

ASS. REC. BY:

REF:

TP /

CS/TP18013581/Kthm

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

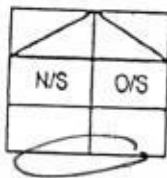
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 07 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBB 46100 Yr Regn: 04, 09

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

Truck / Trailer or

Make: Toy Dyna c.c. 2PP2Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 622820 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFA T35460K 200436Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 195 R15 X8
R: 155 R12 X8 (10)BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 2 mmL/Bal. 2 mmD.O.A. 14/7/18

Survey held at

Rear

R/Bal. 77 mmL/Bal. 77 mmD.O.A. 25/7/18Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

26/7 File pass to Catherine30/8 GBB 46100 x
L1 Reg 842501. Cc. Brian
(Red. 2600.89) 37%

RECEIVED 30 AUG 2018

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 71) 30/8 Typst☒ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

S - RS, SI

Fixtcs

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Report Format :

Lump Sum / I.B.I: (\$ 42501-)

| |
|-----|
| 150 |
| 50 |
| 50 |
| 25 |
| 80 |
| 355 |

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Company

Owner ID:

3691K

Vehicle Details

Vehicle No.:

GBB4610D

Vehicle to be Exported:

Yes

Intended De-registration Date:

24 Jul 2018

Vehicle Make:

TOYOTA

Vehicle Model:

DYNA 150 MANUAL 3SEATER

Primary Colour:

Blue

Manufacturing Year:

2009

Engine No.:

1KD1917393

Chassis No.:

JTFAT35Y60K200436

Maximum Power Output:

-

Open Market Value:

\$24,243.00

Original Registration Date:

13 Apr 2009

First Registration Date:

13 Apr 2009

Transfer Count:

0

Actual ARF Paid:

\$1,213.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

12 Apr 2019

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$2,900.00

COE Rebate Amount:

\$208.00

Total Rebate Amount:**\$208.00**

The information contained herein is correct as at 24 Jul 2018

OK

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 | 19/07/2018 15:08 |
| Date Of Accident | 14/07/2018 07:00 |
| Exact Location Of Accident | ALONG SLE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | GBB4610D |
| Insured/Policyholder | |
| Name Of Registered Owner | PRELIM CONSTRUCTION PTE LTD |
| Co Reg No | 199703691K |
| Email Address | CHERYL_LIEW@CONTRACTS.COM.SG |
| Mobile Phone No | (LOCAL) +65-97681657 |
| Alternative Phone No | OFFICE-97681657 |

Vehicle Particulars

| | |
|--|-----------------------------------|
| Manufacturer | TOYOTA |
| Model | DYNA 150 MANUAL 3SEATER-3.0 D (M) |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | GA184346/1 |
| Cover Note Number | 13/04/2018 - 12/04/2019 |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | CHUA SOON HIN |
| NRIC No | S1533463J |
| Date Of Birth | 17/03/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/07/1982 |
| Driving Experience | 35 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97681657 |
| Fax Number | |
| Contact Number | OTHERS-97681657 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 120 PENDING ROAD #13-174 |
| Postcode | 670120 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

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

Other Information

| | |
|---|------------------------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | JJH8799 (COMMERCIAL VEHICLE) |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | 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) | 14 |
| Passenger 1 | NAME: : WORKER 1 GENDER: : MALE |
| Passenger 2 | NAME: : WORKER 2 GENDER: : MALE |
| Passenger 3 | NAME: : WORKER 3 GENDER: : MALE |
| Passenger 4 | NAME: : WORKER 4 GENDER: : MALE |
| Passenger 5 | NAME: : WORKER 5 GENDER: : MALE |
| Passenger 6 | NAME: : WORKER 6 GENDER: : MALE |
| Passenger 7 | NAME: : WORKER 7 GENDER: : MALE |
| Passenger 8 | NAME: : WORKER 8 GENDER: : MALE |
| Passenger 9 | NAME: : WORKER 9 GENDER: : MALE |

| | |
|--------------|-------------------|
| Passenger 10 | NAME: : WORKER 10 |
| | GENDER: : MALE |
| Passenger 11 | NAME: : WORKER 11 |
| | GENDER: : MALE |
| Passenger 12 | NAME: : WORKER 12 |
| | GENDER: : MALE |
| Passenger 13 | NAME: : WORKER 13 |
| | GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION) |
| Police Station Address | ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2180000 - FAX NO: 64814246 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER. DRIVER IS CURRENTLY STILL IN THE HOSPITAL. PLS REFER TO THE AUTHORIZATION LETTER FROM DRIVER TO LODGE THE 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 Witness 1

| | |
|---------------|-----------------|
| Name | VELLAIYAN ALAGU |
| Phone Number | |
| Email Address | |

