

22/03/2012

ASS. REC. BY:

REF: C83 / AXA 17012835 / B12-11

Special Instruction:

Survivor:

Richard

## ASSIGNMENT (Office)

From (Person):

Tan Wanceng

of

AXA

Date/Time: 07062018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLC 9547Y

Insured:

FBJ 9689C

at Workshop m/s

Twincar

Tel:

6842 0051

of

Blk 2 Kaki Bukit Ave 2 # 01-17

Policy No:

P1929676

Claim No:

C0441359

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 14062017

CA / REV / REP. / REV 24 HRS WP

04072017

H.O.D. Endorsement:

Date/Time: 03072017 1002am

Person Contacted:

Hui Xin

Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate
	SLC 9547Y X
	FBJ 9689C - C06 A0015018993 / Tjb392
	Disassemble part: 04072017
	After repair: 07072017
260727 7:18pm	Email to Ernest Tay from Melman

Submit L1 \$2900, 5 days

Red: \$3300, 53%.

&lt; 10K

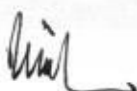
Submit Paper survey

4/3 3,100/2

Labour 5 days

  
 14/6/2018

RECEIVED 14 JUN 2018



13/6/18



## ...CLAIM SUBFOLDER...(Pending for Payment)

Paper Survey PRI

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Jun 2017		30 Jun 2017 17:11		28 Mar 2018 16:54 <b>S\$0.00</b> (S\$107.00)		<b>Pending for Payment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

Show All

## CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	MUHAMMAD MU'AZ BIN YUSOFF, ID: S9339086E, Tel: +6591765947		
Main Claimant:	NG TING JI KELVIN, ID: S8310088E		
Vehicle Reg. No.:	SLC9547Y	Date of Loss:	14/06/2017 00:00 - :59 [12 Months and 15 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / C0441359	Policy/Cover Note No.:	P1929676 (TP, Fire & Theft)
Vehicle Reg. No. (Insured):	FBJ9689C	Policy No. (Claimant):	
		Excess:	
Repairer:	Twincar Automotive Pte Ltd (HQ) 2 KAKI BUKIT AVEUNE 2 #01-17, 417921 Kaki Bukit - Tel:		
Handling Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Tan Wancong - 68804832]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Richard Harjanto] ... [Final Rpt due 11/07/2017]		
Driver/Custodian (Insured):	MUHAMMAD MU'AZ BIN YUSOFF (23 / Male), NRIC: S9339086E, Tel: +6591765947		

## ASSOCIATED MAIL RECEIVED

View All

Compose Case Mail

- AXA\_SG (07/06/2018): Please conduct Paper survey urgently
- AXA\_SG (28/03/2018): Re: Pre-repair Inspection



## ALL ASSOCIATED TASKS

View All

Search Tasks

Create New Task

Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

**Catherine Chong (LKK Auto)**

---

**From:** Do-Not-Reply <do-not-reply@merimen.com>  
**Sent:** Thursday, 7 June, 2018 5:20 PM  
**To:** do-not-reply@merimen.com  
**Cc:** sur@lkkauto.com; assignments@lkkauto.com  
**Subject:** Please conduct Paper survey urgently

This mail is associated with :  
\*SLC9547Y (C0441359)  
[FBJ9689C]  
TP  
NG TING JI KELVIN  
Jun 14 2017 12:00AM  
[MUHAMMAD MU'AZ BIN YUSOFF]  
Twincar Automotive Pte Ltd

**efining** / insurance

**AXA INSURANCE PTE L**  
8 Shenton Way, #24-01  
Singapore 068811  
Customer Centre #B1-0  
 (65) 6880 4888  
 (65) 6338 2522  
 [www.axa.com.sg](http://www.axa.com.sg)  
GST Reg No.: 1999035  
Co. Reg No.: 1999035

ct Paper survey urgently. Document are shared in Merimen

This is an auto-generated email. Do not reply to this email.

