| From (Person): | elun Lim | The same of the sa | ENT (Office) AVIVU | Date/Time: | 24042018 10 21am |
|---|--|--|------------------------|------------|------------------|
| Eatimated Cost: | | | Bill to: | | |
| OP TP / WS / TP To Inspect Vehicle I | No: SJ | Y 7990X | CS | Insured: | 1 1475 |
| at Workshop m/s of | The second secon | mwork ubi Ave 1 | # DI-24 | - | 1 24 10 |
| Policy No: 10 | 796721 | | Claim No: _ Excess: | G0047390 | |
| Sum Insured: Make of Veh: | | | Excess. | D.O.A. | 15132018 |
| | P. / REV 24 HRS 0430(8 32pm | Person Contacted | Durren. | H.O.D.A. | Pdorsement: |
| Date/Time Ac | tion/Instruction (| V) Estimo | te | | |
| 27/4- 7 | Revert via | menme | ^ | | ces to |
| | | | | | |

ASSIGNMENT

| From: | Date: | Veh No. SSY 7990 X Yr Regn. 2010/Sept |
|---|--|--|
| Estimated Cost: | | Type: V.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| OD/TP/WS/T | TP RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| To Inspect Vehic | de No: | Make: Andi A5 8704 beac 0.0 1984 |
| at Workshop m/s | 5 | Colour Shite A/C: Insured / Std / NI / NA |
| of " | | Sp.Reading N.A. T/Radio: Insured / Std / NI / NA |
| Insured: | | Eng/No: 07 N144196 |
| Policy No. | | C/No: WAUZZZ8T9BA014392 |
| Claims No. | | Gen. Cond: Good / Fair / Poor / Furn |
| Sum Insured: | Excess: | Steering: Inorder / Jammed / Leaked / Thirt or |
| (Client's Reco | rd) | Brake: Inorder / Jammed / Leaked / Junt or |
| Make of Veh: | | Modi: Nil / (R)m / STD A/Rim or |
| | | Tyre Size: F: ∂55 36 7.18 |
| (Policy Conditi | tion) | R: - 1\- |
| Remark: The ve | eh had commenced its N/S O/S | DO / DOM / EMIONAL DE LA COMPANION DE LA COMPA |
| repair | r at the time of inspection. | TOYO/YOKO or 7340 |
| Bal. or Market V | /alue; | Front Rear |
| IDAC Accident f | Rport: Consistent? : Yes or No | R/Bal. 6 mm R/Bal. 6 mm |
| GIA / PR See | n: Consistent? : Yes or No | L/Bal. 6 mm L/Bal. 6 mm |
| Est. Repairs: | _ days Res.: Yes or No | D.O.A. 15 3 2018 D.O.I. 35 04 218 |
| Lum Sum: | ✓ % 3 Val.: Yes or No | Survey held at Technolic Page Uhi |
| CA / REV / | REP. / 24 HRS | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or |
| CA I REV I | Vehicle: IN / OU | · · · · · · · · · · · · · · · · · · · |
| Date: | Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time | Action / Instruction | the 1th angue supertment. |
| | ANVA OF. TURN LOSS | the 173 english competitions. |
| | MV 56K -59K LTA 384K | |
| | NL . 17.6K | |
| | | |
| | | |
| | | |
| | RECEIVED 0 8 MAY 2018 | |
| | 11200 | Days Of Repair: |
| Date/Time, File Par | ss to? Preli Report | |
| Date/Time, File Par | | |
| 1) 215 Typi Dale/Time, File Re | ist : Final Report | |
| 215 Typi | ist : Final Report | Resurvey No. of Trip: — Survey Fee: 38-5 Transportation. |
| Date/Time, File Re | ist : Final Report | Resurvey No. of Trip: — Survey Fee: 38-5 Transportation. |
| Date/Time, File Re | Eturn to? Add F | Resurvey No. of Trip: — Survey Fee: 3 % o Transportation |
| 1) 215 Typi Dale/Time, File Re 2) | ist : Final Report atum to? Add F mat : 00 - TL | Resurvey No. of Trip: — Survey Fee: 380 Transportation Eee: Site Insp (\$)S * PSSt Interview (\$) Photos |

