INS. CASE OWNER: CC 6/QBE 180 13176, Awab | LKK: IIVC:

ASSIGNMENT

Surveyor: WP DOI: 18/7/18 Date / Time: 18/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 414 J Claim No. : VC 011674

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/7/2018 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

JNC 9668 → → →

INSRS: WSP: People Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
17/9 review	JNC 9668 - x; YP 414 J - x
19/9/18	Email from QBE to submit report
19/9/18	Email to shop QBE will take over the matter.
	RECEIVED 21 SEP 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐ LOU only ☐		LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: WP
Legal Cost	S$		3) Survey fee: B300.00
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

20/9/18

ASS. REC. BY: Adrian Ling

REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

Lum Sum: 30 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: JNC 9668 Yr Regn: 2010 / Nov

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

Make: Toyota RAV4 cc 2362

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

Sp.Reading 97113 . T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ACA365000332 .

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/65R17

R: 205/65R17 .

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Kumho .

Front			Rear		
R/Bal	06	mm	R/Bal.	06	mm
L/Bal	06	mm	L/Bal	06	mm
D.O.A.			D.O.I.	18/07/18	

Survey held at People .

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

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

Date / Time	Action / Instruction
	TP QBE
19/9/18	Confirm US $3000.00 with 6 working days
	(Rcd. $3398.52 53.1)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prelt. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ Interview ($)

☐ Tech. Insp ($)

☐ Weekend ($)

Report Format :

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

Survey Fee:

Transportation:

Photo:

Others:

TOTAL

SINGAPORE POLICE FORCE

T/20180717/2124

Report No. T/20180717/2124

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
17/07/2018 16:43	D/20180717/0086	41

Name of Informant: CHEE SIN MUN			Address: APT BLK 151 SERANGOON NORTH AVENUE 2 #03-77 SINGAPORE 550151	
ID Type / ID No.: FIN NO / G3159541Q			Contact No.: Home/Office: Mobile: 91427255	
Nationality: MALAYSIAN			Email:	
Sex: Female	Age: 24	Date of Birth: 01/12/1993	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: Date of Expiry:	

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 17/07/2018 14:00	Type of Location: Roundabout
Location: Along Road 1 Traveling Toward Road 2 HENDERSON ROAD DEPOT ROAD Henderson Rd U-turn onto another side of Henderson Rd leading to Depot Rd				
Weather: Clear	Road Surface: Dry			Road Speed Limit:
Traffic Flow:	Traffic Control:			Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

JNC9668	Car		Toyota	Silver	Seriously Damaged	0
YP414J	Lorry					0

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20180717/2124

Report No. T/20180717/2124

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Name	CHEE SIN MUN			ID No.	G3159541Q
Related Vehicle	JNC9668 (Car)			Contact No.	91427255
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Name	CHENG POH HUAT			ID No.	NIL
Related Vehicle	YP414J (Lorry)			Contact No.	83466468
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 17/07/2018 at about 1400hrs, I was at the roundabout along Henderson Rd. I was checking for oncoming traffic from the opposite side of Henderson Rd. A lorry then stopped very close to the left of my vehicle. As the lorry was blocking my view of the oncoming traffic, I could not move. Shortly after, the lorry began to move and suddenly, I felt an impact from the rear left portion of my vehicle. I realized that the lorry had collided with my vehicle.

I wished to state that I am not injured. Traffic Police attended to the incident and I was issued a case card vide D/20180717/0086 under TP IO Abdillah, Tel: 65476246.

SINGAPORE POLICE FORCE

T/20180717/2124

Report No. T/20180717/2124

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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: D / Staff Sgt KHAIRUL ANUAR BIN ABU BAKAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2018 16:43
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:

Authentication Stamp
NP168

SN 045

Signature: _____

Singapore Police Force

JABATAN PENGANGKUTAN JALAN MALAYSIA

SAMBUNGAN **PERAKUAN PENDAFTARAN KENDERAAN**

NO. PENDAFTARAN: **JNC9668** (JLJ33)

