

STANDARD

minim.

ASSIGNMENT (Office)

From (Person):

Joel Noh

of

II

Date/Time: 06.07.2018

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SLW 656U

Insured:

91D 6502M

at Workshop m/s

Lian Heng Painter

Tel:

6453 5719

of

160 Sim Ming Ave #06-10

Policy No:

Claim No:

MCT18040420

Sum Insured:

Excess:

Make of Veh.

(Client's Record)

D.O.A.

14042018

CA / REV / REP. / REV 24 HRS 'up'

H.O.D. Endorsement:

Date/Time:

16042618 1:47pm

Person Contacted:

Henry

Vehicle: IN/OUT

Date/Time

Action/Instruction (X) (Specify)

SLW 656U - X

91D 6502M - CS3 / III 13001961 / has

DCA: 020418

04/04/18

Discontinued

10072018

Confirmed with Sheline conduct Paper Survey

LS \$3300 3000.

20% 3 days

CRedt \$ 1600, 35%

750-160 =

2019/11/10

PRS

xnd.

REP:

III

3326i

ASSIGNMENT

From

Date

Estimated Cost:

CD / TP / WS / TP RES / CD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop no:

of

Insured:

Policy No:

Claims No:

Sum Insured:

Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 3 days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date Time Action / Instruction

18/4/18 Submit PRS Report

Veh No:

SLW656 U

Yr Regn:

31 oct 2012

Type: M/Cas / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

BMW 528i

CC

1997

Colour:

Black

A/C

Insured / Std / Nil / NA

So. Reading:

744578

T. Radio:

Insured / Std / Nil / NA

Eng. No:

81833

CRN:

WBA X6320 900 X 83124

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In / Out / Jammed / Leaked / Burnt or

Brake: In / Out / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rim or

Tyre Size

F:

245/45 R18

R:

11

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal:

6

mm

R/Bal:

6

mm

L/Bal:

6

mm

L/Bal:

6

mm

D.O.A.

D.O.I.

16-04-18

Survey held at:

w/s

4pm

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

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

RECEIVED 18 APR 2018

Date/Time File Pass to:

08/5 11:10

☐ : Prelim. Report
☐ : Final Report

Date/Time File Return to:

1

Report Format:

MEE-7P

Lump Sum / I.B.:

3000

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

☐ Site Insp: \$
☐ Interview: \$
☐ Tech Insp: \$
☐ Weekend: \$

Site Insp: \$

Interview: \$

Tech Insp: \$

Weekend: \$

Survey Fee

Transporter

1. 1-2-3-4-5

1. 1-2-3-4-5

1. 1-2-3-4-5

1. 1-2-3-4-5

80
80
10
130

Catherine Chong (LKK Auto)

From: Olivia Lau (LKKAuto) <olivialau@lkkauto.com>
Sent: Saturday, 7 July, 2018 3:31 PM
To: assignments; JoelNah@iii.com.sg
Cc: Mekavathanan Sarangapani; Sherini Pillai; Pooi Chin Han Daniel; SUR
Subject: [III]: Our Ref : MCT18040420 // LKK Ref: CS3/III18006961/Gz4be2

LKK Ref: CS3/III18006961/Gz4be2

Hi Cath / Nivitha,

Please handle.

Best Regards,

Olivia Lau | Admin Manager

LKK Auto Consultants

phone: 6256-3561 | email: olivialau@lkkauto.com | fax: 6741-4108

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



From: Joel Nah Shern Ern [mailto:JoelNah@iii.com.sg]
Sent: Friday, 6 July, 2018 3:13 PM
To: Mekavathanan Sarangapani <mekavathanan@iii.com.sg>; Olivia Lau (LKKAuto) <olivialau@lkkauto.com>
Cc: Sherini Pillai <sherini@iii.com.sg>; Pooi Chin Han Daniel <danielpooi@iii.com.sg>
Subject: RE: Our Ref : MCT18040420

Dear all,

Rights have been granted for this LOD. ✓

Joel Nah

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

From: Mekavathanan Sarangapani
Sent: Friday, 6 July, 2018 1:33 PM
To: Olivia Lau (olivialau@lkkauto.com) <olivialau@lkkauto.com>
Cc: Sherini Pillai <sherini@iii.com.sg>; Joel Nah Shern Ern <JoelNah@iii.com.sg>; Pooi Chin Han Daniel <danielpooi@iii.com.sg>
Subject: Our Ref : MCT18040420

Both vehicle unscathed in this accident .

Please conduct physical inspection of TP vehicle .

Please preserve our rights.

