

INS. CASE OWNER:

CC 4 LOR ATG 1800 2705, Kyan G

LKK: IDAC:

Surveyor:

Fenneta

DOI:

ASSIGNMENT

21/2/18

Date / Time:

21/2/18

Registered in Merimen:

21/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLF 5698E

Claim No. :

5061054526

Name of Insured :

UR

Policy No. :

000000141

Insured Tel No. :

HP:

Make / Model :

HONDA

Excess Sec II :SS

D.O.A :

17/02/18

Place of Accident :

5 VI KWAN MEW

Is driver the owner? ( YES / NO )

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

WONG TAE LING 41

OI GIA REPORT: YES / NO

YES

NO

TP GIA REPORT: YES / NO

YES

NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SE 279X



INSRS: WSP: Tel: Liability: RMKS:

complete vms



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE / PIC	
20/2/18	Non-Reporting ltr (1st):	NA	
20/2/18	Non-Reporting ltr (2nd):		
20/2/18	Non-Reporting ltr (Final):		
20/2/18	Notification ltr (if non-pickup):		
17-5-18	Call OI:	JOY 5-3-18	
	After call ltr to OI:		
	Documentation Check List:	Handler Typist	
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
	Others:	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED 17 MAY 2018

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS	( days) Reduction:	% Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	(Agreed/ Assessed) BOLA S/N No.:	
Repair Cost:	SS		
Loss of Rental (LOR):	SS	( days) X	
Loss of Use (LOU):	SS	( days) X	
Loss of Income (LOI):	SS	( days) X	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>		LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	SS		
Medical:	SS		
Disbursement:	SS	(e.g. Tow/ Independent)	
Legal Cost:	SS		
<b>Total:</b>	SS	<b>Global Sum SS:</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

OI REVERSED & HIT PARKED BY: JOY 17-5-18

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee:





Email : darren@completevms.com.sg ( )  
 lily@completevms.com.sg ( )  
 lihui@completevms.com.sg ( )

TAY SHUI WEN  
 BLK 514 JELAPANG ROAD #09-229  
 SINGAPORE 6705414

Attention : THE OWNER  
 Contact : 98414225

*Not Notified*  
*Puayy Bkpaing*  
*4 days*  
*82995-03*

Estimate : ES006266

Date : 20/02/2018  
 Vehicle Num : SKZ279X  
 Make/Model : TOYOTA WISH 1.8 CVT-2015  
 Chassis/Eng# : JTDGG20W30J003219/2ZR1664784  
 Accident Date : 17/02/2018  
 Claim No :  
 Reference :  
 Policy No :

S/N Quantity Particular Unit Price Amount S\$

S/N	Quantity	Particular	Unit Price	Amount S\$
		LIST ITEMS :		
1.	1	BONNET <i>803.50</i>	<i>803.50</i>	
2.	1	BONNET LOCK		898.80 ✓
3.	1	BONNET INSULATOR		177.30 X
4.	1	BONNET LOGO		431.70 X
5.	2	HEADLAMP		76.50
6.	1	FRONT BUMPER		2,560.60 ✓
7.	1	FRONT BUMPER REINFORCEMENT		565.60 ✓
8.	1	FRONT BUMPER SPONGE		368.50 ✓
9.	2	FRONT BUMPER BRACKET		150.80 ✓
10.	6	FRONT BUMPER CLIP		151.40 ✓
11.	1	FRONT SUPPORT PANEL		36.00 ✓
12.	1	RADIATOR GRILLE		828.90 X
		List Total S\$		6,514.10
		25.00% Discount S\$		1,628.53
				4,885.57
1.	1	SPECIAL NETT ITEMS :		
		FRONT NUMBER PLATE		25.00 ✓
		Special Nett Total S\$ :		25.00
		LABOUR :		
		CHANGE HEAD LAMP & DO WIRING & LIGHT BEAM LEVEL CHECKS		65.00 ✓
		REMOVE & INSTALL AIR CON CONDENSER & CHARGE IN GAS		180.00 X
		REMOVE & REINSTALL RADIATOR, FAN MOTOR & TOPUP COOLANT		90.00 X
		RUST PROOFING TREATMENT		100.00
		SPRAY PAINT DAMAGED AREA AFFECTED		1,000.00 ✓

CONTINUE / ...

