

ASS. REC. BY:

REF: CS/GA1/8003627/Klv03/n2

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Rachel Tan

of

GAIDate/Time: 26/2/18 @ 3pm.

Estimated Cost:

Bill to:

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHA 4669UInsured: SLJ 2650R

at Workshop m/s

Comfort DelgroTel: 6214 8319

of

Sq Iayong Drive

Policy No:

Claim No:

CLMOMVP 000000588

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 23/2/2018

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time: 30/1pm 26/2/18

Person Contacted:

FauzyVehicle ☒ IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SHA 4669U - CC1A XA17016623/K166342D.O.A: 26/8/17SLJ 2650R - X28/2/18Email preli revised to Rachel



# Survey Department Check List (Case Handler)

Reference No. : CS/GAI 1800 367 Klvcb  
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

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	✓			
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## (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	✓			
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Check By: VERON 28/1/18  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014



# 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				
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI18003627/K1vd3		
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 26-02-2018		
		Code : GAI		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLJ 2650R	Veh. Inspected	SHA 4669U	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	RACHEL TAN	Assign Date	26/02/2018	
<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	23/02/2018	Inspection Date	26/02/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<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.				



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: Please Advised

Our ref: CS/GAI18003627/K1vd3

Date :28/2/2018

The Motor Claims Department  
M/s: GREAT AMERICAN INSURANCE COMPANY

*Without Prejudice*

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO. SHA 4669U**

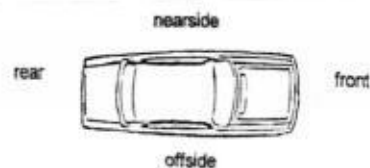
We thank you for your instruction on 26/2/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 26/2/2018 at the premises of M/s CDGE and have the following to report:-

Workshop Estimate Amount	: S\$	4,847.56
Revised Estimate Amount	: S\$	1,450.00 (LUMP SUM)
"Check" Items Amount	: S\$	
Market Value	: S\$	
LTA Reimbursement Value	: S\$	
Nett Value	: S\$	

**Description of Damage:**

The vehicle sustained damages at the o/s front portion.



Comments/Present Status:

Damages Consistent

Yours faithfully,

**KALVIN ANG**

*Automotive Assessor / Investigator*

## Veron Chen (LKKAuto)

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Monday, 5 March 2018 9:14 AM  
**To:** 'Tan, Rachel'  
**Cc:** SUR  
**Subject:** RE: SHA4669U - TP CLAIM > SLJ2650R - GREAT AMERICAN

Dear Rachel,

Noted with thanks.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Tan, Rachel [mailto:Rachel.Tan@sg.gaig.com]  
**Sent:** Monday, 5 March 2018 8:53 AM  
**To:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>  
**Cc:** SUR <sur@lkkauto.com>  
**Subject:** RE: SHA4669U - TP CLAIM > SLJ2650R - GREAT AMERICAN

CLMOMVP000000588

---

**From:** Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]  
**Sent:** Monday, March 5, 2018 8:19 AM  
**To:** Tan, Rachel <Rachel.Tan@sg.gaig.com>  
**Cc:** SUR <sur@lkkauto.com>  
**Subject:** FW: SHA4669U - TP CLAIM > SLJ2650R - GREAT AMERICAN

Dear Rachel,

Kindly provides us the claim number.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Thursday, 1 March 2018 10:14 AM  
**To:** 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>

Cc: SUR <sur@lkkauto.com>

Subject: FW: SHA4669U - TP CLAIM > SLJ2650R - GREAT AMERICAN

Dear Rachel,

Kindly provides us the claim number.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

From: Veron Chen (LKKAuto)

Sent: Wednesday, 28 February 2018 12:18 PM

To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>

Cc: SUR <sur@lkkauto.com>

Subject: RE: SHA4669U - TP CLAIM > SLJ2650R - GREAT AMERICAN

Dear Rachel,

Enclosed preliminary revised of vehicle SHA 4669U

Date of survey: 26/2/2018

Number of days:2 days

**Kindly provides us the claim number.**

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

From: Admin-D (LKKAuto)

Sent: Monday, 26 February 2018 3:11 PM

To: 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>; assignments <assignments@lkkauto.com>

Cc: fauzy@sparkcarcare.com; SUR <sur@lkkauto.com>

Subject: RE: SHA4669U - TP CLAIM > SLJ2650R - GREAT AMERICAN

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



**From:** Tan, Rachel [<mailto:Rachel.Tan@sg.gaig.com>]  
**Sent:** Monday, 26 February 2018 3:00 PM  
**To:** LKK Assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** [fauzy@sparkcarcare.com](mailto:fauzy@sparkcarcare.com)  
**Subject:** RE: SHA4669U - TP CLAIM > SLJ2650R - GREAT AMERICAN

Without Prejudice

Dear Fauzy

We will arrange LKK to conduct PRI. Let us know if you have any concerns.

