

13/5/2011

INS. CASE OWNER:

CC 4/501 1800 9841, Emb352

LKK:

IDAC:

Surveyor:

ESC

DOI:

ASSIGNMENT

30/5/18

Date / Time :

30/5/18

Registered in Merimen:

Pre-assign / CCU / FTE

YN 586AH



Insured Vehicle No. :

Name of Insured :

SIN YUN FURNITURE TRADING

Insured Tel No. :

HP:

D.O.A :

30/5/18

Claim No. :

Policy No. :

Make / Model :

MITSUBISHI

Place of Accident :

BT TIMAH RD

Excess Sec II :SS

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

U FEL

Driver Tel No. :

(V/L YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SYW 913AK



INSRS:

WSP:

Tel :

Liability :

RMKS:

city  
auto

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
6/6/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: SS	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 10/5/19	Confirm with: Mrs. Ouek.	
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : Nil.	
Repair Cost: SS 6313.00	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Loss of Rental (LOR): SS 1540.80	If NO or B 28, Ass. Lia :	
Loss of Use (LOU): SS (\$ x days)		
Loss of Income (LOI): SS (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search SS 2.00		
Medical SS		
Disbursement: SS	(e.g. Tow/ Independent )	
Legal Cost SS		
Total: SS 7855.80	Global Sum SS: 7850.00	
FINAL PAYMENT Date/Time:	Confirm with:	
Payee 1: SS 7850.00	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 2: (Strike if N.A.) SS	Name 1: City Auto Pte Ltd.	
Payee 3: (Strike if N.A.) SS	Name 2: /	
	Name 3: /	

COPY SENT  
16/5/19ok  
17/7  
ok

Ref: **EQ**

REF:

EQ

# ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: **STW 9139K**

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

10

days

Res: Yes or No

Lum Sum:

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT  
**Voronica**

Veh No: **STW 9139K** Yr Regn: **11 / 09**

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD AirRim or

Tyre Size:

F: **Nexen**

**Roadstone**

**215/65R16**

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

TOYO / YOKO or

**Roadstone**

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

**31/5 File pass to Cathrine**

**12/7/19**

**Confirm U/S \$5900.00 with 10 working days.**

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

1)

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

S + RS \$

Photos

Others

TOTAL



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: To Be Advised  
Our ref: CC6/EQ118009841/Kmb3

Date: 31.05.2018

The Motor Claims Department  
M/s EQ INSURANCE COMPANY LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO.**

**SJW9139K**

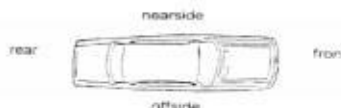
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 30.05.2018 at the premises of M/s City Auto Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	10,177.68
Revised Estimate Amount	: S\$	7,365.76
"Check" Items Amount	: S\$	580.80
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

**Description of Damage:**

The vehicle sustained damages at the  
Rear O/S portion



**Comments/Present Status:**

Damages Consistent

Estimated normal period for repairs: 10 days

Yours faithfully,

KENNETH KONG  
Licensed Appraiser



# CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
24hrs Towing Services Tel: 9823 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

EQ INSURANCE COMPANY LIMITED

NO. 5  
MAXWELL RD #17-00 SINGAPORE 069110  
MND COMPLEX  
SINGAPORE 069110  
Attention: Kong Han Wen  
Contact : 97530774

Fax No. : 62243903

*Not withstanding  
11 Sep 8?  
Recovery After Paint*

Estimate : QUOT201805-000557(00)

Date : 28/05/2018  
Vehicle No. : SJW9139K  
Make/Model : SUBARU FORESTER 2.0X AWD  
4AT D/AIRBAGS  
Mileage (km) : 0  
Chassis No. : JF1SH5KS5AG036516  
Accident Date : 26/05/2018 00:00:00  
Claim No. : YN5869H  
Reference : SJW9139K  
Policy No. : 5095201867