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:



COMPLETE VMS PTE LTD The Premier One-Stop vehicle Accident Claims Centre  
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721  
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email : darren@completevms.com.sg ( )  
lily@completevms.com.sg ( )  
lihui@completevms.com.sg ( )

TAY SHUI WEN  
BLK 514 JELAPANG ROAD #09-229  
SINGAPORE 6705414

Attention : THE OWNER  
Contact : 98414225

Estimate : ES006266

Date : 20/02/2018  
Vehicle Num : SKZ279X  
Make/Model : TOYOTA WISH 1.8 CVT-2015  
Chassis/Eng# : JTDGG20W30J003219/ZZR1664784  
Accident Date : 17/02/2018  
Claim No :  
Reference :  
Policy No :

S/N	Quantity	Particular	Unit Price	Amount S\$
		TO CUT OFF FRONT SUPPORT PANEL, KNOCK AND STRAIGHTEN FRONT CHASSIS FRAMES, AND CHANGE ALL NECESSARY PARTS		980.00 <i>400</i>
		Labour Total S\$ :		2,415.00

SingDollars Seven Thousand Three Hundred Twenty-Five & Cents Fifty-Seven Only

Total S\$ 7,325.57  
=====

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun



# 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			
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CC4/LCR18003305/Kjb3	
78 SHENTON WAY #08-16 CHARTIS BUILDINGS SINGAPORE 079120		Date : 21-02-2018	
		Code : LCR	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLF 5698E	Veh. Inspected	SKZ 279X
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	21/02/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	17/02/2018	Inspection Date	21/02/2018
Survey held at	COMPLETE VMS PTE LTD BLK 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721		
<b>5a. Remarks</b>			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			



Email : darren@completevms.com.sg ( )  
 lily@completevms.com.sg ( )  
 lihui@completevms.com.sg ( )

TAY SHUI WEN  
 BLK 514 JELAPANG ROAD #09-229  
 SINGAPORE 6705414

Attention : THE OWNER  
 Contact : 98414225

*Not Notified*  
*Running Bk repair*  
*4 days*

Estimate : ES006266

Date : 20/02/2018  
 Vehicle Num. : SKZ279X  
 Make/Model : TOYOTA WISH 1.8 CVT-2015  
 Chassis/Eng# : JTDGG20W30J003219/2ZR1664784  
 Accident Date : 17/02/2018  
 Claim No :  
 Reference :  
 Policy No :

S/N	Quantity	Particular	Unit Price	Amount S\$
		LIST ITEMS :		
1.	1	BONNET	<i>Blue</i>	898.80 ✓
2.	1	BONNET LOCK	<i>R</i>	177.30 X
3.	1	BONNET INSULATOR	<i>SL</i>	431.70 X
4.	1	BONNET LOGO	<i>W</i>	76.50 ✓
5.	2	HEADLAMP	<i>CLIS ?</i> <i>ALL SWX</i>	1,280.30 2,560.60
6.	1	FRONT BUMPER	<i>BR</i>	565.60 ✓
7.	1	FRONT BUMPER REINFORCEMENT		368.50 ?
8.	1	FRONT BUMPER SPONGE		150.80 ?
9.	2	FRONT BUMPER BRACKET	75.70 <i>R</i>	151.40 ✓
10.	6	FRONT BUMPER CLIP	6.00 <i>W</i>	36.00 ✓
11.	1	FRONT SUPPORT PANEL	<i>R</i>	828.90 X
12.	1	RADIATOR GRILLE	<i>SL</i>	268.00 X
		List Total S\$ :		6,514.10
		25.00% Discount S\$ :		1,628.53
				4,885.57
		SPECIAL NETT ITEMS :		
1.	1	FRONT NUMBER PLATE	<i>DEL</i>	25.00 ✓
		Special Nett Total S\$ :		25.00
		LABOUR :		
		CHANGE HEAD LAMP & DO WIRING & LIGHT BEAM LEVEL CHECKS	<i>2cl</i>	65.00
		REMOVE & INSTALL AIR CON CONDENSER & CHARGE IN GAS	<i>W</i>	180.00 X
		REMOVE & REINSTALL RADIATOR, FAN MOTOR & TOPUP COOLANT	<i>W</i>	90.00 X
		RUST PROOFING TREATMENT	<i>3cl</i>	100.00
		SPRAY PAINT DAMAGED AREA AFFECTED	<i>4cl</i>	1,000.00