Sent by : Tan Wancong (AXA Insurance Pte Ltd)

# VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths

Agents for Trade Marks  
(Incorporated with limited liability)

ERIC NG CHING BOON  
WONG KENG LEONG RAYNEY  
AUDREY WONG SU-HSIEN  
PAUL YAP TAI SAN  
ANJALI D-O MUNIANDY  
SEGA PARAM  
ONG BOCK KEE  
ANG KIM NOI DIANE  
RAVENDRA KRISHNASAMY  
TAY HAO RAN  
JANICE HAN JIA LIN  
TAN YINGXIAN SELWYN

Unique Entity Number: 200721148H

✓Head Office:

133 New Bridge Road  
#18-01/02 Chinatown Point  
Singapore 059413

Branch:

490 Toa Payoh Lorong 6  
#03-11 HDB Hub  
Singapore 310490

Branch:

133 New Bridge Road  
#10-03 Chinatown Point  
Singapore 059413

HEAD OFFICE:

TEL : (65) 65342811 (Hunting)  
FAX : (65) 65356802 (General)

E-MAIL: annatan@visionlawllc.com

BRANCH

TEL : (65) 63580703  
TEL : (65) 65330868

BRANCH

TEL : (65) 65342811 (Hunting)  
TEL : (65) 65330868

WHEN REPLYING PLEASE QUOTE OUR REFERENCE - Please reply to HEAD OFFICE for this

Our Ref : AKN-atv-Ins-T140-106009-18  
Your Ref : FBJ 9689 C

Date: 22 March 2018

AXA INSURANCE SINGAPORE PTE  
8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811  
Attn: Motor Claims Department

MUHAMMAD MU'AZ BIN YUSOFF  
Apt Blk 813A Yishun Ring Road  
#10-4415  
Singapore 761813



WITHOUT PREJUDICE

BY CLIENT

MAILROOM

CERTIFICATE OF POSTING  
[For your information only]

Dear Sir,

CLAIMANT : NG TING JI KELVIN

ACCIDENT INVOLVING SLC 9547 Y & FBJ 9689 C ON 14-JUN-2017 AT JUNCTION OF ROCHOR ROAD AND NORTH BRIDGE ROAD AT ABOUT 1400HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 14-JUN-2017 AT JUNCTION OF ROCHOR ROAD AND NORTH BRIDGE ROAD AT ABOUT 1400HOURS involving our client's vehicle registration number SLC 9547 Y and vehicle registration number FBJ 9689 C driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

01.	Cost of Repair	\$6,634.00
02.	Loss of Use for 7 days at \$120.00 per day	\$ 840.00
03.	Loss of use for 2 days at \$120.00 per day for pre repair	\$ 240.00
04.	Survey report fees	\$ 600.00
05.	Towing fees	\$ 60.00
06.	GIA & LTA search / report fees	\$ 42.35
07.	Cost Contribution (at this stage)	\$2,675.00
08.	Disbursements (at this stage)	\$ 50.00
TOTAL		<u>\$11,141.35</u>



CSU

.../2 to be continued next page

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

# VISION LAW LLC

Advocates & Solicitors

Page 2

Our Ref : AKN-atv-Ins-T140-106009-18  
Your Ref : FBJ 9689 C

Date: 22 March 2018

## AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn: Motor Claims Department

## MUHAMMAD MU'AZ BIN YUSOFF

Apt Blk 813A Yishun Ring Road

#10-4415

Singapore 761813

We enclose a copy of each of the following documents for your consideration:-

- (a) GIA report lodged by driver of SLC 9547 Y & FBJ 9689 C;
  - (b) LTANet Search;
  - (c) Certificate of Insurance;
  - (d) Registration Card;
  - (e) Towing receipt;
  - (f) Final Repair Bill;
  - (g) Surveyor's report & invoice; and
  - (h) 40 coloured photographs depicting the damages to motor vehicle SLC 9547 Y.
- (P.S:- Original photographs will be sent to insurance co. only)

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully

(HEAD OFFICE)  
Enc. (By PDX Only)

### CONFIDENTIALITY

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RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-17-092489

Date of Request: 27/06/2017

Your Ref No: WALK IN GOH

TWINCAR AUTOMOTIVE PTE LTD  
BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB  
SINGAPORE 417921

Dear Sir/Madam,

Your Vehicle No: SLC9547Y

Date of Accident: 14/06/2017

Place of Accident: ROCHOR RD AND NORTH BRIDGE RD JUNC

Involving Vehicle No: FBJ9689C

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

---

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-17-092491  
Date of Request: 27/06/2017

Your Ref No: WALK IN GOH

TWINCAR AUTOMOTIVE PTE LTD  
BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB  
SINGAPORE 417921

Dear Sir/Madam,

Date of Accident: 14/06/2017  
Vehicle No: SLC9547Y  
Place of Accident: ROCHOR RD AND NORTH BRIDGE RD JUNCTION  
Involving Vehicle No: FBJ9689C

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
FBJ9689C	ROCHOR RD AND NORTH BRIDGE RD JUNCTION	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