...CLAIM SUBFOLDER...(New Assignment)

| C | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status | | |
|-------------|--------------------|---------------|--------------------------------|----------------|------------------------|--|--|--------------|--|
| Case | 19 Mar 2018 | Est Submitted | 24 Apr 2018 10:21 Assign | | | | New Assignment Cancel Case | | |
| | Main | | Reference | | Claim Details | Doc | cuments | Show All | |
| LATM S | UBFOLDER DE | TAILS | | | | and the second s | [Created by insure | | |
| nsured: | ODI OLDEN DE | KAN | JIA SHENG, JAS | ON, ID: 5862 | 9471J, Tel: +65813 | | mrkanjason@gmail.co 15/03/2018 05:00 - | | |
| /ehicle R | ea. No.: | SJY | 7990X | | Date of Loss: | | the state of the s | | |
| Claim Type: | | OD | D / G0047390 | | Policy/Cover Note No.: | | 10796971 (Compreh | ensive) | |
| Cidilit 17) | per | | | | Excess: | | | | |
| Repairer: | | - No | Applicable - (-) | | | et leu Un | H 682774951 | | |
| CAR COLUMN | Insurer: | Aviv | a Ltd (HQ) - Tel: | (65) 6827 996 | 6 [Handled by Cely | TEIDAL Bot de | o 04/05/20181 | | |
| Adjuster: | | LKK | Auto Consultant | s Pte Ltd (HQ |) - Tel: 6256-3561 | Tel: +65813309 | 38 | | |
| Driver/Co | ustodian: | KAN | JIA SHENG, JASO | N (31 / Male), | NRIC: S8629471J, | 161. 10301330 | | | |
| ******* | ATED MAIL RE | CEIVED | | | | | View All Compo | se Case Mail | |
| | e no mail for this | | | | | | | | |
| | | 201-00000 | | | | | | | |
| Β | SOCIATED TAS | .vc | | | View All | Search Tasks | Create New Task | Complete | |
| ALL AS | | | | iect Hand | ler Assigned By | Complete | d On Created | On Done | |
| Due D | ate Priority | Type Tas | k Group Sub | ject Hand | rea readings of | 72.0000 C. 20.000 | | | |



Teamwork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Singapore 408934 Paya ubi Industrial Park

Tel: 6844 2475 Fax: 6844 2474 Email: claims@teamworkgargae.com GST Register No: 201015366H

24th April 2018

Our reference: 1804-33 Your reference: SJY7990X

Aviva Ltd

4 Shenton Way

#01-01 SGX Centre 2

Singapore 068807

Attn: Motor Claims Department

Dear Sir/Mdm,

ACCIDENT INVOLVING SJY7990X ON 15 MAR 2018 @ ALONG BUKIT TIMAH RD AND CAVENAGH RD - REPAIR COST FOR AUDI A5 - SJY7990X

We would like to propose that the repair cost of SJY7990X to be at SGD\$35,000.00* (Singdollars Thirty-Five Thousand). However in view of the life span of 25 months (COE due on 29 Sept 2020) and current market value for the said vehicle, it is not economical to proceed with the repair.

As such, we suggest on scraping the said vehicle. Please offer us a total loss amount in order to facilitate the claim.

Thank you.

Yours, faithfully, 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

DarrenoNgal modification(s) is allowed

. Supplementary item(s) must be resurveyed and Teamwork: Garage Ptertdrance Company

Acknowledged by Repairer

Signature:

Date:

25/04/2018 e 1200m

Veliale Total loss Junseje jar rep

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

To:

Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933

Attn:

Celyn Lim Shiau Hwee

Date: 27 Apr 2018

Preliminary Advice

Vehicle No

: SJY7990X

Accident Date

: 15/03/2018

Make

: AUDI A5

: 10796971

Policy No.

