 (Car)	Contact No.	0137040333
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Lim Yu Zheng	ID No.	S8903427B
Related Vehicle	SGP8705E (Car)	Contact No.	91203157
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SYED OMAR BIN SYED ABDULLAH ALATTAS	ID No.	S1519607F
Related Vehicle	SJL9707D (Car)	Contact No.	92775242
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/05/2016, at around 2200hrs, I was driving my car SJL9707D and heading towards Woodlands Checkpoint via the BKE. When I was at Woodlands Crossing, the traffic was heavy therefore all the vehicles were stationary. I was travelling on the right on the 2 lanes. The vehicle in front of me was JNL2299. As I was waiting for the traffic to move, I felt a sudden impact. Another vehicle, SGP8705E suddenly came from behind and hit strongly onto the rear of my vehicle. Due to the impact, my car moved forward and hit onto the rear of JNL2299. At that point of time, a Traffic police officer was performing his duties near to our incident location and upon hearing the sound of impact, he came forward to attend to us.



**SINGAPORE
POLICE FORCE**



T/20160511/2003

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 4

Report No. T/20160511/2003

CONTINUATION OF REPORT

No one was injured at the point of accident. However, I am feeling dizzy and some pain on my neck area due to the accident. My vehicle's front and rear bonnet is badly damaged. JNL2299 had slight scratches and dent on the rear bumper of his car. SGP8705E had few dents and scratches on the front bonnet and front bumper.



SINGAPORE
POLICE FORCE



T/20160511/2003

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

4 of 4
Report No. T/20160511/2003

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/ Sgt MUNIRA BEE BINTE YAHAYA
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / <i>IO Djumandi</i> SGT 2 ABDUL RAZAK S/O RAHMAT ALI Contact No: 65476169 <i>65472077</i>

Signature Of Informant: <i>Syed Anwar Hossain</i>
Date/Time: 11/05/2016 02:41
Classification Of Case:

Authentication Stamp
Signature: *[Signature]*



**SINGAPORE
POLICE FORCE**



T/20160511/2099

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

1 of 3

Report No. T/20160511/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2016 14:47		Vide Report No.:		Station Diary No.:	
Name of Informant: YAP KWEE KEONG			Address: 5 JALAN BLUMAT TAMAN JOHOR 81200 JOHOR BAHRU JOHOR		
ID Type / ID No.: PASSPORT / A29058680			Contact No.:		Mobile: 600137040333
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 46	Date of Birth: 17/12/1969	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: INSURANCE AGENT		Driving Licence Information: Class: 2,3		Date of Expiry:	

Type of Accident:	Non-injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/05/2016 22:55	Type of Location: Flyover
Location: WOODLANDS ROAD TOWARDS WOODLANDS CHECKPOINT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: 3 VEH CHAIN COLLISION				Anyone conveyed by ambulance: No

JNL2299	Car					0
SGP8705E	Car					0
SJL9707D	Car					0



**SINGAPORE
POLICE FORCE**



T/20160511/2099

2 of 3

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

Report No. T/20160511/2099

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	YAP KWEE KEONG	ID No.	A29058680
Related Vehicle	NIL	Contact No.	600137040333
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I WAS WAITING IN LINE TO ENTER WOODLANDS CHECKPOINT ON THE FLYOVER LEADING INTO THE CHECKPOINT. I AM UNSURE HOW THE 3 VEHICLE CHAIN COLLISION ACCIDENT OCCURED. SUDDENLY, I FELT AN IMPACT AND I NOTICED I WAS INVOLVED IN ACCIDENT. I WAS THE FRONT CAR. MY CAR BUMPER WAS DAMAGED. THE CENTER CAR DAMAGES WERE AT THE FRONT AND BACK SUFFERING THE WORST DAMAGES. THE LAST CAR AT THE BACK DAMAGES WERE AT THE PLATE NUMBER AND BUMPER. THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20160511/2099

