CS3/LPC18010516/ Lsd3-1 08/8 2018 Geruld 8)) 3713K To hope O Vehicle Dr 111 8220 8338 | 97336635 (Ryen) or Workstowner 18/18/18/ vpo5/020659 Claure Ho-100 02 06 2018 Alaks of Vela of Bout's Boosed. 11 06 118 A FREY FREE BRY MIND (UP) 5.37pm@ 8/6/18 1umary The CINADUI Parentellal The comment of X & Calendar 1556 Time 5200h m Ku 20/06/18 Subart PRS report (\$1.040/- Red - 25%) original claims RECEIVED 1 3 SEP 2018

1

1

Site Insp. 15

Intercers 5

Add Fee:

PRS

Report Format

Lump Sum / LB !



Our Ref

: 18/18/18/VP05/020659

Your Ref

: CS3/LPC18010516/Gsd3e2

6 August 2018

M/s LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Pk Singapore 408933

Dear Sirs/Madam

PAPER SURVEY OF SLZ1135J

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of SLZ1135J
- b) GIA report of SLZ1135J
- c) GIA report & photos of SJJ3713K

Kindly study the documents and let us have your opinion on the adjusted repair cost within the next 10 days.

Yours faithfully

(W

GERALD POH SENIOR EXECUTIVE (CLAIMS)

Email: mt_claim@lonpac.com

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- 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.
- 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	05/06/2018 17:05	
Date Of Accident	02/06/2018 20:25	
Exact Location Of Accident	RAFFLES AVE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	The second second

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ1135J

Insured/Policyholder

Name Of Registered Owner 88 RENTAL PTE LTD

Co Reg No 201538190R

Email Address BRYANTAN@88MOTOR.COM

Mobile Phone No

Alternative Phone No OFFICE-98111555

Vehicle Particulars

Manufacturer HONDA Model FREED

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number Cover Note Number

Driver

 Name of Driver
 ANG KIAN HUAT

 NRIC No
 \$1637075D

 Date Of Birth
 09/07/1964

 Occupation
 INDOOR

 Date Of Driving Pass
 20/01/1982

Driving Experience 36 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91900810

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 21 LORONG 28 GEYLANG #06-05

Postcode

398425

Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured

OTHER --

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

YES

Was any body injured in the Accident? 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:

: UNKNOW

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes,Please state which Police Station Police Station Name

EUNOS NPP

Police Station Address

ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20180605/2051.

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

SJJ3713K

Vehicle Make/Model/Colour

VEHICLE B

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 18

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Contract of the	All and the last	CONTRACTOR OF THE PERSON NAMED IN	COLUMN TWO
DETAI	II G OE	IM II IDEL	PERSON 1
LIC I AI		Transfer of the second	1 10 10 10 10 10 1

Name ANG KIAN HUAT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLZ1135J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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 Policyhelder and/or the Authorised Driver
- information provided must be as truthful and assurate as possible. Any wilful misrepresentation or withholding of material facts may allow locurance companies to repudiate policy liability.
- The state and acceptance of this Form by insurance companies is not an admission of pulsey liability on the peri of the insurance companies.
- 5. And talas reporting may be referred to the Police for livestigation.
- 6. The report will be forwarded by the insurers of the GLA Records Management Centre established by the General Insurance. Association of Singapore (GLA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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 attentials.
- 5. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- [4] My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal information set but in this [form] and any other personal information provided by me or postessed by my incurer (collectionly 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 as involved in this accident shall be collectively referred to as the "insurers", the insurers (any established in this accident shall be collectively referred to as the "insurers"), the insurers (any established in this accident shall be collectively referred to as the "insurers").
 - Bracestring, 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/ar 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 delinery of the same as well at on the external cover of envelopes/mail peckages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims scallectively 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
- It) my Personal information may/can be disclosed by any of the Insurers and/or SIA to their third party service providers or agents (including their lawyers/law (tims), 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.
- (a) the information to collected under (d) above may be shared / disclosed:
 - III 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 sourt orders.

Palicyhaldar's Signature Data & Time:

Oriver's Signature
[If driver is not the policyholder]
Date & Time:

Reporting Centre Personnel's Signature Name: InfoCFIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
J 8 th my M	ch at Traffic trom behind	light su	though we	hB
AV. III VAIL	Trong iporting	12		
			(m)	
DECLARATION I/We declare to be regains particularly to the control of the contro	plans are true in Sany respect.			
Palicyhologognatura Date & Fime:	Differ's Signature (If driver is not the policyhalic Date & Time:		ng Centra Personnel's Signal N Ma	Tare





Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

1 of 3 Report No. T/20180605/2051

REPORT OF A TRAFFIC ACCIDENT

	me Report 018 12:53	Made:	Vide Report No.:	Station Diary No.:
Informa	ant's Partic	ulars	10世纪2017年,1998年	
Name o	f Informant AN HUAT		Address: APT BLK 21 LORONG 28 GB 398425	EYLANG #06-05 SINGAPORE
	/ ID No.; D / S16370	75D	Contact No.: Home/Office:	Mobile: 91900810
National SINGAP	ity: ORE CITIZ	ZEN ZEN	· Email:	Woode, 21000010
Sex: Male	Age: 53	Date of Birth: 09/07/1964	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat GRAB D			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/06/2018 20:25	Type of Location X-Junction
Location: Junction of Re RAFFLES AV BAYFRONT A		Dood C. J.		
Clear	0	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo		Traffic Volume: Moderate
	ow. Traffic Control:			

Details of V	ehicle Invo	lved		1000		Commence of the Commence of th
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJJ3713K	Car	MAZDA	3	White	Slightly Damaged	0
SLZ1135J	Car	HONDA	FREED	Grey	Slightly Damaged	1 ,

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

Sketch Plan #4 Pg. 1





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

2 of 3 Report No. T/20180605/2051

CONTINUATION OF REPORT

Driver	MASINE THE SECOND	A SHIP	A STATE OF THE PARTY OF	THE REAL PROPERTY.	1.39	CONTRACTOR PROPERTY.
Name	QUAH CHIA WEI			ID No),	S8819154D
Related Vehicle	SJJ3713K (Car)			Conta	act No.	90922071
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment			Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree (
Driver		HELEST HIS	ALIEN BARRIS	entropies of	ALC SHA	A contraction in the
Name	ANG KIAN HUAT			ID No		S1637075D
Related Vehicle	SLZ1135J (Car)			Conta	ict No.	91900810
Hospital/Clinic	TAY CLINIC		ė.	Class Drivin Licens Expin	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment		3	Date Dis		04/06	/2018
No. of Days grant	ed Medical Leave	03	Degree o			

Brief Details.

On 02/06/2018, at about 2025hours, I was driving my vehicle SLZ1135J along Raffles Avenue. As I approached the junction of Raffles Avenue and Bayfront Avenue, I was on the most left lane as I wanted to make a left turn onto Bayfront Avenue. The traffic light had turned red as such I stopped my vehicle. Behind my vehicle was a White Mazda 3, vehicle SJJ3713K, and he had stopped behind me. However, suddenly, he accelerated his vehicle forward, which had caused the front of his vehicle to collide onto the rear of my vehicle. This impact had caused my body to jerk forward. After which, I exited out of my vehicle and I discovered that the rear of my vehicle was slightly dented, and the front of vehicle SJJ3713K was slightly dented. Both me, my passenger and the driver of vehicle SJJ3713K did not sustained any visible injuries. As such, I told the driver of the vehicle that I am driving a rental car, and I will inform them regarding this accident, and my rental company will be settling the claims for this accident.

However, after the accident I felt pain on my lower back and my neck, and as such I went to visit a clinic and was given 3 days of MC. My rental company then informed me to lodge a police report for this accident. I would like to state that I do not have an in-car camera inside my vehicle.

Sketch Plan #5 Pg. 1





Police Station Of Origin: Euros NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

3 of 3 Report No. T/20180605/2051

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.

G / Sgt 2 LEE WEI LIANG	11	Signature O	f Informant:	
Signature Of Interpreta Not applicable	er:	Date/Time: 05/06/2018	12:53	
Officer In Charge Of C TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325		Classification	n Of Case:	
Authentication Stamp NP188	SINGAPORE PORCE	W JRE		



INVOICE

88 Motorz (SG) Pte Ltd - Synergy@K8 #05-34 25 Kaki Bukit Rd 4 S417800 TEL 69048013 FAX: 69048021
ACCIDENT CLAIMS, PANEL BEATING, SPRAYING PAINTING, VEHICLE ENGINE AND GEARBOX OVERHUAL
AUTHORIZED RESELLER FOR BREMBO, AP RACING, GYEON QUARTZ COATING PRODUCTS