Details of Witness 2

| | |
|---------------|-------------|
| Name | CHENG YUNDI |
| Phone Number | |
| Email Address | |

Details of Witness 3

| | |
|---------------|--------------------------|
| Name | SUBRAMANIAM MAYAKRISHNAN |
| Phone Number | |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | JJH8799 |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|--------------------------|
| Name | CHUA SOON HIN |
| Approximate Age | |
| Injuries Sustain | HEAD TRAUMA / BLOOD CLOT |
| Injured person in which vehicle? | GBB4610D |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|-------------|
| Name | WORKER |
| Approximate Age | |
| Injuries Sustain | BODY UNWELL |
| Injured person in which vehicle? | GBB4610D |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|---|-------------|
| Name | WORKER |
| Approximate Age | |
| Injuries Sustain | BODY UNWELL |
| Injured person in which vehicle? | GBB4610D |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 4

| | |
|---|-------------|
| Name | WORKER |
| Approximate Age | |
| Injuries Sustain | BODY UNWELL |
| Injured person in which vehicle? | GBB4610D |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 5

| | |
|---|-------------|
| Name | WORKER |
| Approximate Age | |
| Injuries Sustain | BODY UNWELL |
| Injured person in which vehicle? | GBB4610D |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

Autonise by driver.



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

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



Sketch Plan Pg. 2

Date of accident: _____ Time: _____ Location: _____

My Vehicle A: _____ Vehicle B: _____ Vehicle C: _____

SKETCH PLAN

Refer to the attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the attached.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself : CHERYL_LIEN@CONTRACTS.COM-SG

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

Authorised by driver



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY

Accident/Incident Investigation (Vehicle)

Vehicle No : GBB4610D

Name of Driver : Chua Soon Hin

Insurance Co / Period of Insurance : AXA/ 13 April 2018 - 12 April 2019

Particulars of accident/incident

| | |
|-------------------------------------|---|
| Date & time it occurred | 14 Jul 2018 at or about 0700am |
| Place of occurrence | SLE towards CTE, after Lentor Ave exit near Seletar Bus Depot |
| Other Vehicles Involved? | Yes |
| Public involved? | Yes |
| Persons injured? (If yes, how many) | Five (5) |

Particulars of injured Driver (If Any)

| | |
|-----------------------------------|---|
| Name of injured | Chua Soon Hin |
| I/C No. | S1533463 J |
| Age/Sex | 56 Years Male/Female |
| Occupation | Site Supervisor |
| Years of experience (Join Date) | |
| Name of employer | |
| Nature of injury | Head trauma/ Blood Clot |
| Hospitalised? | Yes/No Pls specify hospital Khoo Teck Puat Hospital |
| Estimated period of medical leave | |
| Name of injured's supervisor | Lim Lam Hui |

Witness to accident/incident

| | Witness 1 | Witness 2 | Witness 3 |
|------------------|-------------------------|-------------------------|--------------------------|
| Name of witness | Vellaiyan Alagu | Cheng Yundi | Subramanian Mayakrishnan |
| IC No | F8128380W | G7795283M | G8293520M |
| Occupation | Construction worker | Construction worker | Construction worker |
| Name of employer | Master Contracts & Svcs | Master Contracts & Svcs | Master Contracts & Svcs |



Injured account of accident/incident (Vehicle)

Date & time of statement made: 16 Jul 2018 / 0930hrs

Name of interviewer : Dixon Lim

Signature of interviewer: _____



Statement of accident/incident:

At around 07:00am, I was travelling from 24, Woodlands Loop towards SAF Ferry terminal, along SLE towards CTE after Lentor Ave exit. I saw some stationary vehicles stopped in the distance in the same lane ahead of me possibly from an accident. I slowed down and stopped the vehicle as there was no opportunity for me to overtake at that point in time.

While waiting for the way to be clear for me to overtake the obstacle, a malaysian lorry bearing the number plate, JJH8799, collided into the rear of my vehicle which was stationary at the time of impact.