Assignment Date

: 24/04/2018

Excess

: \$\$0.00

Date of Inspection

Inspection At

: 25/04/2018

Est. Duration of Repair

: 0.00

Point of Impact / General Description of Damages

The vehicle caught fire

Repairer's Estimate (Gross) Revised Amount

TOTAL LOSS :S\$ TOTAL LOSS :S\$

Check Items (Estimated) Total

0.00 :S\$ 0.00 :S\$

Lump Sum Repair

:S\$

Total Loss Consideration

New for Old Value

:S\$

56,000.00 -

Pre-Accident Value

:S\$ 59,000.00

COE / PARF Rebate Salvage Value

:S\$

38,456.00

:S\$

17.544.00-

Margin for Repair

:S\$ 20,544.00

Remarks

| 8 |) | The vehicle is repairable at our adjusted amount. | We | have | also | confirmed | excess | and | policy | coverage. | Kindly |
|----|------|---|----|------|------|-----------|--------|-----|--------|-----------|--------|
| 60 | 3.75 | let us have your authorisation. | | | | | | | | | |

| (X) | The vehicle is uneconomical to be repaired | , you are advised | to invite | tender fo | or the wreck |
|-------|--|-------------------|-----------|-----------|--------------|
|-------|--|-------------------|-----------|-----------|--------------|

Other comments:

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 witholding 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 | 1817 |
|-----------------------------|--------------------------------------|------|
| Date Of Report | 16/03/2018 19:20 | |
| Date Of Accident | 15/03/2018 05:00 | |
| Exact Location Of Accident | ALONG BUKIT TIMAH RD AND CAVENAGH RD | |
| Country/State of Loss | SINGAPORE | |
| 基础的设计的 新疆 | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SJY7990X | 7 |
| Insured/Policyholder | | |

MVBOK

| Insured/Policyholder | |
|--------------------------|----------------------|
| Name Of Registered Owner | KAN JIA SHENG, JASON |

| MEIGH | |
|---------|-----------|
| NRIC No | S8629471J |

| Email Address | MRKANJASON@GMAIL.COM |
|---------------|----------------------|

 Mobile Phone No
 (LOCAL) +65-81330938

 Alternative Phone No
 OFFICE-81330938

Vehicle Particulars

Manufacturer AUDI Model A5

Exact Purpose for which vehicle was being used at time of accident PRIVATE

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AVIVA LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO
Policy Number 10796971

Cover Note Number N.A.

Driver

Name of Driver KAN JIA SHENG, JASON

 NRIC No
 \$8629471J

 Date Of Birth
 15/10/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 15/04/2006

Driving Experience 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81330938

Fax Number

Contact Number OFFICE-81330938

EMail Address MRKANJASON@GMAIL.COM

Address

NIL

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

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?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

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

SERANGOON NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE:

550108 . COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2849999 - FAX NO: 63431742

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON THE 15/03/2018 AT ABOUT 0445HRS, I WAS DRIVING SJY7990X ALONG BUKIT TIMAH ROAD TOWARDS NEWTON DIRECTION NEAR TO THE JUNCTION OF CTE. I WAS MAKING MY RIGHT TURN INTO CTE (SLE) AND I WAS DRIVING ON THE SECOND RIGHT TURN LANE. AS THERE WAS VEHICLE THAT WAS ALSO TURNING RIGHT ON THE FIRST LANE AND THERE WAS A VEHICLE FROM THE FIRST LANE AND MOVED INTO MY LANE WHILE IT WAS TURNING RIGHT. I SHIFTED MY VEHICLE TOWARDS THE LEFT TO AVOID COLLIDING WITH VEHICLE, MY VEHICLE THEN JUST WENT STRAIGHT AND HIT ONTO THE ROAD DIVIDER AT THE SAID JUNCTION NEAR TO POSB BUILDING. I CAME DOWN AND CHECK AND DISCOVERED THAT MY VEHICLE DAMAGES WERE AT THE FRONT ENGINE AREA OF MY VEHICLE AND MY VEHICLE WAS ON THE ROAD DIVIDER WITH THE GREEN RAILING CONTACTING THE FRONT OF MY VEHICLE. I DID NOT KNOW WHAT TO DO AS I COULD NOT DRIVE MY VEHICLE ANYMORE. HENCE, I CALLED MY VEHICLE WORKSHOP AND THEY INFORM THAT THEY WILL COME AND SETTLE FOR ME AND ALSO TOWING MY VEHICLE. AS I WAS NOT FEELING UNCOMFORTABLE. I THEN LEFT THE SCENE FOR HOME TO REST. ON THE 15/03/2018 AT ABOUT 1000HRS, I CALLED MY WORKSHOP TO CHECK ON MY VEHICLE AND THEY INFORM ME THAT THEY WENT TO THE SCENE BUT MY VEHICLE IS NO LONGER THERE. I THEN CAME TO SERANGOON NORTH NPP TO LODGE A REPORT. AND WAS INFORMED THAT MY VEHICLE WAS TOWED BY THE TRAFFIC POLICE. I WOULD LIKE TO STATE THAT I DO NOT KNOW AND WAS NOT INFORMED BY MY WORKSHOP THAT I HAVE TO CALL FOR THE POLICE WHEN MY VEHICLE HIT ONTO A GOVERNMENT PROPERTY. THUS I AM LODGING THIS REPORT FOR THE TRAFFIC POLICE TO FOLLOW UP.