Dear LKK

Please accept assignment. Attached is TP's PRI request.

Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company  
Tel: 6804 7846

---

**From:** Ngian, Kelvyna  
**Sent:** Monday, February 26, 2018 2:49 PM  
**To:** Tan, Rachel <[Rachel.Tan@sg.gaig.com](mailto:Rachel.Tan@sg.gaig.com)>  
**Subject:** FW: SHA4669U - TP CLAIM > SLJ2650R - GREAT AMERICAN

**From:** Fauzy Bin Mokhtar [<mailto:fauzy@sparkcarcare.com>]  
**Sent:** Monday, February 26, 2018 9:22 AM  
**To:** Ngian, Kelvyna <[Kelvyna.Ngian@sg.gaig.com](mailto:Kelvyna.Ngian@sg.gaig.com)>; General Claims <[GeneralClaims@sg.gaig.com](mailto:GeneralClaims@sg.gaig.com)>  
**Subject:** SHA4669U - TP CLAIM > SLJ2650R - GREAT AMERICAN

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.

The taxi was grounded at our workshop on 23.02.2018

With Regards

Fauzy Bin Mokhtar  
ComfortDelGro Engineering Pte Ltd  
Taxi Crash Repair Department  
DID : 6214- 8319  
FAX:: 6546-8156

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**Nivitha (LKK Auto)**

---

**From:** Tan, Rachel <Rachel.Tan@sg.gaig.com>  
**Sent:** Monday, 26 February 2018 3:00 PM  
**To:** LKK Assignments  
**Cc:** fauzy@sparkcarcare.com  
**Subject:** RE: SHA4669U - TP CLAIM > SLJ2650R - GREAT AMERICAN  
**Attachments:** SHA4669U.PDF

Without Prejudice

Dear Fauzy

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Dear LKK

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Regards

Rachel Tan

Executive, Motor Claims, Great American Insurance Company

Tel: 6804 7846

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## Veron Chen (LKKAUTO)

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**Cc:** SUR  
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**Attachments:** SHA 4669U PRELI REVISED.pdf

Dear Rachel,

Enclosed preliminary revised of vehicle SHA 4669U  
Date of survey: 26/2/2018  
Number of days: 2 days

**Kindly provides us the claim number.**

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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BEST REGARDS,

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**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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**To:** Ngian, Kelvyna <[Kelvyna.Ngian@sg.gaig.com](mailto:Kelvyna.Ngian@sg.gaig.com)>; General Claims <[GeneralClaims@sg.gaig.com](mailto:GeneralClaims@sg.gaig.com)>

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With Regards

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ComfortDelGro Engineering Pte Ltd  
Taxi Crash Repair Department  
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## 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	23/02/2018 14:26
Date Of Accident	23/02/2018 06:50
Exact Location Of Accident	TAMPINES AVE 8 X JUNCTION OF TAMPINES AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4669U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	SONATA
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	TAXI
<b>Insurance Company</b>	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	SIANG KEE SENG
NRIC No	S0704709F
Date Of Birth	17/03/1950
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1976
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	SIANG.KEESENG@GMAIL.COM

Address	BLK 235 TAMPINES STREET 21 #08-507
Postcode	521235
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180223/2041

#### 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	SLJ2650R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHUNG LING CHERYL
NRIC/Passport Number	S9019299Z

Contact Number

Address

Postcode

Insurance Company Name

GREAT AMERICAN INSURANCE COMPANY

Nature Of Damage

RIGHT FRT

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHD3393B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YEO BOK CHUAN

NRIC/Passport Number

S1333459E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RIGHT FRT

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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23.02.2018 @ 13:00 Hrs

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



SKETCH PLAN

A - SHA 4669U.  
B - SLJ 2650R.  
C - SHD 3393B.

Refer to the attachment.

Along Tampines Ave 8 X Tampines Ave 5.

Describe Circumstances of the Accident

Refer to Police Report no: T/20180223/2041.

