

REF: CS/ALG18011055/Asb,2

Special Instruction:

US: \$ 6000.00

ASSIGNMENT (Office)

From (Person): Mavis Chew of ALG Date/Time: 19-06-2018

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

$$\text{OD}(\overbrace{\text{FP Re-inspection}}) / \text{Evaluation}$$

To Inspect Vehicle No: SLD 6713E

Insured: SLN 7680A

at Workshop m/s Precise Auto

Tel: 6745 7367

of Blk 1 Kaki Bukit Ave 6 # 02-34 / 36

Policy No: \_\_\_\_\_ Claim No: 7469 4669 1786 003

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

Make of Veh: \_\_\_\_\_ D.O.A. 01-12-2017

(Client's Record)

26062018 (Tuesday) @ 1pm

H.O.D. Enrolment/Date:

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time:            Confirmed with            Final Fig           ,        days (Red \$        /        %; Original 7 days)

Date/Time: 10/07/18 Submit Final Fig 3-81c, 05 days (Red \$ 2,200 / 36 %; Original 7 days)

[illegible]

---

Para(1) : 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 : \_\_\_\_\_

Inspected/  
Evaluated by:

<i>Fee Charged:</i>
---------------------

Basic &amp; Add

Transport

## Photos

Others

Total

Date: \_\_\_\_\_

200

1) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

## 2) Date/Time

File Return to

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

#### 4) Date/Time

File Return to

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

6) Date/Time

File Return to

REF:

SWING

## ASSIGNMENT

11/11/08

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

8LD5713E

Yr Regn:

2008 Nov

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

Truck / Trailer or

Make:

Toyota Wish

CC

1754

Colour:

Grey

A/C

Insured / Std / Nil / NA

Sp. Reading

275713

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

JTDER12W303001001

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

195/65R15

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

TOYO / YOKO or

Hity

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

26/06/08

Survey held at

Precise

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

Front N/S.

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

Date / Time

Action / Instruction

Reinspection

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ + RS \$

) Phone

) Others

TOTAL

Report Format:

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

## Catherine Chong (LKK Auto)

---

**From:** Mavis, Chew <Chew.Mavis@aig.com>  
**Sent:** Tuesday, 19 June, 2018 10:40 AM  
**To:** Sal; Admin A; Admin-D (LKKAuto); Vivian Lau (LKKAuto); Zayyer (LKKAuto); Hsiao Tong (LKKAuto)  
**Cc:** 'Precise Auto Service'  
**Subject:** RE: AIG ref: #7469466917SG003#023# | Your ref: RA.512291.S (Precise)

AIG reference: 7469466917SG003  
Your reference: RA.512291.S (Precise)

### WITHOUT PREJUDICE

Accident involving SLN7680A & SLD5713E on 01.12.17  
Claimant: LSC Agency, Owner of SLD5713E

Dear Sal,

Thank you for the information.

Dear LKK

Re-inspection details for your action please. Kindly avail us a copy of the RI report once the same is completed. We will send the necessary documents to you separately.  
Kindly confirm the appointment (SJE selected – Adrian Ling) by replying to all, thank you.

Best Regards,  
Ms. Mavis Chew  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way AIG Building #08-16 Singapore 079120  
Tel +(65) 6419 1970 | Fax +(65) 6835 7416  
[chew.mavis@aig.com](mailto:chew.mavis@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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---

**From:** Sal [<mailto:riaz@justice.com.sg>]  
**Sent:** Tuesday, 12 June, 2018 4:37 PM  
**To:** Mavis, Chew  
**Cc:** 'Precise Auto Service'  
**Subject:** RE: AIG ref: #7469466917SG003#023# | Your ref: RA.512291.S (Precise)

12.6.2018

### WITHOUT PREJUDICE

Dear Mavis

We refer to our earlier email.

Please be informed that our clients' motor vehicle **SLD 5713E** can be re-inspected on **26.6.2018 (Tuesday) at 1.00pm at 1 KAKI BUKIT AVENUE 6 #02-34/36 AUTOBAY @KAKI BUKIT, SINGAPORE 4174883**

The person to contact is Yen Hong at telephone no. 6745 7367.

Kindly ensure that your surveyors attend the re-inspection on the aforesaid date punctually.

Regards  
SAL  
RIAZ LLC

---

**From:** Mavis, Chew <[Chew.Mavis@aig.com](mailto:Chew.Mavis@aig.com)>  
**Sent:** Tuesday, 12 June 2018 11:24 AM  
**To:** Sal <[riaz@justice.com.sg](mailto:riaz@justice.com.sg)>  
**Subject:** RE: AIG ref: #7469466917SG003#023# | Your ref: RA.512291.S (Precise)

*AIG reference: 7469466917SG003*  
*Your reference: RA.512291.S (Precise)*

**WITHOUT PREJUDICE**

*Accident involving SLN7680A & SLD5713E on 01.12.17*  
*Claimant: LSC Agency, Owner of SLD5713E*

Dear Sal,

Thank you for the agreement to appoint Adrian Ling from LKK Auto Consultants Pte Ltd as the Single Joint Expert for this re-inspection.

You may check with your client and let us know the date, time & location (at least five working days in advance) for the re-inspection (RI) to be carried out.

