

ASS. REC. BY:

REF: CS/GAI/8014356/K/sd3/n2

Special Instruction:

Surveyor:

Kalin

ASSIGNMENT (Office)

From (Person):

Rachel Tan

of

GAI

Date/Time:

7/8/18 @ 11:34am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 7003 D

Insured:

SJA 16542

at Workshop m/s

Comfort Del go

Tel:

62148319

of

59 Loyang Drive

Policy No:

Claim No:

CLMOMVP000000815

Sum Insured:

Excess:

Make of Veh:

D.O.A.

06/08/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

12:10 pm @ 7/8/18

Person Contacted:

Fauzy

Vehicle:

IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SH 7003D - CS/III/30/8210/K/bm2	Dof: 29/09/2013
	8jv 16542-X	
10/8/18	Email preti revised to Rachel	

108/11/13

Surveyor: Kelvin

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop no/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: SH 7003D Yr Regn: 7 Sep 1317

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

Truck / Trailer or

Make: Toyota Prius C.C. 1798Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: 105691 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: 5TD1CB3F4503567803

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or Went/114

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 6/8/18 D.O.I. 7/8/18Survey held at (DHE (Loyang))

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

Rear

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

Date / Time	Action / Instruction
15/8/18	Confirmed PIP \$814.45 / 24hrs. HAZ
	PIP
	(\$1,245.43 Red 60%)

RECEIVED 15 AUG 2018

Date/Time, File Pass to?

15/08/18

1) Typist

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / I.B.I: (\$ 814.45 PIP)Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

250



# 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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI18014356/K1sd3

3 TEMASEK AVENUE  
#16-01 CENTENNIAL TOWER  
SINGAPORE 039190

Date : 07-08-2018



Code : GAI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJQ 1654Z	Veh. Inspected	SH 7003D
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	07/08/2018

## 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	06/08/2018	Inspection Date	07/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: Please Advised

Our ref: CS/GAI18014356/K1sd3

Date :10/8/2018

The Motor Claims Department  
M/s: GREAT AMERICAN INSURANCE COMPANY

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO. SH 7003D**

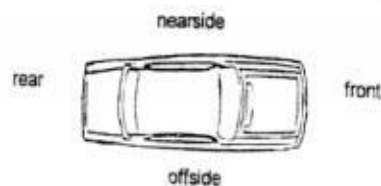
We thank you for your instruction on 7/8/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 7/8/2018 at the premises of M/s COMFORTDELGRO ENGINEERING PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$2,059.88
Revised Estimate Amount	: S\$814.45
"Check" Items Amount	: S\$241.73
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the rear portion.



Comments/Present Status:

Damages Consistent

Yours faithfully,

**KALVIN ANG**

Automotive Assessor / Investigator

## Shirley Hiew (LKK Auto)

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**From:** Tan, Rachel <Rachel.Tan@sg.gaig.com>  
**Sent:** Wednesday, 15 August 2018 11:58 AM  
**To:** Shirley Hiew (LKK Auto)  
**Subject:** RE: RE: SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GA !)

CLMOMVP000000815

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**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Wednesday, August 15, 2018 11:24 AM  
**To:** Tan, Rachel <Rachel.Tan@sg.gaig.com>  
**Cc:** 'assignments' <assignments@lkkauto.com>; 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>; 'SUR' <sur@lkkauto.com>  
**Subject:** [External] RE: SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GA !)

Dear Rachel,

Kindly provide us the claim no.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

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

---

**From:** Veron Chen (LKKAuto) [<mailto:veronchen@lkkauto.com>]  
**Sent:** Friday, 10 August 2018 5:52 PM  
**To:** Admin-D (LKKAuto) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; 'Tan, Rachel' <[Rachel.Tan@sg.gaig.com](mailto:Rachel.Tan@sg.gaig.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Cc:** assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Subject:** RE: SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GA !)

