

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

C5/TP18003567/44602

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SKK3805

at Workshop m/s

Max auto

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GLA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lump Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKK3805

Yr Regn:

713

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

CA

Make:

Toyota Camry

C.C.

2494

Colour:

Gold

AC:

Insured / Std / NI / NA

Sp. Reading

183/60

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053AK500 4005763

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

215/55ZR17

BS / DUN / EXNOVA / GY / FS / LIZA / M/C / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

23/1/18

D.O.I.

26/2/18

Survey held at

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

Rear

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

Date / Time

Action / Instruction

Arrive 17A 63920

21/3/18 4/5 3200 confirmed with MR Tan (Ref 5445230, 58%)

RECEIVED 21 MAR 2018

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

2)

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

) \$ + RS \$

) Photos

) Others

)

Report Format :

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

71

3200

150

50

50

49

80

TOTAL

379

Ref. No : <u>134118003567/446 n2</u>	Res. Date: <u>26/2/18</u>	Date Received:
Veh. No : <u>SKK 3825</u>	SP: _____	WKSP: <u>max auto</u>
C/N: _____		
Action/Instruction:		
1. File	2. Submit Photo? YES / NO	
3. Indicate Res. Date On Photo Page?	YES / NO	Message:
If No, due to	a) No authorisation b) Days of repair	
others:		
Final Re-inspection or Progress Photos		Inspected By: <u>[Signature]</u>

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 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	24/01/2018 15:59
Date Of Accident	23/01/2018 10:20
Exact Location Of Accident	BARTLEY RD EAST TO AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK3820S
Insured/Policyholder	
Name Of Registered Owner	EPC SOLUTION LLP
Co Reg No	T15LL1340H
Email Address	TANTY3820@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98202288

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1944330
Cover Note Number	

Driver

Name of Driver	TAN TECK YONG
NRIC No	S1106195H
Date Of Birth	17/03/1955
Occupation	INDOOR
Date Of Driving Pass	06/06/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98202288
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	27A JALAN TELITI
Postcode	1953
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

MY VEHICLE WAS STATIONARY. SUDDENLY, VEHICLE B HIT ONTO MY VEHICLE'S REAR.

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	SJN9793T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle was stationary, suddenly vehicle B hit
into my vehicle rear

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder
Date & Time



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

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Limited Liability Partnership
Owner ID:	1340H
Vehicle Details	
Vehicle No.:	SKK38205
Vehicle to be Exported:	No
Intended De-registration Date:	26 Feb 2018
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2.5 AT
Primary Colour:	Beige
Manufacturing Year:	2013
Engine No.:	2ARU041316
Chassis No.:	MR053AK5004005763
Maximum Power Output:	133.0 kW (178 bhp)
Open Market Value:	\$27,204.00
Original Registration Date:	08 Jul 2013
First Registration Date:	08 Jul 2013
Transfer Count:	1
Actual ARF Paid:	\$30,086.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Jul 2023
PARF Rebate Amount:	\$22,564.00
Intended COE Rebate Details	
COE Expiry Date:	07 Jul 2023
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$77,110.00
COE Rebate Amount:	\$41,356.00
Total Rebate Amount:	\$63,920.00

The information contained herein is correct as at 26 Feb 2018

OK



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				
MAX MOTORS		Ref : CS/TP18003562/Utnb2		
1 KAKI BUKIT AVE 6 #01-98 SINGAPORE 417883		Date : 21-03-2018		
ON BEHALF OF EPC SOLUTION LLP		Code : TP358		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SKK 3820S	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		26/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA CAMRY (A)	c.c	2494	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	MR053AK5004005763	Colour	GOLD	
Odometer	153160	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/55 ZR17	MICHELIN	6 mm	
L/H Front Tyre	215/55 ZR17	MICHELIN	6 mm	
R/H Rear Tyre	215/55 ZR17	MICHELIN	6 mm	
L/H Rear Tyre	215/55 ZR17	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	23/01/2018	Inspection Date	26/02/2018	
Survey held at	MAX MOTORS 1 KAKI BUKIT AVE 6 #01-98 SINGAPORE 417883			
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:		4 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. SKK 3820S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOTLID	DENTED / BENT	1,092.10	1,092.10
1	BOOTLID "CAMRY" EMBLEM	NECESSARY	78.30	78.30
1	BOOTLID "2.5" EMBLEM	NECESSARY	75.00	75.00
1	BOOTLID WEATHERSTRIP	TWISTED	329.10	329.10
1	BOOTLID INNER LOCK	NOT NECESSARY	485.30	-
1	REAR BUMPER	DENTED / DEFORMED	665.20	665.20
1	REAR BUMPER REINFORCEMENT	DENTED	397.33	397.33
2	REAR BUMPER SIDE HOLDERS @\$62.50	NOT NECESSARY	125.00	-
1	SET REAR BUMPER CLIPS	NECESSARY	50.00	50.00
2	REAR BUMPER PDC SENSORS @\$185.00	SHORTED	370.00	370.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	692.00	-
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	266.50	-
1	REAR END PANEL KEYLESS SENSOR	CRACKED	248.20	248.20
1	TAILLAMP O/S	NOT NECESSARY	588.10	-
	LESS 25% DISCOUNT		-	-826.31
			5,462.13	2,478.92
<u>LABOUR</u>				
	TO CHECK WIRING.		50.00	30.00
	TO DISMANTLE & REPLACING PDC SENSOR.		80.00	50.00
	TO DISMANTLE & REFIX BOOTLID MECHANISM.		100.00	80.00
	TO SPRAY RUST PROOFING.		80.00	50.00
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF REAR END PANEL.		800.00	580.00
	TO PUTTY & SPRAY PAINTING.		1,080.00	750.00
	-		-	-
	-		-	-
	-		-	-
			2,190.00	1,540.00
GRAND TOTAL			7,652.13	4,018.92
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,200.00

Report Ref No. CS/TP18003562/Utn2



Report Ref No. CS/TP18003562/Utnb2

CHUA KANG SENG

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 rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.