---

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



## 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 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	15/06/2017 11:47
Date Of Accident	14/06/2017 14:00
Exact Location Of Accident	ROCHOR RD AND NORTH BRIDGE RD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9547Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG TING JI KELVIN
NRIC No	S8310088E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93217757
Alternative Phone No	OFFICE-93217757

### Vehicle Particulars

Manufacturer	MAZDA
Model	3

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	A28947791QMY (COMP)
Cover Note Number	

### Driver

Name of Driver	NG TING JI KELVIN
NRIC No	S8310088E
Date Of Birth	17/03/1983
Occupation	INDOOR
Date Of Driving Pass	23/07/2004
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93217757
Fax Number	
Contact Number	OFFICE-93217757
Email Address	NOEMAIL

Address	150 TAMARIND ROAD
Postcode	806097
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	UNKNOWN - REFER TO SKETCH
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

I WAS DRIVING ALONG NORTH BRIDGE ROAD TURNING RIGHT TOWARDS ROCHOR ROAD. WHILE MAKING THE RIGHT TURN TOWARDS ROCHOR ROAD, A MOTORCYCLE SUDDENLY CAME FROM BEHIND AND COLLIDED INTO THE REAR RIGHT PORTION OF MY VEHICLE. (ATTENDED BY CHRISTINA)

#### 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	FBJ9689C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MUHAMMAD MU'AZ BIN YUSOFF
NRIC/Passport Number	S9339086E
Contact Number	91765947
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

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 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

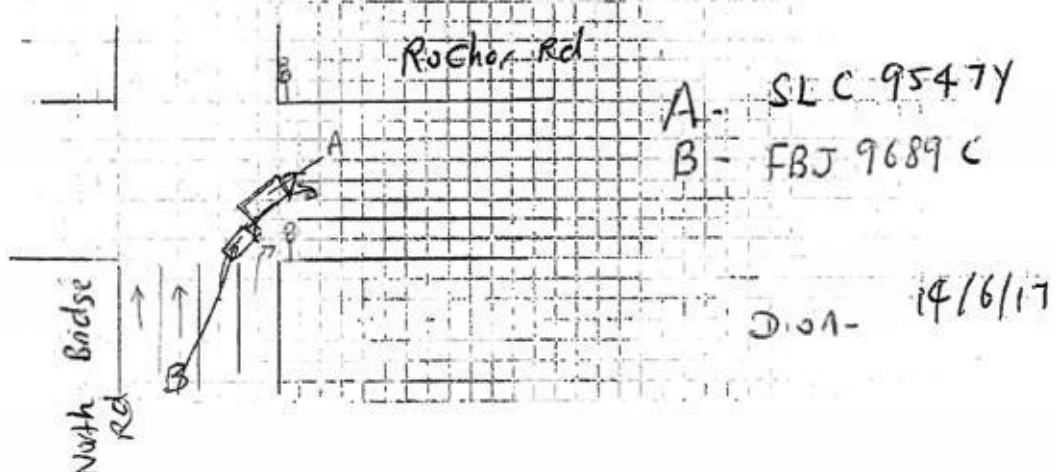
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

*[Signature]*  
15 JUN 2017  
Policyholder's Signature / Date & Time

*[Signature]*  
15 JUN 2017  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Stamp]*  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

[illegible]

### Declaration

We declare the foregoing particulars are true in every respect.

15 JUN 2017

15 JUN 2017

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel: +65 6827 7888, Fax: +65 6827 7800  
Co. Reg. No. 20C412212G GST Reg. No. 20-0412212G

Administered By



# Tan Brothers

Insurance Agencies Pte Ltd  
10 Anson Road #11-16 International Plaza, Singapore 079903.  
Tel: 62201622 Fax: 62246806  
CO. REG. NO. 197500491N

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
Individual Ownership

MOTOR MAX PLUS  
Comprehensive

Certificate No. A 28947791 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLC9547Y

2. Name of Policyholder  
Ng Ting Ji Kelvin

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
30/05/2017

4. Date of Expiry of Insurance  
29/05/2018

5. Persons or Classes of Persons entitled to drive\*

Ng Ting Ji Kelvin

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.  
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORIZED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