Meka

Claim Audit	History Checking	Activity Log	Documents	TP
Edit/Assign Claim	Assign Solicitor	File Review	Adj Market Value	Tr
Send Back Adj Rpt	Wait for Documents	Revert for Inhouse Survey	Send RI/Rpt-for-Repairer	Ch
Make Offer >>				

CLAIM SUBFOLDER TRACKING					
Case	Notified	Est Submitted	Adj Assigned	Adj Submitted	Ins
Main	18 Apr 2018		16 Apr 2018 00:00	20 Apr 2018 10:23 S\$0.00 (S\$181.90)	

Main	Offer Processing	Claim Details	Adjuster's Details
------	------------------	---------------	--------------------

CLAIM SUBFOLDER DETAILS				[Created by adj]
Insured:	-, Co. Reg. No.: -			
Main Claimant:	CHAN PHUI-SEE SHARLENE, ID: 57923326I			
Vehicle Reg. No.:	SLW656U	Date of Loss:	14/04/2018 23:00 [65 Months and 14]	
Claim Type:	TP / MCT18040420	Policy/Cover Note No.:	MCOM0015	
Vehicle Reg. No. (Insured):	SHD6502M	Policy No. (Claimant):		
		Excess:		
Repairer:	Lian Heng Painter Company () PROFILE 160 SIN MING DRIVE, #06-10 SIN MING AUTOCITY, 575			
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Sherini Pillai]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Fina			

CLAIM REGISTERED			
Clim. No (Clim Reg Date)	MCT18040420 (02/07/2018)	Intimation (Notify Date)	Fr
Registration Type	[Manually registered]	Claim Status	O
Incurred	TP		
S\$	0.00		
Subfolder	SubCode	Reg. No. / Claimant	Person in Charge
<			

VEHICLE DAMAGE INSPECTION REPORT

Our File No:
Date:

REFERENCE

Handling Insurer: India International Insurance Pte Ltd
Insured Vehicle No : SLW656U
Date of Loss: 14/04/2018

Policy No:
Insured Vehicle No :
Nature of Claim:

DESCRIPTION & IDENTIFICATION OF VEHICLE

Registration No: SLW656U
Make & Model: BMW 528i, 2.0 (A)
Registration Date: 31/10/2012 (Man. Year: 2012)
Colour: Black
Engine Capacity: 1997 cc
Market Value/New Car Price: N/A
Amount Insured (\$\$): Market Value/New Car Price

Eng
Chs
Odc

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

Front Tyre Size: 245/45 R18 Rear Tyre Size:
Front Left Side: Continental 6 mm Rear Left Side:
Front Right Side: Continental 6 mm Rear Right Side:

above values represent the remaining tyre tread depth

LIST OF CLAIMS	Repairer's	Adjuster's
Parts	0.00	0.00
Miscellaneous Items	0.00	0.00
Labour	0.00	0.00
Paintwork Labour	0.00	0.00
Painting	0.00	0.00
Nett Amount (\$\$)	0.00	0.00

INSPECTION

Date of Assignment: 16/04/2018
Date Inspected: 16/04/2018 Inspected At: Lian Heng Painter Company



Best Regards,

Mekavathanan
HOD

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street, #04/#05 IOB Building, Singapore 049711

DID: 6347 6105 Fax: 6224 4174



Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

No	Subject Matter	Current	Revised	Remarks
1	Reserves			
	TPPD	PRESERVE		
	TPPI	PRESERVE		
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	Investigation Fees			
	Survey Fees			
	Legal Fees			
	Others			
2	Fraud Check			
3	Upload to merimen			
4	Grant Rights	✓		
5	Payment			

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 1901
 DESTINATION ADDRESS 965098482
 SUBADDRESS
 DESTINATION ID
 ST. TIME 06/07 13:54
 TX/RX TIME 00' 23
 PGS. 1
 RESULT OK

FAXED
 06 JUL 2018
 MOTCLM DEPT.

M NEDUMARAN & CO

Advocates & Solicitors
 Commissioner for Oaths

UEN NO. 53181067D

Nedumaran Muthukrishnan
 LLB (hons) [Buckingham]
 Barrister at Law (Lincoln's Inn)

Lig. May. R.

Our Ref : MN.IG.LI.1812342.st
 Your Ref : SHD 6502M

5th July 2018

INDIA INTERNATIONAL INSURANCE PTE LTD
 64 Cecil Street,
 #04/06-00, IOB Building
 Singapore 049711

"WITHOUT PREJUDICE"
 BY HAND

COMFORT TRANSPORTATION PTE LTD
 383 Sin Ming Drive
 Gas Building
 Singapore 575717

We are in receipt of
 We shall not
 rights in relation to the above
 necessary

Our Ref
 Name
 Date
 Initials

CERTIFICATE OF POSTING
 (For your information only)

MCT/18040420.
Shen P
6/7/2018

Dear Sir,

CLAIMANT : CHAN PHUI-SEE SHARLENE
 ACCIDENT ON 14/04/2018 INVOLVING VEHICLES NO. SLW 656U AND SHD 6502M ALONG RAFFLES BOULEVARD TRAFFIC JUNCTION TURN TO TEMASEK AVENUE AT ABOUT 2300 HOURS

We act for CHAN PHUI-SEE SHARLENE, who was the owner of motor vehicle no. SLW 656U.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 14/04/2018 ALONG RAFFLES BOULEVARD TRAFFIC JUNCTION TURN TO TEMASEK AVENUE involving our client's vehicle registration number SLW 656U and vehicle registration number SHD 6502M driven by you/your insured at the material time.

