

Surveyor

REF: C33 / ASM18010066 / D45-1

Special Instruction:

YS: \$19000.00

From (Person): Hang Xinyi of Seah Ong Date/Time: 18072018
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: WG Appraisal

Workshop: Teamwork

OD (FP Re-inspection) / Evaluation

To Inspect Vehicle No: SKJ 86U Insured: STX 4088Z
at Workshop m/s: Teamwork Tel: 6844 2175
of 53 Ubi Ave 1 #01-24

Policy No: _____ Claim No: 18-24630 PD-0

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26052018
(Client's Record)

05.09.2018 (Wednesday) @ 12pm

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 10 days)

Date/Time: _____ Submit Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time	Action/Instruction
	SKJ 86U - C33 / ASM18010066 / D45-1
	STX 4088Z - CVI / VAL1801038 / SV
	DOI: 26052018
	DOI: 26052018
<u>17/09/18</u>	Part prices checked with Premium Automobile. Jinan 2/5 10,000/- with 7 days of rep (check \$9000, 47%)

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 17 SEP 2018

Para(3) : Nett Value

Market Value : _____
Salvage Value : _____
Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

200

200

1) Date/Time 17/9/18 File Pass to Inspector

2) Date/Time _____ File Return to _____

3) Date/Time _____ File Pass to _____

4) Date/Time _____ File Return to _____

5) Date/Time _____ File Pass to _____

6) Date/Time _____ File Return to _____

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 Report: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **8KJ 86U** Yr Regn: **HIV / 2016**Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Audi A4** G.C. **1395**Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **24108** T/Radio: Insured / Std / NI / NAEng/No: **CVH020367**C/No: **WAUZZZF43HA046260**Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: **245 / 40 R17**R: **— 11 —**

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

TOYO / YOKO or **Michelin**

Front

Rear

R/Bal. **S** mm R/Bal. **S** mmL/Bal. **S** mm L/Bal. **S** mmD.O.A. **26/05/2018** D.O.I. **06/09/2018**Survey held at **IDAC Paye ubi**

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

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

Date / Time Action / Instruction

Date/Time: File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

) \$ + RS \$

) Photo

) Other

TOTAL

Report Format :

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

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

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. _____

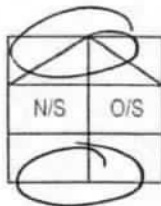
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 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: SKJ 86 U Yr Regn: Nov / 16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A4 C.C. 1395Colour: White A/C: Insured / Std / NI / NASp. Reading: 20436 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZF43HA006260Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 245 / 40 ZR 17R: — " —BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 26052018 D.O.I. 05062018 @ 2pm

Survey held at

TeamworkPage 451

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

Front & Rear

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

Date / Time

Action / Instruction

AXA PRA No GIA provided.
SFX 4088 Z

No AXA repair photo taken.

RECEIVED 20 JUL 2018

Date/Time. File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee:

Transportation

) \$ + RS \$

) Photos

) Other:

Report Format: PR3

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

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

TOTAL

100

Catherine Chong (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Wednesday, 18 July, 2018 5:06 PM
To: 'Catherine Chong (LKK Auto)'
Cc: Chee Kiong; samson@seahong.com.sg
Subject: SKJ 86U [Our file ref: 18.24630 PD-O]
Attachments: TP LOD.pdf

Dear Catherine,

CLAIMANT :	LAU CHEE LEONG JASON
VEHICLE NUMBER :	SKJ 86U
ALLEGED ACCIDENT DATE :	26 MAY 2018
AXA VEHICLE NUMBER :	SFX 4088Z

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report is attached. A copy is enclosed.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please let us arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest.

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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Catherine Chong (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Tuesday, 21 August, 2018 5:57 PM
To: 'Catherine Chong (LKK Auto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; 'assignments'
Subject: SKJ 86U [Our file ref: 18.24630 PD-O]

Dear Catherine

CLAIMANT : LAU CHEE LEONG JASON
VEHICLE NUMBER : SKJ 86U
ALLEGED ACCIDENT DATE : 26 MAY 2018
AXA VEHICLE NUMBER : SFX 4088Z

We refer to the above and to the tele-conversation between our goodselves this evening.

