22/03/2002 ASS. REC. BY:	REF: CS/CT218008283/KVbQVspecial Instruction:
Surveyor : -	Kennyh ASSIGNMENT (Office)
From (Person): Estimated Cost	Elaine Cheong of CTL Date/Time: 07052018 1-25 pm
OD/FD/WS	TP RES / OD RES / EVA / INV / MV / CS
at Workshop m	Ding Auto Tel:
	BIL ID Sin Miny Ind Est #01-20
Sum Insured:	DmcV9N3028651800 — Claim No: SNM180 D2290CD2. Excess:
Make of Veh: (Client's Record)	D.O.A. 30042018
CA / REV /	REP. / REV 24 HRS 'WP' OPUD 2018 1.55pm Person Contacted: ARX Vehicle IN / OUT
Date/Time	Action/Instruction (V) Estimate SKT 3069H - X
	YM 1435C - PS/MSH 19003759 / Std3 DM: 230218
19/7/18	@ 444pm Alex said TP already has private scattle with or Submit preli report

.

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	New Assignment Cancel Case		
Main	07 May 2018		07 May 2018 13:25 Assign						
	Main	R	eference		laim Details	Doc	uments	Show All	
	UBFOLDER DET	AILS					Created by ins	urer]	
Insured: Main Clair	manti	TDDA							
Vehicle Re			HIM BIN ATAN		Date of Loss:				
Claim Typ			SNM18D02290				30/04/2018 00:00 - :59		
	eg. No. (Insured):				Policy/Cover Note No.:		DMCVSN3023651800		
Vernere in	eg. No. (Insureu)	11414.	330		Policy No. (Claimant): Excess:		S\$0.00		
Repairer:		Ding /	Ding Auto Pte Ltd (HQ) Blk 10, #01-20, Sin Ming Industrial Estate Sector C, 575645 Sin Ming - Tel: 64521208						
Handling :	Insurer:	China	Taiping Insuran	ce (Singapor	e) Pte. Ltd. (HQ) - T	el: 6389 6111	[Handled by Ela	ine Cheonal	
Adjuster:					- Tel: 6256-3561 [
Adj Asg. F	Remarks:		610.63, ASSIGN						
ASSOCIA	ATED MAIL REC	EIVED				Vi	iew All Com	pose Case Mail	
There are	no mail for this c	ase.				_			
Ξ.									
ALL ASS	OCIATED TASK	s			View All Se	earch Tasks	Create New Task	Complete	
Due Da	ite Priority	Type Task	Group Subje	ct Handler		Completed		Complete	
				uniunci	rissigned by	completed	Uli Create	u on Done	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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

Date Of Report

02/05/2018 19:11

Date Of Accident

30/04/2018 20:50

Exact Location Of Accident

CTE EXITING TOWARDS BRADDELL ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKT9069H

Insured/Policyholder

Name Of Registered Owner

IBRAHIM BIN ATAN

NRIC No S1262236H

Email Address

IBRAHIM@F1-RECREATION.COM.SG

Mobile Phone No (LOCAL) +65-97903117

Alternative Phone No OFFICE-68467666

Vehicle Particulars

Manufacturer

TOYOTA

Model

HARRIER 2.0-2.0 PREMIUM AT AIRBAG 2WD (A)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

71542213 QMY

Cover Note Number

Driver

Name of Driver

IBRAHIM BIN ATAN

NRIC No
Date Of Birth
Occupation
Date Of Driving Pass

S1262236H

17/09/1957 INDOOR 19/05/2003

Driving Experience

14 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97903117

Fax Number

Contact Number

OFFICE-68467666

EMail Address

IBRAHIM@F1-RECREATION.COM.SG

Address

APT BLK 418 SERANGOON CENTRAL

Postcode

550418

OWNER

Was driver an employee of the Insured's Company NO

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 - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: SON

GENDER:

: MALE

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

Please Refer to Circumstance of Accident Thank you.

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

YN1435C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

002334401B

Contact Number

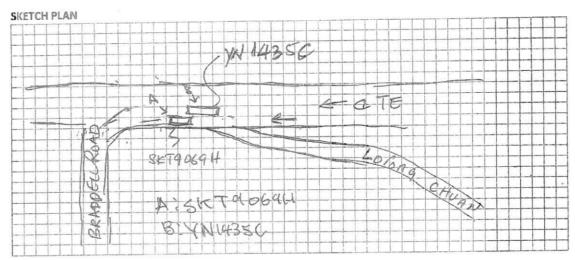
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pagettigh different and a second a second and a second an
priving along CTE heading towards Braddell Road
was on left cane when all of a sudden heard
a banging from the back of my car. Stop
immediately and to check the car to found
out there deep schatch on the rear side
of my car. The darker of the lorry whom.
Stop behind was saying sorry for this to
happen. The driver was a foreign worker
whom drive the company Lovet. Appended is
the particulars of the driver and its
company
Name Sundaran Saravanan
Licence No 27619773W
co's name: Stew Engenering Services (8) Pt 42
4025 Ang Mo Kio Industrial Parke I
#01-285 Singapore 589636