M NEDUMARAN & CO

Advocates & Solicitors
Commissioner for Oaths

UEN NO. 53181067D

Nedumaran Muthukrishnan
LLB (hons) [Buckingham]
Barrister at Law (Lincoln's Inn)

Our Ref : MN.IG.L1.1812342.st
Your Ref : SHD 6502M

5th July 2018

INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street,
#04/06-00, IOB Building
Singapore 049711

COMFORT TRANSPORTATION PTE LTD
383 Sin Ming Drive
Gas Building
Singapore 575717

Dear Sir,

CLAIMANT : CHAN PHUI-SEE SHARLENE
ACCIDENT ON 14/04/2018 INVOLVING VEHICLES NO. SLW 656U AND SHD 6502M ALONG RAFFLES BOULEVARD TRAFFIC JUNCTION TURN TO TEMASEK AVENUE AT ABOUT 2300 HOURS

We act for CHAN PHUI-SEE SHARLENE, who was the owner of motor vehicle no. SLW 656U.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 14/04/2018 ALONG RAFFLES BOULEVARD TRAFFIC JUNCTION TURN TO TEMASEK AVENUE involving our client's vehicle registration number SLW 656U and vehicle registration number SHD 6502M driven by you/your insured at the material time.

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

01. Cost of Repair	S\$ 4,600.00
02. Rental fees for 5 days	S\$ 802.50
03. Loss of Use for 2 days Pre-Repair Survey	S\$ 300.00
04. Survey report fees	S\$ 568.00
05. GIA search/report & LTA search fees	S\$ 36.49
06. Costs & Incidentals	S\$ 1,060.00
	<u>S\$ 7,366.49</u>



Please reply to our Branch Office for this matter

Branch Office: 11 Sin Ming Road
#B2-09 (Unit 2), Thomson V Two
Singapore 575629
Tel : 6509-8480 / 6509-8481
Fax : 6509-8482
Email : lgene.lim@mneduco.com.sg

"WITHOUT PREJUDICE"
BY HAND



CERTIFICATE OF POSTING
(For your information only)

MC718040420.
Sheela P
6/7/2018

515 70V
515 300-02

M NEDUMARAN & CO

Advocates & Solicitors

Page 2

Our Ref : MN.IG.L1.1812342.st

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

- (a) GIA/ Police report lodged by drivers of SLW 656U & SHD 6502M;
- (b) LTA Search;
- (c) Certificate of Insurance;
- (d) Rental agreement & invoice;
- (e) Final Repair Bill;
- (f) Surveyor's report & invoice and
- (g) **48 black and white photographs** depicting the damages to motor vehicle SLW 656U.
[coloured-print photos will be forwarded to insurance company upon request]

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

Please note that a Notice of accident dated 16th April 2018 was sent to your insurers. A pre-repair survey on our client's damaged vehicle was carried out by your insurer's appointed surveyor.

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

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

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

Yours faithfully,

M NEDUMARAN & CO

Nedumaran Muthukrishnan

(Branch Office)

Encls

cc. Client (By Fax 6453-3173) – SLW 656U

MONH18060234 / S & H Motor Pte Ltd - Bin Ming
ENTRY DATE & TIME: 16/04/2018 12:28
SUBMITTED BY: Wong Kee Ngee

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

ACCIDENT STATEMENT

Date Of Report 16/04/2018 12:28
Date Of Accident 14/04/2018 23:00
Exact Location Of Accident RAFFLES BOULVD TRAFFIC JUNCTION TURN TO TEMASEKAVE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW656U
Insured/Policyholder
Name Of Registered Owner CHAN PHUI-SEE SHARLENE
NRIC No S7923928I
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-98283472
Alternative Phone No OFFICE-98283472
Vehicle Particulars
Manufacturer BMW
Model -
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5098648380
Cover Note Number
Driver
Name of Driver CHARLES LIM
NRIC No S7330801A
Date Of Birth 02/09/1973
Occupation INDOOR
Date Of Driving Pass 20/12/2017
Driving Experience 0 YEAR AND 3 MONTH
Gender MALE
Mobile Number (LOCAL) +65-98283472
Fax Number
Contact Number
Email Address NOEMAIL

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

General information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other information

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

Details of Police Action

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

Circumstances of Accident

refer attached report.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD8502M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver LEE BEE ENG
 NRIC/Passport Number S1643416G
 Contact Number 81126934
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 to 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:

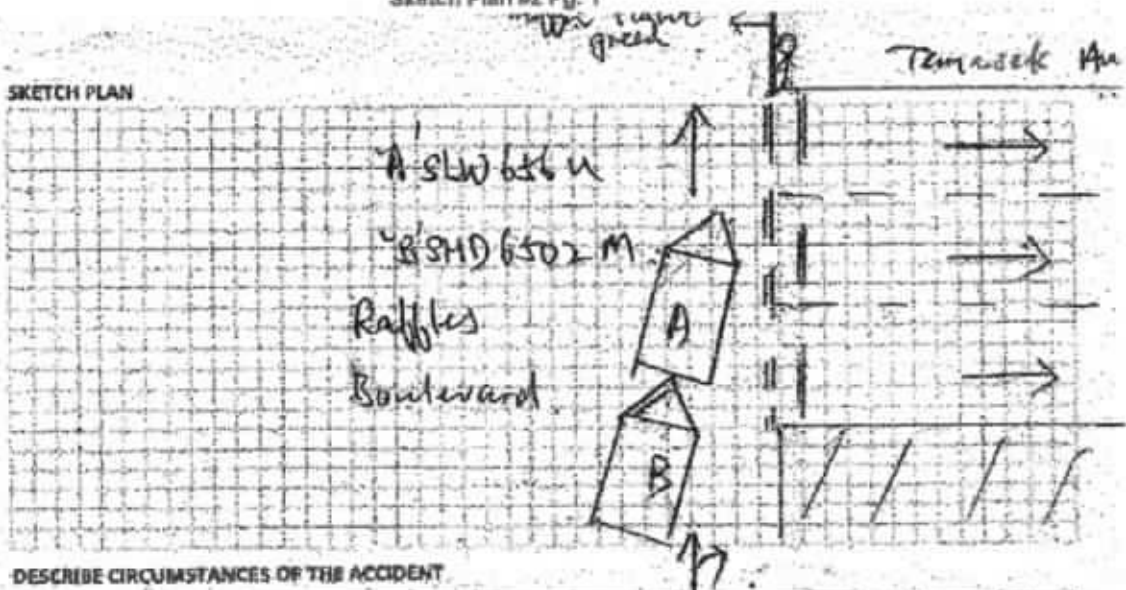
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NIC/PIN (no.):

APPROVED FOR SIGNATURE

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

traffic light junction

I was at Raffles Boulevard, turning right into Temasek Ave, traffic light in my favor but I need to wait and give way to pedestrians to cross and suddenly a car from my vehicle, I realised Temi SHD 6502 M had driven into the back of my vehicle SLW 656 U.

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 Constable Personnel's Signature
Name:
NIC/ID No.:

IC 4001 (2-06/12/2014) 3/15



RECORDS MANAGEMENT CENTRE

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

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

SEARCH RESULTS

Our Ref No: GR-18-058459

Date of Request: 18/04/2018

Your Ref No: MN.IG.L1.1812342

M NEDUMARAN & CO
No. 11 Sin Ming Road
#B2-09 (Unit 2), Thomson V Two
Singapore 575629

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 14/04/2018
Place of Accident: RAFFLES BLVD TRAFFIC LIGHT JUN
Client Vehicle No: SLW656U

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SHD6502M	RAFFLES BOULEVARD X TEMASEK AVE	14/04/2018 23:00

Thank You.

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

() is a computer generated document and requires no signature.

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

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

TAX INVOICE

Our Ref No: GR-18-058459
Date of Request: 18/04/2018

Your Ref No: MN.IG.L1.1812342

M NEDUMARAN & CO
No. 11 Sin Ming Road
#B2-09 (Unit 2), Thomson V Two
Singapore 575629

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 14/04/2018
Place of Accident: RAFFLES BLVD TRAFFIC LIGHT JUN
Client Vehicle No: SLW656U

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

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

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

Our Ref No: GR-18-058482

Date of Request: 18/04/2018

Your Ref No: MN.IG.L1.1812342

 M NEDUMARAN & CO
 No. 11 Sin Ming Road
 #B2-09 (Unit 2), Thomson V Two
 Singapore 575629

Dear Sir/Madam,

Date of Accident: 14/04/2018

Vehicle No: SLW656U

Place of Accident: Raffles Blvd traffic junction turn to Temasek Ave

Involving Vehicle No: SHD6502M

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHD6502M	Raffles Blvd traffic junction turn to Temasek Ave	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

e:

☒ GIRO ☐ Cash ☐ Cheque

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	16/04/2018 14:33
Date Of Accident	14/04/2018 23:00
Exact Location Of Accident	RAFFLES BOULEVARD X TEMASEK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6502M
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	LEE BEE ENG
NRIC No	S1643416G
Address	BLK 667 JALAN DAMAI #03-83

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

Other Information

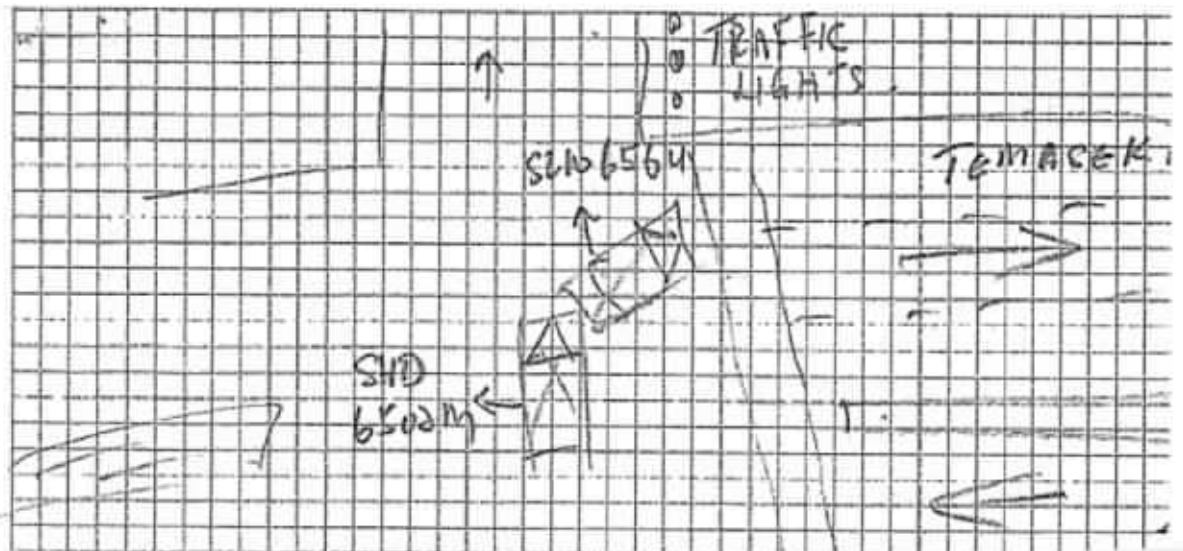
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins. Report