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

policyholder's Signature  
Date & Time



Driver's Signature (If driver is not the policyholder)  
Date & Time 23.02.2018 @ 13:00 Hrs

Rubbini

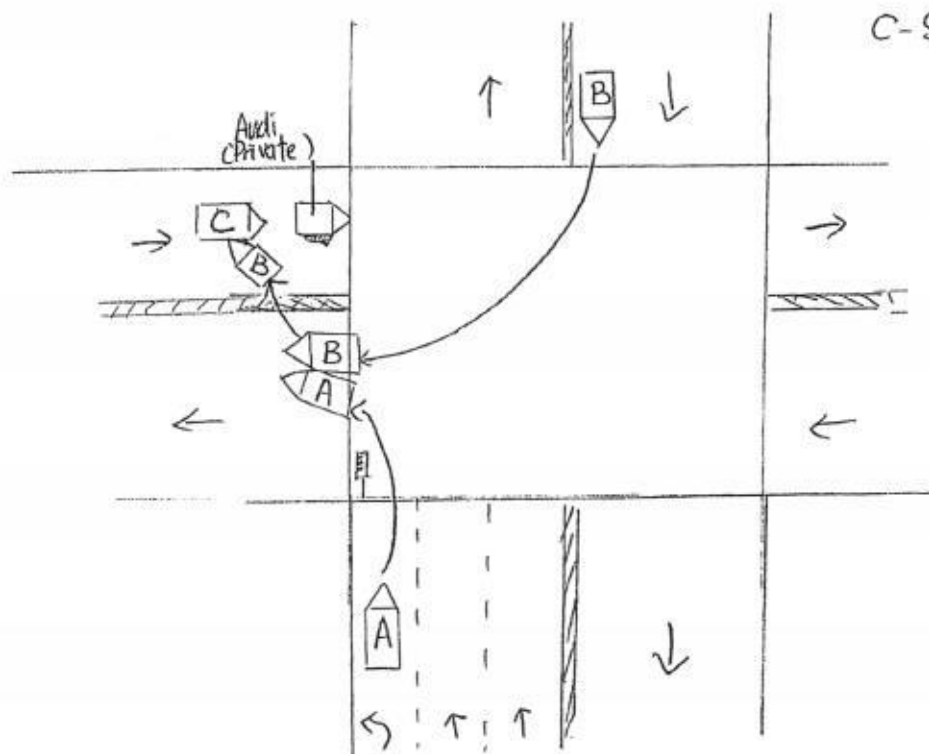
Reporting Centre Personnel's Signature  
Name : Rubbini  
NRIC/FIN No : -


Sketch Plan Pg. 3

A-SHA 4669U.

B- SLJ 2650R.

C-SHD 3393B (CTPL).



  
SIANG KEE SENG  
S0704709-F  
23/02/2018.



**SINGAPORE  
POLICE FORCE**



T/20180223/2041

1 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180223/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/02/2018 11:43	Vide Report No.: G/20180223/0064	Station Diary No.: 52
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**Informant's Particulars**

Name of Informant: SIANG KEE SENG			Address: APT BLK 235 TAMPINES STREET 21 #08-507 SINGAPORE 521235	
ID Type / ID No.: NRIC NO / S0704709F			Contact No.: Home/Office:	Mobile: 92376274
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 67	Date of Birth: 17/03/1950	Type of Informant: Driver	
Race: Chinese			Language: Mandarin	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 23/02/2018 06:50	Type of Location: T-Junction
Location: Along Road 1 TAMPINES AVENUE 8 TAMPINES AVENUE 5 Tampines Ave 8 turning into Tampines Ave 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4669U	Car	HYUNDAI	Sonata	Blue	Slightly Damaged	3
SHD3393B	Car	HYUNDAI	i40	Blue	Slightly Damaged	1
SKD7808P	Car	AUDI		Brown	Slightly Damaged	1
SLJ2650R	Car	TOYOTA		Black	Seriously Damaged	0

## Sketch Plan Pg. 5



**SINGAPORE  
POLICE FORCE**



T/20180223/2041

2 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180223/2041

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHA4669U	FIRST CAPITAL INSURANCE LIMITED	D-18088936MFSH	01/01/2018	31/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	SIANG KEE SENG		ID No.	S0704709F
Related Vehicle	SHA4669U (Car)		Contact No.	92376274
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	YEO BOK CHUAN		ID No.	S1333459E
Related Vehicle	SHD3393B (Car)		Contact No.	NIL
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
<b>Driver</b>				
Name	LIEW KHIM HWA		ID No.	S1698492B
Related Vehicle	SKD7808P (Car)		Contact No.	NIL
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



