

REF: CS3 / ASM 1800 6297 / C-10¹²

Special Instructions

46 \$22000.00

From (Person): Heng Xin Yi of Seah Ong Date/Time: 18052018
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: Prestige Appraiser
Workshop: Koi Mdr.

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJU 71617 Insured: YN 74912

at Workshop m/s Koi Motor Tel: 176 Sin Ming Dk
of #04-12

Policy No: _____ Claim No: 18-24103-PDD

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 78032018

(Client's Record)

H.O.D. Enrolment/Date:

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 10/1/2002 Confirmed with _____ Final Fig _____, _____ days (Red S _____ / _____ %; Original 18 days)

Date/Time: 11/7/2018 Submit Final Fig 163001, 15 days (Red \$ 5700 / 25 %; Original 18 days)

[illegible]

Para(I) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value : _____

Nett Value	2
------------	---

1) Date/Time 11/7/13 File Pass to Typist

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

Inspected/
Evaluated by:

Fee Charged

Date _____

Basic & Add

Transport

Photons

Others

Total

2) Date/Time _____ File Return to _____

4) Date/Time _____ File Return to _____

6) Date/Time _____ File Return to _____

6) Date/Time _____ File Return to _____

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 28UJ6T Yr Regn: Dec 09
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: HUN AVANTE C.C. 1591Colour: Grey A/C: _____ Insured / Std / NI / NASp. Reading: 114008 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KW111111 BMA4932112Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/45R17

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 28/3/2018 D.O.I. 5/4/2018

Survey held at _____

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

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

Date / Time : _____ Action / Instruction

No or upon survey

RECEIVED

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

F. S. P. S.

P. S. S.

F. S. S.

Report Format: PRC

Lump Sum / I.B.I. (\$) _____

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Test Drive (\$)☐ Wash and (\$)

100

Catherine Chong (LKK Auto)

From: Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Sent: Friday, 18 May, 2018 5:07 PM
To: assignments
Subject: FW: SJU 7161T [Our file ref: 18.24103.PDO]
Attachments: LOD.pdf

Importance: High

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Xin Yi [mailto:xinyi@seahong.com.sg]
Sent: Friday, 18 May 2018 4:51 PM
To: SUR <sur@lkkauto.com>
Cc: Chee Kiong <cheekiong@seahong.com.sg>; samson@seahong.com.sg
Subject: SJU 7161T [Our file ref: 18.24103.PDO]
Importance: High

Dear Sir / Mdm,

CLAIMANT : LIM POH ENG
VEHICLE NUMBER : SJU 7161T
ALLEGED ACCIDENT DATE : 28.03.18
AXA VEHICLE NUMBER : YN 7991Z

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report is attached. A copy is enclosed.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest.

Thanks & Best Regards

Heng Xinyi, on behalf of Mr Tan Chee Kiong

(Secretary to Mr Tan Chee Kiong)
Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

This message is intended for the recipient named above. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. Thank you.

Disclaimer: Internet communications are not secure. While every reasonable effort has been made to ensure that this communication has not been tampered with, Seah Ong & Partners LLP cannot be responsible for alterations made to the contents of this message without its express consent. If you wish to receive a hard copy of this message for comparison or should you require any other form of confirmation of the contents of this message, please contact the sender. Opinions, conclusions and other information in this message that do not relate to the official business of the company shall be understood as neither given nor endorsed by Seah Ong & Partners LLP.

[> Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	SJU7161T
Vehicle Type:	P10 - Passenger Motor Car
Vehicle Attachment 1:	Disabled
Vehicle Scheme:	Disabled Person
Vehicle Make:	HYUNDAI
Vehicle Model:	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Chassis No.:	KMH DU41BMAU932112
Propellant:	Petrol
Engine No.:	G4FC9U774801
Engine Capacity:	1591 cc
Maximum Power Output:	89.7 kW (120 bhp)
Maximum Laden Weight:	1760 kg
Unladen Weight:	1264 kg
Year Of Manufacture:	2009
Original Registration Date:	23 Dec 2009
Lifespan Expiry Date:	-
Road Tax Expiry Date:	22 Dec 2018
PARF Eligibility Expiry Date:	22 Dec 2019
Inspection Due Date:	22 Dec 2018
Intended Transfer Date:	13 Jul 2018
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

Message

Transfer of ownership is not allowed for this vehicle.

You may print this page for reference.

OK

Print

> Back to OneMotoring

D.O.A - 28/3/2018
Bal: 1 yr 9 mths

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 7922D

Vehicle Details

Vehicle No.: SJU7161T
Vehicle to be Exported: No
Intended De-registration Date: 13 Jul 2018
Vehicle Make: HYUNDAI
Vehicle Model: AVANTE 1.6 AT ABS D/AB 2WD 4DR
Primary Colour: Silver
Manufacturing Year: 2009
Engine No.: G4FC9U774801
Chassis No.: KMHDU41BMAU932112
Maximum Power Output: 89.7 kW (120 bhp)
Open Market Value: \$11,800.00
Original Registration Date: 23 Dec 2009
First Registration Date: 23 Dec 2009
Transfer Count: 0
Actual ARF Paid: \$0.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 22 Dec 2019
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Rebate Amount: \$0.00
Total Rebate Amount: \$0.00

Message

Transfer of ownership or de-registration is not allowed for this vehicle.