DECLARATION

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

Nohl

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

GIARMC SketchPlanForm_V3

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

2

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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)
 - (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
- (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's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

DING AUTO PTE LTD

Blk 10, #01-20

Sin Ming Industrical Est. Sec C

Singapore 575645

Tel: 6452 1208 Fax: 6452 0614

Vehicle	SKT9069H
Model	TOYOTA HARRIER 2.0 PREMIUM 2WD CV
Chassis	ZSU600043292

NO	DESCRIPION	QTY		LIST	DISC	1	PRICE	SURVEYORS MARKING
	REAR BUMPER ASSY	1	Ś	1,495.60	25%	By	\$ 1,121.70	
	REAR BUMPER SIDE RETAINER RH	1	\$	69.70	25%		\$ D11 52.28	
_	REAR FENDER RH	1	\$	1,102.70	25%		\$ Ry 827.03	
	TAILLAMP RH	1	\$	479.80	25%	PL	\$ 359.85	X
<u> </u>	REAR FENDER INNER SHIELD RH	1	\$	102.80	25%		\$ 7 77.10	×
_	REAR WHEELHOUSE PANEL RH	1	\$	527.50	25%		\$ N 395.63	X
			-		TO	TAL:	\$ 2,833.58	

	SPECIAL NETT	QTY	PRICE			SURVEYOR MARKING
7	REAR TYRE RH	1	\$	m	500.00	. X
8	SEALANT	1	\$	ne	60.00	3012
9	REAR BUMPER SENSOR RH	₽m 1	\$		150.00	X
		SPECIAL NETT	\$		710.00	

	LABOUR	PRICE	SURVEYOR MARKING
10	PANEL BEAT ACCIDENT AREAS	\$ 750.00	8001
11	R & R SPARE TYRE BOARD. CARPET & TRIM	\$ 80.00	3100
12	R & R SEATS & CARPETS TO ASSIST REPAIR	\$ 80.00	J
13	R & R R/H/R QUARTER GLASS	\$ 80.00	401
14	CHECK & REPAIR WIRING SYSTEM	\$ 60.00	201
15	RESPRAY REAR BUMPER, REAR FENDER RH & REAR WHEELHOUSE PANEL RH	\$ 650.00	6001
	TOTAL:	\$ 1,700.00	

PARTS	\$ 2,833.58	
LABOUR	\$ 1,700.00	
SPECIAL NETT	\$ 710.00	
TOTAL	\$ 5,243.58	
GST 7%	\$ 367.05	
FINAL TOTAL	\$ 5,610.63	

Not Notharked

1. B. 1, 1.1 Lm 8?

hance notify 6days

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:

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

LAIM SUBF	OLDER TRA	CKING									
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj S	Submitted	Ins Auth'ed	Status		
Main	07 May 2018		07 May 2018 13:25 Edit Adj Rpt	S\$3,39: Edit Es	timates		391.00 w Rpt		Report	ng for Survey t el Case	
И	1ain	R	eference	C	laim Deta	ils		Document	ts	Show All	
CLAIM SUBFOLDER DETAILS [Created by insurer]											
Insured:	-, Co. Re	g. No.: -									
Main Claimant:	IBRAHIM	BIN ATAN									
Vehicle Reg. No.:	SKT906	9Н			Date of L	oss:		00:00 - :59 and 5 Days Fro	m LTA Reg D	ate (Man Yr)]	
Claim Type:	TP / SNN	118D02290C02			Policy/Co Note No.:		DMCVSN3023651800				
Vehicle Reg. No. (Insured):	YN1435C (Claimant):										
					Excess:		S\$0.00				
Repairer:	Ding Auto	Pte Ltd (HQ) B	k 10, #01-20, Sin Mi	ing Industr	ial Estate	Secto	r C, 575645	Sin Ming - Tel:	64521208		
Handling Insurer:			(Singapore) Pte. Lt	,							
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 625	6-3561	[Handled	by KE	ENNETH KO	NG] [Final	Rpt due 1	6/05/2018]	
Adj Asg. Remarks:	EST \$5610	.63, ASSIGN KEN	NETH KONG AS SJE.								
ASSOCIAT	ED MAIL RE	CEIVED						Vi	ew All Co	ompose Case Mail	
There are no	mail for this	case.									
ALL ASSO	CIATED TAS	KS⊟				V	iew All S	earch Tasks	Create New T	ask Complete	
Due Date No results.	Priority	Type Task	Group Subject	Hand	er As	signe	ed By	Completed On	Create	ed On Done?	