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

3 of 3

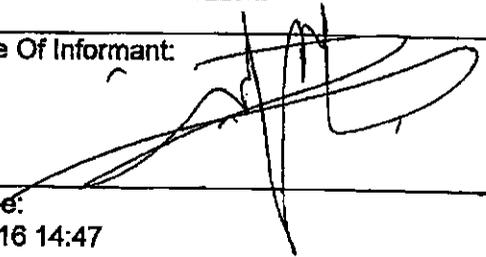
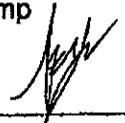
Report No. T/20160511/2099

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 / CHAN TSUN YEAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2016 14:47
Officer In Charge Of Case: TP /GIT / Sr Staff SGT DJUMANDI BIN DJUHARI Contact No: 65472077  SINGAPORE POLICE FORCE	Classification Of Case:
Authentication Stamp NP188  Signature: _____	

Ming Hua Auto Services.

Blk 14 Sin Ming Industrial Estate, #01-03 Singapore 575677.

Yap Kwee Keong
5 Jalan Blumat Taman
Johor 81200 Johor Bahru

Date : 13 June 2016

Tax Invoice : MHA/JNL2299/7332

Vehicle No : JNL 2299
Make/Model : B.M.W 316I

S/N	Quantity	Material /Parts	Amount S\$
		Rear Portion damaged Parts replacement, Repair, Reset, Alignment Labour And spraypainting, etc.	
		Lump Sum Repair cost as per surveyor report recommendation	\$8,500.00

Singapore Dollars : Eight Thousand Five Hundred Only

Total \$ \$8,500.00 Nett



A handwritten signature in black ink, consisting of a vertical line with a small flourish at the top.

Ming Hua Auto Services.



KTO Automobile Assessors

Reg. No: 52941122M

470 Segar Road #09-232 Singapore 670470 Tel: 98505311 Fax: 63107269

****INVOICE****

M/S: Yap Kwee Keong
C/O Ming Hue Auto Services
Blk 14 Sin Ming Industrial Estate,
#01-03 Singapore 575677

Invoice No : 16-07332
Invoice Ref : TP/MHA/JNL2299/7332
Date : 13 June 2016

DESCRIPTION	AMOUNT
For Services Rendered Inspection Report Fees Inclusive Of : Transportation And Photographs Forty-Eight (48) Copies Vehicle No : JNL 2299 Make/Model : B.M.W 316I	\$ 458.00
Singapore Dollars: Four Hundred Fifty Eight Only	\$ 458.00

Cheques should be made payable to KTO AUTOMOBILE ASSESSORS. Please indicate our Invoice No. on the reverse of your cheque.

KTO AUTOMOBILE ASSESSORS

Ong Ah Keng (CAE, AMIMI, MSAAA)
Automotive Appraiser



ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S : Yap Kwee Keong
C/O Ming Hue Auto Services
Blk 14 Sin Ming Industrial Estate,
#01-03 Singapore 575677

Date : 13 June 2016
Our Ref : TP/MHA/JNL2299/7332

REFERENCE PARTICULARS

Date of Accident : 10 May 2016
Date of Inspection : 23 May 2016

Type of Inspection : Third Party Claim
Date of Re-Inspn : ~

VEHICLE PARTICULARS

Registration No : JNL 2299
Make : B.M.W
Model : B.M.W 316i
Year : 2015

Engine No : A050J892
Chassis No : PM13A18050P859318
Odometer : 20045 km
Colour : White

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	Make	Size	Thread Balance
Front Near side	: Bridgestone	225/50ZR17	6 mm
Front Off Side	: Bridgestone	225/50ZR17	6 mm
Rear Near Side	: Bridgestone	225/50ZR17	5 mm
Rear off Side	: Bridgestone	225/50ZR17	5 mm

GENERAL DESCRIPTION OF DAMAGES



The vehicle sustained damage at the rear portion.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was \$8,500.00 nett at lump sum basis. (Subject to GST if applicable)

Under normal circumstances, estimated period required for repairs : Five (5) working days.

Enclosed Forty-Eight (48) photographs depicting damage to the vehicle.

Inspection conducted at : Blk 14 Sin Ming Industrial Estate, #01-03 Singapore 575677.
Name of Workshop : Ming Hua Auto Services.