TAN BROTHERS INSURANCE AGENCIES PTE LTD

.....for Chief Executive Officer.....  
AUTHORISED SIGNATURE

**Enquire Vehicle & Owner Information ( Vehicle No. FBJ9689C As At 14 Jun 2017 / 14:00:00 )**

**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: T140-106009-18

**Current Owner Details**

Owner ID Type: Singapore NRIC  
Owner ID: S9339086E  
Owner Name: MUHAMMAD MU'AZ BIN YUSOFF  
Registered Address Type: HDB / HUDC  
Registered Block/House No.: 813A  
Registered Street Name: YISHUN RING ROAD  
Registered Unit No.: # 10 - 4415  
Registered Building Name: -  
Registered Postal Code: 761813

**Current Vehicle Details**

Vehicle No.: FBJ9689C  
Make Description/Model: YAMAHA / FZ16ST MANUAL  
Insurance Company Name: AXA INSURANCE PTE LTD

# Thank you



Ng Ching Boon Eric has successfully logged out.

Your last login date and time was 14 Mar 2018, 20:01:58.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

<u>S/No.</u>	<u>Asset Type</u>	<u>Asset ID</u>	<u>Asset Owner ID</u>	<u>Transaction Type</u>	<u>Transaction Amount(\$)</u>	<u>Log Date/Time</u>
1	Vehicle	FBJ9689C	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	14 Mar 2018 / 20:02:22



## 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 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	15/06/2017 10:35
Date Of Accident	14/06/2017 14:25
Exact Location Of Accident	ROCHOR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9689C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD MU'AZ BIN YUSOFF
Email Address	MUAZYUSOFF.11@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91765947
Alternative Phone No	OFFICE-91765947
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	-
Vehicle Category	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3152273
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD MU'AZ BIN YUSOFF
NRIC No	S9339086E
Address	

### General Information of the Accident

Type Of Accident	UNKNOWN - REFER TO ATTACHMENT
Weather Conditions	CLEAR

### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

### Circumstances of Accident

REFER TO ATTACHMENT. STATEMENT RECORDED BY HONG LIANG (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5761)

### 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

SLC9547Y

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

# Accident Sketch Plan

Image As per Original  
--CSU--

## 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 Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful 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 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.
  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 insurers who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in the 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 corresponding to any enquiries by me;
    - (iv) administering my claims (including the mailing of correspondence, statements, invoices, receipts 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/postal 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.

  
Policyholder's Signature / Date 5  
Time

  
Driver's Signature (If driver is not the policyholder) / Date 5  
& Time

Witnessed by Reporting Centre  
Personnel  
Progressive Automotive Pte Ltd  
Blk 3022A Ubi Road 1 #01-45/46  
Singapore 408716

### Sketch Plan

	<p><b>Number Plate</b></p> <p>A - 1971 44370</p> <p>B - 21075412Y</p> <p><b>Legend</b></p> <p> A Vehicle</p> <p> B Bike</p>
--	---

# Accident Sketch Plan

Image As per Origin:  
--CSU--

## Describe Circumstances of the Accident

Date of Accident: 14/05/2017

Time of Accident: 1:24 hrs.

Vehicle B slow down and I was unable to avoid it as I was too near to the vehicle (A). I fell down and drove on the ground on vehicle B and my vehicle (A).

## Declaration

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

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd  
Blk 3022A Ubi Road 1 #01-45/46  
Singapore 408716

## Common Statement

Image As per Original  
--CSU--

## ACCIDENT STATEMENT (Part I) Reporting Centre Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability but a summary of details and facts which will stand up to the settlement of claim.

1. Date of accident: <b>15/10/17</b> Time: <b>14:20</b>		2. Exact location of accident: <b>KOCHOR RD</b>		3. To be signed by BOTH drivers Injuries even if slight No <input type="checkbox"/> Yes <input type="checkbox"/>	
4. Material damage To vehicles other than vehicle A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> To objects other than vehicle: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5. Witness' name, address and tel no. (to be undertaken if he/she is passenger in vehicle A or vehicle B) Vehicle Video: <input checked="" type="checkbox"/> Camera Available: <input type="checkbox"/>			

**Registration No. (VEHICLE A)** **FR3 919AC**

(a) Insured / policyholder (see insurance cert.)  
Name: **MUHAMMAD MUJAZ A**  
Capital letter: **B/Y** **MUSOFF**  
Address: \_\_\_\_\_  
NRIC / Passport no.: **5933908CE**  
Tel no. (from last 4 digits): **91765947**  
VE ☒ Vehicle  
Make / type: **YAMAHA**  
Insurance company: **AVA** ☒ PTPM ☐ IPO  
Does the policy cover damage to vehicle A? No ☐ Yes ☐  
Policy No.: **AN 3152277**  
Driver: ☒ License holder  
Name: \_\_\_\_\_  
Capital letter: \_\_\_\_\_  
NRIC / Passport no.: \_\_\_\_\_  
Date of birth: **28**  
Gender: Male ☒ Female ☐