S/No	Particular	Quantity	Unit Price	Amount S\$
<b>LIST ITEMS :</b>				
1	Rear RH fender	1.0	1,113.40	1,113.40
2	Rear RH fender air duct	1.0	85.00	85.00
3	Fuel lid cover	1.0	48.00	48.00
4	Fuel lid cable	1.0	65.00	65.00
5	Fuel lid saucer	1.0	48.00	48.00
6	Rear bumper	1.0	685.00	685.00
7	Rear bumper side retainer	2.0	28.00	56.00
8	Rear bumper bracket (white)	2.0	30.40	60.80
9	Rear bumper reinforcement	1.0	235.00	235.00
10	Rear bumper reflector	1.0	28.80	28.80
11	RH taillamp	1.0	495.20	495.20
12	RH taillamp panel	1.0	225.00	225.00
13	Clip holder	2.0	3.80	7.60
14	Grammet	2.0	3.80	7.60
15	Rear end panel	1.0	382.00	382.00
16	Rear end panel top garnish	1.0	78.00	78.00
17	Tailgate	1.0	1,192.00	1,192.00
18	Tailgate glass	1.0	799.20	799.20
19	Tailgate logo	1.0	88.60	88.60
20	Tailgate emblem - subaru	1.0	48.60	48.60
21	Tailgate emblem - forester	1.0	49.40	49.40
22	Tailgate innerboard	1.0	228.00	228.00
23	Tailgate inner trim garnish RH	1.0	45.00	45.00
24	Rear floor spacer right	1.0	182.00	182.00
25	Rear floor mat right	1.0	125.00	125.00
26	Bumper clip	8.0	3.80	30.40
27	Plug holder	1.0	15.00	15.00
28	Rear RH fender inner trim - upper	1.0	128.00	128.00
29	Rear RH fender inner trim - lower	1.0	308.00	308.00
List Total :				6,859.60
20% Discount S\$				1,371.92
				5,487.68

SPECIAL NET :

CONTINUE NEXT PAGE



# CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
24hrs Towing Services Tel: 9823 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

EQ INSURANCE COMPANY LIMITED

NO. 5

MAXWELL RD #17-00 SINGAPORE 069110

MND COMPLEX

SINGAPORE 069110

Attention: Kong Han Wen

Contact : 97530774

Fax No. : 62243903

**Estimate : QUOT201805-000557(00)**

Date : 28/05/2018

Vehicle No. : SJW9139K

Make/Model : SUBARU FORESTER 2.0X AWD  
4AT D/AIRBAGS

Mileage (km) : 0

Chassis No. : JF1SH5KS5AG036516

Accident Date : 26/05/2018 00:00:00

Claim No. : YN5869H

Reference : SJW9139K

Policy No. : 5095201867

S/No	Particular	Quantity	Unit Price	Amount S\$
1	Quater glass sealant	1.0	40.00	40.00
2	Tailgate glass sealant	1.0	40.00	40.00
3	Reverse sensor	1.0	350.00	1,400.00
4	Glass film tinted	1.0	220.00	220.00
SPECIAL NET Total S\$:				1,700.00
<b>LABOUR :</b>				
	*To remove and install rear RH quater glass	1.0	120.00	120.00
	*To remove and install rear windscreen glass	1.0	160.00	160.00
	*To remove and install rear seat, trims and upholstrey	1.0	160.00	160.00
	*To check wiring and lighting	1.0	60.00	60.00
	*To supply panel sealant to seal off all weld spot seam and gaps	1.0	100.00	100.00
	*To remove and install fuel filler pipe	1.0	140.00	140.00
	*To spray under coating	1.0	150.00	150.00
	- To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts	1.0	1,200.00	1,200.00
	- Spray painting on affected & replace parts	1.0	900.00	900.00
LABOUR Total S\$:				2,990.00

**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

E. & O. Signature:

Date:

Total S\$: 10,177.68

GST 7% S\$: 712.44

Amount Due S\$: 10,890.12

for CITY AUTO PTE LTD

**Catherine Chong (LKK Auto)**

---

**From:** Francis Ng <francis.ng@eqinsurance.com.sg>  
**Sent:** Monday, 28 May, 2018 12:00 PM  
**To:** assignments  
**Subject:** FW: Arrange survey of SJW9139K; YN5869H 26.05.2018  
**Attachments:** SJW9139K 26.05.2018.PDF; YN5869H 26.05.2018.PDF

Dear Sirs,

Please conduct PRS as requested by the workshop below.