No. Siri B **1816030**

Nama Pemunya Berdaftar	:	SEDUISANT SKIN & BODYLINE SND BHD	758458-K [SKT]
Alamat	:	NO 1 JLN DEWANI 4 KAW.PER INDUSTRIAN DEWANI 81100 JOHOR BAHRU JOHOR D.T.	
No. Enjin	:	2AZ2033250	
No. Casis	:	ACA36-5000332	
Buatan	:	TOYOTA	
Nama Model	:	RAV 4 DBA-ACA36W(A)	
Keupayaan Enjin	:	2362 S.P	
Bahan Bakar	:	PETROL	
Warna	:	PERAK	
Kelas Kegunaan	:	PSDN-JIP/VAN/BAS/KVN SYKT	
Jenis Badan	:	JIP	
Tahun Dibuat	:	2005	
Tarikh Pendaftaran	:	12/11/2010	
Status Pemunya	:	SYARIKAT/PERTUBUHAN	
Muatan Tempat Duduk	:	5	
Kadar Lesen Kenderaan Motor	:	6 bulan RM364.80 — 12 bulan RM729.60	

B.D.M/B.G.K	:	-
B.T.T.	:	-
Berat Kerb	:	-
B.T.M.	:	-
B.G.1	:	-
B.G.2	:	-
B.G.3	:	-
B.G.4	:	-
B.G.5	:	-
B.G.6	:	-
B.G.7	:	-
B.G.8	:	-
B.G.9	:	-
B.G.10	:	-
B.G.11	:	-
B.G.12	:	-

Tandatangan Pemunya Berdaftar

Perakuan Pendaftaran ini dikeluarkan oleh Pengarah JPJ Negeri KOMPLEKS JPJ, NEGERI JOHOR III

1. **KENDERAAN IMPORT TERPAKAI** **UNTUK KEGUNAAN PEJABAT**
2.
3. **HAKMILIK DITUNTUT OLEH :PUBLIC BANK BERHAD** MELALUI SISTEM **NO SIRI SURAT :H05/526302/10**
4.
5. **HAKMILIK DITUNTUT OLEH :PUBLIC BANK BERHAD** **NO SIRI SURAT :H10/512368/12**
6.
7.
8.
9.
10.
11.
12.
13.

JPJ 23 MAR 2012

NOTA PENTING

1. Simpan perakuan ini di tempat yang selamat. Jika perakuan ini hilang, anda dikehendaki melaporkan kepada balai polis dengan segera dan memohon salinan perakuan pendaftaran daripada Pengarah Jabatan Pengangkutan Jalan (JPJ).
2. Semak butir-butir kenderaan di muka ini dan laporkan dengan segera kepada Pengarah JPJ jika terdapat sebarang perubahan.
3. Lesen kenderaan motor yang sah hendaklah sentiasa dipemerkan. Anda boleh membaharui lesen 60 hari sebelum tempohnya tamat.
4. Anda dikehendaki melaporkan secara bertulis dengan segera kepada Pengarah JPJ sekiranya kenderaan anda tidak berlesen.
5. Jika anda menjual kenderaan, serahkan perakuan pendaftaran ini kepada pembeli. Anda dan pembeli dikehendaki mengisi dan mengemukakan borang JPJK3/JPJK3A kepada Pengarah JPJ dalam tempoh tujuh hari dari tarikh penjualan itu.
6. Pemunya berdaftar kenderaan adalah bertanggungjawab di atas segala urusan berkaitan dengan kenderaan sehingga pertukaran milikan telah disempurnakan dan kenderaan telah didaftarkan dengan nama pemilik baru.
7. Jika alamat anda bertukar, kemukakan perakuan pendaftaran ini kepada Pengarah JPJ dalam tempoh tujuh hari dari tarikh pertukaran itu.

BAYARAN-BAYARAN

1	[illegible] 28082011 16:36:31 037150 N 27-66337 NASLIZA [illegible] 04200 JHC9660 11/11/2011 [illegible]8.00	11	
2	[illegible]3 28082011 08:34:52 031900 N 27-66338 NASLIZA [illegible] CX 0 04200 JHC9660 11/11/2011 [illegible]RM[illegible]10.00 RM[illegible]10.00	12	
1	000014 20032012 09:10:31 034700 N 05-07517 FATIMAH 00106 TB 0 00106 JHC9660 24/02/2013 2361000RM[illegible]100.00 2353070RM[illegible]50.00 RM[illegible]150.00	13	
1		14	
5		15	
3		16	
7		17	
3		18	
9		19	
10		20	