**SINGAPORE  
POLICE FORCE**



T/20180223/2041

3 of 4

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20180223/2041

## CONTINUATION OF REPORT

Driver Name	LEE CHUN LING CHERYL	ID No.	S9019299Z
Related Vehicle	SLJ2650R (Car)	Contact No.	NIL
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

**Brief Details.**

On the 23/02/2018 at about 6.50pm, I was driving my Comfort Taxi along Tampines Ave 8. The green light was to my favour and there were pedestrians crossing the road. Thus I waited before turning into Tampines Ave 5. After the pedestrians had crossed the road, I turned into Tampines Ave 5. Suddenly I felt a bang from my right side, as a vehicle (SLJ2650R) had come from behind and hit onto my right side and then swerved towards the road divider. This vehicle had hit onto the road divider fencing and went to the opposite road and hit onto another 2 more vehicles (SHD3393B and SKD7808P).

No one was injured during that time. The ambulance had come but no one was conveyed. The driver (SLJ2650R) who had hit onto me had told me that she was in a hurry as she was late.

The Traffic Police was also at scene and I was advised to lodge a Police report.



**SINGAPORE  
POLICE FORCE**



T/20180223/2041

4 of 4

Report No. T/20180223/2041

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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 /  
Sr Staff Sgt WONG TING CHIEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 YEO KIA HUAT  
Contact No.: 65476325

Authentication Stamp  
NP168

Signature Of Informant:

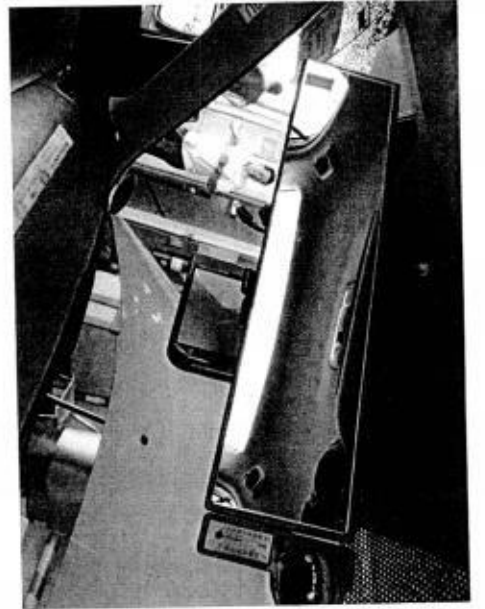
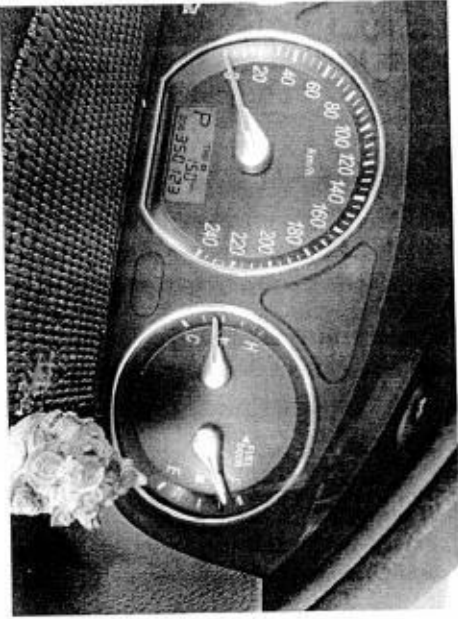
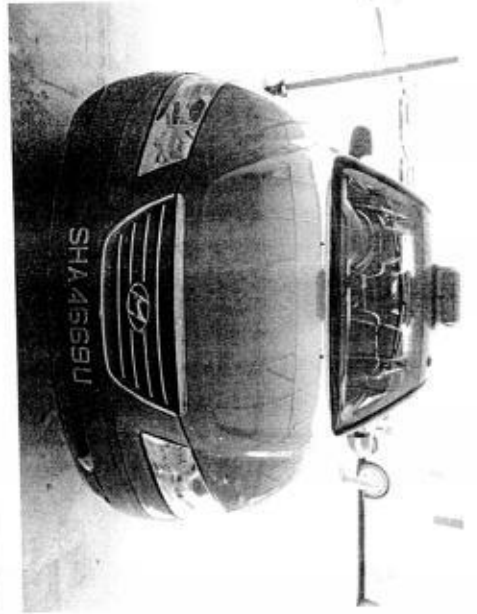
Date/Time:  
23/02/2018 11:43