The information contained herein is correct as at 10 Jul 2018

OK



DG Law LLC

61159642

34D North Canal Road, Singapore 059290

- Company Registration No. 201112728M
- Incorporated with limited liability

T: (65) 63382251 F: (65) 63381818
Email: davidng@dgllaw.sg

Our Ref: DG-6247-18-Koi-dn
Your Ref:

3019359258 - - -

9th May 2018

AXA Insurance Singapore Pte Ltd
The Motor Claims Department
8 Shenton Way, #27-01
AXA Tower
Singapore 068811



M/s Sin Eng Cleaning Services Pte Ltd
390 Mandai Road
Singapore 729759

For Your Information

Dear Sirs

Accident involving SJU 7161 T, YN 7991 Z and SLP 7879 J at slip road from TPE towards CTE (City) on 28.3.2018 - Ms. Lim Poh Eng

We act for Lim Poh Eng, the owner of motor car No. SJU 7161 T, in her claim for damages as a result of the above accident.

We are instructed that the accident was caused by the negligent driving of your insured's driver and/or management of motor lorry YN 7991 Z.

As a result of the said collision, our client's motor vehicle has been damaged and our client has been put to loss and expense, particulars of which are as follows:-

1.	Costs of Repairs	\$22,000.00	
2.	Loss of Use (20 days)	\$ 1,600.00	
3.	Two Wheelchair Costs	\$13,000.00	
4.	Survey fees/Towing fees	\$ 1,055.00	
5.	GIA Reports/LTANET search	\$ 51.00	
6.	Costs/incidentals	\$ 1,500.00	- \$39,206.00

We enclose herewith copy of:-

1. All Parties Reports;
2. Original Repairs Bill and Towing Receipt;
3. Letter from YZE Health Rehab confirming quotation for wheelchair;
4. Certificate of Insurance, Identity Card and Driving Licence
5. LTANET search; and
6. Original Survey Report and invoice with original photographs depicting the damages to our client's motor car and wheelchair.

We wish to inform you that our client will be claiming for her personal injuries and Loss of Earnings during his Medical Leave once the Medical Report is available.





DG Law LLC

34D North Canal Road, Singapore 059290

• Company Registration No. 201112728M
• Incorporated with limited liability

T: (65) 63382251 F: (65) 63381818
Email: davidng@dglaw.sg

- Page Two -

Our Ref: DG-6247-18-Koi-dn
Your Ref:

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 acknowledgment 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.

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

encl

c.c. Koi Motor Works
Block 176, #04-12
Sin Ming Drive
Sin Ming Autocare
Singapore 575721

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	29/03/2018 16:18
Date Of Accident	28/03/2018 06:45
Exact Location Of Accident	SLIP ROAD FROM TPE TOWARDS CTE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU7161T
Insured/Policyholder	
Name Of Registered Owner	LIM POH ENG
NRIC No	S1597922D
Email Address	WILLELIZ2013@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98155396
Alternative Phone No	OTHERS-98155396

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 ABS AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100179803
Cover Note Number	

Driver

Name of Driver	LIM POH ENG
NRIC No	S1597922D
Date Of Birth	10/02/1963
Occupation	INDOOR
Date Of Driving Pass	08/11/1995
Driving Experience	22 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98155396
Fax Number	
Contact Number	OTHERS-98155396
EEmail Address	WILLELIZ2013@GMAIL.COM

Address	BLK 290B COMPASSVALE CRESCENT #02-38
Postcode	542290
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	KIM KEAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20180328/2147

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	YN7991Z
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP7879J
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM POH ENG

Approximate Age

55

Injuries Sustain

LEG

Injured person in which vehicle?

SJU7161T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 290B COMPASSVALE CRESCENT #02-38

Postcode

542290

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:
29 MAR 2018

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


Reporting Centre Person's Signature
Name:
NRIC/FIN No.: Jenny Lim
S6927273F

SKETCH PLAN

Refer to attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No = T/20180328/2147

DECLARATION

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

Wang

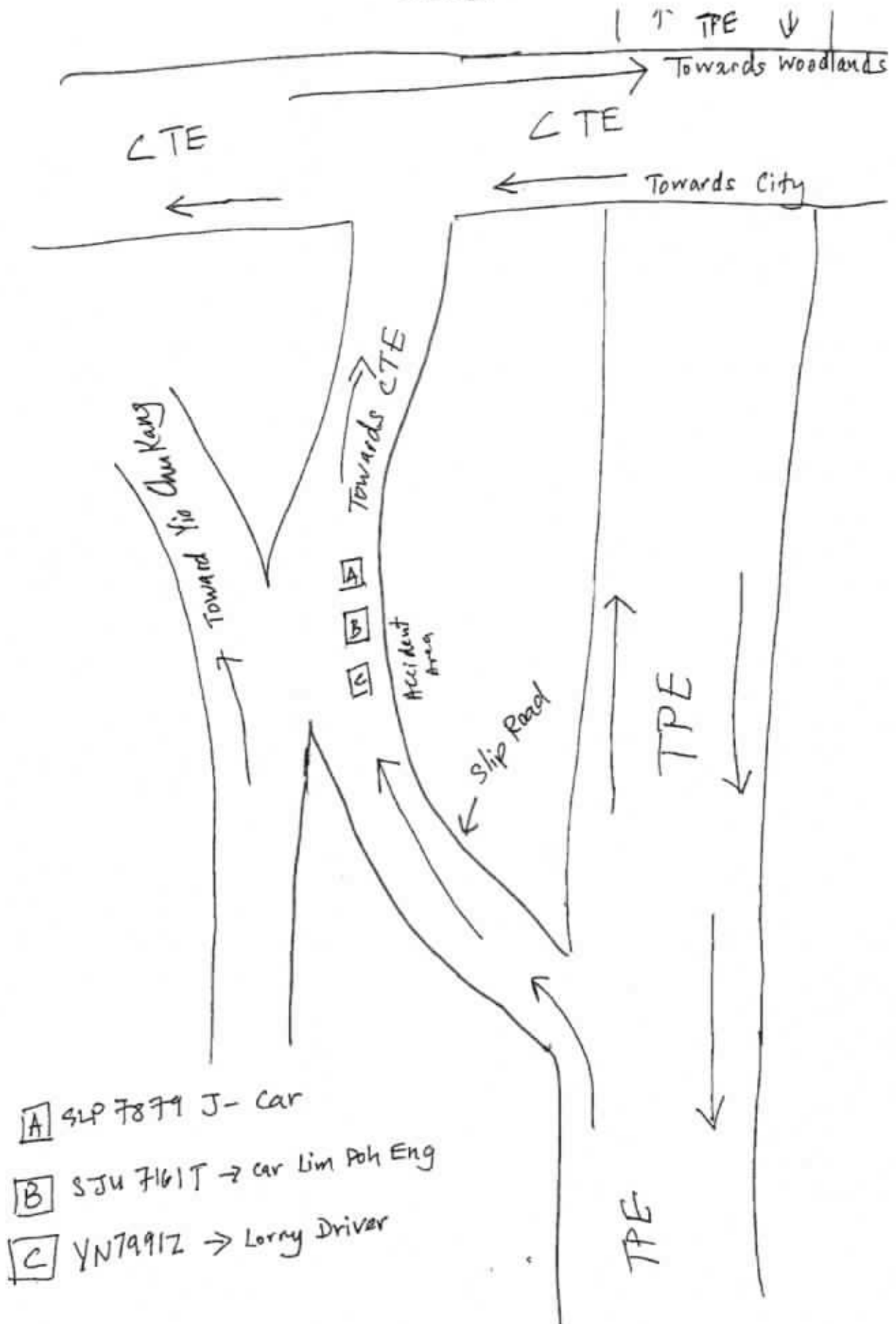
Policyholder's Signature _____
Date & Time: _____