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

ROAD DIVIDER NA/UNKNOWN

SKETCH PLAN

IMPORTANT NOTICE

- Pease report correctly the details of the accident to speed up the claims process.
 This Form must be completed by the Policyholder and/or the Authroland Driver.
 Information provided must be as truthful and accurate as possible. Any wiful interspresentation or withholding of material facts may
- noe of the form by insurance companies is not an admission of policy liability on the part of insurance companies.
- Any false reporting may be referred to the Police for investigation.

 3. The report will be forwarded by the insurers of the GIA Reports 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 application by interested parties.

 3. The longer of GIA) for archiving and that copies of this report will for a fee be made available application by interested parties.

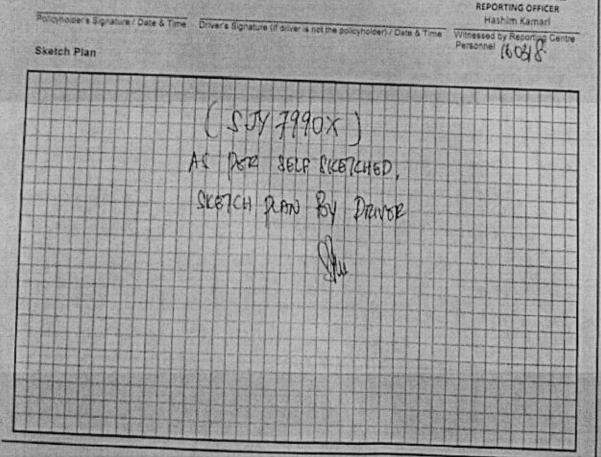
 3. The longer of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report.
- 8 Consent under the Personal Data Protection Act (PDPA)
- Londerstand, acknowledge, agree and consent that:
 (a) My resider, my workshop and the General Insurance 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 personal information in the personal information of the personal information to all insurer; who have insured explosed involved at this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the me police), for the purpose(s) of
- processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) investigating the accident and/or my claims.
- in carrying out and/or dealing with my instructions or responding to any enquiries by me;

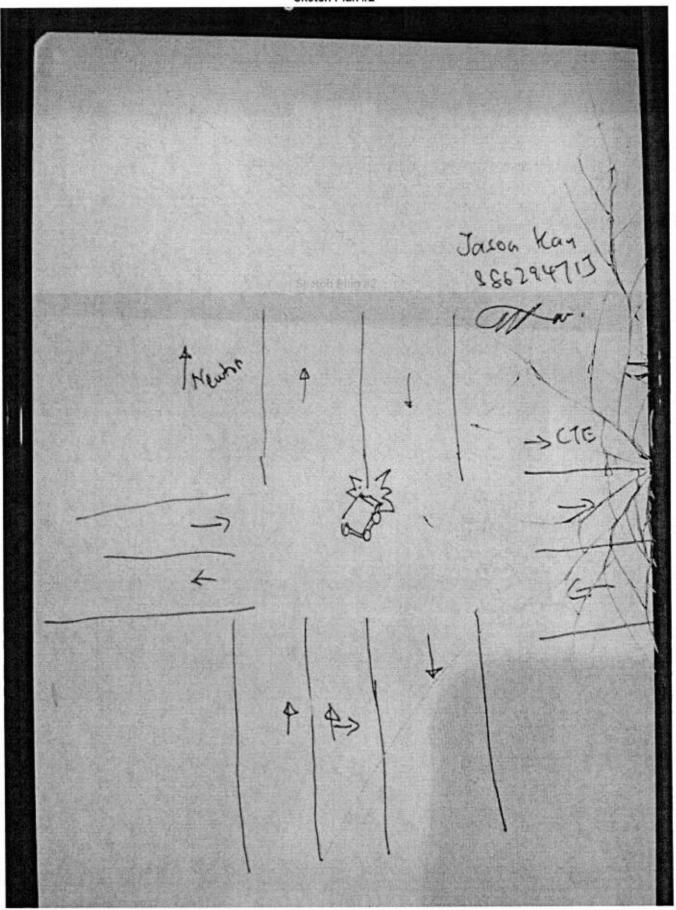
 (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