A.
RAFFLE BLVD.

On 11/04/18 at about 2300HRS the frt car
82W6564 braked abruptly and stopped.
Immediately braked as well to avoid a col-
lision it was too late.

Due to this the frt right slightly hit the R
left of the car..

No fix. No injury is reported.



DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW658U
Vehicle Make/Model/Colour	
Name of Driver	UNKNOWN
Insurance Company Name	

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.
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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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

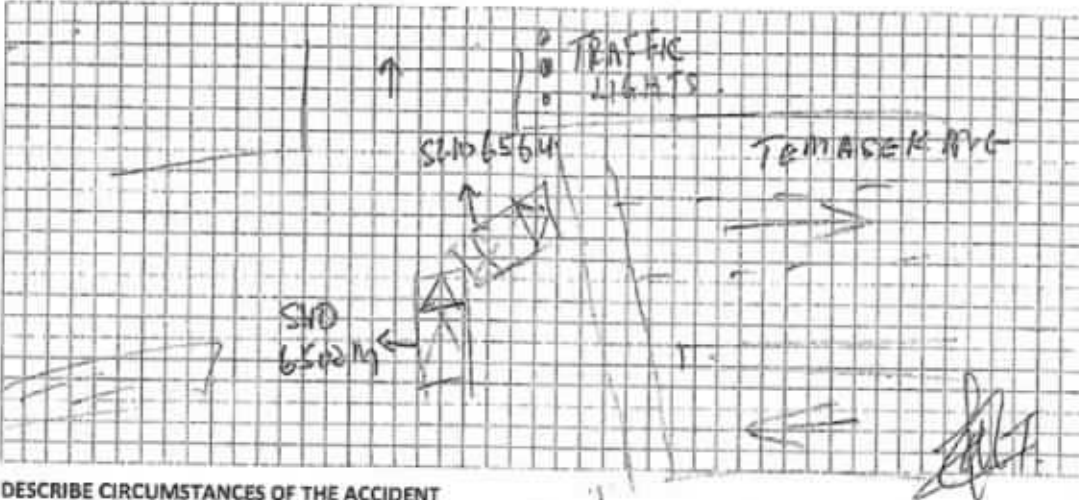
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

559040C 559040C@tollfree_972



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A
RAFFLES BLVD.

On 16/04/18 at about 2300HRS the 1st car
S10 6564 braked abruptly and stopped. I
immediately braked as well to avoid a collision
but it was too late.
Due to this the 1st car hit slightly hit the rear
left of the car.
No fix. No injury is reported.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

Ref:ANC SketchPlanForm_V2

Enquire Vehicle & Owner Information (Vehicle No. SHD6502M As At 14 Apr 2018 / 23:00:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: MN.IG.I 1 1812342

Current Owner Details

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 383

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SHD6502M

Make Description/Model: HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR

Insurance Company Name: INDIA INT'L INS PTE LTD

Thank you!



Lim Hwee Peng has successfully logged out.

Your last login date and time was 16 Apr 2018, 11:04:33.

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

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

Session Transaction History

Sl No	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(55)	Log Date/Time
1	Vehicle	SHD6502M	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	16 Apr 2018 / 11:05:04

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S098645380

Cover: drho CLASSIC

1. Index mark and Registration Number of vehicle

SLW656U

Chassis Number

WRAXG120900X83124

2. Name of Policyholder

CHAN PHUI-SEE SHARLENE

3. Effective Date of Insurance

08 Mar 2018

4. Expiry Date of Insurance

10 Apr 2019

5. Persons or Classes of Persons entitled to drive

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission

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

6. Limitations as to Use

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

This Policy does not cover

(a) Use for hire or reward

(b) Use for racing, pace-making, reliability trial or speed testing

(c) Use for the carriage of goods (other than samples) in connection with any trade or business

(d) Use for any purpose in connection with the Motor Trade

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

EXCESS (SECTION 1)

S\$600

EXCESS (SECTION 2)

N/A

WINDSCREEN EXCESS

S\$100

ADDITIONAL EXCESS

N/A

UNNAMED DRIVER EXCESS

PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

NO

INSURE WITH COE

YES

NCD PROTECTION

NO

TRANSPORT ALLOWANCE

NO

EXCESS WAIVER

NO

PRIMARY DRIVER

CHAN PHUI-SEE, SHARLENE (CHEN PEISHI)