29 MAR 2018

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

ms.

Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No. S6927273H





**SINGAPORE
POLICE FORCE**



T/20180328/2147

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

1 of 4

Report No. T/20180328/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2018 16:49	Vide Report No.:	Station Diary No.: 32
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: LIM POH ENG		Address: APT BLK 290B COMPASSVALE CRESCENT #02-38 SINGAPORE 542290	
ID Type / ID No.: NRIC NO / S1597922D		Contact No.: Home/Office: Mobile: 98155396	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 55	Date of Birth: 10/02/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Senior Associate		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/03/2018 06:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Slip road from TPE towards CTE (city)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	Notes/Passenger
SJU7161T	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Silver	Seriously Damagec	0
SLP7879J	Car					0
YN7991Z	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20180328/2147

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

2 of 4

Report No. T/20180328/2147

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJU7161T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100179803-08	23/12/2017	22/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM POH ENG		ID No.	S1597922D
Related Vehicle	SJU7161T (Car)		Contact No.	98155396
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/03/2018		Date Discharge	28/03/2018
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Driver				
Name	HAMZAH		ID No.	S1483152E
Related Vehicle	SLP7879J (Car)		Contact No.	83670334
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	MURAGAN NATARGAN		ID No.	G2278271T
Related Vehicle	YN7991Z (Lorry)		Contact No.	96889939
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20180328/2147

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

3 of 4

Report No. T/20180328/2147

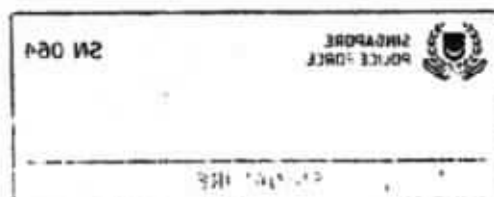
CONTINUATION OF REPORT

Brief Details.

On 28/03/2018 at about 0645hrs, I was travelling along TPE entering the slip road towards CTE(city). I had enter the slip road and near to the exit, the vehicle infront of me brake light was on therefore I slow down and apply brake. Out of a sudden, I felt a big impact coming from the rear of my vehicle. This impact causes my vehicle to move forward and hit on the vehicle that was infront of me.

I stopped my vehicle and the other two driver came down. The lorry driver did not mention how come he hit on to my vehicle. At that point of time I felt pain at my leg where is my old injury, paramedic made a check however they did not convey me. Shortly, traffic police and ambulance came to attend to us. No one was being convey at that point of time. My car was not in stalled with any in car camera.

I felt pain at my leg area therefore I went to Tan Tock Seng to seek for treatment. I was given 2 days medical leave and was told to go back for check up on 30/04/2018.





**SINGAPORE
POLICE FORCE**



T/20180328/2147

4 of 4

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

Report No. T/20180328/2147

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 1 LIM JIAN HONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/03/2018 16:49

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

SN 064

Authentication Stamp

NP155

	SINGAPORE POLICE FORCE	SN 064
	SIGNATURE	



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-18-068832

Date of Request: 07/05/2018

Your Ref No: 6247-18-KCI

DG LAW LLC
34D North Canal Road
Singapore 059290

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 28/03/2018

Place of Accident: TPE - CTE

Client Vehicle No: SJU7161T

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-18-068837
Date of Request: 07/05/2018

Your Ref No: 6247-18-KCI

DG LAW LLC
34D North Canal Road
Singapore 059290

Dear Sir/Madam,

Date of Accident: 28/03/2018
Vehicle No: SJU7161T
Place of Accident: SLIP ROAD FROM TPE TOWARDS CTE (CITY)
Involving Vehicle No: YN7991Z

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\$)
YN7991Z	SLIP ROAD FROM TPE TOWARDS CTE (CITY)	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 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 28/03/2018 14:40
 Date Of Accident 28/03/2018 06:40
 Exact Location Of Accident CTE (YIO CHU KANG)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN7991Z
 Insured/Policyholder
 Name Of Registered Owner SIN ENG CLEANING SERVICES PTE LTD
Vehicle Particulars
 Manufacturer HINO
 Model XZU710R-HKFMS3
 Vehicle Category COMMERCIAL VEHICLE
Insurance Company
 Name of Insurance Company AXA INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number VCA/P1626043
 Cover Note Number
Driver
 Name of Driver MURUGAN NATARAJAN
 Passport No/FIN G2278271T
 Address 390 MANDAI ROAD

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 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 STATEMENT

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 SJU7161T

SKETCH PLAN

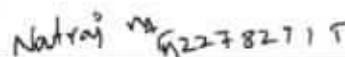
IMPORTANT NOTICE

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 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.