Upon your advice, we will make the necessary arrangement with LKK directly, thank you.

Best Regards,  
Ms. Mavis Chew  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way AIG Building #08-16 Singapore 079120  
Tel +(65) 6419 1970 | Fax +(65) 6835 7416  
[chew.mavis@aig.com](mailto:chew.mavis@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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---

**From:** Sal [<mailto:riaz@justice.com.sg>]

**Sent:** Monday, 11 June, 2018 11:21 AM

**To:** Mavis, Chew

**Subject:** RE: AIG ref: #7469466917SG003#023# | Your ref: RA.512291.S (Precise)

11.6.2018

**WITHOUT PREJUDICE**

Dear Mavis

We refer to your email below.

We are instructed by our client to select your surveyor, Adrian Ling from LKK Auto Consultant Pte Ltd to arrange for re-inspection.

Kindly let us know date and time.

Regards

SAL

RIAZ LLC

---

**From:** Mavis, Chew <[Chew.Mavis@aig.com](mailto:Chew.Mavis@aig.com)>

**Sent:** Wednesday, 16 May 2018 5:11 PM

**To:** Ham <[riaz@justice.com.sg](mailto:riaz@justice.com.sg)>

**Subject:** AIG ref: #7469466917SG003#023# | Your ref: RA.512291.S (Precise)

*AIG reference: 7469466917SG003*

*Your reference: RA.512291.S (Precise)*

**WITHOUT PREJUDICE**

*Accident involving SLN7680A & SLD5713E on 01.12.17*

*Claimant: LSC Agency, Owner of SLD5713E*

Dear Sir/Madam,

We refer to your letter of demand dated 11.05.18.

We would like your assistance to arrange for re-inspection for the purpose of an amicable settlement. However, we would propose that Single Joint Expert (SJE) to be agreed by both parties.

Kindly advise acceptance and let us hear from you. Below will be our proposed list of surveyors for your selection, thank you.

Name of Surveyor	Company Name
Lim Kok Chong	AIG Asia Pacific Insurance Pte Ltd
Kumar Uthaya	AIG Asia Pacific Insurance Pte Ltd
Ken Wong	AIG Asia Pacific Insurance Pte Ltd

Lawrence Ng Chun Kee	Priority Services
Jeffrey Ong Leng Kiat	Priority Services
Jimmy Lee	Priority Services
EC Looi	Automobile Inspection Services Pte Ltd
Ricky Teng	RT Appraisal Pte Ltd
Elson Teng	RT Appraisal Pte Ltd
Michael Cheong	RT Appraisal Pte Ltd
Pang Kiah Keen (Frankie)	Formteam Adjusters Pte Ltd
Ng You Han	Formteam Adjusters Pte Ltd
Soon HanXin (Gary)	Formteam Adjusters Pte Ltd
Chow Bo Xiong	Formteam Adjusters Pte Ltd
Chua Soo Teck (Benjamin)	Formteam Adjusters Pte Ltd
Kalvin Ang	LKK Auto Consultants Pte Ltd
Xing Guo Qiang	LKK Auto Consultants Pte Ltd
Marcus Chua	LKK Auto Consultants Pte Ltd
Mohamad Taufikh	LKK Auto Consultants Pte Ltd
Adrian Ling	LKK Auto Consultants Pte Ltd
Henry Ng	LKK Auto Consultants Pte Ltd
Mohammed Rasul	LKK Auto Consultants Pte Ltd
Steven Foong	LKK Auto Consultants Pte Ltd
Wei Jie	LKK Auto Consultants Pte Ltd
Ma Chin Fook	LKK Auto Consultants Pte Ltd
Kenneth Kong	LKK Auto Consultants Pte Ltd

Best Regards,  
Ms. Mavis Chew  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way AIG Building #08-16 Singapore 079120  
Tel +(65) 6419 1970 | Fax +(65) 6835 7416  
[chew.mavis@aig.com](mailto:chew.mavis@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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010808429461

FROM RIAZ

PDX Box No.

8848

496833

**RIA Z**  
L.L.C  
**ADVOCATES AND SOLICITORS**  
COMMISSIONER FOR OATHS

ACRA NUMBER : 200911678H

Your Reference: Your Insured (SLN 7680A)  
Our Reference: RA.512291.S (PRECISE)

11 MAY 2018

**AIG Asia Pacific Insurance Pte. Ltd.**  
78 Shenton Way  
Tower 2 #07-16  
Singapore 079120  
**Attention: Motor Claim Department**

RECEIVED BY AIG  
Claims Dept  
14 MAY 2018  
TAN KOK SIANG (LLB HONS) LON  
CL No. 7469466917SG003  
HONS) UTAS  
(ASSOCIATE)

MUHD RIDHWAN ABDUL RAHIM (LLB HONS) LEEDS  
(ASSOCIATE)

**WITHOUT PREJUDICE**  
**BY PDX# 8181**

Dear Sirs,

**ACCIDENT ON 01.12.2017 ALONG UPPER PICKERING STREET INVOLVING  
MOTOR VEHICLES SLD 5713E AND SLN 7680A**

We act for LSC AGENCY, the owner of motor vehicle No. SLD 5713E.

From our LTA search, you are the insurer of motor vehicle No. SLN 7680A.