CONTINUE / ...

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre  
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721  
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email : darren@completevms.com.sg ( )  
lily@completevms.com.sg ( )  
lihui@completevms.com.sg ( )

TAY SHUI WEN  
BLK 514 JELAPANG ROAD #09-229  
SINGAPORE 6705414

Estimate : ES006266

Attention : THE OWNER  
Contact : 98414225

Date : 20/02/2018  
Vehicle Num. : SKZ279X  
Make/Model : TOYOTA WISH 1.8 CVT-2015  
Chassis/Eng# : JTDGG20W30J003219/2ZR1664784  
Accident Date : 17/02/2018  
Claim No. :  
Reference :  
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
		TO CUT OFF FRONT SUPPORT PANEL, KNOCK AND STRAIGHTEN FRONT CHASSIS FRAMES, AND CHANGE ALL NECESSARY PARTS		980.00 <sup>400</sup>
		Labour Total S\$ :		2,415.00

SingDollars: Seven Thousand Three Hundred Twenty-Five & Cents Fifty-Seven Only

Total S\$ : 7,325.57

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun



Your Ref : SLF5698E

Our Ref : TPDS18041 - SKZ279X

2nd May 2018

By Postage

**AIG ASIA PACIFIC INSURANCE PTE LTD**

78 Shenton Way #07-16  
Charitis Building  
Singapore 079120

Attention: Motor Claims Department

Dear OIC,

**ACCIDENT INVOLVING VEHICLE: SKZ279X AND SLF5698E ALONG 1 LI HWAN VIEW ON 17/02/2018**

We are the authorized repair workshop for the owner of motor vehicle no. **SKZ279X**, which is involved in the captioned accident with your insured vehicle **SLF5698E**. The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

1	Cost of Repair	SS 3,204.68	(inclusive GST)
2	6Days Loss of Rental @ \$200	SS 1,200.00	
3	LTA search fee	SS 7.45	
4	GIA search fee	SS 29.00	
		<u>SS 4,441.13</u>	

We enclosed herewith the following documents to support the claims:-

- GIA Report/GIA search fee
- Proforma invoice
- Lta search fee

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

**Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.**

Thank you  
Yours Faithfully



**Chiu Siong Lim**  
6455 0012  
For Complete VMS Pte Ltd

**Joy Irene (LKKAuto)**

---

**From:** Joy Irene (LKKAuto)  
**Sent:** Monday, 5 March 2018 1:38 PM  
**To:** 'Eileen, May Hwee Yap'  
**Cc:** Admin A; Vivian Lau (LKKAuto)  
**Subject:** ACCIDENT INVOLVING SLF 5698E(LCRF/AIG) & SKZ 279X ALONG 5 LI HWAN VIEW ON 17/02/2018, 2000 HRS

**05 March 2018**

**LION CITY RENTALS PTE LTD**

Policy Holder

Your Ref: **SLF 5698E**  
Our Ref: CC3/LCR18003305/Kjb3

Dear Sir/Madam,

**ACCIDENT INVOLVING SLF 5698E(LCRF/AIG) & SKZ 279X ALONG 5 LI HWAN VIEW ON 17/02/2018, 2000 HRS**

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

We have received a claim from SKZ 279X against your insurance policy.