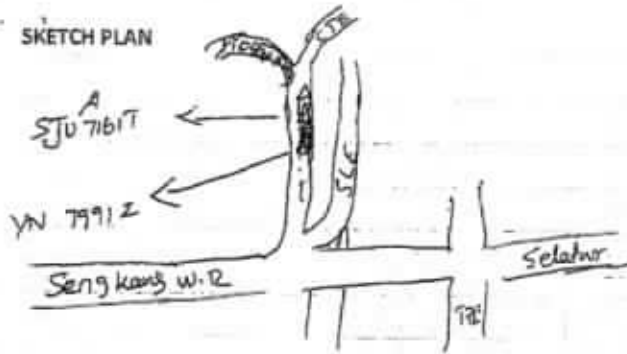

Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28/3/18 6:40 AM

I was driving ^{along} A CTE xia Chu kang Rd.

I WAS on the left lane changing to right lane to CTE.

STU 7161 T (Hyundai) in front of suddenly I named

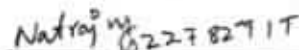
brake! I could not stop ^{on} time and hit the

rear bumper of the vehicle.

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.:

SIN ENG CLEANING SERVICES PTE LTD

Date: 28 Mar 2018

Comfort Delgro Engineering Pte Ltd
205 Braddell Road,
Singapore 579701

Dear Sirs / Madam

Re: Accident Vehicle No: YN 7991 Z

This is to authorize Mr. Murugan Natarajan holder of work permit No: 0 35959890 to act of behalf the company for filing an accident report.

Thank you.

Yours faithfully,


Ong Eng Soon

Director

390 Mandai Road Singapore 729759 Tel : 6484 1652 Fax : 6749 2208

(Reg. No. 199900269Z)
(GST Reg. No. 199900269Z)



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-18-068836

Date of Request: 07/05/2018

Your Ref No: 6247-18-KOI

DG LAW LLC
34D North Canal Road
Singapore 059290

Dear Sir/Madam,

Date of Accident: 28/03/2018

Vehicle No: SJU7161T

Place of Accident: SLIP ROAD FROM TPE TOWARDS CTE (CITY)

Involving Vehicle No: SLP7879J

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\$)
SLP7879J	SLIP ROAD FROM TPE TOWARDS CTE (CITY)	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 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	28/03/2018 11:31
Date Of Accident	28/03/2018 06:40
Exact Location Of Accident	TPE TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7879J
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29069766MKF
Cover Note Number	

Driver

Name of Driver	MOHAMED HAMZAH BIN YUSI
NRIC No	S1483152E
Address	BLOCK 290B COMPASSVALE CRESCENT #04-48

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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 Annex A

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJU7161T
Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN7991Z
Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

SKETCH PLAN

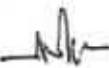
IMPORTANT NOTICE

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 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:



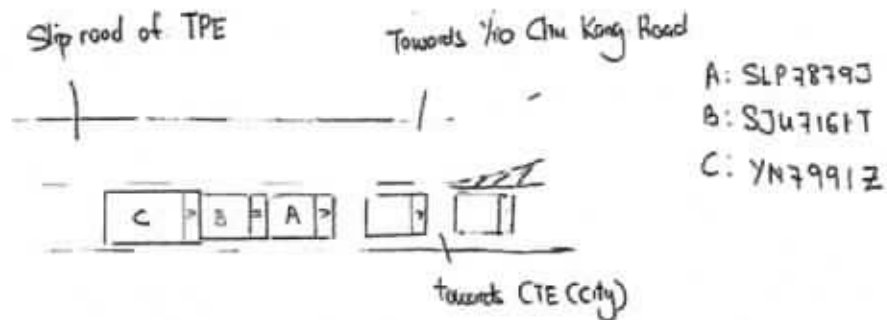
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Annex A

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.: _____

Annex A

On 28.03.2018 at about 0640hrs, I was driving my vehicle along the right lane of the Slip road from TPE heading towards CTE (City) and the traffic was massive at that point. While vehicles ahead stopped, I followed suit. Suddenly, I felt an impact from behind and continue with another impact about 1-2 second later. After alighted, I realized it was a chain collision involved total of 3 vehicles.



CASH SALE / WORK ORDER



順成拖車服務
SOON SENG VEHICLE RECOVERY SERVICES

Blk 241 Bukit Panjang Ring Road #08-149 Singapore 670241

HP: 9624 9736 Tel/Fax: 6769 9426

Business Reg. No: 50807700A

No. 67462

Date: 5/3/11

買號
Messrs: Kai motor

車號
Vehicle No: STU 7161

車型
Model No: Hyundai

由
From: KJ Javar

到
To: Sin my

時間
Time: 0745

司機
Driver: MCH

其他
Others: 653

☐ MSCP ☐ Basement ☐ King Roller ☐ Crane Out ☐ Petrols charges

CASH \$: 557 CHEQUE: _____ Tow Truck No: _____

經手人
Issued by: _____

收貨人
Goods Received by: _____

注意: 本公司對所拖之車輛, 在進行中如有任何損失或破壞, 一概由車主自行負責
NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

KOI MOTOR WORKS

Block 176 #04-12, Sin Ming Drive, Sin Ming Autocare, Singapore 575721

Tel & Fax : 6454 6335 Mobile : 9632 3791

Registration Number : 516799/00-B

INVOICEM/s : Lim Poh EngREF. No. : RB12034Vehicle No. : SJU7161TDate : 6/5/18Model : Hyundai AvanteAccident Date : 29/03/2018