In accordance to your instruction, we have not authorise repairs and inspection was conducted strictly on a "WITHOUT PREJUDICE BASIS".

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

A)	SPARE PARTS	QTY PC/SET	ASSESSED CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
1	Rear bumper	1	Torn/Deformed	\$ 1,506.15	\$ 1,506.15 / 1073.45
2	Rear bumper reinforcement	1	Dented	\$ 680.80	\$ 680.80
3	Rear bumper carrier	1	Cracked	\$ 741.10	\$ 741.10 422.30
4	Rear bumper side mount L/R @ \$239.35	2	Damaged	\$ 478.70	\$ 478.70 381
5	Rear bumper tow cover	1	Torn	\$ 25.00	\$ 25.00
6	Rear bumper reflector L/R @ \$131.30	2	Cracked	\$ 262.60	\$ 262.60
7	Rear bumper lower under shield	1	Cracked	\$ 205.80	\$ 205.80
8	Rear boot lid	1	Dented	\$ 1,930.25	\$ 1,930.25
9	Rear boot lid emblem	1	Necessary	\$ 49.95	\$ 49.50
10	Rear boot lid lock	1	Jammed	\$ 287.10	\$ 287.10
11	Rear boot lid lamp L/R \$385.80	2	Scraped/Cracked	\$ 771.60	\$ 771.60 x mh
12	Rear tail lamp L/R @ \$569.75	2	Serviceable ✓	\$ 1,139.50	-
13	Rear end panel	1	Repair ✓	\$ 785.90	-
14	Rear end panel trim	1	Serviceable ✓	\$ 446.95	-
15	Rear bumper clips	1 set	Necessary	\$ 58.00	\$ 58.00
16	Rear exhaust heat shield	1	Crumpled	\$ 196.60	\$ 196.60
17	Rear bumper reverser sensor @ \$308.00/pc	2	Malfunction	\$ 1,232.00	\$ 1,232.00 6/6
18	Rear bumper sensor seal @ \$0.55	4	Necessary	\$ 2.20	\$ 2.20
	Parts Total :			\$ 10,800.20	\$ 8,427.40 6190.60
B)	LABOUR CHARGES & MISC				
19	Spray painting on above new & repaired parts including supply of paint materials.			\$ 1,000.00	\$ 850.00 700
20	Remove damaged parts, straighten, knock out dents on rear end panel, jack out damaged panel, panel beating, remove & reinstall necessary fittings to facilitate repairs, reshape, refit, adjust, replace and realign all relevant parts.			\$ 1,200.00	\$ 900.00 700
21	Check wiring, lighting system, electrical circuit & centre locking system for proper function.			\$ 50.00	\$ 30.00 ✓
22	To carry out diagnostic checks and reset.			\$ 250.00	\$ 180.00 ✓
23	To straighten & re-align rear exhaust system to position.			\$ 180.00	\$ 120.00 80
24	To reinstall rear bumper reverse sensor.			\$ 120.00	\$ 80.00 40
25	To cavity preservation on all affected areas.			\$ 100.00	\$ 60.00 30
	Labour Total :			\$ 2,900.00	\$ 2,220.00 1760
	Total Parts and Labour			\$ 13,700.20	\$ 10,647.40
	FINAL LUMP SUM ADJUSTMENT				\$ 8,500.00 7950.00
					4586350

VEHICLE NO: JNL 2299
MODEL : B.M.W 316I

Our Ref : TP/MHA/JNL2299/7332

POINT OF IMPACT

The impact was confined to the rear portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of \$8,500.00 nett corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully
KTO Automobile Assessors