The impact injured 5 persons including myself. I felt a pain on the back of my head as I exited the vehicle to check on my workers as well as the vehicle. I felt faint afterwards. Shortly, the emergency services and police arrived and the injured workers and I was taken away to Khoo Teck Puat Hospital.

I am still in the hospital under observation at the time this statement is made.

1. I confirm that the contents are true and correct.

Signature/Thumbprint of Driver: _____



NRIC/Work Permit No.: S1533463 J

for official use only

Prepared By

Dixon

Date

16/07/18

Vetted By

Date



Sketch Plan Pg. 5

SLE

A 4BB 46100
B 3JH 8799

4.2

SLE





**SINGAPORE
POLICE FORCE**



F/20180714/7014

1 of 2

POLICE REPORT (NP299)

Report No. F/20180714/7014

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

| | | | |
|--|---|---------------------|-----------------------------|
| Date/Time Report Made 14/07/2018 12:36 | Vide Report No. | Station Diary No. | |
| Name Of Informant CHUA SOON HIN | Address APT BLK 120 PENDING ROAD #13-174 SINGAPORE 670120 | | |
| ID Type / ID No. NRIC NO / S1533463J | Contact No. Home/Office: | Mobile: 97681657 | |
| Nationality SINGAPORE CITIZEN | Email Address dixon@contracts.com | | |
| Occupation Civil engineering technician | Sex Male | Age 56 | Date of Birth 17/03/1962 |
| Institution/School Name | Race Chinese | | |
| Date/Time Of Incident 14/07/2018 07:00 | Location Of Incident SELETAR EXPRESSWAY | | |

Brief details.

I was en route to SAF Ferry terminal from Woodlands Loop. I saw an accident in front of me and I stopped. Shortly a malaysian lorry collided into the rear of my vehicles. There was a total of 11 persons in the rear compartment and 3 in the front cabin including myself. A total of 5 persons including myself were injured. I alighted from the vehicle but felt dizzy. The police force and emergency services came shortly after and the injured including myself were taken away by the ambulances to Khoo Teck Puat Hospital.

Subjects Involved

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 14/07/2018 12:36 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20180714/7014

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180714/7014

| | | | |
|---------------------------|--|--------------|-----------|
| Victim | | | |
| Person Name | CHUA SOON HIN | | |
| ID Type | NRIC NO | ID No | S1533463J |
| Gender | Male | Age | 56 |
| Race | Chinese | Language | English |
| Occupation | Civil engineering technician | Address Type | |
| Address | APT BLK 120 PENDING ROAD #13-174 SINGAPORE 670120 | Mobile No | 97681657 |
| Is Informant A Victim? | Yes | | |
| | | | |
| Person Name | CHUA SOON HIN (Informant) | | |
| | | | |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

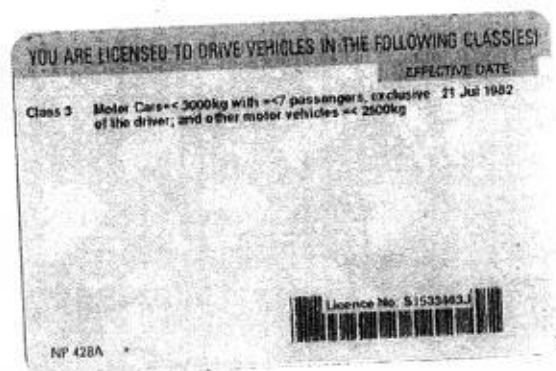
Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

14/07/2018 12:36

Classification Of Case:





redefining / insurance

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

date

10/04/2018

policy number

CV2 / GA184346

Certificate of Insurance

Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia) Commercial Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

| | | | |
|-----------------------------|--|--------------------|-------------------|
| Policyholder name | PRELIM CONSTRUCTION PTE LTD | Certificate number | GA184346 / 1 |
| Cover | Third Party Only | NCD | 20% |
| Engine number | 1KD1917393 | Chassis number | JTFAT35Y60K200436 |
| Vehicle Registration number | QBB46100 | | |
| Period of Insurance | from 13/04/2018 to 12/04/2019 (both dates inclusive) | | |
| Sum Insured | Nil | | |
| Finance Loan Company | Nil | | |

Persons or classes of persons entitled to drive

Any person who is driving on the Policyholder's order or with their 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.

