

22/05/2018

AS\*. REC. BY:

REF:

CS3 /SPF 18008395/V445

Special Instruction:

Surveyor

## ASSIGNMENT (Office)

From (Person): Abdul Rahman of SPF Date/Time: 08052018

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: Sim 3898X Insured: QX 583Uat Workshop m/s 88 Motorz Tel: 82200338of 25 Kaki Bukit Rd 4 #05-311Policy No: \_\_\_\_\_ Claim No: AEMD/105/009/2018/059

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 06/05/2018  
(Client's Record)CA / REV / REP. / REV 24 HRS Wp H.O.D. Endorsement: \_\_\_\_\_Date/Time: 08052018 927am Person Contacted: Junaid Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate
	<u>Sim 3898X - x</u>
	<u>YN 6680C - x</u>
<u>9/5/18</u>	<u>Dismantled</u>
<u>14/5/18</u>	<u>After repair</u>

REF:

SPF

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No: SLM 3898X

at Workshop m/s: 88 Motorz

of 25 Kaki Bukit Rd 4 #05-34

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.

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GL / PR Seen: *PR* Consistent? : Yes or No

Est. Repairs: 5 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

SLM 3898X

Yr Regn:

3 17

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

Truck / Trailer or

CA /

Make:

Toyota wsl

C.C.

1798

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

15 Kpg

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDAG2W 60J006648

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65 R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

6/5/18

D.O.I.

9/5/18

10-3044

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

PRS. No cashing. LTA 59926

16/5/18

Submit DAR Report.

L8 B2300f

RECEIVED 17 MAY 2018

Date/Time: File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time: File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

2

Survey Fee:

280

Transportation

1) C - R - S

2) Photos

3) Others

TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format: DAR

Lump Sum / I.B.I: (\$ 2300f)



# SINGAPORE POLICE FORCE

SPF Accidents Claims Section  
Automotive Engg & Mgmt Div  
Police Logistics Department  
No. 1 Mount Pleasant Road  
Block 8 Old Police Academy  
#02-12 Singapore 298333

Your Ref : SLM3898X

Our Ref : AEMD/105/009/2018/059

Date : 8 May 2018

Tel: 64784840

Fax: 64784848

M/s LKK Auto Consultants Pte Ltd  
Paya Ubi Industrial Park  
51 Ubi Avenue 1 #01/02-25  
Singapore 408933

Via Fax only: 62564315

Dear Sir/Madam,

**RTA ON 11 APRIL 2018 INVOLVING GOVT VEH YN6680C AND OTHER VEH SLM3898X**

We refer to the above matter.

2 Please arrange for a Pre Repair Inspection of vehicle no. SLM3898X at M/s 88 Motorz (SG) Pte Ltd  
of 25 Kaki Bukit Road 4 #05-34, Synergy@KB, Singapore 417800.

3 For appointment please contact Jumaat (82200338) or Ryan (97336635).

4 Estimates were not provided by the workshop.

5 Thank you.

Yours sincerely,

Abdul Rahman  
Accident Claims Officer  
for Assistant Director

A FORCE FOR THE NATION

## 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	07/05/2018 15:46
Date Of Accident	06/05/2018 14:10
Exact Location Of Accident	BUANGKOK LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3898X
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#### Insured/Policyholder

Name Of Registered Owner	BRAELISS ENTERPRISE PTE. LTD.
Co Reg No	201429970C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82200338

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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 HIRE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080714197-01
Cover Note Number	

#### Driver

Name of Driver	MOHAMMAD AZLAN BIN BURHAN
NRIC No	S9002866I
Date Of Birth	30/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	28/12/2008
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85335697
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	25 KAKI BUKIT ROAD 4 #05-34 SYNERGY @ KB
Postcode	417800
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
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

REFER TO BELOW STATEMENT/SKETCH PLAN:

#### 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	QX5183U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# 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's Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time: \_\_\_\_\_

**IDAC KAKI BUKIT (VAC)**

**23 Kaki Bukit Ave 4**

**Singapore 415933**

Name: \_\_\_\_\_

Tel: 67416697 Fax: 67492305

NRIC/ID NO.: \_\_\_\_\_

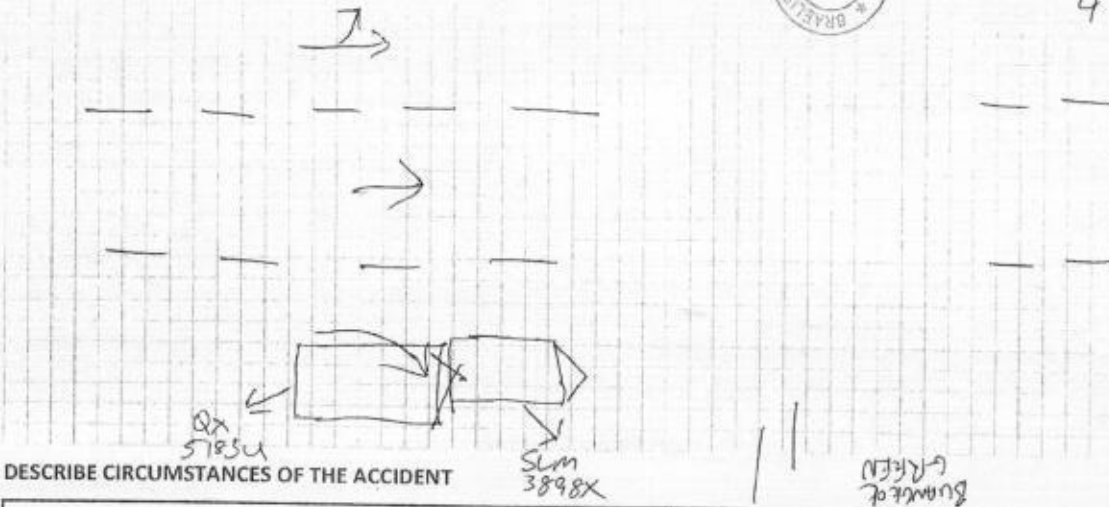
Email: [vackb@sinanet.com.sg](mailto:vackb@sinanet.com.sg)