Regards,  
**Francis Ng**  
Executive | Claims



**EQ Insurance Company Limited**  
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
did 65 6496 9115 | tel 65 6223 9433 ext 115 | fax 65 6223 4190  
[www.eqinsurance.com.sg](http://www.eqinsurance.com.sg)



28052018 @ 243pm

Yronica vehin

arrange 20 05 2018



*Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender.*

---

**From:** City Auto [mailto:cityauto@singnet.com.sg]  
**Sent:** Monday, May 28, 2018 11:32 AM  
**To:** Francis Ng <francis.ng@eqinsurance.com.sg>  
**Subject:** RE: Arrange survey of SJW9139K; YN5869H 26.05.2018

Dear Sir,

Kindly arrange LKK Auto Consultants Pte Ltd for survey.

Thank you.

**Best Regards,**

*Yronica Law*  
City Auto Pte Ltd  
Blk 8 Sin Ming Industrial Estate,  
#01-60/62 Sin Ming Road,  
Singapore 575643  
Tel : 6453 1235  
Fax : 6453 7944

---

**From:** Francis Ng [mailto:francis.ng@eqinsurance.com.sg]  
**Sent:** Monday, 28 May, 2018 10:33 AM

**To:** City Auto  
**Subject:** RE: Arrange survey of SJW9139K; YN5869H 26.05.2018

To: CITY AUTO PTE LTD

Dear Sirs,

**Without Prejudice**

We refer to your email below.

We shall be appointing our surveyor to attend to the pre-repair survey of your client's vehicle.

Below is a list of motor surveyors in our panel. Please revert within 2 working days if you agree or have any objections to the appointment of any of the motor surveyors.

If we do not hear from you, you are deemed to have agreed to the appointment of any of the motor surveyors listed by us.

Alternatively, please specify one or more of our proposed motor surveyors to the said assignment.

<b>1) AJAX Inspection Services Pte Ltd</b> Tel: 6255 0808 Fax: 6849 9155	<b>2) Automobile Inspection Services Pte Ltd</b> Tel: 6286 0155 Fax: 6284 1539 Contact Person: Sophia
<b>3) LBS Automotive Appraisal Pte Ltd</b> <b>L.B.S. Auto Consultants Pte Ltd</b> Tel: 6281 6690 / 62832866 Fax: 6281 8748 Contact Person: Amy/ Grace	<b>4) Priority Services</b> Tel: 62934822 Fax: 62963283 Contact Person: Hui Lian
<b>5) RT Appraisal Pte Ltd</b> Tel: 67486076 Fax: 67480361 Contact Person: Ricky Teng	<b>6) LKK Auto Consultants Pte Ltd</b> Tel: 6256-3561 Fax: 6741-4108
<b>7) Kelvin Automotive Appraising Services</b> Tel: 81825263 Fax: 67461148 Contact Person: Kelvin	<b>8) Automotive Appraiser &amp; Surveying Services</b> Tel: 96623655 Fax: 67655662 Contact Person: Mr Chee
<b>9) JP Knights Pte Ltd</b> Tel: 63450068 Fax: 63445328 Contact Person: Edna Lee	



If you object to all the motor surveyors as proposed by us, please provide a list of at least 10 motor surveyors whom you consider as suitable to appoint for our consideration. We shall revert to you within 2 working days.

Meanwhile, we reserve our rights on Post-Repair Inspection, kindly contact us or our appointed surveyor before you return your client's vehicle to him/her.