 (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve decidence of centain personal data about me to bring about delivery of the same as well as on the external cover of envelopmental
- (in complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes").

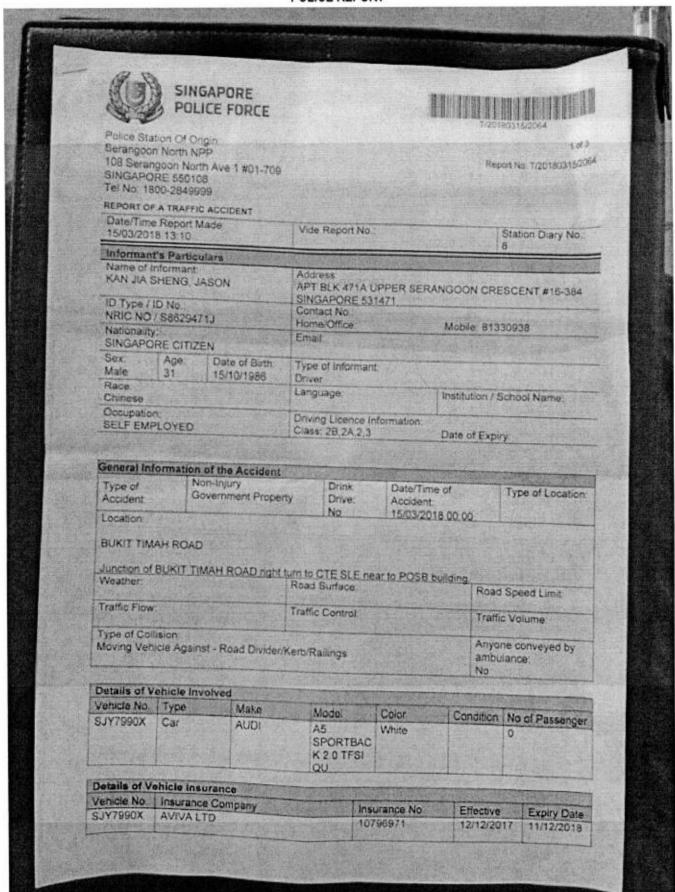
 (b) all insurer(a) who have insured vehicle(s) involved in this addition and the insurers "awyers aw firms, may/are permitted to collect, use. Caclose and/or process my Personal information for one or more of the above Purposes, and information may/can be disclosed by any of the insurers and/or Giá to their third party service providers or agents including their lewyers law firms), which may be sized outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS REPORTING OFFICER





POLICE REPORT



POLICE REPORT



Police Station Of Origin. Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No. 1800-2849999



Report No. T/20180315/2054

2 pt 3

CONTINUATION OF REPORT

Brief Details.