**12. CIRCUMSTANCES**

1. parked / stopped (at the roadside)  
2. leaving a parking space / opening the door (at the roadside)  
3. entering a parking space (at the roadside)  
4. emerging from a car park, from private grounds, from a street road  
5. entering a car park, private grounds, a river road  
6. entering a roundabout or single traffic system  
7. operating in a roundabout or single traffic system  
8. crossing the rear of the other vehicle while going in the same direction and in the same lane  
9. going in the same direction but different lane  
10. changing lanes  
11. overtaking  
12. turning at the right, making a U-turn (at least 2 lanes)  
13. turning to the left  
14. reversing  
15. withdrawing in the opposite traffic lane  
16. driving from the right (at least 2 lanes)  
17. not observing a right of way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number in boxes marked with a cross

**Registration No. (VEHICLE B)** **SLC 95431**

(a) Insured / policyholder (see insurance cert.)  
Name: \_\_\_\_\_  
Capital letter: \_\_\_\_\_  
Address: \_\_\_\_\_  
NRIC / Passport no.: \_\_\_\_\_  
Tel no. (from last 4 digits): \_\_\_\_\_  
VE ☐ Vehicle  
Make / type: \_\_\_\_\_  
Insurance company: ☐ PTPM ☐ IPO  
Does the policy cover damage to vehicle B? No ☐ Yes ☐  
Policy No. (if available): \_\_\_\_\_  
Driver (See driving license, if different from vehicle A license)  
Name: \_\_\_\_\_  
Capital letter: \_\_\_\_\_  
NRIC / Passport no.: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Gender: Male ☐ Female ☐

16. Indicate the point of initial impact with an arrow (→)

17. Visible damage to vehicle A

18. My remarks

19. Sketch of accident when impact occurred:  
1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. marks of the wheels or marks

**REFER TO ATTACHED**

20. Indicate the point of initial impact with an arrow (→)

21. Visible damage to vehicle B

22. My remarks

In the event of impact or in the event of damage to property from, claim for vehicle A and B, give information correct.

Do not alter heading or the statement after signing. Subsequently, both drivers should take into note.

For insured's Individual Statement (Part II) see overleaf →

## Individual Statement

Image As per Original  
--CSU--

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax / Mail													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (use a separate sheet of paper where necessary)															
Insured	1. Occupation (if more than one, state all)		Email: <u>muazyusoff@11@gmail.com</u>												
	2. Vehicle registration no. <u>CC</u>		If commercial vehicle, state permit/carrying capacity <u>MUAZYUSOFF 11</u>												
	3. Is driver the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If no, state the vehicle number and name of owner of driver's own vehicle (where applicable)												
	4. Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward														
Of which vehicle are you the owner?	5. Is the vehicle still in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If no, state where it is at present												
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
	If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
	7. Date of birth: <u>11-10-1983</u> Occupation: <u>Indoor</u> Date of license pass: <u>12-03-2013</u>		Was vehicle driven with the insured's permission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Driver or person in charge of vehicle at time of accident (including insured)	8. Give details of any pre-existing impairment of sight or hearing and of any other disability		Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
	9. Full details of all driving convictions including pending prosecutions in the last 36 months														
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date	Offence	Penalty										
	Date	Offence	Penalty												
10. Name(s), address(es) and appropriate agent(s)		Injuries sustained	<table border="1"> <thead> <tr> <th>Vehicle occupants, state in which vehicle</th> <th>Worn seat belts being worn?</th> <th>Was injured person transported to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td> </td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> </tbody> </table>	Vehicle occupants, state in which vehicle	Worn seat belts being worn?	Was injured person transported to hospital by ambulance?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle occupants, state in which vehicle	Worn seat belts being worn?	Was injured person transported to hospital by ambulance?													
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Witness to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property												
	12. Nature of damage		Insurer's name and address (if known)												
Police action	13. Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please state which Police station												
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, against whom?												
Accident details	14. Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Other														
	15. Road surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Other														
	16. Speed of vehicles: A <u> </u> km/hr B <u> </u> km/hr														
	17. What warnings were given by driver or other party?														
Declaration	18. Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
	19. What lights were displayed on your vehicle/the other vehicle(s)?														
	20. If your vehicle is commercial, state weight of load carried at time of accident														
	21. State how accident happened, width of roads, speed limits, etc. (Refer to attached)														
22. State number of Passengers (excluding Driver): <u>1</u>															
I/We declare the foregoing particulars to be true in every respect															
Policyholder's signature: <u>[Signature]</u>		Date: <u> </u>													
Driver's signature (if driver is not the policyholder): <u> </u>		Date: <u> </u>													



MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068907  
Tel +65 6827 7888, Fax +65 6827 7800  
Co. Reg. No. 20C412212G GST Reg. No. 20-0412212G

Administered By



# Tan Brothers

Insurance Agencies Pte Ltd  
10 Anson Road #11-16 International Plaza, Singapore 079903.  
Tel: 62201822 Fax: 62246806  
CO. REG. NO. 197500491N

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1

Individual Ownership

MOTOR MAX PLUS

Comprehensive

Certificate No. A 28947791 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLC9547Y
2. Name of Policyholder  
Ng Ting Ji Kelvin
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
30/05/2017
4. Date of Expiry of Insurance  
29/05/2018
5. Persons or Classes of Persons entitled to drive\*  
Ng Ting Ji Kelvin  
Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.  
\* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to use\*  
Use only for social domestic and pleasure purposes and for the Policyholder's business.  
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.  
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

TAN BROTHERS INSURANCE AGENCIES PTE LTD

.....for Chief Executive Officer.....  
AUTHORISED SIGNATURE



## Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 0088E

### Vehicle Details

Vehicle No.: SLC9547Y

Vehicle to be Exported: No

Intended De-registration Date: 27 Jun 2017

Vehicle Make: MAZDA

Vehicle Model: MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT

Primary Colour: Grey

Manufacturing Year: 2016

Engine No.: P520368294

Chassis No.: JM6BM44A8G0342724

Maximum Power Output: 88.0 kW (118 bhp)

Open Market Value: S19,053.00

Original Registration Date: 30 May 2016

First Registration Date: 30 May 2016

Transfer Count: 0

Actual ARF Paid: S14,053.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 May 2026

PARF Rebate Amount: S10,539.00

### Intended COE Rebate Details

COE Expiry Date: 29 May 2026

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

QP Paid: S47,020.00

COE Rebate Amount: S41,951.00

**Total Rebate Amount: S52,490.00**

The information contained herein is correct as at 27 Jun 2017

OK

Land Transport Authority

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Last updated on 24 Jun 2017 at 08:45 PM

**AUTORAY TOWING**

1 Kaki Bukit Avenue 6  
#01-55 AutoBay @ Kaki Bukit  
Singapore 417883  
Tel: 9015 8686 (Ah Boon)

**CASH SALE**

No. \_\_\_\_\_

Date: 3/7/17

Sold to: \_\_\_\_\_

(TWINCAR)

SLC 9547Y

Item	Quantity	Description	Unit Price	Amount
		Woodlands ave 9 to		\$ 60
		Auto Hub		
E. & O. E.			Sub Total :	
			GST Tax :	
			Total :	\$ 60

Issued by: \_\_\_\_\_

CROWN

# TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub

2 Kaki Bukit Ave 2

#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27

Singapore 417921 Tel No. : +65 6842 0051 Fax No. : +65 6741 0510

E-Mail : sales@n51.com.sg

Company Reg. No. : 200714616M

GST Registration No. : 200714616M

KELVIN NG TING JI  
150 TAMARIND ROAD  
SINGAPORE 806097

Contact : 93217757

## TAX INVOICE

Date : 24/02/2018

Date in : 30/06/2017

Vehicle Num. : SLC9547Y

Make/Model : MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT-2016

Chassis/Eng# : JM6BM44A8G0342724/P520368294

Accident Date : 14/06/2017

Claim No : CLM13748

Reference : JUNE-20/2017

Policy No. : A28947791QMY (29/05/2018)

LUMPSUM REPAIR BILL  
AS PER SURVEYOR REPORT  
EF : 0045-18-TCA DATED 29/01/2018  
BY PAR AUTOMOTIVE CONSULTANCY

Amount S\$

6,200.00

E. & O.E.	Sub S\$ :	6,200.00
	Add GST ( 7 % ) S\$ :	434.00
	Total Amount S\$ :	6,634.00



for TWINCAR AUTOMOTIVE PTE LTD

# PAR Automotive Consultancy

Regn. No: S2986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0045-18-TCA

29 January 2018

Ng Ting Ji Kelvin  
150 Tamarind Road  
Singapore 806097

**INVOICE No.** 0045-18-TCA

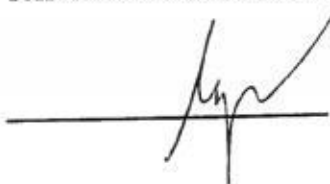
**Vehicle No.** SLC9547Y

<u>S/NO.</u>	<u>SERVICES RENDERED</u>	<u>Amount due</u>
1	Being accident vehicle appraisal services, transport, photographs and re-inspection (work in progress and post repair inspection).	\$600.00
<b>Total amount payable</b>		<b><u>\$600.00</u></b>