Claim Documents

*SKT9069H (SNM18D02290C02)

[YN1435C]

TP

IBRAHIM BIN ATAN
Apr 30 2018 12:00AM

[-]

Ding Auto Pte Ltd

U	pload Documents	Upload Photos	Compose New Letter	View	View in Brows	ser 🗸
Documentation 1 per page V	~					
No	Finalized On	China Taip	ing Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	07/05/18 13:25	REPAIR ES	T	0	Load PDF	
2	07/05/18 13:25	TP GIA RE	PORT	0	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
			^
			~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

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:

CS/CTI18008283/KVBE2

Date:

01/08/2018

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMCVSN3023651800

Claimant Vehicle No:

SKT9069H

Insured Vehicle No:

YN1435C

Date of Loss:

30/04/2018

Nature of Claim: TP

Claim No:

SNM18D02290C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKT9069H

2WD (A)

Make & Model:

TOYOTA HARRIER 2.0, 2.0 PREMIUM AT AIRBAG

Engine No:

3ZRB547737

Reg. Date:

25/06/2015 (Man. Year: 2015)

Chassis No: Odometer:

ZSU600043292 73839 km

Colour: **Engine Capacity:** Metallic Black

1986 cc

Market Value/New Car Price:

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Footbrake (Serviceable): Yes

Pre-accident Condition:

Yes

Handbrake (Serviceable): **CONDITION OF TYRES**

Front Tyre Size:

235/55 R19

Rear Tyre Size:

No

235/55 R19

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	3,543.57	2,031.00	1,512.57	42.68
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,700.00	1,360.00	340.00	20.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	1,512.57 0.00 340.00 0.00 0.00 1,852.57 129.68	
Gross Total (S\$)	5,243.57	3,391.00	1,852.57	35.33
+ GST 7.00/7.00% (S\$)	367.05	237.37	129.68	35.33
Nett Amount (S\$)	5,610.62	3,628.37	1,982.25	35.33

INSPECTION

Date of Assignment:

07/05/2018

Date Inspected:

08/05/2018 Inspected At:

Ding Auto Pte Ltd (HQ)

Blk 10, #01-20, Sin Ming Industrial Estate

Sector C

Singapore 575645

Estimated Period of Repair:

6.0 days

Adjuster: KENNETH KONG Manager: VERON CHEN

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 COST NOT CONCLUDE)

Adjuster Report Page 4 of 5

REPAIR DETAILS

Referen	ce				
Part Source:		(Last Synchronised: 01 Aug 2018)			
Parts:	N/A	TOYOTA HARRIER 2.0 2.0 PREMIUM AT AIRBAG 2WD (A) (Model not available in database)			
Labour:	Repairer's	(Price-denominated Standard List)			
Print Code:	(Unsubmitted, no print-code for SKT9069H)				
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page				
Further Info	: Items/values	not in reference catalogue are prefixed with an asterisk *.			

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER ASSY	Bent	1,495.60 FL	*1,495.60 FL
2	1		*REAR BUMPER SIDE RETAINER RH	Distorted	69.70 FL	*69.70 FL
3	1		*REAR FENDER RH	Bent	1,102.70 FL	*1,102.70 FL
4	1		*TAILLAMP RH	Serviceable	479.80 FL	*-FL
5	1		*REAR FENDER INNER SHIELD RH	Serviceable	102.80 FL	*-FL
6	1		*REAR WHEELHOUSE PANEL RH	Repair	527.50 FL	*-FL
7	1		*REAR TYRE RH	Serviceable	500.00 FS	*- FS
8	1		*SEALANT	Necessary	60.00 FS	*30.00 FS
9	1		*REAR BUMPER SENSOR RH	Serviceable	150.00 FS	*-FS
F=Fra	nchise	part. S=SpcN	ett. L=ListItemDisc.			
				Sub Total (S\$)	4,488.10	2,698.00
			- List Item Discount on L Item	944.53	667.00	
				Total Parts (S\$)_	3,543.57	2,031.00

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
Lab	our Items			
1	PANEL BEAT ACCIDENT AREAS	New	750.00	600.00
2	R & R SPARE TYRE BOARD, CARPET & TRIM }	New	80.00	100.00
3	R & R SEATS & CARPETS TO ASSIST REPAIR }	New	80.00	0.00
4	R & R R/H/R QUARTER GLASS	New	80.00	40.00
5	CHECK & REPAIR WIRING SYSTEM	New	60.00	20.00
6	RESPRAY REAR BUMPER, REAR FENDER RH & REAR WHEELHOUSE PANEL RH	New	650.00	600.00
	Gross Labour Cost (S\$)		1,700.00	1,360.00
	Report was unsubmitted duri	ng this print-out.		

< END OF ESTIMATES >