On the 15/03/2018 at about 0445hrs. I was driving SJY 7990X along Bukit Timah road towards Newton direction near to the junction of CTE. I was making my right turn into CTE (SLE) and I was driving on the second right turn lane. As there was vehicle that was also turning right on the first lane and there was a vehicle from the first lane and moved into my lane while it was turning right. I shifted my vehicle towards the left to avoid colliding with vehicle, my vehicle then just went straight and hit onto the road divider at the said junction near to POSB building. I came down and check and discovered that my vehicle damages were at the front engine area of my vehicle and my vehicle was on the road divider with the green railings contacting the front of my vehicle. I did not know what to do as I could not drive my vehicle anymore. Hence I called my vehicle workshop and they inform that they will come and settle for me and also towing my vehicle. As I was not feeling uncomfortable. I then left the scene for home to rest. On the 15/03/2018 at about 1000hrs. I called my workshop to check on my vehicle and they inform me that they went to the scene but my vehicle is no longer there. I then came to Serangoon North NPP to lodge a report. And was inform that my vehicle was lowed by the traffic police. I would like to state that I do not know and was not informed by my workshop that I have to call for the police when my vehicle hit onto a government property. Thus, I am lodging this report for the traffic police to foliow up.

POLICE REPORT

| SINGAPORE POLICE FORCE | T/20180315/2064 |
|---|--|
| Petice Station Of Origin Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No. 1800-2849999 | 2 of 3 Report No. T/2D180315-2004 CONTINUATION OF REPORT |
| Sketch Plan Informant is not able to provide sketch | |
| and mant is not able to provide sketch | |
| | POLICE REPORT |
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| | |
| 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 | x a copy to 65474885 stating the report number as reference |
| Signature Of Officer Recording The R | x a copy to 65474885 stating the report number as reference |
| Signature Of Officer Recording The R F / Sgt 2 LIM HAOUIS | x a copy to 65474885 stating the report number as reference |
| Signature Of Officer Recording The R | Report: SN 184 Signature Of Informant Date/Time: |
| Signature Of Officer Recording The R F / Sgt 2 LIM HAOUE | Report: SN 184 Signature Of Informant |
| Signature Of Offices Recording The R F / Sgt 2 LIM HAOUIF Signature Of Interprete Folice Force Not applicable | Report: SN 154 Signature Of Informant Date/Time. 15/03/2018 13.10 |
| Signature Of Officer Recording The R F / Sgt 2 LIM HAOUTE Signature Of Interpretes office Force Officer in Charge Of Case TP / AEIT / | Report: SN 184 Signature Of Informant Date/Time: |
| Signature Of Officer Recording The R F / Sgt 2 LIM HAOUIF Signature Of Interpreter Folice Force Officer in Charge Of Case: | Report: SN 154 Signature Of Informant Date/Time. 15/03/2018 13.10 |

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | 11112 | |
|--------------------------------|--------------------------|--|
| Owner ID Type: | Singapore NRIC | |
| Owner ID: | 9471J | |
| Vehicle Details | CHITODOV | |
| Vehicle No.: | SJY7990X | |
| Vehicle to be Exported: | Yes | |
| Intended De-registration Date: | 25 Apr 2018 | |
| Vehicle Make: | AUDI | |
| Vehicle Model: | A5 SPORTBACK 2.0 TFSI QU | |
| Primary Colour: | White | |
| Manufacturing Year: | 2010 | |
| Engine No.: | CDN144196 | |
| Chassis No.: | WAUZZZ8T9BA014392 | |
| Maximum Power Output: | 155.0 kW (207 bhp) | |
| Open Market Value: | \$46,898.00 | |
| Original Registration Date: | 30 Sep 2010 | |
| First Registration Date: | 30 Sep 2010 | |
| Transfer Count: | 1 | |
| Actual ARF Paid: | \$46,898.00 | |
| Intended PARF Rebate Details | | |
| PARF Eligibility: | Yes | |
| PARF Eligibility Expiry Date: | 29 Sep 2020 | |
| PARF Rebate Amount: | \$28,138.00 | |
| Intended COE Rebate Details | | |
| COE Expiry Date: | 29 Sep 2020 | |
| COE Category: | B - Car (1601cc & above) | |
| COE Period(Years): | 10 | |
| QP Paid: | \$42,501.00 | |
| COE Rebate Amount: | \$10,318.00 | |
| Total Rebate Amount: | \$38,456.00 | |

The information contained herein is correct as at 25 Apr 2018

Accident Photo





Accident Photo



Accident Photo