Limitations as to use*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trial or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

* Limitations (rendered imperative by Section 8 of the Commercial Vehicles (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

An additional excess is applicable as follows:


Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) is 18 years old to 21 years old and/or
- b) is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license


Additional clauses & endorsements to your policy

Nil

4692661



NRIC No. S1533463J





Date of issue
14-03-2011

Address
APT BLK 120 PENDING ROAD
13-174
SINGAPORE 670120

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1533463J



Name
CHUA SOON HIN

蔡 順 兴

Race
CHINESE

Date of birth Sex
17-03-1962 M

Country of birth
SINGAPORE



AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047
TEL: 6483 1244 (4 lines) FAX: 6483 6170 Email: ahlimmc@singnet.com.sg
GST:M9-0009639-E RCB NO:06470300B

M/S : PRELIM CONSTRUCTION PTE LTD
81 TAGORE LANE #01-21 TAG A

Estimate No: MC0913293

Date: 24 Jul 2018

SINGAPORE 787502

Policy No: GA184346/1

TEL: 64816615

Veh Reg No: GBB4610D

ATTN:

Make/Model: TOYOTA DYNA 150

Your Ref No: -

Claim Type: Third Party

Accident Date: 14/07/2018

TP Veh Reg No: JJH8799

Not Authorized
1/1/2018
Resumy After Paint
7 days

Estimate Repair Cost to Vehicle No :GBB4610D

| Description | Quantity | List Price | Amount |
|--|----------|------------|----------|
| | | SS | SS |
| SPARE PARTS | | | |
| 1 TAILGATE | 1 PC | 1,267.40 | ✓ |
| 2 TAILGATE TOYOTA LOGO | 1 PC | 204.55 | ✓ |
| 3 TAILAMP LH / RH | 2 PC | 485.40 | ✓ |
| 4 TAILAMP PANEL | 2 PC | 217.64 | ✓ |
| 5 NUMBER PLATE PANEL | 1 PC | 191.75 | X |
| 6 SIDE GATE LOCK LH / RH | 2 PC | 258.66 | ✓ |
| 7 SIDE GATE LOCK LOWER BRACKET LH / RH | 2 PC | 256.26 | X |
| 8 END PANEL | 1 PC | 275.43 | ✓ |
| 9 END PANEL DYNA LOGO | 1 PC | 27.10 | ✓ |
| 10 REAR CABIN GLASS (BEHIND SEAT) | 1 PC | 212.70 | ✓ |
| 11 REAR CABIN GLASS RUBBER | 1 PC | 128.70 | ✓ |
| 12 REAR DOOR PILLAR TOYOTA D4D LOGO LH / RH | 2 PC | 95.60 | ✓ |
| | | 3,621.19 | |
| | Less 25% | 905.30 | 2,715.89 |
| Special Nett | | | |
| 13 TAILGATE INNER STEEL COVER - CHK PRICE | 1 PC | 0.0000 | ✓ 180 |
| 14 TAILGATE INNER STEEL RIVET | 2 PC | 40.00 | ✓ |
| 15 COMPANY STICKER - CHK PRICE | 1 PC | 0.0000 | X |
| 16 70KM/HR STICKER | 1 PC | 20.00 | ✓ |
| 17 13 PAX STICKER | 1 PC | 20.00 | ✓ |
| 18 FLOOR PANEL TOP STEEL COVER | 1 PC | 0.0000 | ✓ 320 |
| 19 FLOOR PANEL TOP STEEL COVER RIVER | 50 PC | 100.00 | ✓ |
| 20 NUMBER PLATE | 1 PC | 35.00 | 201A |
| 21 REVERSE SENSOR | 1 SET | 200.00 | ✓ |
| | | 415.00 | 415.00 |
| LABOUR | | | |
| 22 TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING. | 1 PC | 40.00 | 201 |
| 23 TO REMOVE AND REPLACE REAR CABIN GLASS | 1 PC | 100.00 | 601 |
| 24 TO REMOVE AND REINSTALL CUSHIONS, SEATS, BACKREST, INNER TRIM, GARNISH, ROOF LINING OR UPHOLSTERY TO FACILITATE REPAIRS. | 1 PC | 180.00 | 1001 |
| 25 TO DISMANTLE ALL DAMAGED PARTS. TO CUT & WELD REAR REINFORCEMENT, END PANEL, NO PLATE PANEL, TAILAMP PANEL LH / RH. TO KNOCK & REPAIR FLOOR PANEL, SIDE GATE, REAR CABIN PANEL, CENTER PANEL, INNER PANELS AND AFFECTED AREAS. TO REFIT LISTED PARTS BACK SAME. | 1 PC | 1,600.00 | 10001 |