Based on the information on hand, we are of the opinion that liability is not in our favour.  
We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Best Regards,  
Joy Irene | Case Handler  
LKK Auto Consultants Pte Ltd  
DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

All contents of this email is intended strictly for the addressee(s) only. It may contain confidential and/or privileged information. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this email. Any unauthorized copying, disclosure or distribution of the material in this email is strictly forbidden.

To: Complete VMS Pte Ltd  
176, Sin Ming Drive,  
#03-14, Sin Ming Autocare Complex  
Singapore 575721

**LETTER OF AUTHORIZATION**

RE: ACCIDENT BETWEEN SK2279X / SLF5698E (Vehicle Numbers)  
ON 7/2/2018 <sup>SPW</sup> (Date of Accident) AT 1 LiHwan Drive

1. I/We, the owner of vehicle no. SK2279X hereby appoint you to act for me to repair and recover damages sustained to my vehicle in the above accident from the third party driver and / or his / her insurers.
2. In this respect I/We have authorized you to repair, correspond, negotiate and settle on my behalf all claims against the parties involved in the subject accident. All final financial awards in my favor pertaining to the subject accident claim are to be paid to Complete VMS Pte Ltd.
3. By way of this Letter of Authorization, I/We also further authorized you to sign all Discharge Vouchers and any other related documents in settlement of the subject accident claims. I/We hereby undertake to ratify and reaffirm such signing of Discharge Vouchers and/or documents from any third party insurers by us.
4. During the settlement process with the third party insurers / drivers, you may act fully on my behalf and all negotiations and correspondences given by you to the third party insurers / driver are as if given directly from me. With regards to the settlement of the above subject accident claim, I/We agree and undertake to ratify all correspondences and negotiations given by you to the third party insurers / driver and further agree and undertake to be bound by all acts performed or carried out by you.
5. I/We understand that should the subject accident claims fail or not able to reach an amicably settlement with the third party insurers or driver, I/We will have to appointed a solicitors by way of signing a warrant to act in present of the appointed solicitor to further pursue the matter and to commence legal proceedings in Court in my/our name against the third party driver and/or his employers (if applicable). I/We further agrees that should I/We fails or disagrees to appoint a solicitors at that stage, I/We shall be fully liable for all costs incurred to you until that point of time.
6. I/We further confirm my/our understanding that I/We shall render my/our full co-operation pertaining to the settlement of the subject accident and method of repair adopted shall be in accordance to the standard practices of the industry and will be at the full discretion of you.
7. I/We hereby agree that upon settlement of the above subject accident claim, I/We are required to sign Discharge Voucher/s issued by the third party insurers. After which all settlement monies shall be used to settle all costs and fee incurred to carry out the above subject accident repairs and claims. This settlement monies shall constitute a full discharge of your payment obligation to us.
8. Any indemnity / discharge voucher signed by the workshop is without prejudice to my rights to claim for compensation for my personal injury (if any). Complete VMS Pte Ltd is only authorized to negotiate and finalized with Third Party for my property damages

Signature



Witness's Name & Signature



Name

Tay Shui Wen

Date

17/02/18

Company Stamp (if applicable) \_\_\_\_\_

Email: \_\_\_\_\_

**RELEASE VOUCHER**  
**(AIG Asia Pacific - Express Third Party Claim)**

"We/I, COMPLETE VMS PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for S\$4,320.00 (Global Sum) for vehicle no. SKZ 279X that was damaged pursuant to the accident which occurred on 17/02/2018 (date) along 1/5 LIHWAN VIEW (location) involving vehicle no/s SLF 5698E. This is pursuant to the inspection conducted on 21/02/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner TAY SHUI WEN ("the third party claimant") of vehicle no. SKZ 279X make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SKZ 279X (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 17 (day) of MAY (month) 2018 (year)

 KSC

Signed by appointed surveyor

 

Signed by "the workshop" (with chop)

*This indemnity is signed without prejudice to my rights to claim for compensation for my personal injury.*