PERTUKARAN-PERTUKARAN MILIKAN DAN ALAMAT

1 LIEW SEET CHONG 3 LRG BURUNG TEKUKOR 5 TMN BKT MALURI KEPONG 52100 K.LUMPUR W.P. KUALA LUMPUR	No. K.P./Def. Negs/Sykt: 631023085352 /NAL 20032012	Tandatangan Pemunya Berdaftar
2	No. K.P./Def. Negs/Sykt:	Tandatangan Pemunya Berdaftar
3	No. K.P./Def. Negs/Sykt:	Tandatangan Pemunya Berdaftar
4	No. K.P./Def. Negs/Sykt:	Tandatangan Pemunya Berdaftar
5	No. K.P./Def. Negs/Sykt:	Tandatangan Pemunya Berdaftar

REKOD-REKOD PEMERIKSAAN

1	5	9
2	6	10
3	7	11
4	8	12

Allianz General Insurance Company (Malaysia) Berhad (735426-V)
WISMA ALLIANZ
NO.33, JALAN GEREJA 50100 KUALA LUMPUR
Tel No: 03-20891188 Fax No: 03-20759918 E-Mail: -

Allianz

RTD CODE : 13

OFFICE COPY

THE SCHEDULE
JADUAL

STAMP DUTY PAID
DUTI SETEM DIBAYAR

M.X.1 — PRIVATE CAR EXCLUDING GOODS

INSURED *PEMUNYA*	LIEW SEET CHANG
ADDRESS *ALAMAT*	3 LORONG BURUNG TERKUKUR 5, TAMAN BUKIT MALURI 52100 KUALA LUMPUR WILAYAH PERSEKUTUAN

PERIOD OF INSURANCE *TEMPOH INSURANS*
(a) From *Dari* 25-04-2016 (both dates inclusive) *(termasuk kedua-dua tarikh)*
To *Hingga* 24-04-2017
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.
Sebarang tempoh selanjutnya di mana Anda hendaklah membayar, dan Kami hendaklah bersetuju menerima premium pembaharuan.

OCCUPATION/TYPE OF BUSINESS *PERNIAGAAN/PEKERJAAN*: OTHERS

HIRE PURCHASE OWNERS/EMPLOYER'S LOAN *SEWA BELI/PINJAMAN MAJIKAN*: PUBLIC BANK BERHAD

PARTICULARS OF VEHICLE *BUTIR-BUTIR KENDERAAN* — **EXCESS** *LEBIHAN*: 0.00

Date of Issue/Time *Tarikh Dikeluarkan/Waktu*	18-04-2016 12.45.25 PM
E-Cover Note No. *No. Nota Perlindungan*	AEKL0524048
Account No. *No. Akaun*	KL31427
Premium	2010.60
Loading 15.00	301.59
NCD 45.00 % (216216180418T767)	1,040.49
Extra Coverage	
NAMED DRIVER(S)	10.00
LLOP	7.50
GROSS PREM	1,289.20
GST 6.00 %	77.35
STAMP DUTY	10.00
TOTAL DUE	1,376.55
AMOUNT PAYABLE (ROUNDED)	1,376.55

Make and Type of Body *Buatan dan Jenis Badan*: TOYOTA RAV 4	Registration No./Trailer No. *No. Pendaftaran/No. Trailer*: JNC9668		
Engine/Motor No. *No. Enjin/Motor*: 2AZ2033250	Engine C.C/Horse Power/Tonnage/Watt *Cc Enjin/Kuasa Kuda/Tan/Watt*: 2362.00 CC		Act. *Akta*: 84.65
Chassis No. *No. Casis*: ACA36-5000332	Seating Capacity *Muatan Tempat Duduk*: 5	Year of Manufacture *Tahun Dibuat*: 2005	Sum Insured *Jumlah Dilnsuranskan*: 64,000.00
NRIC No./Bus. Regn. No *No. Kad Pengenalan/No. Pendaftaran Perniagaan*: 631022085352	Telephone No. *No. Telefon*: 6012-2828252/-	Regn. Card No. *No. Kad Pendaftaran*: B1816030	Type of Cover *Jenis Perlindungan*: COMPREHENSIVE

This Policy is subject to the following endorsements as printed in this Policy or added thereon or attached thereto:-
Polisi ini adalah tertakluk kepada pengendorsan yang telah dicetak atau dilampirkan atau dimasukkan kedalamnya.