Regards,  
**Francis Ng**  
Executive | Claims

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
did 65 6496 9115 | tel 65 6223 9433 ext 115 | fax 65 6223 4190  
www.eqinsurance.com.sg



*Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender.*

**From:** Joel Goh  
**Sent:** Monday, May 28, 2018 9:45 AM  
**To:** Francis Ng <[francis.ng@eqinsurance.com.sg](mailto:francis.ng@eqinsurance.com.sg)>  
**Cc:** City Auto <[cityauto@singnet.com.sg](mailto:cityauto@singnet.com.sg)>  
**Subject:** FW: Arrange survey of SJW9139K; YN5869H 26.05.2018

Dear Francis

Please assist

Best Regards,

**Joel Goh**  
Executive | Claims



**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190  
www.eqinsurance.com.sg



*Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender.*



**From:** City Auto [<mailto:cityauto@singnet.com.sg>]  
**Sent:** Monday, May 28, 2018 9:36 AM  
**To:** Joel Goh  
**Subject:** Arrange survey of SJW9139K

Dear Joel,

Kindly arrange **LKK Auto Consultants Pte Ltd** survey on following vehicle :

TP Survey

Your Vehicle : YN5869H

Our Vehicle : SJW9139K

D.O.A : 26/05/2018

LOCATION : BLK 160, Sing Ming Drive, Sin Ming Auto City #05-01 Singapore 575722

Thank you.

**Best Regards,**

*Veronica Law*  
City Auto Pte Ltd  
Blk 8 Sin Ming Industrial Estate,  
#01-60/62 Sin Ming Road,  
Singapore 575643  
Tel : 6453 1235  
Fax : 6453 7944

---

Total Control Panel

[Login](#)

To: [joel.goh@eqinsurance.com.sg](mailto:joel.goh@eqinsurance.com.sg)

[Remove](#) this sender from my allow list

From: [cityauto@singnet.com.sg](mailto:cityauto@singnet.com.sg)

You received this message because the sender is on your allow list.

## 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	26/05/2018 16:51
Date Of Accident	26/05/2018 11:45
Exact Location Of Accident	BT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5869H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIN YUN FURNITURE TRADING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97536301

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
------------------	--------------------

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	LI FEI
Passport No/FIN	G2872967M
Date Of Birth	24/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84307641
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NOADDRESS

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR

Road Surface WET

### 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?

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) 2

Passenger 1 NAME: : MANICKAM SUDHAKARAN

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

REFER TO ATTACHED REPORT

### 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 SJW9139K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NA

NRIC/Passport Number

Contact Number NA

Address NA

Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG6425H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

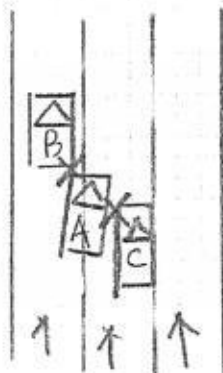
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan Pg. 1

## SKETCH PLAN

A YN 5869H  
B, SJW 913PK  
C GBB 6425H



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

vehicle in front of me jammed brake, on seeing it, I swerved my lorry to the right by doing so, my lorry front left portion hit onto front vehicle SJW 913PK and a oncoming vehicle GBB 6425H from my right hit onto my lorry right side portion. No body was injured.

Insurance Co.	EQ
Vehicle No.	YN 5869H
Date of Accident	26/5/18
<input type="checkbox"/> Reporting Only	
<input checked="" type="checkbox"/> Own Damage Claim	
<input type="checkbox"/> Third Party Claim	
<input type="checkbox"/> Other Workshop	KFS

## 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:

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




## 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			
EQ INSURANCE COMPANY LTD		Ref : CC4/EQ18009841/Kwb3s2	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date : 31-07-2019	
		Code : EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	YN 5869H	Veh. Inspected	SJW 9139K
Policy No.	DMCPHQ17-004758	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	30/05/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	SUBARU FORESTER (A)	c.c	1994
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JF1SH5KS5AG036516	Colour	METALLIC SILVER
Odometer	172086	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	215/65R16	NEXEN	7 mm
L/H Front Tyre	215/65R16	NEXEN	7 mm
R/H Rear Tyre	215/65R16	ROADSTONE	4 mm
L/H Rear Tyre	215/65R16	ROADSTONE	4 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	26/05/2018	Inspection Date	30/05/2018
Survey held at	CITY AUTO PTE LTD BLK 8, SIN MING IND. ESTATE #01-60/62 SIN MING ROAD SINGAPORE 575643.		
<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.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		10 Working Days	