Dear Rachel,

Enclosed preliminary revised of vehicle SH 7003D  
Date of survey: 7/8/2018  
Number of days : 2 days

Best Regards,

**Veron Chen** | Case Handler **on behalf of Shirley**

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

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

---

**From:** Admin-D (LKKAuto)  
**Sent:** Friday, 10 August 2018 5:07 PM

**Veron Chen (LKKAuto)**

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**From:** Veron Chen (LKKAuto)  
**Sent:** Friday, 10 August 2018 5:52 PM  
**To:** Admin-D (LKKAuto); 'Tan, Rachel'; SUR  
**Cc:** assignments  
**Subject:** RE: SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GA !)  
**Attachments:** SH 7003D PRELI REVISED.pdf

Dear Rachel,

Enclosed preliminary revised of vehicle SH 7003D  
Date of survey: 7/8/2018  
Number of days : 2 days

Best Regards,

**Veron Chen** | Case Handler **on behalf of Shirley**

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

---

**From:** Admin-D (LKKAuto)  
**Sent:** Friday, 10 August 2018 5:07 PM  
**To:** 'Tan, Rachel' <Rachel.Tan@sg.gaig.com>; SUR <sur@lkkauto.com>  
**Cc:** assignments <assignments@lkkauto.com>  
**Subject:** RE: SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GA !)

Dear Sir/Mdm,

Thank you for the email.

Dear Shirley,

Kindly assist.

**FYNA Our Ref : CS/GAI18014356/K1sd3**

BEST REGARDS,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Tan, Rachel [<mailto:Rachel.Tan@sg.gaig.com>]  
**Sent:** Friday, 10 August 2018 9:49 AM  
**To:** LKK Assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Subject:** FW: SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GA !)

Hi LKK

We need to review this case, please submit Prelim advice once available.

Regards  
Rachel Tan  
Executive, Motor Claims, Great American Insurance Company  
Tel: 6804 7846

---

**From:** Tan, Rachel  
**Sent:** Tuesday, August 7, 2018 11:34 AM  
**To:** 'Fauzy Bin Mokhtar' <fauzy@sparkcarcare.com>; LKK Assignments <assignments@lkkauto.com>  
**Cc:** Jumani Bin Masudin <jumanibm@cdge.com.sg>  
**Subject:** RE: SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GA !)

Without Prejudice

Dear Fauzy

Our client has not reported accident.  
As agreed, we will arrange for LKK to conduct survey on a without prejudice basis.

Dear LKK  
Please accept appointment for TP survey, attached document for your reference.

**Rachel Tan**, Executive | P. +65 6804 7846 | F. +65 6235 3354 | [rachel.tan@sg.gaig.com](mailto:rachel.tan@sg.gaig.com)



**Motor Claims** | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190



**Moody's**  
**A1 (Good)**  
Published December 2017

**Standard & Poor's**  
**A+ (Strong)**  
Affirmed February 23, 2018

For more information on our financial ratings, visit [GAIG.com/FinancialStrength](http://GAIG.com/FinancialStrength).

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**From:** Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>  
**Sent:** Tuesday, August 7, 2018 11:12 AM  
**To:** General Claims <GeneralClaims@sg.gaig.com>; Tan, Rachel <Rachel.Tan@sg.gaig.com>  
**Cc:** Jumani Bin Masudin <jumanibm@cdge.com.sg>  
**Subject:** [External] SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GREAT AMERICAN)

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.  
The taxi was grounded at our workshop on 07.08.18

Best Regards,  
Fauzy Mokhtar  
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd  
Off:62148319 / Fax:65468156

## Nivitha (LKK Auto)

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**From:** Tan, Rachel <Rachel.Tan@sg.gaig.com>  
**Sent:** Tuesday, 7 August 2018 11:34 AM  
**To:** Fauzy Bin Mokhtar; LKK Assignments  
**Cc:** Jumani Bin Masudin  
**Subject:** RE: SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GA !)  
**Attachments:** img-807110026-0001.pdf

Without Prejudice

Dear Fauzy

Our client has not reported accident.