Qty	Particulars	U.P. (S\$)	Amount (S\$)
	To supply of parts,labour and spray painting.		
	LUM SUM		\$ 22,000.00
Total Amount Payable			\$ 22,000.00

Issued By

Received By

Date



YZE HEALTH REHAB
BLK 34 Upper Cross St #03-136 Singapore 050034
Tel : 64387748 Hp : 81264802
Email : yzehhealthrehab@gmail.com
Business Reg No. 53155228D

11 Apr 2018

Mdm Lim Poh Eng
EMAIL : willeliz2013@gmail.com

Dear Mdm Lim

QUOTATION OF TENNIS WHEELCHAIR

As requested, we are pleased to quote S\$6,500/- per unit for the Tennis Wheelchair
Model : Ace from Offcarr, Italy.

Total cost for 2 units for the above mentioned is S\$13,000/-

Price quoted is not GST chargeable as we are not a GST registered company.

Thank you.

Yours Sincerely,

Derek Yze

Yzelman Derek
YZE HEALTH REHAB

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lim Poh Eng
Period of Insurance : 23 Dec 2017 To 22 Dec 2018
Engine No. : G4FC9U774801
Chassis No. : KMH DU41BMAU932112

Vehicle No. : SJU7161T
Policy No. : 2100179803-08
Endorsement No. :
Issued Date : 05 Dec 2017

ABOUT THE COVER

Make/Model	HYUNDAI AVANTE	Sum Insured	Market Value	First Year of Registration	2009
Engine Capacity/Tonnage	1,591.00 CC	Off Peak Car	No	Insuring with COE/PAF	Yes
Driver Restriction	NA				

Person or Classes of Persons Entitled to Drive*

a. The Policyholder
b. Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

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

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lim Poh Eng - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

0504625000

SYMPLE & ASSOCIATES PTE LTD

136 MARKET STREET #11-01 CAPITAGREEN

SINGAPORE 048946

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SGPW11

Driver's NRIC + Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: **S1597922D**

Name: **LIM POH ENG**

Birth Date: **10 Feb 1963**

Issue Date: **30 Sep 2003**

1597922D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1597922D**

Name: **LIM POH ENG**

林 玉 龍

Race: **CHINESE**

Date of Birth: **10-02-1963**

Country of Birth: **SINGAPORE**

1597922D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms.

PASS DATE: **05 Nov 1995**

1597922D

1597922D

S1597922D

Name: **LIM POH ENG**

Date of Birth: **20-02-1964**

APT BLK 290B COMPASSVALE CRESCENT #02-28

SINGAPORE 542290

1597922D

4782068

Enquire Vehicle & Owner Information (Vehicle No. YN7991Z As At 28 Mar 2013 / 06:45:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: DG/KOI

Current Owner Details

Owner ID Type: Company
Owner ID: 199900269Z
Owner Name: SIN ENG CLEANING SERVICES PTE LTD
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 390
Registered Street Name: MANDAI ROAD
Registered Unit No.: -
Registered Building Name: -
Registered Postal Code: 729759

Current Vehicle Details

Vehicle No.: YN7991Z
Make Description/Model: HINO / HINO XZU710R-HKFMS3
Insurance Company Name: AXA INSURANCE PTE LTD

PRESTIGE APPRAISER SERVICES

Insurance Loss Adjusters and Licensed Appraisers Regn. 52868584L
Blk 131 Rivervale Street #05-872 S'pore 540131 Tel: 65528323
Fax: 64574321

No. 22904

INVOICE

Customer

To Mr Lim Poh Eng
c/o 176 Sin Ming Drive
#04-12
Singapore 575721

Date 24-Apr-18
Our ref PS/008/04/18
Your Ref

VEHICLE REGISTRATION NO : SJU 7161 T

VEHICLE MAKE/MODEL Hyundai Avante

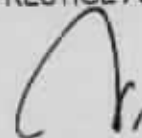
INSPECTION REPORT FEES
(inclusive of photographs & transport charges)

\$1,000.00

DOLLARS: One Thousand Only

○
E & O E

for PRESTIGE APPRAISER SERVICES



PRESTIGE APPRAISER SERVICES

Insurance Loss Adjusters and Licensed Appraiser Regn. 652868584L

Bik 131 Rivervale Street #05-872 S'pore 540131 Tel:65528323 Fax:64574321

Our ref : PS/008/04/18

Date : 24th April 2018

Mr Lim Poh Eng
c/o 176 Sin Ming Drive
#04-12
Singapore 575721

Dear Sir,

Re : THIRD PARTY CLAIM

We refer to your instruction to appraise the vehicle **SJU 7161 T** on 05th April 2018.

A static inspection was conducted during our survey and our report is enclosed for your perusal. The estimated repair cost submitted by **Messrs. Koi Motor Trading** for **\$36,789.30** as per our attached schedule have been inspected thoroughly each and every item and revised by us against the actual damages found on the vehicle which have been recommended by us accordingly.

The repairer has agreed to undertake repairs at our revised amount of **\$22,000.00 lump sum** corresponding to supply of parts, labour charges and spray-painting. However, we have not given instruction to authorize the repairs.

Under normal circumstances, the estimated period of repairs would be **EIGHTEEN (18) days**. Photographs of the damaged vehicle taken by us during our inspection are enclosed.

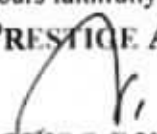
We are reverting the matter to you for a decision.

Please do not hesitate to contact us if you need any clarification.

Assuring you of our best services.

Yours faithfully,

PRESTIGE APPRAISER SERVICES



LOUIS C NG CAE AMIMI
Dip. MTM. Automotive Engineer
Licensed Appraiser

Encl.