We are instructed by our client to claim damages against your insured in connection with a road traffic accident on **01.12.2017 AT ABOUT 19:20HRS ALONG UPPER PICKERING STREET INVOLVING MOTOR VEHICLES SLD 5713E AND SLN 7680A** driven by your insured and/or your insured's servant and/or agent at the material time.

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

a)	Cost of repairs (incl GST)	\$6,420.00
b)	Car rental	\$1,080.00
c)	Loss of use for 1 day at \$180	\$ 180.00
d)	Survey fee	\$ 562.00
e)	Color photocopies (42 copies x \$1.00)	\$ 42.00
f)	LTA search fee	\$ 5.35
g)	GIA reports fee	\$ 29.00
h)	Incidentals	\$ 100.00
i)	Costs contribution incl GST	\$ 721.00
		<b><u>\$9,139.35</u></b>






**Page 2**

A copy each of the following supporting documents marked [X] is enclosed:-

- [x] GIA reports
- [x] Repairers bill and evidence of payment
- [ ] Excess bill/receipt
- [ ] Vehicle Registration Card
- [ ] COE/PARF Certificate
- [ ] Names and addresses of witnesses
- [x] Original photographs of damage to our client's motor vehicle (42 pcs)
- [ ] Photocopied photographs of damage to our client's motor vehicle
- [x] Rental Agreement, Invoice, survey report and receipt for rental
- [x] Supporting documents for all other expenses claimed

Please take note that you 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 your insured without further notice to you.

Yours faithfully

  
Encs

**CC client (SLD 5713E)**

## 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	05/12/2017 15:49
Date Of Accident	01/12/2017 19:20
Exact Location Of Accident	ALONG UPP PICKERING STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5713E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LSC AGENCY
Co Reg No	53327308X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91555588

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPU17A00141800
Cover Note Number	

### Driver

Name of Driver	ONG HOCK CHYE BERNARD
NRIC No	S7122957B
Date Of Birth	09/07/1971
Occupation	INDOOR
Date Of Driving Pass	28/01/1993
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91555588
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	45 HINDHEDE WALK #10-08
Postcode	587978
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

ON 01/12/2017 AT ABOUT 1920HRS, I WAS DRIVING MY CAR (SLD5713E) ALONG UPPER PICKERING STREET IN SECOND LANE FROM RIGHT SIDE. TRAFFIC WAS HEAVY AT THE TIME. I WAS STATIONARY IN MY LANE WAITING VEHICLES IN FRONT OF ME TO MOVE FORWARD. SUDDENLY, I FELT AN IMPACT FROM LEFT SIDE AND I REALISED THAT VEHICLE B (SLN7680A) WHO IS DRIVING ON MY LEFT SIDE FILTER INTO MY LANE WITHOUT GIVING WAY TO THE ONCOMING TRAFFIC FROM HIS RIGHT SIDE AND COLLIDED ONTO THE FRONT LEFT PORTION OF MY CAR. AFTER THE COLLISION, BOTH DRIVERS MOVE VEHICLES TO THE ROAD SIDE AND EXCHANGE PARTICULARS. I HERE TO LODGE THIS REPORT TO CLAIM VEHICLE'S B INSURANCE FOR MY ACCIDENT DAMAGES. I WISH TO STATE THAT I FELT UNCOMFORTABLE AFTER ACCIDENT AND WILL GO TO SEE DOCTOR AFTER THIS. (VEHICLE B'S DRIVER DID NOT INDICATED ANY SIGNAL TO TURN / FILTER LANE).

#### 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	SLN7680A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	96456451
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name

ONG HOCK CHYE BERNARD

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLD5713E

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

**SKETCH PLAN**


**IMPORTANT NOTICE**


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

I understand, acknowledge, agree and consent that:

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

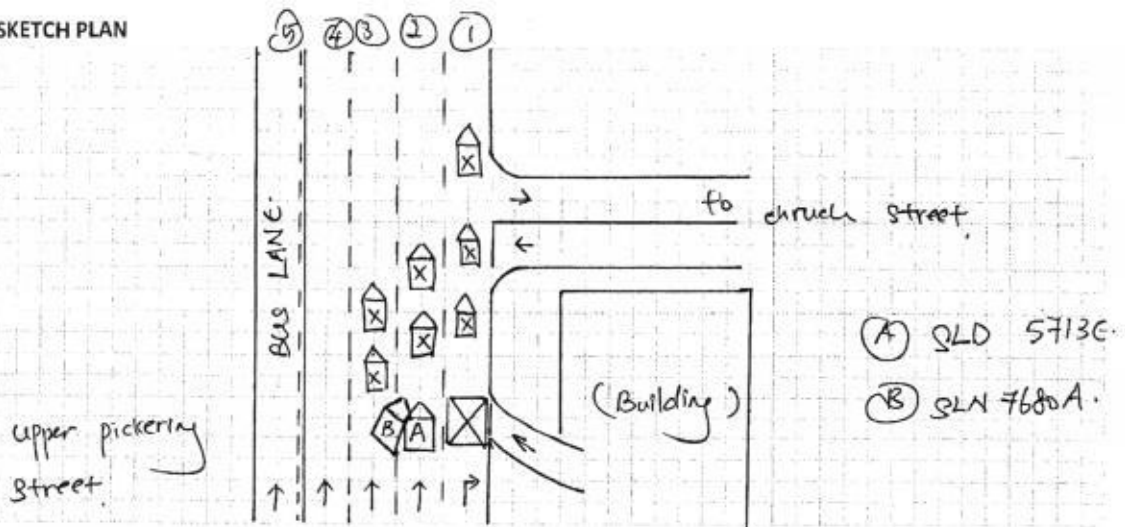
  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 1.14 pm 4/12/17