NAMED DRIVER (1)

N/A

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

TOKYO CENTURY LEASING (S) PTE LTD

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HAMILTON AUTOHUB PTE. LTD. (00000573281)

Date of Issue : 08 Mar 2018 17:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



mbm wheelpower
DARE TO BE

RENTAL AGREEMENT

NO. 00152

MBM Wheelpower Pte Ltd

176 Sin Ming Drive, #01-11/14/15/16 Sin Ming Autocare, Singapore 575721

Customer Service Hotline 6262 8888

www.mbmwheelpower.com.sg Company Registration Number: 200204110W

VEHICLE		CHECK OUT / CHECK IN	
Vehicle No: SLV5485	Model: Toyota C-HR 1.2	DATE OUT: 16.04.2018	TIME OUT: 10:55 HRS
Change Over 1:	Date: Initial:	PETROL LEVEL OUT: <input type="checkbox"/> E <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 3/8 <input checked="" type="checkbox"/> 1/2 <input type="checkbox"/> 5/8 <input type="checkbox"/> 3/4 <input type="checkbox"/> 7/8 <input type="checkbox"/> F	
Change Over 2:	Date: Initial:	DATE IN: 20.04.2018	TIME IN: 14:20 hr.
		PETROL LEVER IN: <input type="checkbox"/> E <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 3/8 <input type="checkbox"/> 1/2 <input type="checkbox"/> 5/8 <input checked="" type="checkbox"/> 3/4 <input type="checkbox"/> 7/8 <input type="checkbox"/> F	
CORPORATE HIRER		KM OUT: 6812	KM IN: 7097
Co. Name:		KM DRIVEN:	
Co. Address:		COLLISION DAMAGE WAIVER	
Contact Person:	Tel:	ACCEPTS CDW EXCESS	DECLINES CDW EXCESS
		\$ 3,500 per accident	\$ per accident
		SIGNATURE:	SIGNATURE:
NAMED DRIVER		EXCESS AMOUNT	
Name: MS Chan Shui See, Sharlene		SINGAPORE	MALAYSIA
Address: 81K 86 Telok Blangah Heights #07-371 S100086		\$3,500	\$3,500
Office Tel:	Residence Tel:	SIGNATURE:	
Occupation:	Hp:	CHARGES	
P.P.I.C. No: 5792326 I	Nationality: Singapore	Months @ \$ per month	
Date of Birth:	Place of Birth:	Weeks @ \$ per week	
Dr. Licence No:		5 Days @ \$ 150 per day	750
Date of Issue:	Country of Issue:	Hours @ \$ per hour	
ADDITIONAL NAMED DRIVER		SUB-TOTAL (1)	
Name:		Less Discount:	%
Address:		RENTAL CHARGES	
Office Tel:	Residence Tel:	CDW @ \$ per day / month	
Occupation:	Hp:	PAI @ \$ per hour	
P.P.I.C. No:	Nationality:	PETROL TOP-UP	
Date of Birth:	Place of Birth:	MISC	
Dr. Licence No:			
Date of Issue:	Country of Issue:		
Remarks: Accident Claims - SLW 65-694			
Invoice No:	Rec. No:	SUB-TOTAL (2)	
		GST @ 7%	750 00
			50 50
		TOTAL CHARGES	
			802 50
HIRER'S DECLARATION:		PRE-PAYMENT	
I agree to the terms and conditions above and as set out below and in declare that all information given on this form are true and accurate. If I opt to pay by credit card, my signature here is to be deemed to have been made on the applicable credit card voucher.		DOWNPAYMENT AND DEPOSIT	
CHECKED OUT BY:	CHECKED IN BY:	AMOUNT REFUNDED / DUE	
		SIGNATURE OF REFUND:	

MBM Wheelpower Pte Ltd
As Managers on Behalf of

OWNER

HIRER SIGNATURE

COMPANY STAMP



mbm wheelpower
DARE TO BE

NAME: **MS CHAN PHUI SEE SHARLENE**
Add: **BLK 86 TELOK BLANGAH HEIGHTS**
UNIT: **#07-371**
STREET:
SINGAPORE **100086**
Contact:

Tax Invoice: **00152**
Invoice Date: **16.04.2018**
Vehicle Num: **SLV5148S**
Make/Model: **TOYOTA C-HR 1.2 GT**
Chassis no:
Reference no: **RA00152 - SLW5562U**

S/N	Qty	Particular	Unit Price	Price
1	5	CAR RENTAL FOR 16.04.2018 TO 20.04.2018	\$ 150.00	\$ 750.00

GST S\$ \$ 52.50
Total S\$ \$ 802.50

MBM WHEELPOWER PTE LTD



P A I D 23 APR 2018
Cash
Signature

MBM Wheelpower Pte Ltd
160 Sin Ming Drive #06-02
Sin Ming Autocity Singapore 575722
Customer Service Hotline 6262 8888
www.mbmwheelpower.com.sg
Company Registration Number: 200204110W
GST Registration Number: M90368446L

LIAN HENG PAINTER COMPANY

160 SIN MING DRIVE #06-10 SIN MING AUTOCITY SINGAPORE 575722

TEL : 64535779 FAX : 64533173

Reg No : 070118/00 - X

Date : 4th July 2018

Our Ref : SLW656U

Your Ref : SHD6502M

TO WHOM IT MAY CONCERN :

INVOICE FOR REPAIR OF VEHICLE NO : SLW656U – BMW 528i

1) Cost Of Repair – Lump Sum

S 4,600.00

Singapore Dollars : Four Thousand And Six Hundred Only.

聯興噴漆公司
LIAN HENG PAINTER CO.,
160 SIN MING DRIVE, #06-10
SIN MING AUTOCITY
SINGAPORE 575722
TEL: 6453 5779 FAX: 6453 3173





ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9688-0413 Fax: 6266-7396
Email: absolute.app.sves@gmail.com

Invoice

Customer: Chan Phui-See Sharlene
C/o: 160 Sin Ming Drive #06-10
Sin Ming AutoCity (S) 575722

Date: 10.05.2018
Invoice No: NS-2018-170

Description		Amount
Vehicle No:	SLW656U	
Make & Model:	BMW 528i (A)	
Our reference:	AAS/2018/170	
Services rendered for appraiser / inspection report		
Survey Fee		
Photographs		
Transport Fees		
Re-inspection Fees		
SGD Dollar : Five hundred sixty eight dollar only	Total:	SGD \$ 568.00

Notes:

All cheques payment should be crossed and made payment to "Absolute Appraisal Services Pte Ltd"

Please indicate our "Invoice No." on the reverse side of the cheque.

Please do not hesitate to contact us should you have any enquires.



Absolute Appraisal Services Pte Ltd



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle Inspection Report

To: Chan Phui-See Sharlene
C/o: 160 Sin Ming Drive #06-10
Sin Ming AutoCity (S) 575722

Date of report: 10.05.2018
Date of request: 16.04.2018
Date of inspection: 16.04.2018
Date of accident: 14.04.2018
Claim type: Third Party Claim

Report No: AAS/2018/170

Particulars of affected vehicle:

Registration no: SLW656U
Make/Model: BMW 528i (A)
Year of registration: 2012
Colour: Metallic Grey

Odometer: 81833 km
Engine Capacity: 1997 cc
Engine no: A8230316N20B20A
Chassis no: WBAXG32090DX83124

Condition of tires:

Front Left: 6mm
Make: Continental
Rear Left: 6mm
Make: Continental

Front Right: 6mm
Make: Continental
Rear Right: 6mm
Make: Continental

Type of road wheel: Alloy (The above represent the remaining life of the tire thread)

Pre-accident condition (Static tests only)

General Bodywork	: Good
Paintwork	: Good
Handbrake	: In order
Footbrake	: In order
Steering	: In order
Apparent engine modification	: Nil

The Assignment

The inspection was conducted at M/s. Lian Heng Painter Company
160 Sin Ming Drive #06-10
Sin Ming AutoCity (S) 575722

(Subsequent inspection was conducted)

Assessment

Repairer's estimate:	\$ 9,784.30
Revised estimate:	\$ 5,745.60
Recommended reserve:	\$ 4,600.00 (Lump sum)

Estimated normal duration of repairs : 5 Working days



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9688-0413 Fax: 6266-7396
Email: absolute.app.svcs@gmail.com

Vehicle No: SLW656U

Report No: AAS/2018/170

W/O PREJUDICE

Point of impact

At the rear LH portion.

General description of damages

The rear bumper, exhaust tail pipe tips, LH tail lamp, rear panel, etc.

Other parts were also found damaged. (See schedule for details)

Recommendation

The estimate cost of repair submitted by M/s Lian Heng Painter Company as per schedule attached have been revise and scrutinize. We list the breakdown of our findings and recommendation as per attached.

Our adjusted amount for the cost of repair is SGD \$5,745.60

Conclusion

The repairer has agreed to undertake the repair at a lumpsum of SGD \$4,600.00

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of 5 working days.

We have **Not Authorised** and/or instruction to the repairer to proceed with the repairs. This inspection was conducted entirely on a '**Without Prejudice**' basis.

We are pleased to advise that the inspection was carried out accordingly and hereby submit our appraisal report which includes 48 photographs.

Your Faithfully
Absolute Appraisal Services Pte Ltd



Nicky Seah
Automobile Appraiser
MSAAA / MSMCTA



ABSOLUTE APPRAISAL SERVICES PTE LTD LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0418 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