PRESTIGE APPRAISER SERVICES

VEHICLE INSPECTION REPORT

To: Mr Lim Poh Eng
c/o 176 Sin Ming Drive
#04-12
Singapore 575721

Date : 24th April 2018
Our Ref : PS/008/04/18
Policy No :
Sum Insured :
Excess : T/P Claim

Assigned By : Mr Lim Poh Eng
Assignment Date : 05th April 2018
Accident Date : 29th March 2018
Inspection Date : 05th April 2018
Workshop Name : Koi Motor Works
Survey Conducted At : 176 Sin Ming Drive
#04-12
Singapore 575721

PARTICULARS OF VEHICLE

Registration No	: SJU 7161 T	Mileage	: 114008km
Make/Model	: Hyundai Avante	Engine No	: G4FC9U774801
Type Of Body	: Motorcar	Chassis No	: KMH DU41BMAU932112
Year Of Manu./Regn.	: 2009	Passenger Cap.	: 4 Passengers
Colour	: Met. Grey	Others	: -

CONDITION OF TYRES

R/H SIDE

Front Tyre : 6mm 215/45R17 Goodyear
Rear Tyre : 6mm 215/45R17 Goodyear

L/H SIDE

6mm 215/45R17 Goodyear
6mm 215/45R17 Goodyear

The above represent the estimated remaining life of the tyre treads.

PRE-ACCIDENT CONDITION (Static tests only)

Handbrake	: Serviceable	Body Work	: Good
Footbrake	: Serviceable	Paint Work	: Good
Steering	: Serviceable	Others	: -

POINT OF IMPACT

The vehicle sustained impacts on the front and rear portion.

GENERAL DESCRIPTION OF DAMAGES

Front: The front support panel, bumper assy, fenders, bonnet, radiator, aircon condenser were dented/distorted
Rear: The rear body panel, bumper assy, floorboard, fenders, chassis member, doors, bootlid were dented/distorted

For details of damages please refer to schedule attached.

REMARKS :

This survey was conducted strictly without prejudice.

PRESTIGE APPRAISER SERVICES

Vehicle No : SJU 7161 T

Our Ref :

PS/008/04/18

Qty	Descriptions	Conditions	Repairer's Est.	Our Revised.
	<u>LIST ITEMS</u>			
1	bonnet	dented/distorted	\$ 1,080.60	\$ 1,080.30
2	bonnet hinge	dented - repair	188.60	-
1	bonnet lock	dented	168.40	168.40
1	front support panel	dented	717.00	717.00
2	front support panel side garnish	broken	128.40	128.40
1	front grille	broken	458.00	458.00
1	front grille emblem	necessary	45.00	45.00
1	brace panel	dented	48.60	48.60
1	R/H headlamp	scratched	743.50	743.50
1	L/H headlamp	holder fractured	743.50	743.50
1	aircon condenser	dented/warped	1,247.00	1,247.00 990.70
1	radiator assy	dented/warped	1,197.00	1,197.00 598
1	radiator fan motor	damaged	485.20	485.20 X NN
1	radiator fan blade	cut	165.10	165.10 X SJC
1	radiator fan cowling	dented	235.60	235.60 X NN
1	air intake hose	dented	168.40	168.40 X NN
1	horn	dented	90.00	90.00 X NN
1	R/H front fender	dented	485.10	485.10 X R
1	L/H front fender	dented - repair	485.10	-
1	front bumper	dented	758.00	758.00 488
1	front bumper reinforcement	dented	289.10	289.10
1	front bumper sponge	damaged	184.00	184.00
2	front bumper bracket	dented	82.00	82.00
2	front bumper side retainer	dented	39.00	39.00
1	front bumper grille	dented	95.00	95.00
8	front bumper clip	necessary	24.00	24.00
2	fog lamp	cracked - LH, RH - NN	475.10	475.10 237.55
1	bootlid	dented/distorted	1,007.00	1,007.00 912
2	boot hinge	dented/bent	386.40	386.40
1	bootlid weatherstrip	distorted	167.70	167.70
1	boot top lock	dented	210.40	210.40
1	boot lower lock	dented	54.10	54.10
1	boot emblem ' LOGO '	necessary	45.80	45.80
1	boot emblem ' AVANTE '	necessary	55.10	55.10
1	boot emblem ' S '	necessary	37.70	37.70
1	boot emblem ' RS '	necessary	55.00	55.00
1	boot inner garnish	dented/cracked	249.50	249.50
1	R/H boot reflector	broken	451.20	451.20
1	L/H boot reflector	cracked	451.20	451.20
1	boot outer garnish	dented	285.60	285.60
1	rear body panel	dented	537.90	537.90
1	rear body panel top garnish	dented	353.40	353.40
1	R/H rear fender	dented/distorted	1,176.40	1,176.40 994
1	L/H rear fender	dented/distorted	1,176.40	1,176.40 994
2	rear fender inner garnish	dented/cracked	778.40	778.40
1	rear windscreen moulding	necessary	128.30	128.30
1	R/H taillamp	broken	696.50	696.50 392
1	L/H taillamp	cracked	696.50	696.50 392
2	taillamp panel	dented	136.20	136.20
1	rear bumper	dented/distorted	927.50	927.50 489
	Balance c/f		\$ 20,890.50	\$ 20,216.80

PRESTIGE APPRAISER SERVICES

Vehicle No : SJU 7161 T

Our Ref :

PS/008/04/18

Qty	Descriptions	Conditions	Repairer's Est.	Our Revised.
		Balance b/d	\$ 20,890.50	\$ 20,216.80
1	rear bumper reinforcement	dented/cracked	295.40	295.40
1	rear bumper sponge	damaged	184.00	184.00
2	rear bumper bracket	dented	142.00	142.00
2	rear bumper side retainer	dented	142.00	142.00
8	rear bumper clip	necessary	33.00	33.00
2/1	rear fender corner panel	dented - RH, LH-R	118.40	118.40 59.20
1	R/H rear fender dust cover	torn	52.10	52.10
1	spare wheel panel	dented	938.20	938.20 878
1	spare wheel panel top cover	dented/distorted	229.50	229.50
1	spare wheel insulator	necessary	165.00	165.00
2	rear chassis member	dented - repair	968.00	-
1	exhaust muffler	dented/bent	1,101.00	1,101.00 X NH
1	R/H rear door	dented - repair	1,085.10	-
1	R/H rear door lock	dented	365.10	365.10 X SVC
			<u>26,709.30</u>	<u>23,982.50</u>
		Less 20%	-	4,796.50
			\$ <u>26,709.30</u>	\$ <u>19,186.00</u>
	<u>S/NETT ITEMS</u>			
1	front number plate	dented	60.00	50.00 40
1	front bumper lower spoiler	dented/cut	900.00	650.00 300
1	rear bumper lower spoiler	dented/cut	900.00	650.00 300
1	boot spoiler	dented/cracked	700.00	500.00 200
1	rear number plate	dented	60.00	50.00 40
1	rear windscreen sealant	necessary	60.00	45.00
1	reverse sensor	damaged	280.00	250.00 200
	<u>Labour Charges & Misc</u>			
	To dismantle & replace damaged parts, panel beat where necessary.		3,500.00	3,000.00 2,400
	To putty, apply primer & spray-paint on the affected portion.		2,700.00	2,400.00 2,000
	To apply rust-proofing on repaired, replaced panel.		240.00	200.00 150
	To remove/renew aircon condenser & refill gas.		140.00	120.00 100
	To remove/refit rear windscreen to facilitate repairs.		160.00	140.00 120
	To remove/refit rear cushion seat, speaker board, roof upholstery to facilitate repairs.		140.00	120.00 80
	To remove/refit fuel tank to facilitate repairs.		80.00	60.00
	To remove/renew exhaust muffler		80.00	60.00
	To check wiring functions.		80.00	50.00
			\$ <u>36,789.30</u>	\$ <u>27,531.00</u>

PRESTIGE APPRAISER SERVICES

Vehicle No : SJU 7161 T

Our Ref : PS/008/04/18

Qty	Descriptions	Conditions	Repairer's Est.	Our Revised.
-----	--------------	------------	-----------------	--------------

Note: The repairer has agreed to undertake the repairs at our adjusted amount of **\$22,000.00 lump sum** corresponding to supply of parts, labour and spray-painting charges.

Under normal circumstances, the estimated repair period would be **EIGHTEEN (18)** days.

Pursuant to your instruction we have **not** authorised repairs on your behalf.

PRESTIGE APPRAISER SERVICES



LOUIS S C NG CAE AMIMI (UK)

Licensed Appraiser

Dip. MTM, Automotive Engineer



Your Ref: 18.24103.PDO

Date: 11th July 2018

Our Ref: CS3/ASM18006297/Ctbe2-1

M/s AXA Insurance Pte Ltd

C/O: Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SJU 7161T

INSURED VEHICLE: YN 7991Z

ACCIDENT DATE: 28/03/2018

We thank you for your instruction on 18/05/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SJU 7161T from M/s Prestige Appraiser Services.
- b) Singapore Accident Statement and Police Report of Vehicles SJU 7161T and YN 7991Z.
- c) Final Repair Bill of SJU 7161T from Koi Motor Works.
- d) Colour damaged vehicle photographs of SJU 7161T.

Pre-Repair Inspection Date : 05/04/2018 at M/s Koi Motor Works, Blk 176 Sin Ming Drive #04-12, Sin Ming Autocare Singapore 575721.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SJU 7161T
Make & Model	: Hyundai Avante
Year of Registration	: 2009
Chassis Number	: KMH DU41BMAU932112
Engine Capacity	: 1591cc

2. We recommend that the repairs of the entire damage require about 15 (Fifteen) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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 4

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJU 7161T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BONNET	DENTED / DISTORTED	1,080.60	1,080.60
2	BONNET HINGE	TO REPAIR SEE LABOUR	188.60	-
1	BONNET LOCK	DENTED	168.40	168.40
1	FRONT SUPPORT PANEL	DENTED	717.00	717.00
2	FRONT SUPPORT PANEL SIDE GARNISH	BROKEN	128.40	128.40
1	FRONT GRILLE	BROKEN	458.00	458.00
1	FRONT GRILLE EMBLEM	NECESSARY	45.00	45.00
1	BRACE PANEL	DENTED	48.60	48.60
1	R/H HEADLAMP	SCRATCHED	743.50	743.50
1	L/H HEADLAMP	HOLDER FRACTURED	743.50	743.50
1	AIRCON CONDENSER	DENTED / WARPED	1,247.00	990.70
1	RADIATOR ASSY	DENTED / WARPED	1,197.00	598.00
1	RADIATOR FAN MOTOR	NOT NECESSARY	485.20	-
1	RADIATOR FAN BLADE	SERVICEABLE	165.10	-
1	RADIATOR FAN COWLING	NOT NECESSARY	235.60	-
1	AIR INTAKE HOSE	NOT NECESSARY	168.40	-
1	HORN	NOT NECESSARY	90.00	-
1	R/H FRONT FENDER	TO REPAIR SEE LABOUR	485.10	-
1	L/H FRONT FENDER	TO REPAIR SEE LABOUR	485.10	-
1	FRONT BUMPER	DENTED	758.00	488.00
1	FRONT BUMPER REINFORCEMENT	DENTED	289.10	289.10
1	FRONT BUMPER SPONGE	DAMAGED	184.00	184.00
2	FRONT BUMPER BRACKET	DENTED	82.00	82.00
2	FRONT BUMPER SIDE RETAINER	DENTED	39.00	39.00
1	FRONT BUMPER GRILLE	DENTED	95.00	95.00
8	FRONT BUMPER CLIP	NECESSARY	24.00	24.00
2	FOG LAMP	N/S CRACKED / O/S NOT NECESSARY	475.10	237.55