Ong Ah Keng (CAE, AMIMI, MSAAA)
Automotive 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			
ECICS LTD		Ref : CS/LAW18002403/T1vbe2	
C/O: TAN KOK QUAN PARTNERSHIP 1 WALLICH STREET #07-02 GUOCO TOWERSINGAPORE 078881		Date : 23-02-2018	
		Code : ICS	
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)			
Insured Veh.	SGP 8705E	Veh. Inspected	JNL 2299
Policy No.	TWK/AR/043917/ecics/ml/PD	Coverage (\$)	0.00
Claim No.	DMPH1600017H	Excess (\$)	0.00
Assign From	MICHELLE LIEW	Assign Date	06/02/2018
2. Vehicle Particulars & Condition			
Make & Model	BMW 316I	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	PM13A18050P859318	Colour	WHITE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/50 R17	BRIDGESTONE	6 mm
L/H Front Tyre	225/50 R17	BRIDGESTONE	6 mm
R/H Rear Tyre	225/50 R17	BRIDGESTONE	6 mm
L/H Rear Tyre	225/50 R17	BRIDGESTONE	6 mm
4. Description of Damages			
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.			
5. General Information			
Accident Date	10/05/2016	Inspection Date	07/02/2018
Survey held at	BLK 108 JLN BUKIT MERAH #09-1792		
Repairer	MING HUA AUTO SERVICES		
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	



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. JNL 2299

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	REPLACED	1,506.15	1,073.45
1	REAR BUMPER REINFORCEMENT	REPLACED	680.80	680.80
1	REAR BUMPER CARRIER	REPLACED	741.10	422.30
2	REAR BUMPER SIDE MOUNT L/R @\$239.35	REPLACED	478.70	381.00
1	REAR BUMPER TOW COVER	REPLACED	25.00	25.00
2	REAR BUMPER REFLECTOR L/R @\$131.30	REPLACED	262.60	262.60
1	REAR BUMPER LOWER UNDER SHIELD	REPLACED	205.80	205.80
1	REAR BOOT LID	REPLACED	1,930.25	1,930.25
1	REAR BOOT LID EMBLEM	REPLACED	49.95	49.50
1	REAR BOOT LID LOCK	REPLACED	287.10	287.10
2	REAR BOOT LID LAMP L/R @\$385.80	NOT NECESSARY	771.60	-
2	REAR TAIL LAMP L/R @\$569.75	SERVICEABLE	1,139.50	-
1	REAR END PANEL	REPAIRED SEE LABOUR	785.90	-
1	REAR END PANEL TRIM	SERVICEABLE	446.95	-
1	SET REAR BUMPER CLIPS	REPLACED	58.00	58.00
1	REAR EXHAUST HEAT SHIELD	REPLACED	196.60	196.60
4	REAR BUMPER REVERSER SENSOR @\$308.00	REPLACED-2 PCS ONLY	1,232.00	616.00
4	REAR BUMPER SENSOR SEAL @\$0.55	REPLACED	2.20	2.20
			10,800.20	6,190.60
LABOUR				
SPRAY PAINTING ON ABOVE NEW & REPAIRED PARTS INCLUDING SUPPLY OF PAINT MATERIALS.			1,000.00	700.00
REMOVE DAMAGED PARTS, STRAIGHTEN, KNOCK OUT DENTS ON REAR END PANEL, JACK OUT DAMAGED PANEL, PANEL BEATING, REMOVE & REINSTALL NECESSARY FITTINGS TO FACILITATE REPAIRS, RESHAPE, REFIT, ADJUST, REPLACE AND REALIGN ALL RELEVANT PARTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL.			1,200.00	700.00
CHECK WIRING, LIGHTING SYSTEM, ELECTRICAL CIRCUIT & CENTRE LOCKING SYSTEM FOR PROPER FUNCTION.			50.00	30.00

Report Ref No. CS/LAW18002403/T1vbe2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CARRY OUT DIAGNOSTIC CHECKS AND RESET.		250.00	180.00
	TO STRAIGHTEN & RE-ALIGN REAR EXHAUST SYSTEM TO POSITION.		180.00	80.00
	TO REINSTALL REAR BUMPER REVERSE SENSOR.		120.00	40.00
	TO CAVITY PRESERVATION ON ALL AFFECTED AREAS.		100.00	30.00
			2,900.00	1,760.00
GRAND TOTAL			13,700.20	7,950.60

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			6,350.00
---	--	--	-----------------

Report Ref No. CS/LAW18002403/T1vbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.