Kindly cross your cheque in favour of "PAR Automotive Consultancy"

We thank you in anticipation for your prompt payment.

PAR Automotive Consultancy



# PAR Automotive Consultancy

Regn. No: 52986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0045-18-TCA

29 January 2018

## ACCIDENT VEHICLE SURVEY REPORT

Ng Ting Ji Kelvin  
150 Tamarind Road  
Singapore 806097

### VEHICLE INFORMATION:

Vehicle Reg No.:	SLC9547Y	Odometer:	17971km
Make & Model:	Mazda 3 1.5L	Colour:	Grey
Chassis number:	JM6BM44A8G0342724	Date of accident:	14/06/2017
Year of Regn.:	30/05/2016	Date inspected:	04/07/2017
Repairer at:	Twincar Automotive Pte Ltd 2 Kaki Bukit Ave 2 #01-17 Kaki Bukit Auto Hub Singapore 417921	Date inspected (After Repair):	10/07/2017

### STATIC CHECKS, where applicable:

Steering :	serviceable
Footbrake :	serviceable
Handbrake :	serviceable
Paintwork :	Good
General condition :	Good

### TIRE CONDITION:

	<u>LH / Make</u>	<u>RH / Make</u>	<u>Size</u>
Front:	6mm/Toyo	6mm/Toyo	205/60R16
Rear:	6mm/Toyo	6mm/Toyo	205/60R16

### POINT OF IMPACT AND DAMAGE, where applicable:

Impact on the rear portion.  
Please see details as described in the Annex for parts and labour.

### REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

## Parts and Labour Assessment

### PARTS

Description of part	Qty	Condition	Repairer's estimate	Our adjustment
REAR BUMPER	1	squashed SCR	1,065.00	1,065.00 ✓
REAR BUMPER REINFORCEMENT	1	bent	537.00	537.00 R
REAR BUMPER RH REFLECTOR	1	fractured	51.00	51.00 ✓
REAR BUMPER SIDE RETAINER L/R	1/2	necessary	71.20	X1 71.20 35.60 ✓
REAR END PANEL	1	buckled	627.00	627.00 R
REAR EXHAUST GASKET	1	necessary	14.30	14.30 X X nn
REAR EXHAUST RUBBER MOUNTING	4	distorted	126.40	126.40 SVC
REAR EXHAUST SILENCER BOX	1	bent	1,023.00	1,023.00 SVC
REAR RH FENDER AIR VENT	1	warped	43.00	43.00 ✓
REAR RH FENDER INNER SHIELD	1	deformed	268.00	268.00 ✓
REAR RH TAILLAMP	1	fractured	915.00	915.00 ✓
REAR TAILGATE WEATHERSTRIP	1	reuse	129.00	0.00
REAR TAILLAMP BACK RUBBER SEAL L/R L	1/2	necessary	130.00	X1 130.00 60 ✓
Subtotal before discount			S\$ 4,999.90	S\$ 4,870.90 2451.90
Percentage discount 20% and 20%			S\$ 999.98	S\$ 974.18 490.38
Sub-total 1			S\$ 3,999.92	S\$ 3,896.72 1961.52
REAR BUMPER CLIPS - SET	1	necessary	50.00	50.00 ✓ 280
REAR BUMPER REVERSE SENSOR (4 EYES) - SET	1	shorted	600.00	600.00 400 ✓
REAR END PANEL INNER TOP GARNISH CLIPS - SET	1	necessary	30.00	30.00 ✓
REAR FENDER INNER SHIELD CLIPS L/R - SET	1	necessary	20.00	20.00 ✓
REAR FENDER INNER UPHOLSTERY TRIM COVER CLIPS - SET	2	necessary	100.00	100.00 NN
REAR TAILLAMP CLIPS L/R - SET	2	necessary	40.00	40.00 ✓
Subtotal before discount			S\$ 840.00	S\$ 840.00 540.00
Sub-total 2			S\$ 840.00	S\$ 840.00 540.00
Parts-total			S\$ 4,839.92	S\$ 4,736.72 2501.52