AH LIM MOTOR COMPANY
No. 10 Ang Mo Kio Industrial Park 2A
#01-09 AMK Autopoint Singapore 568047
Tel: 6483 1244 Fax: 6483 6170



AH LIM MOTOR COMPANY

No. 10 Ang Mo Kio Ind. Park 2A #01-09 AMK Autopoint Singapore 568047
TEL: 6483 1244 (4 lines) FAX: 6483 6170 Email: ahlimmc@singnet.com.sg
GST:M9-0009639-E RCB NO:06470300B

M/S : PRELIM CONSTRUCTION PTE LTD
81 TAGORE LANE #01-21 TAG A

SINGAPORE 787502

TEL: 64816615

ATTN:

Your Ref No: -

Claim Type: Third Party

Accident Date: 14/07/2018

TP Veh Reg No: JJH8799

Estimate No: MC0913293

Date: 24 Jul 2018

Policy No: GA184346/1

Veh Reg No: GBB4610D

Make/Model: TOYOTA DYNA 150

Estimate Repair Cost to Vehicle No :GBB4610D

| Description | Quantity | List Price | Amount |
|--|----------|----------------------|---------------|
| | | SS | SS |
| 26 TO SPRAY TAILGATE, SIDEGATE LH / RH, END PANEL, FLOOR PANEL, CENTER PANEL, REAR DOOR PILLAR LH & RH | 1 PC | 1,800.00 | 9001 |
| | | 3,720.00 | 3,720.00 |
| | | Total | SS 6,850.89 |
| | | Add GST @ 7% | 479.56 |
| | | Total Amount Payable | SS 7,330.45 |

TOTAL: SINGAPORE DOLLAR SEVEN THOUSAND THREE HUNDRED THIRTY AND CENTS FORTY FIVE ONLY

Please arrange this vehicle to be surveyed soonest possible.

Thank You

For AH LIM MOTOR COMPANY

AH LIM MOTOR COMPANY
No. 10 Ang Mo Kio Industrial Park 2A
#01-09 AMK Autopoint, Singapore 568047
TEL: 6483 1244 FAX: 6483 6170
AUTHORISED SIGNATURE

LKK 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

Acknowledged by Repairer

Signature:

Date:



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

AH LIM MOTOR COMPANY

Ref : CS/TP18013581/Ktbn2

NO.10, ANG MO KIO INDUSTRIAL PARK 2A, #01-09
AMK AUTOPOINT, SINGAPORE 568047

Date : 30-08-2018



ON BEHALF OF PRELIM CONSTRUCTION PTE
LTD

Code : TP089

1. Policy Particulars :- THIRD PARTY CLAIM

| | | |
|--------------|----------------|------------|
| Insured Veh. | Veh. Inspected | GBB 4610D |
| Policy No. | Coverage (\$) | 0.00 |
| Claim No. | Excess (\$) | 0.00 |
| Assign From | Assign Date | 25/07/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|----------|
| Make & Model | TOYOTA DYNA | c.c | 2982 |
| Engine No. | HIDDEN | Year of Reg. | 2009 |
| Chassis No. | JTFAT35Y60K200436 | Colour | BLUE |
| Odometer | 422820 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|---------------|-------------|---------|
| R/H Front Tyre | 195 R15X8 | BRIDGESTONE | 2 mm |
| L/H Front Tyre | 195 R15X8 | BRIDGESTONE | 2 mm |
| R/H Rear Tyre | 155 R12X8 (D) | BRIDGESTONE | 7/7 mm |
| L/H Rear Tyre | 155 R12X8 (D) | BRIDGESTONE | 7/7 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|---|-----------------|------------|
| Accident Date | 14/07/2018 | Inspection Date | 25/07/2018 |
| Survey held at | AH LIM MOTOR CO NO 10 ANG MO KIO IND PK 2A #01-09 AMK AUTOPOINT SINGAPORE 568047 | | |

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: | 7 Working Days |
|-------------------------------------|----------------|