ENDT.1(i) - EXCESS ALL CLAIMS (Comprehensive)
ENDT.100 - EXCLUSION OF LEGAL LIABILITY TO PASSENGERS -(Private car only)
ENDT.106 - INSURER'S AUTHORISED WORKSHOP
ENDT.113 - REFERENCE TO MOTOR VEHICLE MARKET VALUATION SYSTEM
ENDT.15 - HIRE PURCHASE
ENDT.20(i) - COMPULSORY EXCESS
ENDT.30 - REPLACEMENT PARTS
ENDT.72 - LEGAL LIABILITY OF PASSENGERS FOR NEGLIGENT ACTS
ENDT.87 - AGREED VALUE
ENDT.W.1 - WARRANTY NO 1

NAMED DRIVERS
1. THE POLICYHOLDER
2. CHEE KOK FAH
3. CHEE SIN MUN

LODGING COMPLAINTS & GRIEVANCES
IF YOU HAVE ANY COMPLAINTS OF UNFAIR MARKET PRACTICES BY THE COMPANY, YOU MAY CALL OR WRITE TO :

1. **COMPLAINT UNIT**
ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA)
GROUND FLOOR, BLOCK 2A,
PLAZA SENTRAL, JALAN STESEN SENTRAL 5,
KUALA LUMPUR SENTRAL,50470 KUALA LUMPUR
TEL/NO : 03-2264 0820 FAX NO: 03-2264 0602
EMAIL: customer.service@allianz.com.my

2. **FINANCIAL MEDIATION BUREAU ("FMB")**
LEVEL 25, DATARAN KEWANGAN DARUL TAKAFUL,
NO. 4 JALAN SULTAN SULAIMAN
50000 KUALA LUMPUR
TEL/NO: 03-2272 2811
FAX NO: 03-2274 5752
EMAIL : enquiry@fmb.org.my

3. **PENGARAH**
LAMAN INFORMASI NASIHAT DAN KHIDMAT (LINK)
BANK NEGARA MALAYSIA
GROUND FLOOR BLOCK C
JALAN DATO' ONN
50480 KUALA LUMPUR
TOLL FREE : 1-300-88-5465
FAX NO: 03-2174 1515
EMAIL: bnmtelelink@bnm.gov.my

Geographical Area : Malaysia, Republic of Singapore and Negara Brunei Darussalam.
Kawasan Geografi : Malaysia, Republik of Singapura dan Negara Brunei Darussalam

Limitations as to Use/ Authorised Driver : As described in the Certificate of Insurance.
Had Penggunaan / Pemandu Yang Diberi Kuasa : Seperti yang tercatat dalam Sijil Insurans

Issued By */Dikeluarkan oleh*
AMEIZING AGENCY / KL31427-01
NO. 20 JALAN 7/36 , BUKIT SRI BINTANG, KEPONG
52100 KL
TEL: 603-62788211
FAX:

Please ensure All accidents are reported to the Police within 24 hours
Pastikan semua kemalangan hendaklah dilaporkan kepada pihak Polis dalam masa 24 jam.
Issued in lieu of and Cancelling/Replacing Cover Note/Policy No. -
Dikeluarkan Sebagai Pembatalan/Penggantian/No. Nota Perlindungan/ No. Polisi -
Date of Signature of Proposal & Declaration 18-04-2016
Tarikh Tandatangan Cadangan dan Akuan

ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD (735426-V)

Authorised Signature

Important Notice : Policy print out can be obtained from our branch offices located nationwide or from your servicing agents.
Kenyataan Penting : Cetakan polisi boleh diperolehi daripada pejabat cawangan kami di seluruh negara ataupun daripada ejen Allianz Anda.
ALPHA-1623427-0000020834-3

25-09-2016 10:12:51

PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-60 SINGAPORE 408717
Tel No. : 67433246/ 67438552 Fax No. : 67430013
E-Mail : PEOPLEVEHICLE@GMAIL.COM
Tax Reg. No. : M90001895E Buss. Reg. No. : 31800200X

QBE INSURANCE (INTERNATIONAL) LIMITED
65, CHULIA ST. #36-01 WEST LOBBY
S049513

Attention : Motor Claim Department Vivian
Contact : 62246533 Fax No. : 62252148

Estimate : ES18021

Date : 17/07/2018
Vehicle Num. : JNC 9668
Make/Model : TOYOTA RAV4
Chassis/Eng# :
Accident Date : 17/07/2018
Claim No. : TP 309-18
Reference : YP 414 J
Policy No. :