As spoken, we confirm your surveyor will attend the re-inspection, details of which are as follows:-

Date:	5 th September 2018 (Wednesday)
Time:	12 p.m.
Venue:	Teamwork Garage Pte Ltd Blk 53 Ubi Avenue 1 #01 – 24, Paya Ubi Industrial Park Singapore 408934
Contact:	Mr. Darren at 6844 2475

Kindly let us have your survey report and invoice in due course. Thank you.

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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From: Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Sent: Monday, 30 July 2018 3:14 PM
To: 'Xin Yi' <xinyi@seahong.com.sg>
Cc: 'Chee Kiong' <cheekiong@seahong.com.sg>; samson@seahong.com.sg; 'assignments'

CHIA S ARUL LLC
ADVOCATES & SOLICITORS
UEN 201330709H

61161499

ARULCHELVAN 3019431049 - -

Our Ref : AS.181178.jr

Your Ref : To be advised

12 July 2018

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way
#27-01 AXA Tower
Singapore 068811



BY PDX

CHO JAEHYUN

93 Robertson Quay
#08 - 03
Singapore 238255

13 JUL 2018

BY CERTIFICATE OF POSTING

Dear Sirs,

NAME OF CLAIMANT: LAU CHEE LEONG JASON
ADDRESS OF CLAIMANT: C/O TEAMWORK GARAGE PTE LTD
53 UBI AVENUE 1
#01 - 23/24 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

ACCIDENT INVOLVING SKJ 86U & SFX 4088Z ALONG CLUNY ROAD ON 26 MAY 2018

We are instructed by the abovenamed to claim damages against you in connection with a road traffic accident on 26 May 2018 at about 6.50 p.m. along Cluny Road involving our client's vehicle registration SKJ 86U and vehicle registration number SFX 4088Z owned by you at all material time.

We are instructed that the accident was caused by the negligent driving and/or management of the 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:

a)	Costs of Repair (Incl. 7% GST)	S\$ 20,330.00
b)	Rental (8 days x \$200.00)	S\$ 1,600.00
c)	Loss of use (4 days X \$150.00)	S\$ 600.00
d)	Costs (Incl. 7% GST)	S\$ 1,800.00
e)	Survey Report Fee	S\$ 828.00
f)	LTA Search Fee	S\$ 7.49
	Total	S\$ 25,165.49

A copy of each of the following supporting documents is enclosed.

- a) A copy of our client's GIA report;
- b) A copy of the survey report, invoice and photographs of our client's motor vehicle;
- c) A copy of the repair bill invoice;
- d) A copy of the rental bill; and,
- e) A copy of the LTA search.

Please 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.

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,



MR ARULCHELVAN S

Enclosure(s)

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	28/05/2018 15:42
Date Of Accident	26/05/2018 18:50
Exact Location Of Accident	CLUNY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ86U
Insured/Policyholder	
Name Of Registered Owner	LAU CHEE LEONG JASON
NRIC No	S7615124E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81819389
Alternative Phone No	OFFICE-81819389
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.4 TFSI S TRONIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01016842
Cover Note Number	
Driver	
Name of Driver	TAN XIAN HUI JOSEPHINE
NRIC No	S8533082I
Date Of Birth	06/10/1985
Occupation	INDOOR
Date Of Driving Pass	14/03/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81819389
Fax Number	
Contact Number	
Email Address	JOSEPHINE_0610@YAHOO.COM

Address	NIL
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : LAU XUAN XUAN JOVIE
	GENDER: : FEMALE

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

I was in queue on a one lane road. In front of me is a taxi. Suddenly I felt an hard impact from my rear vehicle making my vehicle move forward and gently hitting the taxi rear end. We exchange particulars I had a strain on my neck and back and I went to my GP and got 2 days M.C. My Daughter is also examine but the doctor say she's okay. She too had 2 days MC.