# COMPLETE VMS PTE LTD

176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare Complex, S575721  
Tel: 6455 0012 Fax: 6554 0012 Email: main@completevms.com.sg  
Business Reg. No. 200416180E GST Reg. No.: 200416180E



AIG ASIA PACIFIC INSURANCE PTE LTD  
78 Shenton Way #07-16 Chartis Building  
Singapore 079120

Attention : MOTOR CLAIMS DEPT

## Proforma Invoice : TP006266

Date : 02/05/2018  
Vehicle Num. : SKZ279X  
Make/Model : TOYOTA WISH 1.8 CVT-2015  
Chassis/Eng# : JTDGG20W30J003219/2ZR1664784  
Accident Date : 17/02/2018  
Claim No. :  
Reference :  
Policy No. :

---

	Amount S\$
COST OF REPAIR AS AGREED	2,995.03

SingDollars : Three Thousand Two Hundred Four & Cents Sixty-Eight Only

---

Total S\$ :	2,995.03
GST S\$ :	209.65
Amount Due S\$ :	3,204.68

=====

\_\_\_\_\_  
COMPLETE VMS PTE LTD





**VEHICLE RENTAL AGREEMENT**

STA No: 001987

<p><b>HIRER'S PARTICULAR</b></p> <p>Name: (as in I/C) <u>Tay Shun Wen</u></p> <p>NRIC / Passport No: <u>S81013961</u></p> <p>Address: <u>B1K514 Jelapang Road #09-229</u> <u>S670514</u></p> <p><b>ADDITIONAL DRIVER'S PARTICULARS</b></p> <p>Name: (as in I/C) _____</p> <p>NRIC / Passport No: _____</p> <p>Address: _____</p> <p>REMARKS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Veh. No: <u>SKV7868X</u>    Replace Veh. No: _____</p> <p>Mileage Out: _____    Mileage Out: _____</p> <p>Out: Date <u>21/2/2018</u>    Out: Date _____</p> <p>Out: Time <u>9.35AM</u>    Out: Time _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">RENTAL CHARGES</th> </tr> </thead> <tbody> <tr> <td>Daily</td> <td><u>6</u> @ \$ <u>208</u> = \$ <u>1200.00</u></td> </tr> <tr> <td>Monthly</td> <td>@ \$ _____</td> </tr> <tr> <td>Delivery Charges</td> <td>@ \$ _____ <u>for</u></td> </tr> <tr> <td>Others</td> <td>@ \$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">SUB TOTAL \$ <u>1200.00</u></td> </tr> </tbody> </table> <p>PETROL: Empty <u>(1/8)</u>, 1/4, 3/8, 1/2, 5/8, 3/4, 7/8, Full</p> <p>INSURANCE EXCESS PAYABLE ON CLAIM</p> <p>Hirer is responsible for the first \$ <u>2500</u> - excess for Collision / Damages to 1st party (i.e.) COMPLETE LEASING P/L vehicle (inc. windscreen) and also first \$ <u>2000</u> - excess for Collision / Damages to 3rd party's vehicle for each and every accident / damages.</p> <p>Hirer's Signature: <u>[Signature]</u></p>	RENTAL CHARGES		Daily	<u>6</u> @ \$ <u>208</u> = \$ <u>1200.00</u>	Monthly	@ \$ _____	Delivery Charges	@ \$ _____ <u>for</u>	Others	@ \$ _____	SUB TOTAL \$ <u>1200.00</u>	
RENTAL CHARGES													
Daily	<u>6</u> @ \$ <u>208</u> = \$ <u>1200.00</u>												
Monthly	@ \$ _____												
Delivery Charges	@ \$ _____ <u>for</u>												
Others	@ \$ _____												
SUB TOTAL \$ <u>1200.00</u>													

I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.