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

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 01-10-2017 @ about 1920hrs, I was driving my car (SLD 5713C) along Upper Pickering street in 2nd lane from right side. Traffic was heavy on the time, I was stationary in my lane waiting vehicles in front of me move forward, suddenly I felt an impact from left side and I realised that Veh B (SLN 7680A) who is drove on my left side, filter into my lane without give way to the oncoming traffic from his right side and collided onto front left portion of my car. After the collision both drivers move vehicles to the road side and exchange particulars. I hereto lodge this report to claim Veh B's Insurance for my accident damages. I wish to state that I felt uncomfortable after accident and will go to see doctor after this. (PS: Vehicle B's driver did not indicated any signal to turning / filter lane.)


## 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.:

PRECISE

## 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	05/12/2017 15:49
Date Of Accident	01/12/2017 19:20
Exact Location Of Accident	ALONG UPP PICKERING STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5713E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LSC AGENCY
Co Reg No	53327308X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91555588

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPU17A00141800
Cover Note Number	

### Driver

Name of Driver	ONG HOCK CHYE BERNARD
NRIC No	S7122957B
Date Of Birth	09/07/1971
Occupation	INDOOR
Date Of Driving Pass	28/01/1993
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91555588
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	45 HINDHEDE WALK #10-08
Postcode	587978
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

ON 01/12/2017 AT ABOUT 1920HRS, I WAS DRIVING MY CAR (SLD5713E) ALONG UPPER PICKERING STREET IN SECOND LANE FROM RIGHT SIDE. TRAFFIC WAS HEAVY AT THE TIME. I WAS STATIONARY IN MY LANE WAITING VEHICLES IN FRONT OF ME TO MOVE FORWARD. SUDDENLY, I FELT AN IMPACT FROM LEFT SIDE AND I REALISED THAT VEHICLE B (SLN7680A) WHO IS DRIVING ON MY LEFT SIDE FILTER INTO MY LANE WITHOUT GIVING WAY TO THE ONCOMING TRAFFIC FROM HIS RIGHT SIDE AND COLLIDED ONTO THE FRONT LEFT PORTION OF MY CAR. AFTER THE COLLISION, BOTH DRIVERS MOVE VEHICLES TO THE ROAD SIDE AND EXCHANGE PARTICULARS. I HERE TO LODGE THIS REPORT TO CLAIM VEHICLE'S B INSURANCE FOR MY ACCIDENT DAMAGES. I WISH TO STATE THAT I FELT UNCOMFORTABLE AFTER ACCIDENT AND WILL GO TO SEE DOCTOR AFTER THIS. (VEHICLE B'S DRIVER DID NOT INDICATED ANY SIGNAL TO TURN / FILTER LANE).

#### 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	SLN7680A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	96456451
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name

ONG HOCK CHYE BERNARD

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLD5713E

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE


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

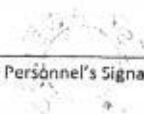
#### **8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

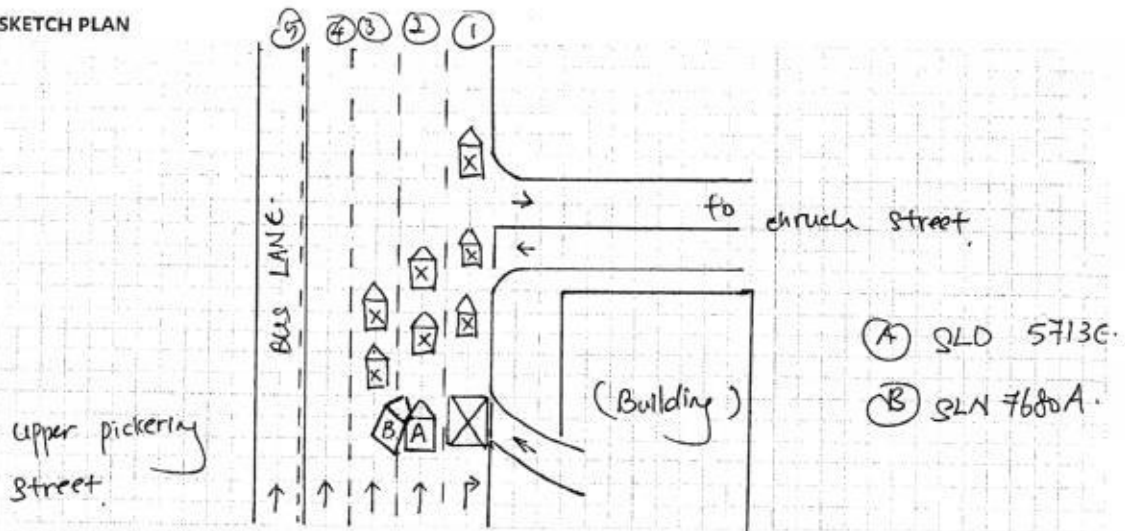
  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01-10-2017 @ about 1920hrs, I was driving my car (SLD 5713G) along Upper Pickering street in 2nd lane from right side. Traffic was heavy on the time, I was stationary in my lane waiting vehicles in front of me move forward, suddenly I felt an impact from left side and I realized that Veh B (SLN 7680A) who is drove on my left side, filter into my lane without give way to the oncoming traffic from his right side and collided onto front left portion of my car. After the collision both drivers move vehicles to the road side and exchange particulars. I hereto lodge this report to claim Veh B's Insurance for my accident damages. (I wish to state that I felt uncomfortable after accident and will go to see doctor after this. (PS: Vehicle B's driver did not indicated any signal to turning / filter lane.)