As agreed, we will arrange for LKK to conduct survey on a without prejudice basis.

Dear LKK

Please accept appointment for TP survey, attached document for your reference.

Rachel Tan, Executive | P. +65 6804 7846 | F. +65 6235 3354 | [rachel.tan@sg.gaig.com](mailto:rachel.tan@sg.gaig.com)



**Motor Claims** | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190



Moody's  
A1 (Good)  
Published December 2017

Standard & Poor's  
A+ (Strong)  
Affirmed February 23, 2018

For more information on our financial ratings, visit [GAIG.com/FinancialStrength](http://GAIG.com/FinancialStrength).

---

**From:** Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>  
**Sent:** Tuesday, August 7, 2018 11:12 AM  
**To:** General Claims <GeneralClaims@sg.gaig.com>; Tan, Rachel <Rachel.Tan@sg.gaig.com>  
**Cc:** Jumani Bin Masudin <jumanibm@cdge.com.sg>  
**Subject:** [External] SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GREAT AMERICAN)

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.

The taxi was grounded at our workshop on 07.08.18

Best Regards,  
Fauzy Mokhtar  
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd  
Off:62148319 / Fax:65468156



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## 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	07/08/2018 09:29
Date Of Accident	06/08/2018 17:30
Exact Location Of Accident	T JUNCTION OF SHEARES LINK AND BAYFRONT AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7003D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
<b>Insurance Company</b>	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
<b>Driver</b>	
Name of Driver	WONG TUCK KAW
NRIC No	S1437298I
Date Of Birth	06/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1983
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96955900
Fax Number	
Contact Number	
Email Address	WTKSTEVEN@YAHOO.COM.SG

Address	BLK 981A BUANGKOK CRESCENT #01-41
Postcode	531981
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	KAMPONG JAVA N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180806/2168

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ1654Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	GREAT AMERICAN INSURANCE COMPANY
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	WONG TUCK KAW
Approximate Age	58
Injuries Sustain	FELT PAIN ON BACK.
Injured person in which vehicle?	SH7003D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203321R

Policyholder's Signature  
Date & Time:

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

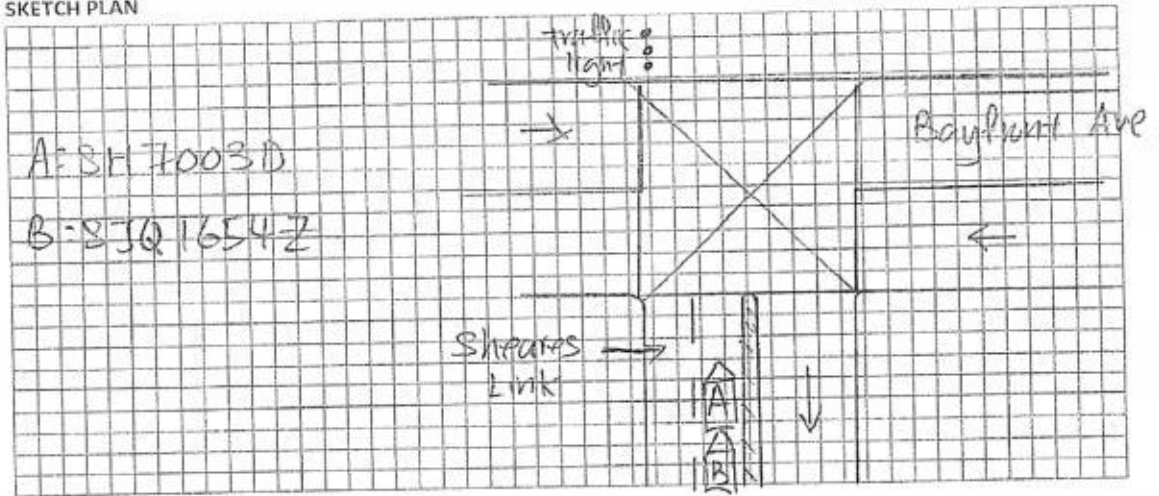
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20180806/2168.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203321R