**IMPORTANT**

1. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
2. VEHICLE IS STRICTLY FOR USE IN SINGAPORE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT FROM THE COMPANY COMPLETE LEASING PTE LTD
3. IN THE EVEN OF AN ACCIDENT, THE HIRER OF AUTHORIZED DRIVER;
  - (i) shall report all accidents involving the said vehicle to the owner immediately,
  - (ii) shall NOT admit liability or sign any settlement documents with any 3rd parties
4. THIS AGREEMENT IS SUBJECT TO THE CONDITIONS PRINTED ON THE REVERSE SIDE

DATE IN	TIME IN	CHECKED BY	
<u>26/2/2018</u>	<u>2.30 pm</u>	<u>[Signature]</u>	<u>[Signature]</u> SIGNATURE OF HIRER / DRIVER

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 Feb 2018 / 12:02:43

Receipt Date/Time : 20 Feb 2018 / 12:02:27

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-180220-000853

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SLF5698E As at 17 Feb 2018/00:00:01 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SLF5698E Enquiry Fee 20180220120131853518	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	Paid By			
	20180220120146556 Direct Debit: eNETS Debit (Internet Banking)			7.45
	<b>Total</b>			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-031972

Date of Request: 01/03/2018

Your Ref No: WALK IN CHIU

COMPLETE VMS PTE LTD  
176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX  
SINGAPORE 575721

Dear Sir/Madam,

Your Vehicle No: SKZ279X

Date of Accident: 17/02/2018

Place of Accident: LIWAN VIEW

Involving Vehicle No: SLF5698E

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

---

For GIARMC Official use:

Date:

GIRO  Cash  Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-031974  
Date of Request: 01/03/2018

Your Ref No: WALK IN CHIU

COMPLETE VMS PTE LTD  
176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX  
SINGAPORE 575721

Dear Sir/Madam,

Date of Accident: 17/02/2018  
Vehicle No: SKZ279X  
Place of Accident: 1 LIHWAN VIEW S556892  
Involving Vehicle No: SLF5698E

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLF5698E	1 LIHWAN VIEW S556892	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

---

For GIARMC Official use:

Date:

GIRO  Cash  Cheque

### ...CLAIM SUBFOLDER...(Pending for Survey Report)

Fastlane

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Feb 2018 <a href="#">Edit Reg</a>		21 Feb 2018 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$2,995.02</b> <a href="#">Edit Estimates</a>	<b>S\$2,995.02</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by adjuster]</span>									
Insured:	<b>LCRF PTE LTD</b> , Co. Reg. No.: -								
Main Claimant:	<b>TAY SHUI WEN</b> , ID: S81013961								
Vehicle Reg. No.:	<b>SKZ279X</b>	Date of Loss:	17/02/2018 00:00 - :59 [25 Months and 11 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / 5060205452SG</b>	Policy/Cover Note No.:	0999994812 (Comprehensive)						
Vehicle Reg. No. (Insured):	<b>SLF5698E</b>	Policy No. (Claimant):	D28855641QMY						
		Excess:							
Repairer:	<b>COMPLETE VMS PTE LTD (HQ)</b> 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex, 575721 Sin Ming - Tel: 6455 0012								
Handling Insurer:	<b>AIG Asia Pacific Insurance Pte. Ltd. (Express)</b> - Tel: 65-6419-3000 ... [Handled by <b>Olea, Maricel</b> ] Maricel.Olea@aig.com								
Claimant's Insurer:	<b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KENNETH KONG</b> ] ... [Final Rpt due 02/03/2018]								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
• AIG_SG (22/02/2018): Request for TP GIA Report									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SKZ279X (5060205452SG)  
[SLF5698E]  
TP  
TAY SHUI WEN  
Feb 17 2018 12:00AM  
[LCRF PTE LTD]  
COMPLETE VMS PTE LTD