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	SFX4088Z
Vehicle Make/Model/Colour	VOLVO/S80 2.0T AT ABS D/AB 2WD 4DR TURBO/DARK BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHO JAEHYUN
NRIC/Passport Number	G3435930Q
Contact Number	98232072
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC8409S
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LENG WOON CHEE
NRIC/Passport Number	S0158816H
Contact Number	96936778
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN XIAN HUI JOSEPHINE
Approximate Age	
Injuries Sustain	STRAIN ON NECK AND BACK
Injured person in which vehicle?	SKJ86U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LAU XUAN XUAN JOVIE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKJ86U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation is withholding of material facts may void insurance coverage to regulate policy validity.
- The claim and acceptance of the form by Insureds companies is not an admission of policy validity on the part of insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded to the Insurers or the Risk Reports Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will for a fee be made available (application by interested parties).
- By the completion 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 (if needed).
- Consent under the Personal Data Protection Act (PDPA)
 - I understand, acknowledge, agree and consent that:
 - My Insurer, Insurer(s) and the General Insurance Association of Singapore ("GIA") may be 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 Insurers who have insured vehicles involved in the accident (all Insurers) who have insured vehicles involved in this accident and be collectively referred to as the "Insurers", the Insurers' intermediary firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - administering my claims including the making of correspondence, statements, findings, reports or notices to me which could involve disclosure of certain personal data about me to bring about clarity of the same as well as on the external cover of acknowledgement packages; and/or
 - complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - collecting the "Purposes".
 - (b) all Insurers who have insured vehicles involved in the accident and the Insurers' intermediary firms, may be 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 be disclosed by any of the Insurers or GIA to their third party service providers or agents (including their insurers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS
REPORTING OFFICER

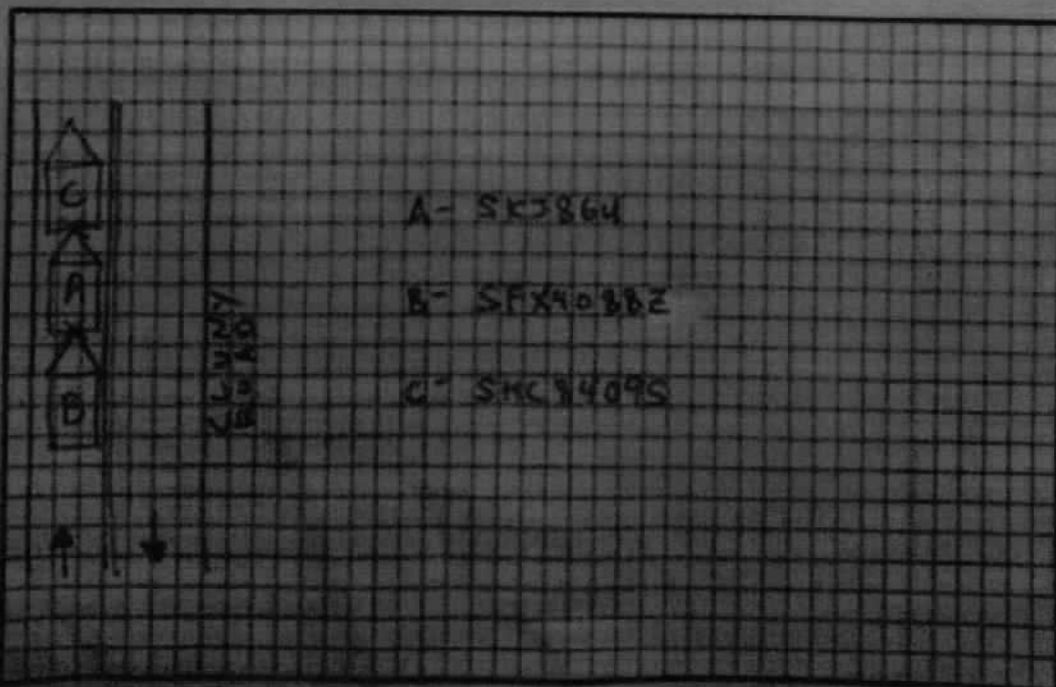
Mohammad Azaly Bin Abdullah

Policyholder's Signature / Date & Time

Driver's Signature / Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was in queue on a one lane road. In front of me is a taxi . Suddenly I felt an hard impact from my rear vehicle making my vehicle move forward and gently hitting the taxi rear end.

We exchange particulars

I had a strain on my neck and back and I went to my GP and got 2 days M.C.
My Daughter is also examine but the doctor say she's okay. She too had 2 days MC.

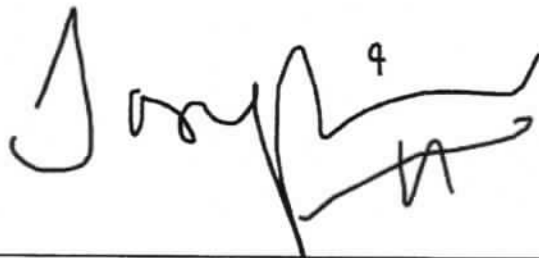
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

28 May 2018 at 1:42 PM

Date/Time:

28 May 2018 at 1:42 PM

Enquire Vehicle & Owner Information (Vehicle No. SFX4088Z As At 26 May 2018 / 18:50:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: SKJ86U

Current Owner Details

Owner ID Type: Foreign Identification Number
Owner ID: G3435930Q
Owner Name: CHO JAEHYUN
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 93
Registered Street Name: ROBERTSON QUAY
Registered Unit No.: # 08 - 03
Registered Building Name: -
Registered Postal Code: 238255

Current Vehicle Details

Vehicle No.: SFX4088Z
Make Description/Model: VOLVO / S80 2.0T AT ABS D/AB 2WD 4DR TURBO
Insurance Company Name: -



TeamWork Garage Pte Ltd
 53 Ubi Avenue 1 #01-23/24 Spore 408934
 Paya Ubi Industrial Park
 Tel : 6844 2475 Fax : 6844 2474
 E-mail : claims@teamworkgarage.com
 GST registered number : 201015366H

PROFOMA INVOICE - PI-1381

LAU CHEE LEONG JASON	Date	:	27.6.2018
53 Paya Ubi Industrial Park	Vehicle number	:	SKJ86U
#01-24	Make Model	:	AUDI A4
Singapore 408934	Accident date	:	26.05.2018
	Reference number	:	1805-46

Description		Amount SGD\$
Inclusive of supplying parts, labour, panel beating and spray painting		
Lump sum repair	:	19000.00
7% GST	:	1330.00
Grand total	:	20330.00
Singdollars: TWENTY THOUSANDS THREE HUNDRED AND THIRTY DOLLARS		



Teamwork Garage Pte Ltd

K & t Cars

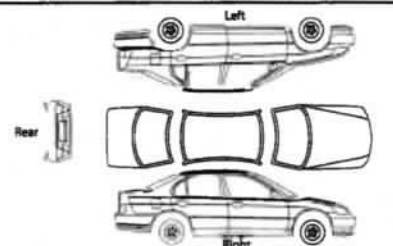
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT- 03524

Veh. No.: SKJ86U	Replace Veh. No.: SLC8902L
Veh. M / M: Audi A4	Replace Veh. M / M: Nissan Terrano

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name: Lau chee Leong Jason		Name: Tan Xian Hui Josephine	
Address: Blk 137, Teck whye lane #02-319 S(680137)		Address: Blk 137, Teck whye lane #02-319 S(680137)	
I/C: S761S124E	D.O.B:	I/C: S8S33082I	D.O.B: 06/10/1985
Contact:	Pass Date:	Contact: 81819389	Pass Date: 14/03/2006

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	

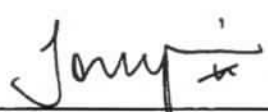

RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	04/06		Date In	12/06	
Time Out	1500		Time In	1000	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	200	8 Days @ \$ 1600	OUT	E	¼	½	¾	F
Weekly	@ \$		Wks @ \$						
Monthly	@ \$		Mth @ \$	IN	E	¼	½	¾	F
Hours	@ \$		Hrs @ \$						
*Inclusive of additional charges (if any)				Petrol Charges		YES	NO	AMT: _____	
Amt payable* \$ 1600				CDW		YES	NO	AMT: _____	
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST				Security Deposit		YES	NO	AMT: _____	
Bank / Cheque No.:				Advance Payment		YES	NO	AMT: _____	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer/ driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934
Tel: 6844 5938 Fax: 6285 5228 Email : kntcars@gmail.com
Biz Reg. No.: 53208965X

No.: 2595

OFFICIAL RECEIPT

Date: 27/06/18

Received from Law chee Leong Jason

The Sum of Dollars One thousand Six Hundred Dollars

Being payment of SLC8902L 04/06/18 to 12/06/18

\$

K & t Cars

Cheque No.: _____


Authorised Signature

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224

Email: Winsongkk@hotmail.com Contact: 9747 0063


Company Register No. 53326249J

Our Ref: WG/TP/2018-199
Invoice No: TP/TWG/2018-199
Vehicle No: SKJ86U
Attn: LAU CHEE LEONG JASON
Company: TEAMWORK GARAGE PTE LTD
Address: 53 Ubi Ave 1, #01-24, Paya Ubi Industria Park . Singapore 408934

Date 21 June 2018

Invoice

Surveyor Fee:	S\$650
Re-inspection Fee:	S\$50
Transport:	S\$50
Photographs:	S\$78/- (@ \$1 per photo, total 78 photos)
Total:	S\$828

Surveyor: Winsen Goh
Signature: 
Date: 21/6/2018



WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: wlnsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S LAU CHEE LEONG JASON
C/O TEAMWORK GARAGE PTE LTD
53 Ubi Ave 1, #01-24, Paya Ubi Industria Park
Singapore 408934

Date : 21 June 2018
Our Ref : WG/TP/2018-199

REFERENCE PARTICULARS

Date of Accident : 26 May 2018
Date of Inspection : 05 June 2018

Type of Inspection : Third Party Claim
Date of Re-Inspn : 06 June 2018

VEHICLE PARTICULARS

Registration No : SKJ86U
Make : AUDI
Model : A4 1.4 TFSI S TRONIC
Year : 2016

Engine No : CVN020367
Chassis No : WAUZZZF43HA046260
Odometer : 20436KM
Colour : White

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front Near side	: Michelin	245/40ZR18	5 mm
Front Off Side	: Michelin	245/40ZR18	5 mm
Rear Near Side	: Michelin	245/40ZR18	5 mm
Rear off Side	: Michelin	245/40ZR18	5 mm

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the front and rear portion.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **S\$19,000.00** nett at lump sum basis. (Subject to GST if applicable)
Under normal circumstances, estimated period required for repairs : Ten (10) working days.

Enclosed Seventy-eight (78) photographs depicting damage to the vehicle.

Inspection conducted at : TEAMWORK GARAGE PTE LTD
53 Ubi Ave 1, #01-24, Paya Ubi Industria Park . Singapore 408934

In accordance to your instruction, we have not authorise repairs and inspection
was conducted strictly on a "**WITHOUT PREJUDICE BASIS**".

VEHICLE NO : SKJ86U
MODEL : A4 1.4 TFSI S TRONIC

Our Ref : WG/TP/2018-199

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

SPARE PARTS	QTY	ASSESSED	ORIGINAL	REVISED	
	PC/SET	CONDITION	QUOTATION	QUOTATION	
1 FRONT BUMPER	1	CRACKED	\$ 1,854.32	\$ 1,854.32	✓ 1362.46
2 FRONT BUMPER INNER FRAME	1	CRACKED	\$ 284.54	\$ 284.54	✓
3 FRONT BUMPER SIDE RETAINER	2	NECESSARY	\$ 80.60	\$ 80.60	✓
4 FRONT BUMPER REINFORCEMENT	1	BENT	\$ 877.12	\$ 877.12	✓
5 FRONT TOW COVER	1	NOT NECESSARY	\$ 50.00	\$ -	
6 FRONT BUMPER REINFORCEMENT BRACKET	1	CRACKED	\$ 668.76	\$ 668.76	✓
7 FRONT FOG LAMP CHROME	2	NOT NECESSARY	\$ 410.85	\$ -	
8 FRONT FOG LAMP	2	NOT NECESSARY	\$ 720.14	\$ -	
9 FRONT GRILLE ASSY	1	CRACKED	\$ 740.14	\$ 740.14	✓
10 FRONT GRILLE EMBLEM	1	NECESSARY	\$ 81.90	\$ 81.90	✓
11 FRONT GRILLE CHROME MOULDING	1	CRACKED	\$ 298.40	\$ 298.40	✓
12 FRONT SUPPORT PANEL	1	NOT NECESSARY	\$ 1,215.05	\$ -	
13 FRONT HEADLAMP ASSY	2	CRACKED	\$ 5,048.28	\$ 5,048.28	✓
14 FRONT HEADLAMP LOWER BRACKET	2	NECESSARY	\$ 110.00	\$ 110.00	✓
15 BONNET	1	DENTED	\$ 1,340.60	\$ 1,340.60	✓
16 BONNET HINGE	2	NOT NECESSARY	\$ 104.00	\$ -	
17 BONNET LOCK	1	NOT NECESSARY	\$ 110.30	\$ -	
18 BOOTLID	1	DENTED	\$ 2,450.01	\$ 2,450.01	✓
19 BOOTLID LOCK	1	NOT NECESSARY	\$ 560.48	\$ -	
20 BOOTLID LAMP	2	NOT NECESSARY	\$ 938.40	\$ -	
21 REAR TAILAMP	2	CRACKED	\$ 1,276.40	\$ 1,276.40	✓ 366
22 REAR BOOTLID LOGO	1	NECESSARY	\$ 89.40	\$ 89.40	✓
23 REAR BOOTLID LOGO -A4	1	NECESSARY	\$ 40.32	\$ 40.32	✓
24 REAR BOOTLID LOGO -TSI	1	NECESSARY	\$ 60.20	\$ 60.20	✓
25 REAR BUMPER	1	CRACKED	\$ 1,950.03	\$ 1,950.03	✓ 1525.6
26 REAR BUMPER BRACKET	2	NECESSARY	\$ 83.10	\$ 83.10	✓
27 REAR BUMPER REINFORCEMENT	1	BENT	\$ 670.91	\$ 670.91	✓
28 REAR BUMPER REINFORCEMENT BRACKET	1	CRACKED	\$ 150.30	\$ 150.30	✓
29 REAR TOW COVER	1	CRACKED	\$ 84.50	\$ 84.50	✓
30 REAR BUMPER LOWER GARNISH	1	GRAZED	\$ 519.40	\$ 519.40	✓
31 REAR END PANEL	1	DENTED	\$ 1,250.51	\$ 1,250.51	✓
32 REAR END PANEL TOP GARNISH	1	CRACKED	\$ 285.30	\$ 285.30	✓
32 PDC SENSOR	4	MALFUNCTION	\$ 276.00	\$ 780.00	✓ 3601
33 PDC SENSOR HOLDER	4	NECESSARY	\$ 276.00	\$ 120.00	✓ 601-
			\$ 25,304.26	\$ 21,195.04	
		Less 5%	\$ 1,265.21	\$ 1,059.75	
			\$ 24,039.05	\$ 20,135.29	
B) S/NETT ITEM					
34 FRONT NUMBER PLATE	1	BENT	\$ 70.00	\$ 60.00	✓ 351-
35 FRONT BUMPER CLIP	1 SET	NECESSARY	\$ 60.00	\$ 50.00	✓ 301-
36 FRONT GRILLE CLIP	1 SET	NECESSARY	\$ 40.00	\$ 30.00	✓
37 REAR NUMBER PLATE	1	BENT	\$ 70.00	\$ 60.00	✓
38 REAR BUMPER CLIP	1 SET	NECESSARY	\$ 50.00	\$ 40.00	✓ 301-
39 JOINT SEALANT	1	NECESSARY	\$ 150.00	\$ 130.00	✓
			\$ 440.00	\$ 370.00	
Parts Total :			\$ 24,479.05	\$ 20,505.29	
C) LABOUR CHARGES & MISC					
40 CHECK FRONT, REAR WIRING AND LIGHTNING SYSTEM			\$ 70.00	\$ 60.00	✓ 301-
41 REMOVE AND REFIT REAR LINING, TRIM AND GARNISH			\$ 200.00	\$ 180.00	✓ 801-
42 REMOVE AND RENEW REAR REVERSE SENSOR			\$ 150.00	\$ 130.00	✓ 401-
43 DIAGNOIS CHECK AND CLEAR FAULT CODE			\$ 500.00	\$ 400.00	✓
44 REMOVE AND STRAIGHTEN REAR EXHAUST			\$ 100.00	\$ 80.00	✓
45 TRANSFER PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW			\$ 200.00	\$ 180.00	✓ 601-
46 PANEL BEATING ON AFFECTED AREAS			\$ 1,200.00	\$ 1,000.00	✓ 8001-
47 SPRAY PAINTING ON AFFECTED AREAS			\$ 1,400.00	\$ 1,200.00	✓ 10001-
48 APPLY ANTI RUST ON AFFECTED AREAS			\$ 150.00	\$ 130.00	✓ 601-
Labour Total :			\$ 3,970.00	\$ 3,360.00	
Total Parts and Laboure :			\$ 28,449.05	\$ 23,865.29	

7 days

12558.77
2/5, 10,000/-

FINAL LUMP SUM ADJUSTMENT

\$ 19,000.00

POINT OF IMPACT

The impact was confined to the front and rear portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of \$19,000.00 nett corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully
WG APPRAISAL SERVICES



Winson Goh
Automotive Appraiser



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile			
AXA INSURANCE PTE LTD		Ref : CS3/ASM18010066/Dqbe2-1	
C/O: SEAH ONG & PARTNERS LLP 36 ROBINSON ROAD #12-03 CITY HOUSESINGAPORE 068877		Date : 19-09-2018	
		Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)			
Insured Veh.	SFX 4088Z	Veh. Inspected	SKJ 86U
Policy No.		Coverage (\$)	0.00
Claim No.	18.24630 PD-O	Excess (\$)	0.00
Assign From	HENG XIN YI	Assign Date	18/07/2018
2. Vehicle Particulars & Condition			
Make & Model	AUDI A4	c.c	1395
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WAUZZZF43HA046260	Colour	WHITE
Odometer	24108	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	245/40 R17	MICHELIN	5 mm
L/H Front Tyre	245/40 R17	MICHELIN	5 mm
R/H Rear Tyre	245/40 R17	MICHELIN	5 mm
L/H Rear Tyre	245/40 R17	MICHELIN	5 mm
4. Description of Damages			
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.			
5. General Information			
Accident Date	26/05/2018	Inspection Date	06/09/2018
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		
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	