### LABOUR

To remove, reinstall electrical wiring harness, check lighting and rewire for parking sensor.	100.00	30 60.00 ✓
To remove, reinstall roof top trim upholstery, cushion seat, trim garnish, trim liner carpet. (to FR)	140.00	60.00 ✓
To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.	1,300.00	600 1,200.00 ✓
To remove and change exhaust silencer box with pipe, re-align where necessary consistent to the accident.	180.00	120.00 80.00 X
To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident.	1,200.00	600 1,100.00 ✓
To apply anti-rust chemical on repaired and replaced panel.	120.00	60.00 X
Labour Total		S\$ 3,040.00 S\$ 2,600.00 1400.00
Parts & Labour Total		S\$ 7,879.92 S\$ 7,336.72 3901.52

Results of inspection of the accident vehicle are as shown above.

We have taken into consideration the age and condition of the vehicle in our recommendation.

Hence, the recommended cost of repairs based on Lump Sum repairs is : S\$ 6,200.00  
and the recommended number of working days for the repairs is within 7 day(s).

  
B J Loi (I Eng., MIMI, AIRTE)  
Automotive Appraiser

LS ~~3100/2~~  
Labour 5 days





# 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: 199607196R GST Reg. No. 19-9607196-R

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLC 9547Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	SCRATCHED	1,065.00	1,065.00
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	537.00	-
1	REAR BUMPER RH REFLECTOR	FRACTURED	51.00	51.00
2	REAR BUMPER SIDE RETAINER L/R	NECESSARY 1PC ONLY	71.20	35.60
1	REAR END PANEL	TO REPAIR SEE LABOUR	627.00	-
1	REAR EXHAUST GASKET	NOT NECESSARY	14.30	-
4	REAR EXHAUST RUBBER MOUNTING	SERVICEABLE	126.40	-
1	REAR EXHAUST SILENCER BOX	SERVICEABLE	1,023.00	-
1	REAR RH FENDER AIR VENT	WARPED	43.00	43.00
1	REAR RH FENDER INNER SHIELD	DEFORMED	268.00	268.00
1	REAR RH TAILLAMP	FRACTURED	915.00	915.00
1	REAR TAILGATE WEATHERSTRIP	REUSE	129.00	-
2	REAR TAILLAMP BACK RUBBER SEAL L/R	N/S NECESSARY	130.00	60.00
	LESS 20% DISCOUNT		-999.98	-487.52
			3,999.92	1,950.08
<b>SPECIAL NETT ITEMS</b>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	50.00
1	SET REAR BUMPER REVERSE SENSOR (4 EYES) (SN)	SHORTED	600.00	280.00
1	SET REAR END PANEL INNER TOP GARNISH CLIPS (SN)	NECESSARY	30.00	30.00
1	SET REAR FENDER INNER SHIELD CLIPS L/R (SN)	NECESSARY	20.00	20.00
2	SET REAR FENDER INNER UPHOLSTERY TRIM COVER CLIPS (SN)	NOT NECESSARY	100.00	-
2	SET REAR TAILLAMP CLIPS L/R (SN)	NECESSARY	40.00	40.00
			840.00	420.00
<b>LABOUR</b>				
	TO REMOVE, REINSTALL ELECTRICAL WIRING HARNESS, CHECK LIGHTING AND REWIRE FOR PARKING SENSOR.		100.00	30.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE, REINSTALL ROOF TOP TRIM UPHOLSTERY, CUSHION SEAT, TRIM GARNISH, TRIM LINER CARPET. (TO FR)		140.00	60.00
	TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT.		1,300.00	600.00
	TO REMOVE AND CHANGE EXHAUST SILENCER BOX WITH PIPE, RE-ALIGN WHERE NECESSARY CONSISTENT TO THE ACCIDENT.	NOT NECESSARY	180.00	-
	TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, RE-CONSTRUCT AND RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR BUMPER REINFORCEMENT AND REAR END PANEL.		1,200.00	600.00
	TO APPLY ANTI-RUST CHEMICAL ON REPAIRED AND REPLACED PANEL.	NOT NECESSARY	120.00	-
			3,040.00	1,290.00
GRAND TOTAL			7,879.92	3,660.08
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,900.00

Report Ref No. CS3/AXA17012835/Brbs2-1

LIM TEOW GUAN

Asst. Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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