Classification Of Case:

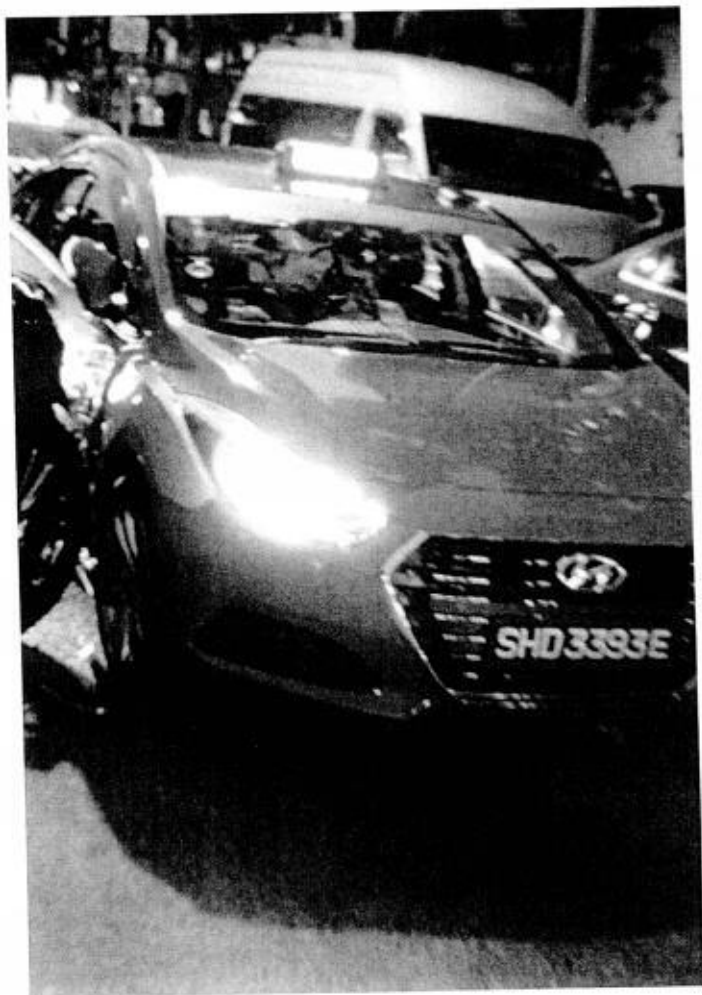
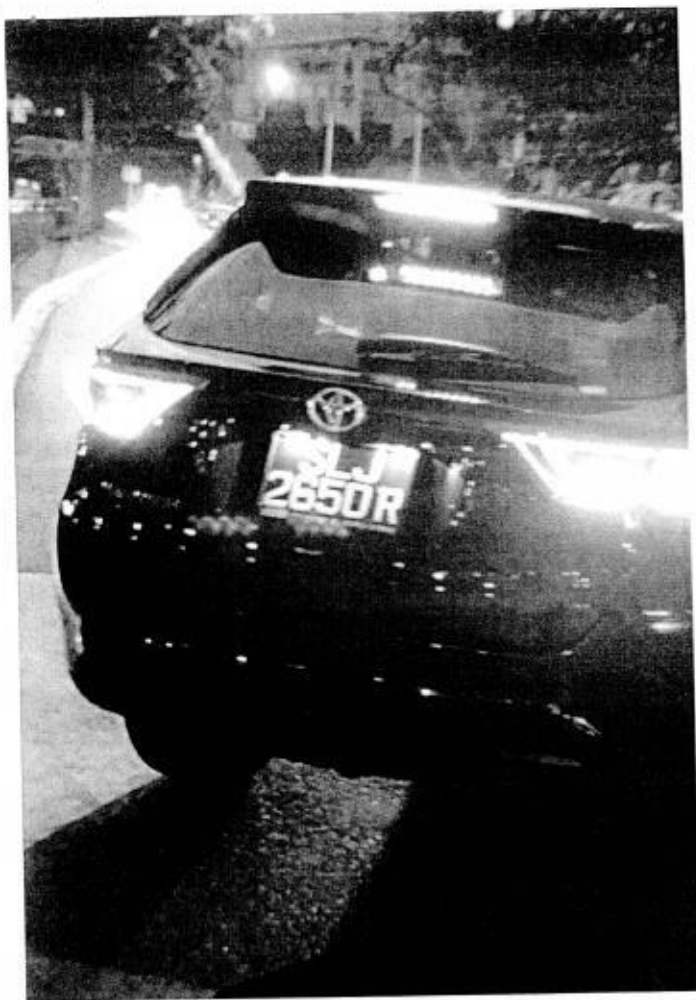


SINGAPORE  
POLICE FORCE

SIGNATURE







Team: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3806385

JC NO: 305119363

CUSTOMER

NAME: COMFORT TRANSPORTATION PTE LTD  
VMS 7010045  
CUSTOMER NO.  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
L. (R) 65508755 (O)  
(P)

SCOUNT CARD NO.