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKJ 86U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	REPLACED	1,854.32	1,362.40
1	FRONT BUMPER INNER FRAME	REPLACED	284.54	284.54
2	FRONT BUMPER SIDE RETAINER	NOT NECESSARY	80.60	-
1	FRONT BUMPER REINFORCEMENT	REPLACED	877.12	877.12
1	FRONT TOW COVER	NOT NECESSARY	50.00	-
1	FRONT BUMPER REINFORCEMENT BRACKET	NOT NECESSARY	668.76	-
2	FRONT FOG LAMP CHROME	NOT NECESSARY	410.85	-
2	FRONT FOG LAMP	NOT NECESSARY	720.14	-
1	FRONT GRILLE ASSY	REPLACED	740.14	740.14
1	FRONT GRILLE EMBLEM	REPLACED	81.90	81.90
1	FRONT GRILLE CHROME MOULDING	REPLACED	298.40	298.40
1	FRONT SUPPORT PANEL	NOT NECESSARY	1,215.05	-
2	FRONT HEADLAMP ASSY	NOT NECESSARY	5,048.28	-
2	FRONT HEADLAMP LOWER BRACKET	NOT NECESSARY	110.00	-
1	BONNET	REPLACED	1,340.60	1,340.60
2	BONNET HINGE	NOT NECESSARY	104.00	-
1	BONNET LOCK	NOT NECESSARY	110.30	-
1	BOOTLID	REPLACED	2,450.01	2,450.01
1	BOOTLID LOCK	NOT NECESSARY	560.48	-
2	BOOTLID LAMP	NOT NECESSARY	938.40	-
2	REAR TAILLAMP	SERVICEABLE	1,276.40	-
1	REAR BOOTLID LOGO	NOT NECESSARY	89.40	-
1	REAR BOOTLID LOGO - A4	NOT NECESSARY	40.32	-
1	REAR BOOTLID LOGO - TSI	NOT NECESSARY	60.20	-
1	REAR BUMPER	REPLACED	1,950.03	1,525.60
2	REAR BUMPER BRACKET	NOT NECESSARY	83.10	-
1	REAR BUMPER REINFORCEMENT	REPLACED	670.91	670.91
1	REAR BUMPER REINFORCEMENT BRACKET	NOT NECESSARY	150.30	-
1	REAR TOW COVER	REPLACED	84.50	84.50
1	REAR BUMPER LOWER GARNISH	REPLACED	519.40	519.40

Report Ref No. CS3/ASM18010066/Dqbe2-1



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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR END PANEL	REPAIRED SEE LABOUR	1,250.51	-
1	REAR END PANEL TOP GARNISH	REPLACED	285.30	285.30
4	PDC SENSOR	2PCS REPLACED / 2PCS NOT NECESSARY	780.00	360.00
4	PDC SENSOR HOLDER	2PCS REPLACED / 2PCS NOT NECESSARY	120.00	60.00
	LESS 5% DISCOUNT		-1,265.21	-547.04
			24,039.05	10,393.78
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT NUMBER PLATE (SN)	REPLACED	70.00	35.00
1	SET FRONT BUMPER CLIP (SN)	REPLACED	60.00	30.00
1	SET FRONT GRILLE CLIP (SN)	NOT NECESSARY	40.00	-
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	70.00	-
1	SET REAR BUMPER CLIP (SN)	REPLACED	50.00	30.00
1	JOINT SEALANT (SN)	NOT NECESSARY	150.00	-
			440.00	95.00
	<u>LABOUR</u>			
	CHECK FRONT, REAR WIRING AND LIGHTING SYSTEM.		70.00	30.00
	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH.		200.00	80.00
	REMOVE & RENEW REAR REVERSE SENSOR.		150.00	40.00
	DIAGNOIS CHECK AND CLEAR FAULT CODE.	NOT NECESSARY	500.00	-
	REMOVE AND STRAIGHTEN REAR EXHAUST.	NOT NECESSARY	100.00	-
	TRANSFER PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW.		200.00	60.00
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,200.00	800.00
	SPRAY PAINTING ON AFFECTED AREAS.		1,400.00	1,000.00
	APPLY ANTI RUST ON AFFECTED AREAS.		150.00	60.00
			3,970.00	2,070.00
	GRAND TOTAL		28,449.05	12,558.78

Report Ref No. CS3/ASM18010066/Dqbe2-1



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			10,000.00
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Report Ref No. CS3/ASM18010066/Dqbe2-1

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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