Report Ref No. CS3/ASM18006297/Ctbe2-1



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

Page No.:2 of 4

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	BOOTLID	DENTED / DISTORTED	1,007.00	917.00
2	BOOT HINGE	DENTED / BENT	386.40	386.40
1	BOOTLID WEATHERSTRIP	DISTORTED	167.70	167.70
1	BOOT TOP LOCK	DENTED	210.40	210.40
1	BOOT LOWER LOCK	DENTED	54.10	54.10
1	BOOT EMBLEM 'LOGO'	NECESSARY	45.80	45.80
1	BOOT EMBLEM 'AVANTE'	NECESSARY	55.10	55.10
1	BOOT EMBLEM 'S'	NECESSARY	37.70	37.70
1	BOOT EMBLEM 'RS'	NECESSARY	55.00	55.00
1	BOOT INNER GARNISH	DENTED / CRACKED	249.50	249.50
1	R/H BOOT REFLECTOR	BROKEN	451.20	451.20
1	L/H BOOT REFLECTOR	CRACKED	451.20	451.20
1	BOOT OUTER GARNISH	DENTED	285.60	285.60
1	REAR BODY PANEL	DENTED	537.90	537.90
1	REAR BODY PANEL TOP GARNISH	DENTED	353.40	353.40
1	R/H REAR FENDER	DENTED / DISTORTED	1,176.40	987.00
1	L/H REAR FENDER	DENTED / DISTORTED	1,176.40	987.00
2	REAR FENDER INNER GARNISH	DENTED / CRACKED	778.40	778.40
1	REAR WINDSCREEN MOULDING	NECESSARY	128.30	128.30
1	R/H TAILLAMP	BROKEN	696.50	382.00
1	L/H TAILLAMP	CRACKED	696.50	382.00
2	TAILLAMP PANEL	DENTED	136.20	136.20
1	REAR BUMPER	DENTED / DISTORTED	927.50	489.00
1	REAR BUMPER REINFORCEMENT	DENTED / CRACKED	295.40	295.40
1	REAR BUMPER SPONGE	DAMAGED	184.00	184.00
2	REAR BUMPER BRACKET	DENTED	142.00	142.00
2	REAR BUMPER SIDE RETAINER	DENTED	142.00	142.00
8	REAR BUMPER CLIP	NECESSARY	33.00	33.00

Report Ref No. CS3/ASM18006297/Ctbe2-1



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.:3 of 4

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	REAR FENDER CORNER PANEL	O/S DENTED / N/S TO REPAIR SEE LABOUR	118.40	59.20
1	R/H REAR FENDER DUST COVER	TORN	52.10	52.10
1	SPARE WHEEL PANEL	DENTED	938.20	878.00
1	SPARE WHEEL PANEL TOP COVER	DENTED / DISTORTED	229.50	229.50
1	SPARE WHEEL INSULATOR	NECESSARY	165.00	165.00
2	REAR CHASSIS MEMBER	TO REPAIR SEE LABOUR	968.00	-
1	EXHAUST MUFFLER	NOT NECESSARY	1,101.00	-
1	R/H REAR BOOT	TO REPAIR SEE LABOUR	1,085.10	-
1	R/H REAR DOOR LOCK	SERVICEABLE	365.10	-
	LESS 20% DISCOUNT		-	-3,573.69
			26,709.30	14,294.76
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT NUMBER PLATE (SN)	DENTED	60.00	40.00
1	FRONT BUMPER LOWER SPOILER (SN)	DENTED / CUT	900.00	300.00
1	REAR BUMPER LOWER SPOILER (SN)	DENTED / CUT	900.00	300.00
1	BOOT SPOILER (SN)	DENTED / CRACKED	700.00	200.00
1	REAR NUMBER PLATE (SN)	DENTED	60.00	40.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	60.00	45.00
1	REVERSE SENSOR (SN)	DAMAGED	280.00	200.00
			2,960.00	1,125.00
	<u>LABOUR</u>			
	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY. INCLUSIVE OF THE REPAIR OF BONNET HINGE, R/H FRONT FENDER, L/H FRONT FENDER, N/S REAR FENDER CORNER PANEL, REAR CHASSIS MEMBER AND R/H REAR BOOT.		3,500.00	2,400.00
	TO PUTTY, APPLY PRIMER & SPRAY - PAINT ON THE AFFECTED PORTION.		2,700.00	2,000.00
	TO APPLY RUST-PROOFING ON REPAIRED, REPLACED PANEL.		240.00	150.00

Report Ref No. CS3/ASM18006297/Ctbe2-1



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.: 4 of 4

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE/ RENEW AIRCON CONDENSER & REFILL GAS.		140.00	100.00
	TO REMOVE / REFIT REAR WINDSCREEN TO FACILITATE REPAIRS.		160.00	120.00
	TO REMOVE / REFIT REAR CUSHION SEAT, SPEAKER BOARD, ROOF UPHOLSTERY TO FACILITATE REPAIRS.		140.00	80.00
	TO REMOVE / REFIT FUEL TANK TO FACILITATE REPAIRS.		80.00	60.00
	TO REMOVE / RENEW EXHAUST MUFFLER.		80.00	60.00
	TO CHECK WIRING FUNCTIONS.		80.00	50.00
			7,120.00	5,020.00
GRAND TOTAL			36,789.30	20,439.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				16,300.00

Report Ref No. CS3/ASM18006297/Ctbe2-1

HO LEONG CHUAN

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.