## 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.:

PRECISE

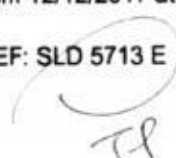
PHOTOCOPY

# Precise Car Rental

1 Kaki Bukit Avenue 6 #02-34 Autobay@KakiBukit  
Singapore 417883  
Phone 67457367 Fax 68413390



**DATE:** December 12, 2017  
**INVOICE #** R-0192  
**FOR:** Accident Car  
Replacement  
**Vehicle #** SJF 6980 G

**Bill To:**  
Precise Auto Service  
Ong Hock Chye , Bernard  
1 Kaki Bukit Avenue 6 #02-34 Autobay@KakiBukit  
Singapore 417883

DESCRIPTION	NUMBER OF DAYS	RATE	AMOUNT
Rental from 12/12/2017 at 4.25pm to 18/12/2017 at 5pm YOUR REF: SLD 5713 E 	6	\$180	\$1,080
<b>TOTAL</b>			<b>\$ 1,080.00</b>

Make all cheques payable to Precise Car Rental

Signature of Owner



# PRECISE CAR RENTAL

1 Kaki Bukit Avenue 6 #02-34 Autobay @ Kakibukit S(417883)

Tel: 6745 7367 Fax: 6841 3390

PHOTOCOPY

RA No: R-0192

PRECISE CAR RENTAL

## VEHICLE HIRING AGREEMENT

Precise Auto

HIRER'S PARTICULARS	
Name (as in IC)	ONG Hock Chye, Bernard
NRIC/Passport No	S71229578 Date of Birth 09-07-1971
Address	45 Hindhede Walk #10-08 Age 46
	S/ 587978
Name & Address of Employer	LSC Agency
Occupation	24 yrs
Driving Licence No	S7129578 Passed Date 28-01-1993
D/L Type: Local/Int'l/Others	
Tel(O)	(R) HP 91555588

DRIVER'S PARTICULARS	
Name (as in IC)	
NRIC/Passport No	Date of Birth
Address	Age
	S/
Occupation	Driving Exp
Driving Licence No	Passed / Expiry Date
D/L Type: Local/Int'l/Others	Contact No

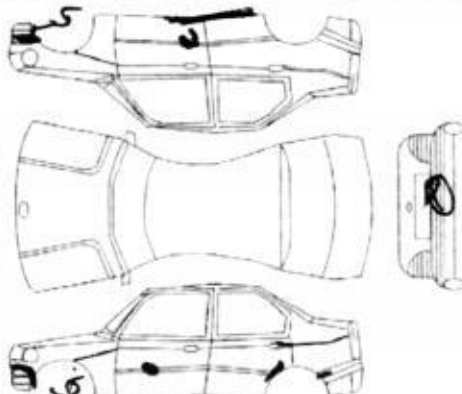
Hirer's Own Vehicle No	SLD5713E	Replace Veh No:	
Loan Vehicle No	SJF 6180 G	VR No:	
Make & Model	Honda Stream	Auto/Manual Group:	Auto
CHARGES \$ cts			
Daily	6 day @ \$	Per day	\$180/-
Weekly/Monthly	week @ \$	Per week/Monthly	
Others			
CDW/PAI	@ \$	Per day/Monthly	
Delivery/Collection Svc			
GST			
OR No	(A) SUB-TOTAL		
Petrol Level	OUT	E	1/2 1/4 3/4 F
Surcharge	IN		
First	km FREE per day	GST	
Excess mileage is chargeable at	cents per km	TOTAL CHARGES	\$1,080/-

Security Deposit : \$	Bank:
CASH/NETS/VISA/MC/AMEX/CHQ No:	
Expiry Date	Card ID No:
Name as in Card	

NON WAIVER EXCESS (Subject to GST): \$	2,450 \$
ACCESSORIES CHECK	
<input type="checkbox"/> IU	<input type="checkbox"/> STD Tools
<input type="checkbox"/> Jack	<input type="checkbox"/> Tyre Repair
<input type="checkbox"/> Hub Cap	<input type="checkbox"/> Radio / CD Cartridge
<input type="checkbox"/> Petrol Cap	<input type="checkbox"/> Spare Tyre

Hirer's Signature	Additional Driver's Signature
SINGAPORE Use Only	

INDICATE:  
A - Accidents  
D - Dents  
S - Scratches  
X - Crack



I read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have been given Precise Car Rental in connection with this agreement is true.

IMPORTANT				
1. The Hirer and the authorized driver must be over 23 years old and under 65 years and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may incur a damage costs to be borne by the Hirer the Authorized Driver.				
2. As vehicles are supplied with petrol and should be returned with petrol at level. A service charge of \$5 per hour of petrol shortage or provided by the Hirer should be paid to return the vehicle at the appropriate petrol level.				
3. No refund for early return of vehicle. The Hirer shall be liable for additional charges for any late return at the rate of \$10 per hour per day inclusive of CDW and PAI where applicable. Any returns after our operation hours will be charged as a full day rental.				
4. Use of the vehicle for illegal purpose (for instance, involvement with drugs, peddling or trafficking, smuggling) is strictly prohibited.				
5. Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of Precise Car Rental. The Hirer is liable for a penalty fee of \$200 (and beyond) for the appropriate insurance top up in the case of non-disclosure of Malaysia usage.				
6. The Hirer and/or driver is all responsible for all damages or losses (including caused, all traffic violations, fines and penalties imposed on the vehicle for whatever reason in respect of or in connection with its use or operation).				
7. The Hirer and/or driver shall be responsible for all claims, damages, losses, accident insurance premiums, non waiver excess and cost expenses.				
8. The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's key or broken keys inside of vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24 Hours Emergency Service is called upon to respond to such occurrence, the Hirer shall bear the cost of such response at \$50 (50) per trip.				
9. In case of accident, the Hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the Hirer will have to provide a liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.				
10. The Hirer/Driver also have the responsibility to ensure that the radiator water level in the car is sufficient and topped up when the vehicle is started and to have sufficient water. Any damage to the engine will be paid by the Hirer.				
11. All customers' data will be kept strictly confidential and is solely for the purpose of completing the guest's enquiries and other related matters.				
12. I understand and agree to the personal data collection statement.				

Date Out	Time Out	Mileage	Check By	Remarks
12/12/17	16:55hrs	17329	Afine	
Return Of Vehicle: The Hirer Driver is Required to Sign In The Column "Signature Of Driver Failing Which The Day And Time Inserted Below Shall Be Deemed To Be The Day And Time The Vehicle Is Returned To Precise Car Rental And The Same Shall Be Accepted As Conclusive Evidence Of The Same And Shall Not Be Challenged Or Questioned On Any Account Whatsoever. And I had cleared my belonging items from the rental vehicle (cashcard, parking coupons, etc)"				
Date In	Time In	Mileage	Check By	Remarks
18/12/17	5pm	17293		



Hirer's Driver Signature

Hirer's Driver Signature



PHOTOCOPY

## PRECISE AUTO SERVICE

NO 1 KAKI BUKIT AVE 6 #02-33/34/36 AUTOBAY SINGAPORE 417883

TEL : 6745 7367 FAX : 6841 3390

CO. REG. NO. : 35766600C GST REG. NO. : 35766600C

=====

Accident Date : 01-12-17

OUR REF : SLD 5713E/T/17

## TAX INVOICE

### LSC Agency

8 Kaki Bukit Ave 4

#07-16 Premier @ KB

Singapore 415875

Invoice No. : TP1803-007

DATE : 18-03-18

FINAL BILL ON VEH. NO. : SLD 5713E

VEHICLE MODEL : TOYOTA WISH

PART BY PART REPAIR

INCLUDING SUPPLY OF PARTS & LABOUR

PANEL BEATING & SPRAY PAINTING

6,000.00

SUB-TOTAL	:	<u>6,000.00</u>
ADD GST 7%	:	<u>420.00</u>
TOTAL AMOUNT SGD	:	<u><u>6,420.00</u></u>

This is a computer generated document and requires no signature.



# CHARTERED AUTO ASSESSORS

PHOTOCOPY

17 Joo Seng Road #08-129 Joo Seng Heights Singapore 360017 Reg No. 26910200X  
Tel: +65 9631 7008 Fax: +65 6281 9989 Email: charteredauto@gmail.com

LSC Agency  
45 Hindhede Walk #10-08  
Singapore, 587978

Invoice No : 1712168

Date : 13 February, 2018

DESCRIPTION	AMOUNT
<b>Your Ref</b> : SLD 5713 E <b>Our Ref</b> : 201712278/CA	
<b>Vehicle No</b> : SLD 5713 E <b>Workshop</b> : Precise Auto Service	
<b>Survey Fee</b>	562.00
<b>Out of Pocket Expenses:</b> Photographs Transport	
<b>Total</b> : \$	<b>562.00</b>

Please make cheque payment to: CHARTERED AUTO ASSESSORS

CHARTERED AUTO ASSESSORS

Authorised Signature

# CHARTERED AUTO ASSESSORS

17 Joo Seng Road #08-129 Joo Seng Heights Singapore 360017 Reg No. 26910200X  
Tel: +65 9631 7008 Fax: +65 6281 9989 Email: charteredauto@gmail.com

LSC Agency  
45 Hindhede Walk #10-08  
Singapore, 587978

Your Ref : SLD 5713 E  
Our Ref : 201712278/CA  
Date : 13 February, 2018  
Survey : Third Party