S/N	Quantity	Particular		Unit Price	Amount S$
		LIST ITEMS :			
1.	1	TAILGATE Repair			1,218.20
2.	1	TAILGATE LOGO Spray			121.30
3.	1	RAV4 EMBLEM			138.60
4.	1	TAIL LAMP L/H Cracked			389.30
5.	2	TAIL LAMP CLIPS L/H Spray Distorted	29.10.20	12.80	25.60
6.	1	FENDER L/H REAR Distorted			977.30
7.	1	BUMPER REAR Distorted	21865		580.30
8.	1	BUMPER SIDE RETAINER L/H REAR Dmgd			128.40
9.	1	BUMPER REFLECTOR L/H REAR Cracked			281.20
10.	1	QUARTER GLASS MOULDING L/H REAR Spray			192.30
11.	1	BUMPER BRACKET L/H REAR			171.20
12.	1	TAIL LAMP PANEL L/H Dented			268.20
		List TotalS$:			4,491.90
		25.00% Discount S$:			1,122.98
					3,368.92
		SPECIAL NETT ITEMS :			
1.	1	QUARTER GLASS GUM Spray			60.00
		Special Nett Total S$:			60.00

CONTINUE /...

JKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Authorised by Repairer

PEOPLE'S VEHICLE RECOVERY SERVICE

BLK 3023-A UBI ROAD 1 #01-60 SINGAPORE 408717
Tel No. : 67433246/ 67438652 Fax No. : 67430013
E-Mail : PEOPLEVEHICLE@GMAIL.COM
Tax Reg. No. : M90001895E Buss. Reg. No. : 31800200X

QBE INSURANCE (INTERNATIONAL) LIMITED
65, CHULIA ST. #36-01 WEST LOBBY
S049513

Attention : Motor Claim Department
Contact : 62246633 Fax No. : 62252148

Estimate : ES18021

Date : 17/07/2018
Vehicle Num. : JNC 9668
Make/Model : TOYOTA RAV4
Chassis/Eng# :
Accident Date : 17/07/2018
Claim No. : TP 309-18
Reference : YP 414 J
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		LABOUR :		
		REMOVE & REPLACE ACCIDENT DAMAGED PARTS		~~1,200.00~~ 700
		SPRAY PAINTING ACCIDENT EFFECT PARTS		~~850.00~~ 700
		REMOVE AND REFIT REAR UPHOLSTERY, CARPET AND ETC.	1620	~~280.00~~ 60
		REMOVE AND REFIX QUARTER GLASS		100.00 X
		REMOVE & REFIX FUEL TANK & ETC.		~~160.00~~ 80
		REMOVE AND REFIX UNDERCARRIAGE REAR		220.00 X
		UNDERCOAT		~~120.00~~ 50
		CHECKING WIRING		~~60.00~~ 30
		Labour Total S$:		2,970.00

SingDollars : Six Thousand Three Hundred Ninety-Eight & Cents Ninety-Two Only

E. & O.E. Total S$: 6,398.92

total: 3802.65
L/S: 3K.

06 Aug.

for PEOPLE'S VEHICLE RECOVERY SERVICE

Computer Generated Invoice.No Signature Required.

> Back to OneMotoring

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 17 Jul 2018 / 18:48:08
Receipt Date/Time : 17 Jul 2018 / 18:48:08

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180717-002011
Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
	Result of Insurance Enquiry - YP414J As at 17 Jul 2018/14:00:00 Insurance Co: QBE INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - YP414J Enquiry Fee 20180717184719754243	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	20180717184731529 Direct Debit: eNETS Debit (Internet Banking)			7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt OK Save as PDF

Mei Kwan (LKKAuto)

From: Jenny Toh <jenny.toh@qbe.com>
Sent: Wednesday, 12 September, 2018 9:49 AM
To: Mei Kwan (LKKAuto)
Cc: Jenny Toh
Subject: FDirect Settlement - Accident Involving YP414J (OI : QBE - TBA) AND JNC9668 (TP : LKK REF - CC6/QBE18013176/Awa3) on 17/07/2018
Attachments: TP POLICE REPORT.pdf; MSIA LOG CARD.pdf; TP CI.pdf; LTA SEARCH.pdf

Categories: HMK

Our ref: VC011674

Hi Mei Kwan

We refer to this matter.