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View	View in Browser
<b>Letters/Correspondences</b>															1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)										Thumbnail	Print			
1	(Draft)	Third Party Express Settlement - Payment Breakdown											Edit			
<b>Assessment Reports</b>															1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)										Thumbnail	Print			
1	22/02/18 17:12	<b>Accident Statement</b> <small>From: SC - Reg. No: SLF5698E, Claimant: LJOH CITY RENTALS PTE LTD</small>											Load HTM			
<b>Photos/Images</b>															3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)										Thumbnail	Print			
1	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
2	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
3	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
4	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
5	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
6	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
7	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
8	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
9	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
10	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
11	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
12	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
13	08/05/18 11:46	General View											Load JPG	<input checked="" type="checkbox"/>		
<b>Documentation</b>															1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)										Thumbnail	Print			
1	21/02/18 15:54	EMAIL FROM AIG DD 21022018											Load PDF			
2	21/02/18 15:54	WKSP NOTICE											Load PDF			
3	22/02/18 18:48	TP ESTIMATE- MARKED											Load PDF			
4	22/02/18 18:48	TP GIA REPORT											Load PDF			
5	22/05/18 09:58	WORKSHOP INVOICE											Load PDF			
6	22/05/18 09:58	AUTHORISATION TO ACT FORM											Load PDF			
7	22/05/18 09:58	Release Voucher											Load PDF			
8	22/05/18 09:58	RENTAL RECEIPT											Load PDF			
9	22/05/18 09:58	LTA SEARCH											Load PDF			
10	22/05/18 09:58	GIA SEARCH											Load PDF			
11	22/05/18 09:58	LETTER TO OI											Load PDF			

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print

There are no document checklists configured.

**Our Checklist Remarks - LXX Auto Consultants Pte Ltd (HQ)**

**Show Remarks To:**  Handling Insurer  
Note: Remarks are private unless you show it to other parties.

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

**THIRD PARTY EXPRESS SETTLEMENT  
(PAYMENT BREAKDOWN)**

<b>Vehicle No:</b>	SLF5698E (Insd veh)	<b>Model:</b>	TOYOTA WISH 1.8 (A)
	SKZ279X (TP veh)		
<b>Date of Accident:</b>	17/02/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	: \$	7,838.36	
Final Repair Cost	: \$	4,320.00	
Loss of Use	: \$		days at \$0.00 per day
Rental (if any)	: \$	6	days
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	4,320.00	

**Is Third Party Workshop GIA Registered?**     YES     NO    (Kindly indicate below)

**A) For Non GIA Registered Workshop:**    Agreed Liability \_\_\_\_ 100 \_\_\_\_ (%)

**B) For GIA Registered Workshop:**    BOLA Applicable: Yes/ No    BOLA Scenario No: \_\_\_\_\_

BOLA Liability: \_\_\_\_\_ (%)    Assessed Liability (\*): \_\_\_\_\_ (%)

*\* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.*

Remarks \_\_\_\_\_

Payment Instruction: Payee's Breakdown			
1)	COMPLETE VMS PTE LTD	: \$	4,320.00
2)		: \$	
3)		: \$	
4)		: \$	

\_\_\_\_\_  
JOANNE LEE KHANG MIN  
LKK Auto Consultants Pte Ltd

22 May  
2018  
\_\_\_\_\_  
Date

Please attach all the supporting documents to the form.  
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

## LKK Auto Consultants Pte Ltd (Co. Reg. No. 199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

### VEHICLE DAMAGE INSPECTION REPORT

**Our File No:** CC4/LCR18003305/KJB3Q2

**Date:** 22/05/2018

#### REFERENCE

Handling Insurer: <b>AIG Asia Pacific Insurance Pte. Ltd.</b>	Policy No:	0999994812
<b>Claimant Vehicle No :</b> SKZ279X	<b>Insured Vehicle No :</b>	SLF5698E
Date of Loss: 17/02/2018	Nature of Claim:	TP Claim No: 5060205452SG

#### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: <b>SKZ279X</b>	Engine No: 2ZR1664784
Make & Model: TOYOTA WISH, 1.8 (A)	Chassis No: JTDGG20W30J003219
Reg. Date: 06/01/2016 (Man. Year: 2015)	Odometer: 35905 km
Colour: Metallic Gold	
Engine Capacity: 1798 cc	
Market Value/New Car Price: N/A	
Sum Insured (S\$): <b>Market Value/New Car Price</b>	

#### CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Engine Modification:	No	Pre-accident Condition:	

#### CONDITION OF TYRES

Front Tyre Size:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	Michelin 9 mm	Rear Left Side:	Michelin 9 mm
Front Right Side:	Michelin 9 mm	Rear Right Side:	Michelin 9 mm

*The above values represent the remaining tyre treads depth*

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,910.57	2,145.02	2,765.55	56.32
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,415.00	850.00	1,565.00	64.80
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>7,325.57</b>	<b>2,995.02</b>	<b>4,330.55</b>	<b>59.12</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>512.79</b>	<b>209.65</b>	<b>303.14</b>	<b>59.12</b>
<b>Nett Amount (S\$)</b>	<b>7,838.36</b>	<b>3,204.67</b>	<b>4,633.69</b>	<b>59.12</b>
<b>+ Car Rental (6.0 x S\$180.00/day) (S\$)</b>		1,080.00		
<b>+ Doc/Search Fee (S\$)</b>		36.45		
<b>Nett Liability (S\$)</b>		<b>4,321.12</b>		
<b>Global Sum Settlement (S\$)</b>		<b>4,320.00</b>		

#### INSPECTION

Date of Assignment:	21/02/2018	
Date Inspected:	21/02/2018 Inspected At:	COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex Singapore 575721

Estimated Period of Repair: 4.0 days

---

**Adjuster:** KENNETH KONG

**Manager:** Joy Irene Bascao

*NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*

## REPAIR DETAILS

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*BONNET	Buckled	898.80 FL	*803.50 FL
2	1		*BONNET LOCK	Repair	177.30 FL	*- FL
3	1		*BONNET INSULATOR	Serviceable	431.70 FL	*- FL
4	1		*BONNET LOGO	Necessary	76.50 FL	*76.50 FL
5	1		*HEADLAMP	O/S Mtg Cracked/N/SServiceable	2,560.60 FL	*1,050.60 FL
6	1		*FRONT BUMPER	Buckled	565.60 FL	*491.60 FL
7	1		*FRONT BUMPER REINFORCEMENT	Buckled	368.50 FL	*368.50 FL
8	1		*FRONT BUMPER SPONGE	Serviceable	150.80 FL	*- FL
9	2		*FRONT BUMPER BRACKET	Repair	151.40 FL	*- FL
10	6		*FRONT BUMPER CLIP	Necessary	36.00 FL	*36.00 FL
11	1		*FRONT SUPPORT PANEL	Repair	828.90 FL	*- FL
12	1		*RADIATOR GRILLE	Serviceable	268.00 FL	*- FL
13	1		*FRONT NUMBER PLATE	Dented	25.00 FS	*25.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>6,539.10</b>	<b>2,851.70</b>
<b>- List Item Discount on L Items 25.00/25.00% (\$\$)</b>	<b>1,628.53</b>	<b>706.68</b>
<b>Total Parts (\$\$)</b>	<b>4,910.57</b>	<b>2,145.02</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	CHARGE HEAD LAMP & DO WIRING & LIGHT BEAM LEVEL CHECKS	New	65.00	20.00
2	REMOVE & INSTALL AIR CON CONDENSER & CHARGE IN GAS	New	180.00	0.00
3	REMOVE & REINSTALL RADIATOR ,FAN MOTOR & TOPUP COOLANT	New	90.00	0.00
4	RUST PROOFING TREATMENT	New	100.00	30.00
5	SPRAY PAINTING DAMAGED AFFECTED	New	1,000.00	400.00
6	TO CUT OFF FRONT SUPPORT PANEL,KNOCK AND STRAIGHTEN FRONT CHASSIS FRAMES,AND CHARGE ALL NECESSARY PARTS	New	980.00	400.00
<b>Gross Labour Cost (\$\$)</b>			<b>2,415.00</b>	<b>850.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >