

ASS. REC. BY:

REF:

(93/ALG17011811/BVb-1)

Special Instruction:

DAM & Days

Paper Survey

Surveyor

Malam

ASSIGNMENT (Office)

From (Person):

Wilson Tan

of

ALG

Date/Time:

05/07/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJW 7438K

Insured:

SJY 844G

at Workshop m/s

H & H Auto

Tel:

6384 7231

of

25 Kaki Bukit Rd 4 # 07-47

Policy No:

Claim No:

8228826024SG005

Sum Insured:

Excess:

Make of Veh:

D.O.A.

10062017

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

19062017 11:51am

Person Contacted:

Carmen

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SJW 7438K - X

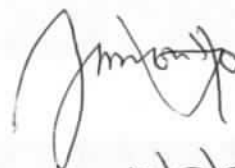
SJY 844G - X

Dismantle Part: 20062017

After repair: 22062017

10/7/18

Submit LS \$6350 (Red 4750, 4370), 6 days



10/7/2018

PRs
Siriman Richard

REF: ALH

ASSIGNMENT

From: _____ Date: 19062017

Estimated Cost: _____

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

To Inspect Vehicle No: SJW 7438K

at Workshop m/s H & H Auto

of 25 Kaki Bukit Rd 4 #07-47

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJW 7438K Yr Regn: 2010 / 14/04

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

Truck / Trailer or

Make: Toyota ALHARD c.c 2362

Colour: BLACK A/C: Insured / Std / NI / NA

Sp. Reading: 274817 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ANH20-8108367

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: 235/50/18

R: _____

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

TOYO / YOKO or ROADSTONE

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 10/6 03:40 D.O.I. 19/6 3.20 pm

Survey held at H & H

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1) 29072017

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: 120

Transportation

____ \$ + RS ____ \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format : PRS

Lump Sum / I.B.I: (\$ 7800/2)

200

Catherine Chong (LKK Auto)

From: Tan, Wilson-KL <Wilson-KL.Tan@aig.com>
Sent: Thursday, 5 July, 2018 9:56 AM
To: Admin-D (LKKAuto); assignments
Cc: Bryan Ang (LKKAuto)
Subject: AIG REF: 8228826024SG005 PAPER SURVEY OF SJW7438K
Attachments: K1.pdf; K2.pdf; SJG4950BGIA.pdf; SJY844GGIA.pdf; SJW7438KGIA.pdf

Importance: High

Dear LKK

Refer to above

Please assist to conduct a paper survey of vehicle SJW7438K.
Please note that you have assisted us in conducting a PRI survey earlier.

Please acknowledge.

Dear Bryan

May I request for your assistance to expedite on this matter?
We hope to receive the survey report at the soonest possible time.

Thank you.

Wilson Tan
AIG
Senior Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1753 | Fax +(65) 6835 7416

Wilson-KL.Tan@aig.com | **www.aig.com.sg**

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VAN LORRY (Rear)

Vehicle No.

SJW 7438K

Rear Portion

NAC	INC	Item	CON	AC	QTY
1137	991206	Rear Number Plate	CR		1
1138	991207	Rear Number Plate Base	SCR		1
1140	991208	Rear Number Plate Base <i>Garnish DS</i>			1
1141	991209	Rear Number Plate Lamp			1
1141	991209	Rear Bumper	BR	✓	1
1142	991210	Rear Bumper Lower <i>Chips</i>	NLL	✓	1
1143	991211	Rear Bumper Lower			1
1144	991212	Rear Bumper Base <i>LH + RH CHINE</i>	BR	✓	2
1147	991213	Rear Bumper Base <i>Reflector</i>	SR	✓	2
1148	991214	Rear Bumper Side Reinforcement			1
1149	991215	Rear Bumper Reinforcement			1
1149	991215	Rear Bumper Step Panel <i>Lower</i>	BR	✓	1
1149	991215	Rear Bumper Step Panel <i>Garnish</i>			1
1149	991215	Rear Step Panel <i>end panel top?</i>	BR	✓	1
1158	991216	Reverse Sensor	DM	✓	1
1159	991217	Rear End Panel	Def	✓	1
1163	991218	Rear LH Tail Lamp	BR	✓	1
1164	991219	Rear LH Tail Lamp Garnish			1
1165	991220	Rear LH Tail Lamp Panel			1
1166	991221	Rear RH Tail Lamp	BR	✓	1
1167	991222	Rear RH Tail Lamp Garnish			1
1168	991223	Rear RH Tail Lamp Panel			1
1169	991224	Rear Apron Panel			1
1189	991225	Rear LH Door			1
1190	991226	Rear RH Door			1
1191	991227	Rear Door Emblem			1
1192	991228	Rear Door Outer Handle			1
1193	991229	Rear Door Garnish			1
1194	991230	Rear Door Rubber			1
1195	991231	Rear LH Door Hinge			1
1196	991232	Rear RH Door Hinge			1
1197	991233	Rear LH Door Lock			1
1198	991234	Rear RH Door Lock			1
1199	991235	Rear Door Glass			1
1200	991236	Rear Door Glass Sealant			1
1201	991237	Third Brake Light			1
1202	991238	Tailgate	Def	✓	1
1203	991239	Rear Rubber Stopper			1
1204	991240	Rear Rubber Stopper Bracket			1
1205	991241	Tailgate Emblem	NLL	✓	1
1206	991242	Tailgate Outer Handle			1
1207	991243	Tailgate Garnish <i>Chrome Moulding</i>	BT	✓	1
1208	991244	Tailgate Glass	NLL	✓	1
1209	991245	Tailgate Glass Rubber	NLL	✓	1
1210	991246	Tailgate Glass Moulding	NLL	✓	1
1211	991247	Tailgate Glass Sealant	NLL	✓	1
1212	991248	Tailgate Extension Mirror			1
1213	991249	Tailgate Lock	BT	✓	1
1214	991250	Tailgate Rubber	DL	✓	1
1215	991251	Tailgate Hinge			1
1216	991252	Tailgate Damper			1
1217	991253	Tailgate Inner Board			1
1218	991254	Rear Wiper Arm			1
1219	991255	Rear Wiper Blade			1
1220	991256	Rear Wiper Motor			1
1221	991257	Rear Floor Panel			1
1222	991258	Spare Tyre <i>panel</i>	DT	✓	1
1223	991259	Spare Tyre Bracket			1
1224	991260	Rear Exhaust Pipe	DT	✓	1
1225	991261	Rear Exhaust Moulding			1
1226	991262	Rear LH Chassis Member			1
1227	991263	Rear RH Chassis Member			1

NAC	INC	Item	CON	AC	QTY
1228	991264	Rear Sidegate			1
1229	991265	Rear Sidegate Lock			1
1230	991266	Rear Sidegate Hinge			1
1231	991267	Sidegate Lower Panel			1
1232	991268	Sidegate Railing			1
1233	991269	Side Cover Work			1
1234	991270	Side Step Panel			1
1235	991271	Side Step Panel Sprocket			1
1236	991272	Rear Body Panel			1
1237	991273	Rear Body Panel Inner			1
1238	991274	Sliding Door LH			1
1239	991275	Sliding Door RH			1
1240	991276	Sliding Door Handle			1
1241	991277	Sliding Door Lock			1
1242	991278	Sliding Door Rubber			1
1243	991279	Sliding Door Bottom Roller			1
1244	991280	Sliding Door Top Roller			1
1245	991281	Sliding Door Rail			1
1246	991282	Sliding Door Stepboard			1
1247	991283	Sliding Door Stepboard Garnish			1
1248	991284	Rear LH Mudflap			1
1249	991285	Rear LH Wheel Rim			1
1250	991286	Rear LH Rim Cover			1
1251	991287	Rear LH Tyre			1
1252	991288	Rear RH Mudflap			1
1253	991289	Rear RH Wheel Rim			1
1254	991290	Rear RH Rim Cover			1
1255	991291	Rear RH Tyre			1
1256	991292	Fuel Tank			1
1257	991293	Fuel Tank Bracket			1
1258	991294	Sticker			1

Jim H

27/7/2017

No of items: 20

Assessor: RICHARD 26/7

8 days

Claim Documents

*SJW7438K (8228826024SG)
[SJY844G]

TP

JJ LIMO

Jun 10 2017 3:00AM

[LCRF Pte Ltd]

H&h Auto Servicing

Upload Documents		Upload Photos	Compose New Letter	Upload Video	Upload Audio	View	Use Viewer
Photos/Images							
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)			3 per page	Thumbnail	Print
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1	28/06/17 11:43	OI GIA REPORT		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AIG17011811/JBE2
Date: 01/08/2017

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999995078
Claimant Vehicle No: SJW7438K Insured Vehicle No: SJY844G
Date of Loss: 10/06/2017 Nature of Claim: TP Claim No: 8228826024SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJW7438K
Make & Model: TOYOTA VELLFIRE, 2.4 V (A) Engine No: 2AZC832020
Reg. Date: 14/04/2010 (Man. Year: 2010) Chassis No: ANH208108367
Colour: Black Odometer: 274817 km
Engine Capacity: 2362 cc
Market Value/New Car Price: N/A
Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes
Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition: Yes

CONDITION OF TYRES

Front Tyre Size: 235/50/18 Rear Tyre Size: 235/50/18
Front Left Side: Roadstone 6 mm Rear Left Side: Roadstone 6 mm
Front Right Side: Roadstone 6 mm Rear Right Side: Roadstone 6 mm
The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 19/06/2017
Date Inspected: 19/06/2017 Inspected At:

H&h Auto Servicing (HQ)
25 KAKI BUKIT ROAD 4, #07-47
SYNERGY@KB
Singapore 417800

Estimated Period of Repair: 6.0 days

Adjuster: Richard Harjanto

Manager: CATHERINE CHONG KAI LING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR NUMBER PLATE	Cracked	0.00 F	*-F
2	1		*REAR NUMBER PLATE BASE	Scratched	0.00 F	*-F
3	1		*REAR NUMBER PLATE GARNISH	Distorted	0.00 F	*-F
4	1		*REAR BUMPER	Broken	0.00 F	*-F
5	1		*REAR BUMPER CLIPS	Necessary	0.00 F	*-F
6	2		*REAR BUMPER LH & RH CORNER	Broken	0.00 F	*-F
7	2		*REAR BUMPER REFLECTOR	Scratched	0.00 F	*-F
8	1		*REAR BUMPER TOW COVER	Broken	0.00 F	*-F
9	1		*REAR END PANEL TOP GARNISH	Broken	0.00 F	*-F
10	1		*REVERSE SENSOR	Damaged	0.00 F	*-F
11	1		*REAR END PANEL	Deformed	0.00 F	*-F
12	1		*REAR LH TAILLAMP	Broken	0.00 F	*-F
13	1		*REAR RH TAILLAMP	Broken	0.00 F	*-F
14	1		*TAILGATE	Deformed	0.00 F	*-F
15	1		*TAILGATE EMBLEM	Necessary	0.00 F	*-F
16	1		*TAILGATE CHROME MOULDING	Bent	0.00 F	*-F
17	1		*TAILGATE GLASS	Necessary	0.00 F	*-F
18	1		*TAILGATE GLASS RUBBER	Necessary	0.00 F	*-F
19	1		*TAILGATE GLASS MOULDING	Necessary	0.00 F	*-F
20	1		*TAILGATE GLASS SEALANT	Necessary	0.00 F	*-F
21	1		*TAILGATE LOCK	Bent	0.00 F	*-F
22	1		*TAILGATE RUBBER	Distorted	0.00 F	*-F
23	1		*SPARE TYRE PANEL	Repair	0.00 F	*-F
24	1		*REAR EXHAUST PIPE	Repair	0.00 F	*-F
Total Parts (S\$)					0.00	0.00

F=Franchise part.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >

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	10/06/2017 10:37
Date Of Accident	10/06/2017 03:30
Exact Location Of Accident	CLEMENCEAU AVE TOWARDS PENANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG4950B
Insured/Policyholder	
Name Of Registered Owner	FAST TRACK LIMO SERVICE
Co Reg No	53326357C
Email Address	FMJABIR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92222003
Alternative Phone No	OFFICE-92222003

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089912359
Cover Note Number	07/04/2017 - 06/04/2018

Driver

Name of Driver	MOHAMED JABIR S/O FAKEER MOHAMED
NRIC No	S8070802E
Date Of Birth	15/05/1980
Occupation	INDOOR
Date Of Driving Pass	10/10/2007
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92222003
Fax Number	
Contact Number	
EEmail Address	FMJABIR@GMAIL.COM

Address	BLK 82 WHAMPOA DRIVE #12-971
Postcode	320082
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	COLLISION- CHAIN COLLISION
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT (T/20170610/2033)

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	SJY844G
Vehicle Make/Model/Colour	
Details Of Properties	FRONT AND REAR PORTIONS
Name of Driver	JERROLD SEET
NRIC/Passport Number	S9304967E
Contact Number	90604367
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJW7438K
Vehicle Make/Model/Colour	
Details Of Properties	REAR PORTION
Name of Driver	HERYANTO BIN NGAJERI
NRIC/Passport Number	S7821878I
Contact Number	93823963
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name	MOHAMED JABIR S/O FAKEER MOHAMED
Approximate Age	
Injuries Sustain	SHOULDER,,NECK,BACK
Injured person in which vehicle?	SJG4950B
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	BLK 82 WHAMPOA DRIVE #2-971
Postcode	320082

DETAILS OF INJURED PERSON 2

Name	HERYANTO BIN NGAJERI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJW7438K
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT/

D.O.A: / /

Vehicle No:

Make / Model:

Report Date: 6/10/2017 Start Time: 11:00 AM

Reporting Type: PO End Time: / /

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies **to repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

6/10/2017 10:56

Witnessed by Reporting Centre

Sketch Plan

CLEMENCEAU AVE TOWARDS PENANG RD

Vehicle A: SJG4950B

Vehicle B: SJY844G

Vehicle C: SJW7438K

Sketch Plan Pg. 2

Describe Circumstances of the Accident

REFER TO ATTACHED POLICE REPORT (T/20170610/2033)

Declaration

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



6/10/2017 10:56

Policyholder's Signature / Date & Time

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

6/10/2017 10:56

Witness at Reporting Centre
Full Name



**SINGAPORE
POLICE FORCE**



T/20170610/2033

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20170610/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2017 10:22		Vide Report No.: E/20170610/0063		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED JABIR S/O FAKEER MOHAMED			Address: APT BLK 82 WHAMPOA DR #12-971 HDB- KALLANG/WHAMPOA/NOVENA SINGAPORE 320082		
ID Type / ID No.: NRIC NO / S8070802E			Contact No.: Home/Office: Mobile: 92222003		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 15/05/1980	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/06/2017 03:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CLEMENCEAU AVENUE PENANG ROAD BEFORE RIVER VALLEY ROAD Lamp Post Number: 32				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG4950B	Car				Seriously Damaged	0
SJW7438K	Car				Slightly Damaged	0
SJY844G	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20170610/2033

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20170610/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED JABIR S/O FAKEER MOHAMED	ID No.	S8070802E
Related Vehicle	SJG4950B (Car)	Contact No.	92222003
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	10/06/2017	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	HERYANTO BIN NGAJERI	ID No.	S7821878I
Related Vehicle	SJW7438K (Car)	Contact No.	93823963
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/06/2017	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	JERROLD SEET	ID No.	S9304967E
Related Vehicle	SJY844G (Car)	Contact No.	90604367
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME, I (SJG4950B) WAS TRAVELLING ALONG CLEMENCEAU AVENUE TOWARDS PENANG ROAD BEFORE RIVER VALLEY ROAD ON THE EXTREME RIGHT LANE OF THE FOUR LANE ROAD. AS THE TRAFFIC LIGHT AHEAD WAS RED, THE SECOND CAR (SJY844G) AND THE LAST CAR (SJW7438K) WERE STATIONARY AT THE TIME. I TRIED TO APPLY BRAKES BUT TO NO AVAIL. HENCE, MY CAR COLLIDED ONTO THE REAR OF THE SECOND CAR (SJY844G) WHICH SURGED FORWARD AND ALSO COLLIDE ONTO THE LAST CAR (SJW7438K). WE THEN EXCHANGED PARTICULARS. I THEN PROCEEDED TO SINGAPORE GENERAL HOSPITAL WITH MY FRIEND AND WAS GIVEN 5 DAYS OF MC WHILE THE DRIVER OF



**SINGAPORE
POLICE FORCE**



T/20170610/2033

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20170610/2033

CONTINUATION OF REPORT

THE LAST CAR (SJW7438K) WAS CONVEYED TO SINGAPORE GENERAL HOSPITAL. I WISH TO STATE THAT MY CAR DOES NOT HAVE AN IN-CAR CAMERA. MY IO IS ZAYID (65476394).



**SINGAPORE
POLICE FORCE**



T/20170610/2033

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20170610/2033

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:
TP /
WOO JUN HON

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/06/2017 10:22

Classification Of Case:



SINGAPORE
POLICE FORCE

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	10/06/2017 14:41
Date Of Accident	10/06/2017 03:45
Exact Location Of Accident	83 CLEMENCEAU AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY844G

Insured/Policyholder

Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66944919

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	JERROLD SEET
NRIC No	S9304967E
Date Of Birth	11/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2013
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-90604367
Fax Number	
Contact Number	
EMail Address	JERROLDSEET11@GMAIL.COM

Address	APT BLK 554 JURONG WEST STREET 42 #08-359
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION- CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO PHOTOS AND POLICE REPORT ATTACHED, THANK YOU.

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	SJG4950B
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJW7438K
Vehicle Make/Model/Colour	

Details Of Properties

VEH C

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

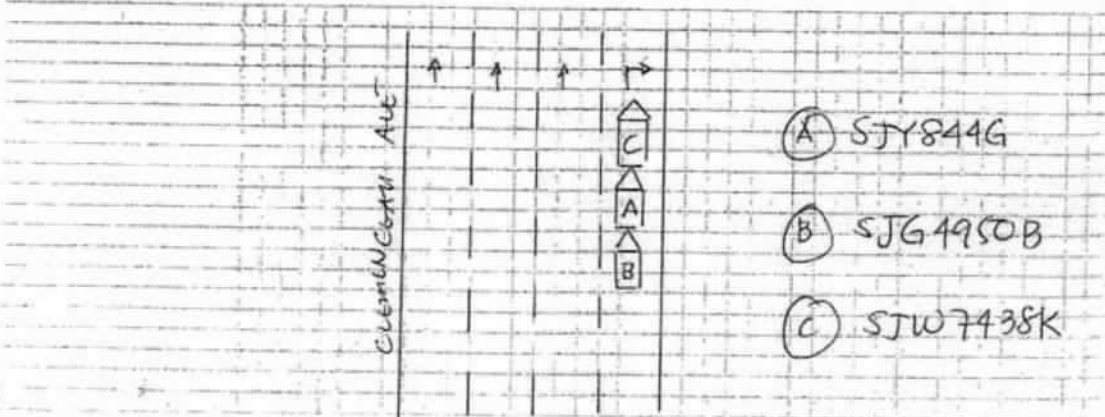
[Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was waiting at the traffic light to turn green to turn ~~left~~ ^{right} turn. the car was stationary. Suddenly, I heard a ^{loud} screeching sound from the back and followed by a loud bang on the back. My car move forward and hit the car in front while my foot I am pressing on the break.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

[Signature]

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



[Signature]

Witnessed by Reporting Centre Personnel

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	14/06/2017 11:49
Date Of Accident	10/06/2017 03:40
Exact Location Of Accident	CLEMENCEAU AVENUE TOWARDS RIVER VALLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7438K
Insured/Policyholder	
Name Of Registered Owner	JJ LIMO
Co Reg No	53263413J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90085080

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.4
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1671061600
Cover Note Number	

Driver

Name of Driver	HERYANTO BIN NGAJERI
NRIC No	S7821878I
Date Of Birth	29/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2014
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93823963
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION- CHAIN COLLISION
 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? YES
 If Yes, Please state which Police Station
 Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,
 POSTCODE: 319194 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

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 SJY844G
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJG4950B
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
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 HERYANTO BIN NGAJERI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJW7438K
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1


Describe Circumstances of the Accident

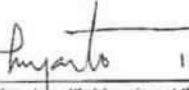
~~(DATE / TIME / LOCATION)~~


PLEASE REFER TO POLICE REPORT T/20170612/2115

Declaration

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

 13/6/17
Policyholder's Signature / Date & Time
14.30hrs.

 13/6/17.
Driver's Signature (If driver is not the policyholder) / Date & Time

 14/06/2017
Witnessed by Reporting Centre Personnel

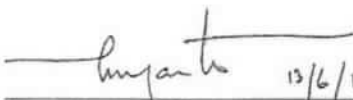
Sketch Plan #2 Pg. 1


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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that :
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

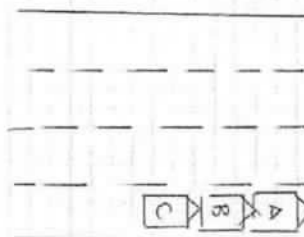

13/6/17
1436hrs.
Policyholder's Signature / Date & Time


13/6/17
Driver's Signature (if driver is not the policyholder) / Date & Time


4/06/2017
Witnessed by Reporting Centre Personnel

Sketch Plan

A: SJW7438k
B: SJY844G
C: SJG4950B



LCL APPRAISER PTE LTD

47A Edgefield Plains #13-16 Singapore 828714
Hp: 90688689 Email: clappraiser@yahoo.com
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: JJ Limo
C/o: H & H Auto Servicing
25 Kaki Bukit Road 4
#07-47 Synergy@KB Singapore 417800

Date : 27 June 2017
Our ref : HHA/06/1704/TP

Accident Date : 10 June 2017
Inspection Date : 16 June 2017
Repairer Name : H & H Auto Servicing
25 Kaki Bukit Road 4
#07-47 Synergy@KB Singapore 417800

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : SJW 7438 K
Make / Model : Toyota Vellfire
Chassis No : ANH208108367
Engine No : 2AZC832020

Year / Capacity : 2010 / 2362 cc
Colour : Black
Mileage : 274817

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	Roadstone	235/50 R18	5 mm	Sport
Front Offside	Roadstone	235/50 R18	5 mm	Sport
Rear Nearside	Roadstone	235/50 R18	5 mm	Sport
Rear Offside	Roadstone	235/50 R18	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion.
(Details refer to the photographs attached)

Enclosed number of photographs: 111 copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis
and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 11,100.00** on a contractual basis.

Under normal circumstances, the repair period would be about 8 (Eight) working days.

C L APPRAISER PTE LTD

Vehicle Registration No: SJW 7438 K

Our Ref No: HHA/06/1704/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Rear tailgate	Damage	\$ 1,493.90	\$ 1,493.90 DD ✓
1	Rear tailgate inner board	Damage <i>ASX Δ</i>	\$ 389.80	\$ 389.80 DM ✓
2	Rear tailgate lamps <i>X 1 @ 454.50</i>	Damage	\$ 882.90	\$ 882.90 DM 454.50 ✓
1	Rear tailgate lock	Damage	\$ 350.90	\$ 350.90 DM ✓
1	Rear tailgate logo	Necessary	\$ 68.00	\$ 68.00 NEC ✓
1	Rear tailgate rubber	Necessary	\$ 300.40	\$ 300.40 NEC ✓
1	Rear tailgate inner pocket	Damage <i>NN SX Δ</i>	\$ 72.00	\$ 72.00 DM ✓
1	Rear tailgate number plate garnish	Damage	\$ 1,763.30	\$ 1,763.30 DM 1057.10 ✓
2	Rear taillamps <i>X 1 RH</i>	Damage	\$ 1,400.20	\$ 1,400.20 DM 700.10 ✓
1	Rear end panel	Damage	\$ 755.60	\$ 755.60 DJS 680.00 ✓
1	Rear end panel inner garnish	Damage	\$ 265.90	\$ 265.90 DM ✓
1	Rear end panel inner member	Damage <i>XRA</i>	\$ 481.50	\$ 481.50 DM ✓
1	Rear bumper	Damage	\$ 1,575.80	\$ 1,575.80 DD 1,379.80 ✓
2	Rear bumper side	Damage	\$ 370.00	\$ 370.00 R X
2	Rear bumper side brackets	Damage	\$ 240.20	\$ 240.20 DM ✓
2	Rear bumper reflectors	Damage	\$ 171.40	\$ 171.40 NN X
2	Rear bumper side retainers <i>1 RH</i>	Necessary	\$ 230.50	\$ 230.50 BR 76.40 ✓
<i>V</i> 4	Rear bumper PDC sensors with holder <i>@ 344.46</i>	Damage <i>Δ 300 (5M)</i>	\$ 2,081.20	\$ 2,081.20 DM 1,114.35 ✓
1	Rear bumper tow hook cover	Damage	\$ 45.00	\$ 45.00 DM ✓
1	Rear smart keyless keyless sensor	Damage	\$ 215.00	\$ 215.00 DM ✓
1	Rear spare tyre carriage	Intact	\$ 275.00	\$ X
1	Rear spare tyre carriage lock catch	Damage	\$ 106.50	\$ 106.50 R X
1	Rear floor panel	Repair	\$ 985.00	\$ X
1	Rear exhaust silencer	Damage	\$ 825.70	\$ 825.70 SVC X
2	Rear exhaust mountings	Necessary	\$ 71.80	\$ 71.80 NEC ✓
			\$ 15,417.50	\$ 14,157.50 <i>9456.68</i>
Less 25%			\$ 3,854.38	\$ 3,539.38 <i>2364.17</i>
Total Cost - List Items			\$ 11,563.13	\$ 10,618.13 <i>7092.51</i>

SPECIAL NETT ITEMS

1	Rear windscreen sealant	Necessary	\$ 80.00	\$ 50.00 ✓
1	Rear windscreen inner foam tape	Necessary	\$ 75.00	\$ 75.00 ✓
1	Rear bumper clip (1 set)	Necessary	\$ 50.00	\$ 50.00 ✓
1	Rear reverse camera	Damage	\$ 480.00	\$ 480.00 <i>✓ X HND</i>
Total Cost - Special Nett items			\$ 685.00	\$ 655.00 <i>655.00</i>
Total cost of parts			\$ 12,248.13	\$ 11,273.13 <i>7747.51</i>

CCL APPRAISER PTE LTD

Vehicle Registration No: SJW 7438 K

Our Ref No: HHA/06/1704/TP

S/No	Description	Repairer's Estimate	Revised Amount
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Total cost of parts c/f

\$ 12,248.13

\$ ~~11,273.13~~

7747.51

LABOUR

- To remove, refit, replaced damaged lamps and check up rear electrical wiring
- To remove and refit inner garnishes, inner trim to assist repair.
- To remove and refit rear reverse sensor and camera.
- To transfer rear tailgate mechanism and wiring assembly to assist repair.
- To remove and refit rear windscreen glass.
- To remove, refit and replace exhaust silencer and mountings.
- To apply undercoating on repaired and replaced panel.
- To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.
- To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.

\$ 80.00

\$ 50.00

30/2 ✓

\$ 150.00

\$ 120.00

100.00 ✓
60 Δ

\$ 120.00

\$ 100.00

60.00 ✓

\$ 80.00

\$ 60.00

✓

\$ 180.00

\$ 120.00

100.00 ✓

\$ 150.00

\$ 120.00

80.00 ✓

\$ 180.00

\$ 120.00

60.00 ✓

\$ 1,400.00

\$ 1,000.00

✓
800 Δ

\$ 1,200.00

\$ 880.00

600.00 ✓
700 Δ

GRAND TOTAL

\$ 15,788.13

\$ ~~13,843.13~~

9837.51

L/s 7800/2

Labour 6 days

C L APPRAISER PTE LTD

Vehicle Registration No: SJW 7438 K

Our Ref No: HHA/06/1704/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 11,100.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deem to be vaild.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser



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 : CS3/AIG17011811/Bvbe2-1		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 13-07-2018		
		Code : AIG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJY 844G	Veh. Inspected	SJW 7438K	
Policy No.		Coverage (\$)	0.00	
Claim No.	8228826024SG005	Excess (\$)	0.00	
Assign From	WILSON TAN	Assign Date	05/07/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA VELLFIRE	c.c	2362	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	ANH208108367	Colour	BLACK	
Odometer	274817	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/50 R18	ROADSTONE	6 mm	
L/H Front Tyre	235/50 R18	ROADSTONE	6 mm	
R/H Rear Tyre	235/50 R18	ROADSTONE	6 mm	
L/H Rear Tyre	235/50 R18	ROADSTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/06/2017	Inspection Date	19/06/2017	
Survey held at	H & H AUTO SERVICES BLK 1 KAKI BUKIT AVE 6 #01-23 SINGAPORE 417883			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		



LKK Auto Consultants Pte Ltd

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

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Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJW 7438K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR TAILGATE	DENTED	1,493.90	1,493.90
1	REAR TAILGATE INNER BOARD	NOT NECESSARY	389.80	-
2	REAR TAILGATE LAMPS	DAMAGED-1PC ONLY	882.90	454.50
1	REAR TAILGATE LOCK	DAMAGED	350.90	350.90
1	REAR TAILGATE LOGO	NECESSARY	68.00	68.00
1	REAR TAILGATE RUBBER	NECESSARY	300.40	300.40
1	REAR TAILGATE INNER POCKET	NOT NECESSARY	72.00	-
1	REAR TAILGATE NUMBER PLATE GARNISH	DAMAGED	1,763.30	1,057.10
2	REAR TAILLAMPS	O/S DAMAGED	1,400.20	700.10
1	REAR END PANEL	DISTORTED	755.60	680.00
1	REAR END PANEL INNER GARNISH	DAMAGED	265.90	265.90
1	REAR END PANEL INNER MEMBER	TO REPAIR SEE LABOUR	481.50	-
1	REAR BUMPER	DENTED	1,575.80	1,379.80
2	REAR BUMPER SIDE	TO REPAIR SEE LABOUR	370.00	-
2	REAR BUMPER SIDE BRACKETS	DAMAGED	240.20	240.20
2	REAR BUMPER REFLECTORS	NOT NECESSARY	171.40	-
2	REAR BUMPER SIDE RETAINERS	O/S BROKEN	230.50	76.40
1	REAR BUMPER TOW HOOK COVER	DAMAGED	45.00	45.00
1	REAR SMART KEYLESS SENSOR	DAMAGED	215.00	215.00
1	REAR SPARE TYRE CARRIAGE	INTACT	275.00	-
1	REAR SPARE TYRE CARRIAGE LOCK CATCH	TO REPAIR SEE LABOUR	106.50	-
1	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	985.00	-
1	REAR EXHAUST SILENCER	SERVICEABLE	825.70	-
2	REAR EXHAUST MOUNTINGS	NECESSARY	71.80	71.80
	LESS 25% DISCOUNT		-3,334.08	-1,849.75
			10,002.22	5,549.25

Report Ref No. CS3/AIG17011811/Bvbe2-1



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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
4	REAR BUMPER PDC SENSORS WITH HOLDER	DAMAGED-2PCS ONLY	2,081.20	300.00
	LESS 25% DISCOUNT		-520.30	-
			1,560.90	300.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	80.00	50.00
1	REAR WINDSCREEN INNER FOAM TAPE (SN)	NECESSARY	75.00	75.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	50.00	50.00
1	REAR REVERSE CAMERA (SN)	NOT NECESSARY	480.00	-
			685.00	175.00
	<u>LABOUR</u>			
	TO REMOVE, REFIT, REPLACED DAMAGED LAMPS AND CHECK UP REAR ELECTRICAL WIRING.		80.00	30.00
	TO REMOVE AND REFIT INNER GARNISHES, INNER TRIM TO ASSIST REPAIR.		150.00	60.00
	TO REMOVE AND REFIT REVERSE SENSOR AND CAMERA.		120.00	60.00
	TO TRANSFER REAR TAILGATE MECHANISM AND WIRING ASSEMBLY TO ASSIST REPAIR.		80.00	60.00
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS.		180.00	100.00
	TO REMOVE, REFIT AND REPLACE EXHAUST SILENCER AND MOUNTINGS.		150.00	80.00
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		180.00	60.00
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR END PANEL INNER MEMBER, REAR BUMPER SIDE, REAR SPARE TYRE CARRIAGE LOCK CATCH AND REAR FLOOR PANEL.		1,400.00	800.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,200.00	700.00
			3,540.00	1,950.00



GRAND TOTAL		15,788.12	7,974.25
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			6,350.00

Report Ref No. CS3/AIG17011811/Bvbe2-1

LIM TEOW GUAN

Asst. Automotive Assessor

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