Kindly let us have the TPD mandate and survey report.

regards

Jenny Toh
Senior Assistant, Claims
QBE Emerging Markets – Singapore

QBE Insurance (Singapore) Pte Ltd
Phone: +65 6477 1225
Email: jenny.toh@qbe.com
Visit us on the web at www.qbe.com.sg

From: Mei Kwan (LKKAuto) [mailto:Meikwan@lkkauto.com]
Sent: Friday, 20 July, 2018 11:04 AM
To: Jenny Toh <jenny.toh@qbe.com>
Cc: Vivian Lau (LKKAuto) <vivianlau@lkkauto.com>; Thin Thin (LKKAuto) <thinthin@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: Direct Settlement - Accident Involving YP414J (OI : QBE - TBA) AND JNC9668 (TP : LKK REF - CC6/QBE18013176/Awa3) on 17/07/2018

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

This is a TP direct settlement case.

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

QBE INSURANCE (SINGAPORE) PTE LTD

1 RAFFLES QUAY #29-10 SOUTH TOWERSINGAPORE 048583

Ref : CC6/QBE18013176/Awa3q2

Date : 04-10-2018

Code : QBE

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	YP 414J	**Veh. Inspected**	JNC 9668
	Policy No.		**Coverage ($)**	0.00
	Claim No.	VC011674	**Excess ($)**	0.00
	Assign From		**Assign Date**	18/07/2018

2. Vehicle Particulars & Condition

	Make & Model	TOYOTA RAV 4	**c.c**	2362
	Engine No.	HIDDEN	**Year of Reg.**	2010
	Chassis No.	ACA365000332	**Colour**	SILVER
	Odometer	97113	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	205/65 R17	KUMHO	6 mm
	L/H Front Tyre	205/65 R17	KUMHO	6 mm
	R/H Rear Tyre	205/65 R17	KUMHO	6 mm
	L/H Rear Tyre	205/65 R17	KUMHO	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	17/07/2018	**Inspection Date**	18/07/2018
	Survey held at	PEOPLE'S VEHICLE RECOVERY SERVICE BLK 3023-A, UBI ROAD 1 #01-60 SINGAPORE 408717		

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

TEL: 6256 3561 FAX: 6256 4315

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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. JNC 9668

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	TAILGATE	TO REPAIR SEE LABOUR	1,218.20	-
1	TAILGATE LOGO	NECESSARY	121.30	121.30
1	RAV4 EMBLEM	NECESSARY	138.60	138.60
1	TAIL LAMP L/H	CRACKED	389.30	389.30
2	TAIL LAMP CLIPS L/H @$12.80	NECESSARY	25.60	25.60
1	FENDER L/H REAR	DISTORTED	977.30	977.30
1	BUMPER REAR	DISTORTED	580.30	580.30
1	BUMPER SIDE RETAINER L/H REAR	DAMAGED	128.40	128.40
1	BUMPER REFLECTOR L/H REAR	CRACKED	281.20	281.20
1	QUARTER GLASS MOULDING L/H REAR	NOT NECESSARY	192.30	-
1	BUMPER BRACKET L/H REAR	NOT NECESSARY	171.20	-
1	TAIL LAMP PANEL L/H	DENTED	268.20	268.20
	LESS 25% DISCOUNT		-1,122.98	-727.55
			3,368.92	2,182.65
	SPECIAL NETT ITEMS			
1	QUARTER GLASS GUM (SN)	NOT NECESSARY	60.00	-
			60.00	-
	LABOUR			
	REMOVE & REPLACE ACCIDENT DAMAGED PARTS.INCLUSIVE OF THE REPAIR OF TAILGATE .		1,200.00	700.00
	SPRAY PAINTING ACCIDENT EFFECT PARTS.		850.00	700.00
	REMOVE AND REFIT REAR UPHOLSTERY ,CARPET AND ETC.		260.00	60.00
	REMOVE AND REFIX QUARTER GLASS.	NOT NECESSARY	100.00	-
	REMOVE & REFIX FUEL TANK & ETC.		160.00	80.00
	REMOVE AND REFIX UNDERCARRIAGE REAR.	NOT NECESSARY	220.00	-
	UNDERCOAT.		120.00	50.00
	CHECKING WIRING.		60.00	30.00
			2,970.00	1,620.00
	GRAND TOTAL		**6,398.92**	**3,802.65**

Report Ref No. CC6/QBE18013176/Awa3q2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**3,000.00**

Report Ref No. CC6/QBE18013176/Awa3q2

ADRIAN LING WAI PING

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

Licensed Appraiser