## SURVEY REPORT

### PARTICULARS OF VEHICLE

Vehicle No. : SLD 5713 E  
Make : Toyota  
Type of Body : 5 Doors MPV  
Year & Model : 2008, Wish  
Colour : Silver  
Passenger-cap : 6

Propellant : Petrol, Auto  
Capacity : 1800 cc  
Mileage : 242175  
Engine No : 1ZZ3161993  
Chassis No : JTDER12W303001001  
Road Tax : May, 2018

### TYRES CONDITIONS

Front Left	: Hify	Worn : 20%	Size : 195/65 R15
Front Right	: Hify	Worn : 20%	Size : 195/65 R15
Rear Left	: Hify	Worn : 20%	Size : 195/65 R15
Rear Right	: Hify	Worn : 20%	Size : 195/65 R15

### PRE-ACCIDENT CONDITION (Static Test Only)

Handbrake : Serviceable  
Footbrake : Serviceable

Steering : Serviceable  
Paintwork : Good

### QUANTUM

Repair Estimate : \$ 9,111.60  
Revised Amount : \$ 6,000.00 (Lump-sum Without Prejudice)

Under normal circumstances, the repair period would be: seven (7) days.  
We have not authorised repairs.

Survey Done At : Precise Auto Service  
1 Kaki Bukit Avenue 6, #02-34/36  
Autobay @ Kaki Bukit  
Singapore, 417883

Assignment Date : 13 December, 2017  
Survey Date : 13 December, 2017  
Accident Date : 01 December, 2017  
Assignment Given By : LSC Agency

Our Ref: 201712278/CA

Vehicle No. SLD 5713 E

Description	Qty	Repair Estimate	Revised Amount	Remarks
Front bumper fascia	1	481.90	✓ 481.90	Torn/Deformed
Front bumper spot lamp garnish n/s	1	85.20	✓ 85.20	Bent/Deformed
Front bumper side retainer o/s & n/s	2	252.70	63 <del>252.70</del>	To replace
Front bumper reinforcement	1	387.75	✓ 387.75	Bent
Front bumper sponge	1	174.45	✓ 174.45	Torn/Deformed
Front bumper clip	10	129.00	30 <del>129.00</del>	To replace
Front fender n/s	1	767.10	x 767.10	Bent
Front fender splashshield n/s	1	172.10	✓ 172.10	Torn/Deformed
Front fender splashshield clip n/s	8	103.20	30 <del>103.20</del>	To replace
Headlamp n/s	1	856.20	✓ 856.20	Badly Grazed
Front knuckle arm n/s	1	552.30	409 <del>552.30</del>	Bent 409
Front knuckle arm bearing kit n/s	1	172.10	✓ 172.10	To replace
Front lower arm n/s	1	581.40	517 <del>581.40</del>	Bent 517
Front lower arm balljoint n/s	1	172.10	✓ 172.10	To replace
Front shock absorber n/s	1	580.10	465 <del>580.10</del>	Bent 465
Front shock absorber mounting n/s	1	192.10	x 192.10	To replace
Front anti-roll bar link n/s	1	181.90	x 181.90	Bent

4023.9

3017.92

5,841.60

5,841.60

1,460.40 Less 25%

5,841.60

4,381.20

**SPECIAL NETT**

Front alloy sport rim n/s	1	720.00	500 <del>720.00</del>	Grazed/Bent
---------------------------	---	--------	-----------------------	-------------

Total Materials Cost :

6,561.60

5,101.20

500

Our Ref: 201712278/CA

Vehicle No. SLD 5713 E

Description	Qty	Repair Estimate	Revised Amount	Remarks
Balance brought forward		6,561.60	5,101.20	
To remove/refit wire harness, all related connectors. Check proper function. Focus headlights.		120.00	80.00 30	
To apply underseal and rust-proofing on the affected areas.		150.00	120.00 +	
To remove/refit front undercarriage/suspension assembly with all attachments/components.		320.00	280.00 220	
To conduct wheel alignment ( Before & After ).		240.00	240.00 80	
To renew n/s front wheel rim and conduct wheel balancing.		120.00	80.00 x	
To spray paint replaced/repainted body parts inclusive of preparatory works and painting materials.		800.00	600.00 500	
To remove all damaged parts with all necessary components/attachments. To apply hot-works where necessary, straighten chassis members, repair/reshape dented body panels, in accordance with factory specifications. Replace damaged parts, refit and align into position. Refit all necessary components/attachments.		800.00	750.00 400	1230

Grand Total:	9,111.60	7,251.20
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**Summary**

Total Material	6,561.60	5,101.20
Total Labour/Painting	2,550.00	2,150.00
Grand Total	9,111.60	7,251.20
Lump-sum Amount		<u>6,000.00</u>

total 4347.92  
 4/s: 3.8K  
 0.5 Days.

**Our Ref:** 201712278/CA

**Vehicle No.** SLD 5713 E

**CAUSE OF DAMAGE**

The vehicle sustained impact to the nearside front.

**REMARKS**


Having checked the scope of repair works we were satisfied that it was in accordance with the damage sustained. We also checked each item and have indicated its nature of damage. It was our opinion that these items were found damaged beyond repair and require replacement.