REGN NO. SHA4669U	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 23.02.2018 12:10
YR OF MANU. 30.06.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA813335	COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 23.02.2018  
NATURE: 3P 23.02.18/B-

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHA4669U FZ GA

Vehicle No.: SHA4669U

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE\*

DATE 23/2/2018 15:40

VEHICLE NO : SHA 4669U

MAKE :

MODEL : HYUNDAI SONATA

RIGHT FRONT

Fauzy

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 538.80
	Front Bumper Bracket (RH)			\$ 20.10
	Headlamp (RH)			\$ 797.90
	Front Fender (RH)			\$ 593.00
	Front Fender Shield (RH)			\$ 86.00
	Front Fender Signal Lamp (RH)			\$ 45.40
	Front Wheel Rim (RH)			\$ 284.70
	Front Wheel Hub Cap (RH)			\$ 145.00
	Front Wheel Bearing			\$ 258.50
	Front Suspension Lower Arm (RH)			\$ 685.20
	Knuckle Arm (RH)			\$ 558.60
	<b>SUB TOTAL</b>			<b>\$ 4,013.20</b>
	<b>LESS 20%</b>			<b>\$ 802.64</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,210.56</b>
	Front Tyre (RH)			\$ 207.00
				<b>Nett</b>
	<p>LKK Auto Consultants hereby notify the Repaired of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey after water spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be reviewed and subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p>			
	<b>Labour Charge</b>			
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 400.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 50.00
	Remove/Refix Undercarriage (FRT)			\$ 200.00
	FRT Wheel Alignment			\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,430.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,847.56</b>
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305119363  
Date : 27.02.2018

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA4669U

Date of Accident : 23.02.2018

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: GAIG SLJ2650R
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$0.00
(b) Labour Charges	\$0.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$0.00</b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	\$1,450.00
<b>Final Lumpsum Repair cost</b>	<b>\$1,450.00</b>

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : K. a. l. u.

Date : 28/2/18

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



## 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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI18003627/K1vd3n2

3 TEMASEK AVENUE  
#16-01 CENTENNIAL TOWER  
SINGAPORE 039190

Date : 07-03-2018



Code : GAI

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLJ 2650R	Veh. Inspected	SHA 4669U
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVP000000588	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	26/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA813335	Colour	BLUE
Odometer	350124	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.
---

### 5. General Information

Accident Date	23/02/2018	Inspection Date	26/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

### 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:	2 Working Days
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# 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4669U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	20.10	-
1	HEADLAMP (RH)	SERVICEABLE	797.90	-
1	FRONT FENDER (RH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	86.00	-
1	FRONT FENDER SIGNAL LAMP (RH)	CRACKED	45.40	45.40
1	FRONT WHEEL RIM (RH)	SERVICEABLE	284.70	-
1	FRONT WHEEL HUB CAP (RH)	GRAZED	145.00	145.00
1	FRONT WHEEL BEARING	SERVICEABLE	258.50	-
1	FRONT SUSPENSION LOWER ARM (RH)	SERVICEABLE	685.20	-
1	KNUCKLE ARM (RH)	SERVICEABLE	558.60	-
	LESS 20% DISCOUNT		-802.64	-264.44
			3,210.56	1,057.76
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT TYRE (RH)(SN)	SERVICEABLE	207.00	-
			207.00	-
<b><u>LABOUR</u></b>				
	PANEL BEATING.		560.00	300.00
	SPRAY PAINTING CHARGE.		400.00	360.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	TOWING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX UNDERCARRIAGE (FRT).	NOT NECESSARY	200.00	-
	FRT WHEEL ALIGNMENT.		120.00	60.00
			1,430.00	740.00
<b>GRAND TOTAL</b>			<b>4,847.56</b>	<b>1,797.76</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>1,450.00</b>

Report Ref No. CS/GAI18003627/K1vd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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