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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJW 9139K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR RH FENDER	BENT	1,113.40	1,113.40
1	REAR RH FENDER AIR DUCT	CRACKED	85.00	85.00
1	FUEL LID COVER	TO REPAIR SEE LABOUR	48.00	-
1	FUEL LID CABLE	SERVICEABLE	65.00	-
1	FUEL LID SAUCER	CRACKED	48.00	48.00
1	REAR BUMPER	TORN	685.00	685.00
2	REAR BUMPER SIDE RETAINER @ \$28.00	O/S CRACKED	56.00	28.00
2	REAR BUMPER BRACKET (WHITE) @ \$30.40	O/S CRACKED	60.80	30.40
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	235.00	-
1	REAR BUMPER REFLECTOR	CRACKED	28.80	28.80
1	RH TAILLAMP	BROKEN	495.20	495.20
1	RH TAILLAMP PANEL	BENT	225.00	225.00
2	CLIP HOLDER @ \$3.80	NECESSARY	7.60	7.60
2	GRAMMET @ \$3.80	NECESSARY	7.60	7.60
1	REAR END PANEL	BENT	382.00	382.00
1	REAR END PANEL TOP GARNISH	SERVICEABLE	78.00	-
1	TAILGATE	BENT	1,192.00	1,192.00
1	TAILGATE GLASS	SHATTERED	799.20	799.20
1	TAILGATE LOGO	NECESSARY	88.60	88.60
1	TAILGATE EMBLEM - SUBARU	NECESSARY	48.60	48.60
1	TAILGATE EMBLEM - FOSTER	NECESSARY	49.40	49.40
1	TAILGATE INNERBOARD	SERVICEABLE	228.00	-
1	TAILGATE INNER TRIM GARNISH RH	MTG DISTORTED	45.00	45.00
1	REAR FLOOR SPACER RIGHT	SERVICEABLE	182.00	-
1	REAR FLOOR MAT RIGHT	SERVICEABLE	125.00	-
8	BUMPER CLIP @ \$3.80	NECESSARY	30.40	30.40
1	PLUG HOLDER	NECESSARY	15.00	15.00
1	REAR RH FENDER INNER TRIM - UPPER	BUCKLED	128.00	128.00
1	REAR RH FENDER INNER TRIM - LOWER	SERVICEABLE	308.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 20% DISCOUNT		-1,371.92	-1,106.45
			5,487.68	4,425.75
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	QUARTER GLASS SEALANT (SN)	NECESSARY	40.00	30.00
1	TAILGATE GLASS SEALANT (SN)	NECESSARY	40.00	40.00
4	REVERSE SENSOR @ \$350.00 (SN)	MISSING 1PC ONLY	1,400.00	350.00
1	GLASS FILM TINTED (SN)	NECESSARY	220.00	120.00
			1,700.00	540.00
	<b><u>LABOUR</u></b>			
	TO REMOVE AND INSTALL REAR RH QUARTER GLASS.		120.00	60.00
	TO REMOVE AND INSTALL REAR WINDSCREEN GLASS.		160.00	120.00
	TO REMOVE AND INSTALL REAR SEAT, TRIMS AND UPHOLSTERY.		160.00	120.00
	TO CHECK WIRING AND LIGHTING.		60.00	20.00
	TO SUPPLY PANEL SEALANT TO SEAL OFF ALL WELD SPOT SEAM AND GAPS.		100.00	30.00
	TO REMOVE AND INSTALL FUEL FILLER PIPE.		140.00	60.00
	TO SPRAY UNDER COATING.		150.00	90.00
	TO KNOCK JACKOUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REFIX AND TO RENEW ACCIDENT PARTS. INCLUSIVE OF THE REAIR OF FUEL LID COVER AND REAR BUMPER REINFORCEMENT.		1,200.00	1,100.00
	SPRAY PAINTING ON AFFECTED & REPLACE PARTS.		900.00	800.00
			2,990.00	2,400.00
	<b>GRAND TOTAL</b>		<b>10,177.68</b>	<b>7,365.75</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>5,900.00</b>

Report Ref No. CC4/EQI18009841/Kwb3s2

KONG SENG CHEONG

Licensed Appraiser

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