*6 yrs
old*

Vehicle No: SLW656U

Report No: AAS/2018/170

Appraisement Schedule

S/N	Parts Description	Qty	Condition		Repairer's Est	Revised Est
1	Rear bumper	1	Dented	1696.50 / 1865.50	\$ 1,560.40	\$ 1,560.40
2	Rear bumper reflector LH	1	Grazed		\$ 54.00	\$ 54.00
3	Rear bumper PDC sensor	4	2pc Malfunctioned	\$ 307.95	\$ 1,231.80	\$ 615.90
4	Rear bumper PDC sensor mount	4	Necessary	\$ 8.50	\$ 34.00	\$ 34.00
5	Rear bumper centre guide	1	Dented/Cracked		\$ 95.00	\$ 95.00
6	Rear bumper bottom guide	1	Serviceable		\$ 73.95	-
7	Rear bumper side mount LH/RH	2	LH Cracked	\$ 159.60	\$ 319.20	\$ 159.60
8	Rear bumper adaptor	1	Cracked		\$ 64.20	\$ 64.20
9	Rear bumper carrier	1	Dented		\$ 701.60	\$ 701.60
10	Tail lamp LH/RH	2	LH Loop Broken	\$ 920.00	\$ 1,840.00	\$ 920.00
11	Tail lamp finisher LH/RH	2	Serviceable	\$ 14.45	\$ 28.90	-
12	Rear end panel	1	Dented/Repair		\$ 785.35	-
13	Rear end panel finisher	1	Serviceable		\$ 115.00	-
14	Exhaust tail pipe tip	2	Dented/Grazed	\$ 170.45	\$ 340.90	\$ 340.90
Total:					\$ 7,244.30	\$ 4,545.60

S/N	Labour Description	Repairer's Est	Revised Est
1	Rust proofing.	\$ 60.00	\$ 40.00
2	To remove & refit rear trimmings	\$ 100.00	\$ 60.00
3	To renew/transfer reverse sensor.	\$ 100.00	\$ 100.00
4	Check lightings & wirings.	\$ 80.00	\$ 50.00
5	To remove and renew damaged parts.	\$ 1,200.00	\$ 500.00
6	To putty and respray all damaged parts.	\$ 1,000.00	\$ 450.00
Labour Total:		\$ 2,540.00	\$ 1,200.00

The final adjusted lump sum amount is **\$4,600.00**

Grand Total: \$ 9,784.30 \$ 5,745.60

Under normal circumstances, the repair should be completed within a reasonable period of 5 working days.

48 Photographs were taken at the time of inspection.

Disclaimer: This report is intended for the exclusive use of the address solely in relation to the loss occurrence in which the assessor is involved. No liability or responsibility whatsoever shall be held by Absolute Appraisal Service Pte Ltd for any reliance on this report by any



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				
INDIA INTERNATIONAL INSURANCE PL			Ref : CS3/III18006961/Gqbe2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711			Date : 14-08-2018	
			Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 6502M	Veh. Inspected	SLW 656U	
Policy No.	MCOM0015	Coverage (\$)	0.00	
Claim No.	MCT18040420	Excess (\$)	0.00	
Assign From	JOEL NAH	Assign Date	06/07/2018	
2. Vehicle Particulars & Condition				
Make & Model	B.M.W. 528i	c.c	1997	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	WBAXG32090DX83124	Colour	BLACK	
Odometer	81833	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	245/45 R18	CONTINENTAL	6 mm	
L/H Front Tyre	245/45 R18	CONTINENTAL	6 mm	
R/H Rear Tyre	245/45 R18	CONTINENTAL	6 mm	
L/H Rear Tyre	245/45 R18	CONTINENTAL	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/04/2018	Inspection Date	16/04/2018	
Survey held at	160 SIN MING DRIVE #06-10			
Repairer	LIAN HENG PAINTER CO.			
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:			3 Working Days	



LKK Auto Consultants Pte Ltd

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

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLW 656U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DENTED	1,560.40	1,465.50
1	REAR BUMPER REFLECTOR LH	GRAZED	54.00	54.00
4	REAR BUMPER PDC SENSOR @\$307.95	MALFUNCTIONED-2PCS ONLY	1,231.80	615.90
4	REAR BUMPER PDC SENSOR MOUNT @\$8.50	NECESSARY	34.00	34.00
1	REAR BUMPER CENTRE GUIDE	SERVICEABLE	95.00	-
1	REAR BUMPER BOTTOM GUIDE	SERVICEABLE	73.95	-
2	REAR BUMPER SIDE MOUNT LH / RH @\$159.60	N/S CRACKED	319.20	159.60
1	REAR BUMPER ADAPTOR	CRACKED	64.20	64.20
1	REAR BUMPER CARRIER	TO REPAIR SEE LABOUR	701.60	-
2	TAIL LAMP LH / RH @\$920.00	N/S LOOP BROKEN	1,840.00	668.30
2	TAIL LAMP FINISHER LH / RH @\$14.45	SERVICEABLE	28.90	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	785.35	-
1	REAR END PANEL FINISHER	SERVICEABLE	115.00	-
2	EXHAUST TAIL PIPE TIP @\$170.45	TO REPAIR SEE LABOUR	340.90	-
			7,244.30	3,061.50
LABOUR				
	RUST PROOFING.		60.00	30.00
	TO REMOVE & REFIT REAR TRIMMINGS.		100.00	40.00
	TO RENEW / TRANSFER REVERSE SENSOR.		100.00	80.00
	CHECK LIGHTINGS & WIRINGS.		80.00	40.00
	TO REMOVE AND RENEW DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR BUMPER CARRIER, REAR END PANEL AND EXHAUST TAIL PIPE TIP.		1,200.00	400.00
	TO PUTTY AND RESPRAY ALL DAMAGED PARTS.		1,000.00	400.00
			2,540.00	990.00
GRAND TOTAL			9,784.30	4,051.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,000.00

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XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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