We checked the damage carefully and were of the opinion that the vehicle could be repaired.

We would therefore recommend repairs to be carried out at: **\$ 6,000.00** on a lump-sum basis.

The survey was conducted on a without prejudice basis and we submit this report for your consideration.

**CHARTERED AUTO ASSESSORS**

  
\_\_\_\_\_  
**Tan Chin Suan (Licensed Appraiser)**  
A.M.I.M.I., T Eng (CIB) A.I.I.M. (U.K.)




## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CS/AIG18011055/Asbs2	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120 ATTN: MAVIS CHEW		Date : 10-07-2018	
Code : AIG			
<b>1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)</b>			
Insured Veh.	SLN 7680A	Veh. Inspected	SLD 5713E
Policy No.		Coverage (\$)	0.00
Claim No.	7469466917SG003	Excess (\$)	0.00
Assign From	MAVIS CHEW	Assign Date	19/06/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA WISH	c.c	1794
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JTDER12W303001001	Colour	GREY
Odometer	275713	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65R15	HIFLY	6 mm
L/H Front Tyre	195/65R15	HIFLY	6 mm
R/H Rear Tyre	195/65R15	HIFLY	6 mm
L/H Rear Tyre	195/65R15	HIFLY	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	01/12/2017	Inspection Date	26/06/2018
Survey held at	PRECISE AUTO SERVICE NO.1 KAKI BUKIT AVE 6 #02-34/36 SINGAPORE 417883		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working 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: 199607198R GST Reg. No. 19-9607198-R

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLD 5713E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER FASCIA	REPLACED	481.90	481.90
1	FRONT BUMPER SPOT LAMP GARNISH N/S	REPLACED	85.20	85.20
2	FRONT BUMPER SIDE RETAINER O/S & N/S	N/S REPLACED / O/S NOT CHANGED	252.70	63.00
1	FRONT BUMPER REINFORCEMENT	REPLACED	387.75	387.75
1	FRONT BUMPER SPONGE	REPLACED	174.45	174.45
10	FRONT BUMPER CLIP	REPLACED	129.00	30.00
1	FRONT FENDER N/S	REPAIRED SEE LABOUR	767.10	-
1	FRONT FENDER SPLASHSHIELD N/S	REPLACED	172.10	172.10
8	FRONT FENDER SPLASHSHIELD CLIP N/S	REPLACED	103.20	30.00
1	HEADLAMP N/S	REPLACED	856.20	856.20
1	FRONT KNUCKLE ARM N/S	REPLACED	552.30	409.00
1	FRONT KNUCKLE ARM BEARING KIT N/S	REPLACED	172.10	172.10
1	FRONT LOWER ARM N/S	REPLACED	581.40	517.00
1	FRONT LOWER ARM BALLJOINT N/S	REPLACED	172.10	172.10
1	FRONT SHOCK ABSORBER N/S	REPLACED	580.10	465.00
1	FRONT SHOCK ABSORBER MOUNTING N/S	NOT CHANGED	192.10	-
1	FRONT ANTI-ROLL BAR LINK N/S	NOT CHANGED	181.90	-
	LESS 25% DISCOUNT		-	-1,003.95
			5,841.60	3,011.85
<b>SPECIAL NETT ITEMS</b>				
1	FRONT ALLOY SPORT RIM N/S (SN)	REPLACED	720.00	500.00
			720.00	500.00
<b>LABOUR</b>				
	TO REMOVE / REFIT WIRE HARNESS, ALL RELATED CONNECTORS. CHECK PROPER FUNCTION. FOCUS HEADLIGHTS.		120.00	30.00
	TO APPLY UNDERSEAL AND RUST-PROOFING ON THE AFFECTED AREAS.	NOT NECESSARY	150.00	-
	TO REMOVE / REFIT FRONT UNDERCARRIAGE / SUSPENSION ASSEMBLY WITH ALL ATTACHMENTS / CO		320.00	220.00

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## LKK Auto Consultants Pte Ltd

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO CONDUCT WHEEL ALIGNMENT (BEFORE & AFTER)	NOT NECESSARY	240.00	80.00
	TO RENEW N/S FRONT WHEEL RIM AND CONDUCT WHEEL BALANCING.		120.00	-
	TO SPRAY PAINT REPLACED / REPAIRED BODY PARTS INCLUSIVE OF PREPARATORY WORKS AND PAINTING MATERIALS.		800.00	500.00
	TO REMOVE ALL DAMAGED PARTS WITH ALL NECESSARY COMPONENTS / ATTACHMENTS. TO APPLY HOT-WORKS WHERE NECESSARY, STRAIGHTEN CHASSIS MEMBERS, REPAIR / RESHAPE DENTED BODY PANELS, IN ACCORDANCE WITH FACTORY SPECIFICATIONS. REPLACE DAMAGED PARTS, REFIT AND ALIGN INTO POSITION. REFIT ALL NECESSARY COMPONENTS / ATTACHMENTS. INCLUSIVE OF THE REPAIR OF FRONT FENDER N/S.		800.00	400.00
			2,550.00	1,230.00
GRAND TOTAL			9,111.60	4,741.85
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITON)				3,800.00

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ADRIAN LING WAI PING

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

Licensed Appraiser

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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