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBB 4610D

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | TAILGATE | BENT | 1,267.40 | 1,267.40 |
| 1 | TAILGATE TOYOTA LOGO | NECESSARY | 204.55 | 204.55 |
| 2 | TAILAMP LH/RH | CRACKED | 485.40 | 485.40 |
| 2 | TAILAMP PANEL | DISTORTED | 217.64 | 217.64 |
| 1 | NUMBER PLATE PANEL | TO REPAIR SEE LABOUR | 191.75 | - |
| 2 | SIDE GATE LOCK LH/RH | DISTORTED | 258.66 | 258.66 |
| 2 | SIDE GATE LOCK LOWER BRACKET LH/RH | TO REPAIR SEE LABOUR | 256.26 | - |
| 1 | END PANEL | BENT | 275.43 | 275.43 |
| 1 | END PANEL DYNA LOGO | NECESSARY | 27.10 | 27.10 |
| 1 | REAR CABIN GLASS (BEHIND SEAT) | SHATTERED | 212.70 | 212.70 |
| 1 | REAR CABIN GLASS RUBBER | NECESSARY | 128.70 | 128.70 |
| 2 | REAR DOOR PILLAR TOYOTA D4D LOGO LH/RH | NECESSARY | 95.60 | 95.60 |
| | LESS 25% DISCOUNT | | -905.30 | -793.30 |
| | | | 2,715.89 | 2,379.88 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | TAILGATE INNER STEEL COVER (SN) | BUCKLED | 180.00 | 180.00 |
| 2 | TAILGATE INNER STEEL RIVET (SN) | NECESSARY | 40.00 | 40.00 |
| 1 | COMPANY STICKER (SN)(NPA) | NOT NECESSARY | - | - |
| 1 | 70KM/HR STICKER (SN) | NECESSARY | 20.00 | 20.00 |
| 1 | 13 PAX STICKER (SN) | NECESSARY | 20.00 | 20.00 |
| 1 | FLOOR PANEL TOP STEEL COVER (SN) | BENT | 320.00 | 320.00 |
| 50 | FLOOR PANEL TOP STEEL COVER RIVER (SN) | NECESSARY | 100.00 | 100.00 |
| 1 | NUMBER PLATE (SN) | DENTED | 35.00 | 20.00 |
| 1 | SET REVERSE SENSOR (SN) | DENTED | 200.00 | 200.00 |
| | | | 915.00 | 900.00 |
| <u>LABOUR</u> | | | | |
| | TO DISCONNECT AND CHECK ELECTRICAL WIRING, WIRE SOCKETS AND ETC. TO REMOVE AND REINSTALL DAMAGED ELECTRICAL UNITS, TEST AND RECTIFY FOR PROPER FUNCTIONING. | | 40.00 | 20.00 |
| | TO REMOVE AND REPLACE REAR CABIN GLASS. | | 100.00 | 60.00 |

Report Ref No. CS/TP18013581/Ktbn2



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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

Page No.:2 of 2

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|-----------|---------------------------|-------------------|
| | TO REMOVE AND REINSTALL CUSHIONS, SEATS, BACKREST, INNER TRIM, GARNISH, ROOF LINING OR UPHOLSTERY TO FACILITATE REPAIRS. | | 180.00 | 100.00 |
| | TO DISMANTLE ALL DAMAGED PARTS, TO CUT & WELD REAR REINFORCEMENT, END PANEL, NO PLATE PANEL, TAILAMP PANEL LH/RH, TO KNOCK & REPAIR FLOOR PANEL, SIDE GATE, REAR CABIN PANEL, CENTER PANEL, INNER PANELS AND AFFECTED AREAS, TO REFIT LISTED PARTS BACK SAME, INCLUSIVE OF THE REPAIR OF NUMBER PLATE PANEL AND SIDE GATE LOCK LOWER BRACKET LH/RH. | | 1,600.00 | 1,000.00 |
| | TO SPRAY TAILGATE, SIDE GATE LH/RH, END PANEL, FLOOR PANEL, CENTER PANEL, REAR DOOR PILLAR LH & RH. | | 1,800.00 | 900.00 |
| | | | 3,720.00 | 2,080.00 |
| | GRAND TOTAL | | 7,350.89 | 5,359.88 |
| | RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 4,250.00 |

Report Ref No. CS/TP18013581/Ktbn2

KONG SENG CHEONG

Licensed Appraiser

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