Policyholder's Signature  
Date & Time:

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

Loke Wei Yiong

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



**SINGAPORE  
POLICE FORCE**



T/20180806/2168

1 of 3

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20180806/2168

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/08/2018 19:01	Vide Report No.:	Station Diary No.: 282
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**Informant's Particulars**

Name of Informant: WONG TUCK KAW			Address: APT BLK 981A BUANGKOK CRESCENT #01-41 SINGAPORE 531981		
ID Type / ID No.: NRIC NO / S14372981			Contact No.: Home/Office: Mobile: 96955900		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 06/03/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/08/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 BAYFRONT AVENUE				
Accident happened along Sheares Link right beside will be Tower 1 and 2 Marina Bay towards Bayfront Ave.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7003D	Car	TOYOTA	Hybrid	Blue	Slightly Damaged	0
SJQ1654Z	Car	SUZUKI		Black	Slightly Damaged	0

**Details of Person Involved**

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

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20180806/2168

2 of 3

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20180806/2168

## CONTINUATION OF REPORT

Driver			
Name	WONG TUCK KAW	ID No.	S14372981
Related Vehicle	SH7003D (Car)	Contact No.	96955900
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 6/8/2018 at about 1730hrs, I was driving my vehicle bearing the registration number SH7003D (Blue Toyota Comfort Taxi) along Sheares Link towards Bayfront Ave, infront of Tower 1 and 2 of Marina Bay.

At the material time, my vehicle has come to a stop as there is a traffic light that beeped red up ahead. Subsequently, I felt an impact of the rear of my vehicle. I alighted and discovered that the vehicle bearing registration number SJQ1654Z (Black Suzuki) had hit the rear of my car. I then requested the driver of the vehicle SJQ1654Z to alight so that we could exchange particulars to claim the damages caused by him. The said driver of SJQ1654Z asked me to settle the damages myself which I do not agree as the accident clearly involved two parties. While I was conversing with him, the driver was reek of alcohol.

I then observed that he is going back to his car. Initially, I assumed that he is going back to his vehicle to get his particulars and exchange with me. While I was taking a picture of his vehicle waiting for him to exchange our particulars, the said driver then drove off without providing me his particulars.

I am lodging this report for insurance claim purposes.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999



T/20180806/2168

3 of 3

Report No. T/20180806/2168

**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:

E /

Sgt 2 CHUA CHEE PING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/08/2018 19:01

Officer In Charge Of Case:

TP / HRT /

SSI GOH GEOK LYE

Contact No.: 65476148

Classification Of Case:

Authentication Stamp

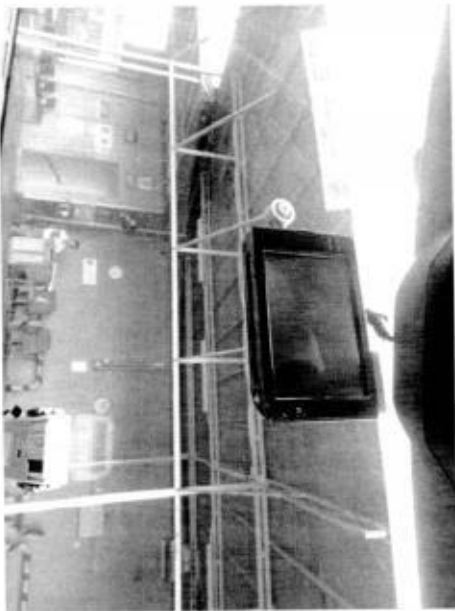
NP168



SINGAPORE  
POLICE FORCE

SN 167

SIGNATURE





Outlook



New | 
 Delete | 
 Archive | 
 Junk | 
 Sweep | 
 Move to | 
 Categories | 
 ...

SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GA !)