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



HOUGANG AVE  
4



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STOPPING AT TRAFFIC LIGHT WHICH WAS RED LIGHT, THE CAR PLATE NO. QX 51834 HIT MY REAR FROM BEHIND



## DECLARATION

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

Policyholder's Signature  
Date & Time:



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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4

Reporting Centre Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)



## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	9970C
<b>Vehicle Details</b>	
Vehicle No.:	SLM3898X
Vehicle to be Exported:	No
Intended De-registration Date:	10 May 2018
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZR1936743
Chassis No.:	JTDGG20W80J006648
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$19,955.00
Original Registration Date:	29 Mar 2017
First Registration Date:	29 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$19,955.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Mar 2027
PARF Rebate Amount:	\$14,966.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	28 Mar 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,621.00
COE Rebate Amount:	\$44,960.00
<b>Total Rebate Amount:</b>	<b>\$59,926.00</b>

The information contained herein is correct as at 10 May 2018

OK



SLM 3898x

	Rear bumper	DD	656.10	✓
	Rear bumper side holder	sent	65.50	—
1 set	Rear bumper clips	rec	50.00	— (25%)
	Rear bumper bracket etc	DD	68.50	—
1 set	Rear bumper reverse sensor	shot	2005.00	—
	Rear end panel	DD	650.40	✓
	Rear exhaust	Repair	985.10	X
	Rear Toyota logo	} rec	68.10	—
	Rear valvematic emblem		78.50	—

To check wiring — 20

To R & R reverse sensor — 50

To R & R upholstery — 60

To spray rust proofing — 30

labour — 600

spray painting — — 700



# 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

## DAMAGE ASSESSMENT REPORT

AUTOMOTIVE ENGINEERING & MGT DIVISION Ref: CS3/SPF18008385/Uz4bs2

ACCIDENT CLAIM SECTION(SINGAPORE POLICE Date: 22-05-2018

FORCE)1 MOUNT PLEASANT ROAD BLK 8 OLD

POLICE ACADEMYSINGAPORE 298333

ATTN: ABDUL RAHMAN

Code: SPF



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

Insured Veh.	QX 5183U	Veh. Inspected	SLM 3898X
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2018/059	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	08/05/2018

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA WISH (A)	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDGG20W80J006648	Colour	BLUE
Odometer	85488 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	GOODYEAR	7 mm
L/H Front Tyre	195/65R15	GOODYEAR	7 mm
R/H Rear Tyre	195/65R15	GOODYEAR	7 mm
L/H Rear Tyre	195/65R15	GOODYEAR	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	06/05/2018	Inspect Date / Time	09/05/2018 ( 10:30 AM )
Survey held at	88 MOTORZ - 25 KAKI BUKIT RD 4 #05-34		
Repairer	-		

### 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 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

**OPINION ON REPAIR COST FOR VEHICLE NO. SLM 3898X**

Qty	Description of Parts	Condition	Recommended (\$)
<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	DENTED	656.10
1	REAR BUMPER SIDE HOLDER	BENT	65.50
1	SET REAR BUMPER CLIPS	NECESSARY	50.00
1	REAR BUMPER BRACKET O/S	DENTED	68.50
1	REAR END PANEL	DENTED	650.10
1	REAR EXHAUST	TO REPAIR SEE LABOUR	-
1	REAR TOYOTA LOGO	NECESSARY	68.10
1	REAR VALVE MATIC EMBLEM	NECESSARY	48.50
	LESS 25% DISCOUNT		-401.70
			1,205.10
<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET REAR BUMPER REVERSE SENSOR (SN)	SHORTED	200.00
			200.00
<b><u>LABOUR</u></b>			
	TO CHECK WIRING.		20.00
	TO R&R REVERSE SENSOR.		50.00
	TO R&R UPHOLSTERY.		60.00
	TO SPRAY RUST PROOFING.		30.00
	LABOUR. INCLUSIVE OF THE REPAIR OF REAR EXHAUST.		600.00
	SPRAY PAINTING.		700.00
			1,460.00
<b>GRAND TOTAL</b>			<b>2,865.10</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>2,300.00</b>

Report Ref No. CS3/SPF18008385/Uz4bs2

CHUA KANG SENG

Licensed Appraiser

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,  
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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