TR

Tan, Rachel <Rachel.Tan@sg.gaig.com>

Tue 7/8/2018 11:35 AM

To: Fauzy Bin Mokhtar LKK Assignments <assignments@lkkauto.com>

Cc: Juman Bin Masudin

img-807110026-0001.pdf

5 MB

Download Save to OneDrive - ComfortDelGro Corporation Limited

Without Prejudice

Dear Fauzy

Our client has not reported accident.

As agreed, we will arrange for LKK to conduct survey on a without prejudice basis.

Dear LKK

Please accept appointment for TP survey, attached document for your reference.

Rachel Tan, Executive | P. +65 6804 7846 | F. +65 6235 3354 | rachel.tan@sg.gaig.com



Motor Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190



Moody's  
A1 (Good)  
Published December 2017

Standard & Poor's  
A+ (Strong)  
Affirmed February 23, 2018

For more information on our financial ratings, visit [GAIG.com/FinancialStrength](http://GAIG.com/FinancialStrength).

From: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>

Sent: Tuesday, August 7, 2018 11:12 AM

To: General Claims <GeneralClaims@sg.gaig.com>; Tan, Rachel <Rachel.Tan@sg.gaig.com>

Cc: Juman Bin Masudin <jumanibm@cdge.com.sg>

Subject: [External] SH 7003D - DOA:06.08.18 - TP CLAIMS WITH YOUR INSURED > SJQ1654Z (GREAT AMERICAN)

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.

The taxi was grounded at our workshop on 07.08.18

Best Regards,

Fauzy Mokhtar

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148319 / Fax:65468156

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that a mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

Date/Time: 07.08.2018 10:43

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order: 3845937

JC NO.: 305197144

TOMER

REGN NO.: SH 7003D

MILEAGE

MS

COMFORT TRANSPORTATION PTE LTD

7010045

TOMER NO.

RESS

383 SIN MING DRIVE  
Singapore SINGAPORE 575717

(R)

65508755

(O)

(P)

MAKE: TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4) 07.08.2018 08:25

YR OF MANU

07.09.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU503563803

COMPLETION DATE/TIME:

OUNT CARD NO.

### JOB DESCRIPTION

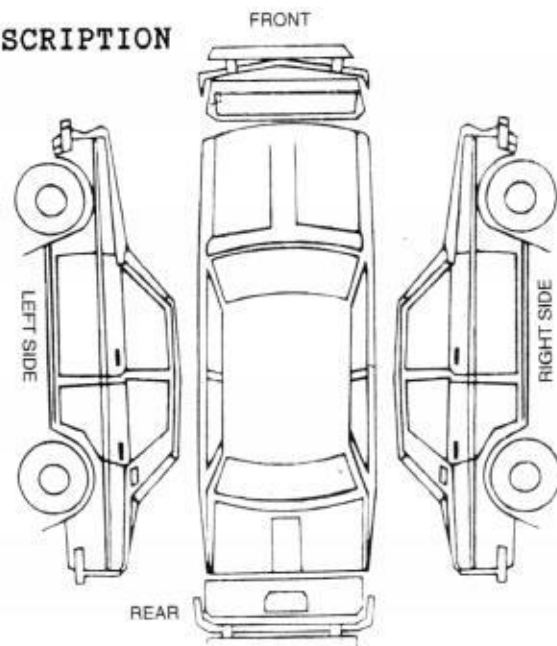
Accident Date: 06.08.2018

NATURE: 3P 06.08.18/B

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.:

SH 7003D

FZ GAIC

Vehicle No.:

SH 7003D

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

VEHICLE NO : SH 7003D

7/8/2018 9:38

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>X upon</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>? X SVC</i>			\$ 322.30
REAR BUMPER UNDER COVER <i>✓</i>			\$ 552.60
REAR BUMPER SPONGE <i>X</i>			\$ 143.40
REAR BUMPER CLIPS <i>X</i>			\$ 22.00
SUB TOTAL			\$ 1,498.90
LESS 25%			\$ 374.73
DISCOUNTED TOTAL			\$ 1,124.18
REAR BUMPER REVERSE SENSOR <i>X</i>			\$ 135.70
NETT			
LABOUR CHARGE			
Panel Beating			\$ <del>380.00</del> <sup>200</sup>
Spray Painting Charge			\$ <del>250.00</del> <sup>200</sup>
Wiring Charge			\$ <del>50.00</del> <sup>X</sup>
Remove/Refix Reverse Sensor			\$ <del>120.00</del> <sup>X</sup>
TOTAL LABOUR			\$ 800.00
ESTIMATE TOTAL			\$ 2,059.88

Kahin (CRM)

N

7/8/18

1300h

2 P.M.

P/P

After Repair photo

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:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Fz

Fauzy



## REPAIR ESTIMATE

VEHICLE NO : SH 7003D

MAKE :

MODEL : TOYOTA PRIUS

7/8/2018 9:38

Fauzy

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>x rep</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>x su</i>			\$ 322.30
REAR BUMPER UNDER COVER <i>ed</i>			\$ 552.60
REAR BUMPER SPONGE <i>x "</i>			\$ 143.40
REAR BUMPER CLIPS <i>x "</i>			\$ 22.00
SUB TOTAL			\$ 1,498.90
LESS 25%			\$ 374.73
DISCOUNTED TOTAL			\$ 1,124.18
REAR BUMPER REVERSE SENSOR <i>x su</i>			\$ 135.70
NETT			
LABOUR CHARGE			
Panel Beating			\$ <del>380.00</del> <sup>200</sup>
Spray Painting Charge			\$ <del>250.00</del> <sup>200</sup>
Wiring Charge			\$ <del>50.00</del> <i>x "</i>
Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>x "</i>
TOTAL LABOUR			\$ 800.00
ESTIMATE TOTAL			\$ 2,059.88

Kahin (LKH)

7/8/18 1300h.

2 Pys.

P/P

After Repair photo

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 & work without prejudice basis
- No illegal modifications allowed
- Supplier/manufacturer must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer

Signature:

Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305197144  
Date : 14.08.2018

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

## FINALIZATION FORM

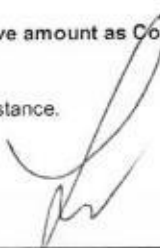
To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SH 7003D  
Date of Accident : 06.08.2018


The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: GREAT AMERICAN --- SJQ1654Z
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$414.45
  - (b) Labour Charges \$400.00
  - Total for Part-By-Part Repair Cost \$814.45
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$0.00  
Final Lumpsum Repair cost \$0.00

3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :   
Name : FAUZY BIN MOKHTAR  
Tel : 62148319  
Fax : 65468156

Signature :   
Name : Kalvin  
Date : 15/8/18

## For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 14.08.2018

Time: 18:22:08

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS: COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305197144  
REGN NO : SH 7003D  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 07.09.2017  
DATE/TIME IN : 07.08.2018 08:25  
ACCIDENT DATE : 06.08.2018

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C 1 552.60 25.00 414.45

SUB-TOTAL : 414.45

JOB NATURE

0000 L LABOUR CHARGE 200.00

0001 L SPRAY PAINTING CHARGE 200.00

SUB-TOTAL : 400.00

TOTAL : 814.45

\_\_\_\_\_  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO




## 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			
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI18014356/K1sd3n2	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 23-08-2018	
		Code : GAI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJQ 1654Z	Veh. Inspected	SH 7003D
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVP000000815	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	07/08/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU503563803	Colour	BLUE
Odometer	105692	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	06/08/2018	Inspection Date	07/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 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

Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7003D**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	322.30	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 25% DISCOUNT		-374.72	-138.15
			1,124.18	414.45
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
	<b><u>LABOUR</u></b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		380.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			800.00	400.00
	<b>GRAND TOTAL</b>		<b>2,059.88</b>	<b>814.45</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>814.45</b>

Report Ref No. CS/GAI18014356/K1sd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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