Customer Name: 88 Rental PIG LTD	Contact No.:
Address:	Vehicle Plate No.: \$LZ.[[35]

Salesperson:

Payment Terms:

Date: 16 / 484/2018
Invoice No.: 1810060

No. Item Description	Unit(s)	Unit Price	Total
1 Accident Repair - Lump Cum Recommendation	1	\$4,240	\$4,240
2 Surveyor Fee	l.	\$428	\$ 418
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
If goods sold are strictly non-refundable, exchangable and will adhere to it's own manufacturer's warranty as regram in which customer will have to escalate themselves if necessary.		GRAND TOTAL	\$4,668
Il preorder, indent items may take longer than the lead time given, no refund for items which are taking long e-mentioned lead time.	pex than	DEPOSIT	
verdue invoice of 7 days from invoice date will incur a 2% interest per month late fee. Depositio, will be forfe	ened in im	BALANCE DUE	\$4,668

Thank you for your business with us! Please make all cheques crossed and payable to : 88 Motorz (SG). Pte Ltd



For and/or on behalf of 88 Motorz Pte Ltd.

For and/or on behalf of customer

BRAELISS ENTERPRISE PTE LTD SS KAKI BUKIT RD 4 #05-34 SINGAPORE 417800

Looking forward to deal with you soon again!

Tax invoice Tax invoice

00'009\$

00.0\$

Balance Due:

:ballqqA truomA

:oT III8

(DS) SROTOM 88

luoY	
ment must be made by cash / cheque crossed and made	
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The state of the s	
1	
Rental for Toyota Sienta SLV4897U For Period : 05/06/18-11/06/18	009\$
Descublion	nuomA

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/06/2018 14:19
Date Of Accident	02/06/2018 20:25
Exact Location Of Accident	RAFFLES AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ3713K
Insured/Policyholder	
Name Of Registered Owner	QUAH CHENG JUEY
NRIC No	S1116921Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98894221
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SP
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 REPORTING ONLY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company LONPAC INSURANCE BHD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number

Cover Note Number

Driver

 Name of Driver
 QUAH CHIA WEI

 NRIC No
 \$8819154D

 Date Of Birth
 02/06/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 10/04/2018

Driving Experience 0 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90922071

Fax Number

Contact Number

EMail Address PANJIWEI1988@GMAIL.COM

Address

APT BLK 290C COMPASSVALE CRESCENT

#05-34

Postcode

543290

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN

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

SLZ1135J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- I. 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.
- 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.
- 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-
- 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.
- 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 :
 - 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' fawyers/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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the p

(if driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIE/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

[MMA) -> (B)) >	(B) SIZ HBS
	 	 -		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: \$313713K		ACCIDENT DATE & TIME: 2/6/18	20:24
CONTACT NUMBER: 9092209	H	E-MAIL ADDRESS: panjlauci	188@ amail-am
LOCATION PAPPLES AVE		•	A Desiration
ON 2ND JUN	€ 2018 , I was a	brium along Radiotes Ave an	Here was a jam.
All vehicles were s		one my vehicle, as I was	
		rly and my vehicle miled	9
back of the front i		J will my roster in the	10 40 6 -0 111
DOCK OF WAY GLAUF A	MINICIE		
Trace - supplied - service - service			
NOTE: PLEASE NOTE TH	AT YOUR INSURER MA	Y HAVE 14 DAYS TIME FRAME FOR	YOU TO SUBMIT AN
OWN DAMAGE CLAIM UND	ER YOUR OWN POLICY	PLEASE CHECK YOUR POLICY FO	R MORE INFORMATION
Please state:			

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

Policyholder's Signature Date & Time 19/6/18 14:32

Driver's Signature (If driver is not the policyholder) Date & The: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:







Accident Photo

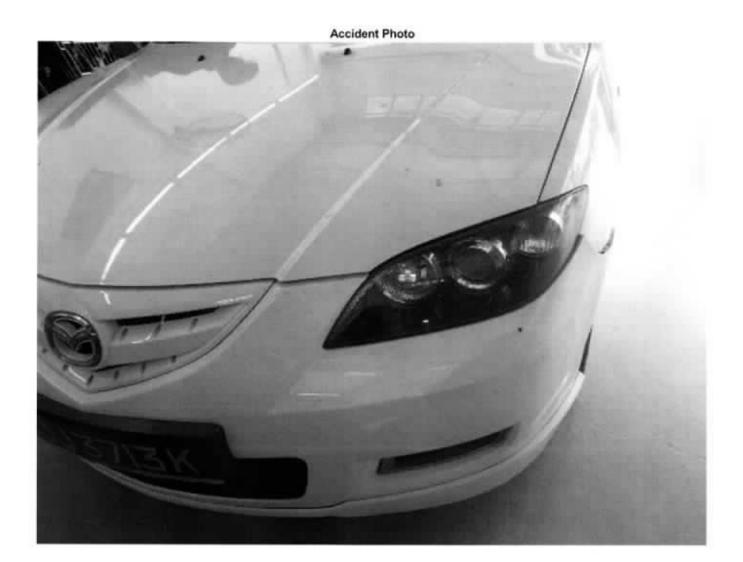










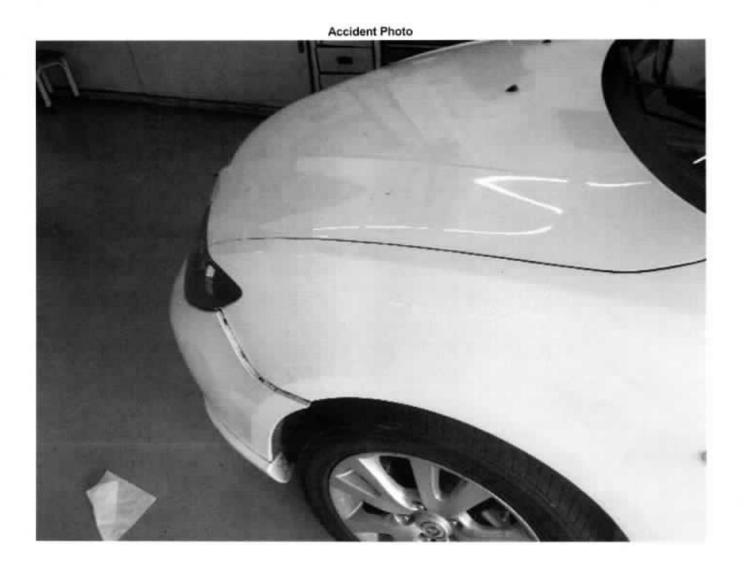












BRAELISS ENTERPRISES PTE LTD

SWEECY®KB

25 Kaki Bukit Rd 4 #05-34 S(417800)

VEHICLE LEASE AGREEMENT

This	VEHI 17	May 2018	EMENT (hereinafter referred to as "The Agreement" is made on
	05	June 2018	
Betw	een		iss Enterprises Pte Ltd
			ng its office at:
			sy@KB 25 Kaki Bukit Rd 4 #05-34 S(417800)
		Herei	nafter referred to as "The Owner" of th' one part
And		Name	: 88 Motorz (SG) Pte Ltd
7,110			No.: 200907081W
277			
		Audi	ess : 25 Kaki Bukit Rd 4, #05-34, Synergy@KB, S(417800)
		Tel.	:98111555
		Next	of kin contact :
		Herei	nafter also known as the "The Hirer" of the other part
			wner will lease to The Hirer the vehicle with the below details,
			"The Vehicle" with the terms & conditions set out in The
Agree	emer	nt contained herei	n: -
1	_DE	SCRIPTION OF VE	HICLE .
- 1	a)	Make & Model	:Toyota Sienta
	b)	Registration No.	
	2.0	V.I.N.	: refer to logcard in vehicle (lost logcard / Insurance \$30)
	d)	Paint Color	: refer to logcard in vehicle (lost logcard / insurance \$30)
7.8	e)	Engine number	: refer to logcard in vehicle (lost logcard / insurance \$30)
. ,	15	ASE PERIOD	
fu		Period	: Months OR 5_ days(for short term leasing)
		_Effective from	: 05/06/18 to 11/06/18
	DI.	_cnective from	*for rental extension, it won't be stated above.
3.	RE	NTAL FEE	to retter execusion, it won't be stated above.
200		A COLOR OF THE PERSON NAMED IN COLOR OF THE P	hereby agreed between both parties at S\$ per week or for
			total of \$\$ 600 for the above mentioned period.
	b)		IT S\$PAID: Rental \$ 600 Deposit \$
		marks:	\$120/day for 5 days
	10000		
		NTAL FEE(COND')	
	c)		leasing, billing of the rental will be collected on the day of vehicle. Deposit may be required for short term lease.
	an.		ase(1mth and above), Uber and GrabCar drivers etc The Owner
	4		he Hirer for the rental fee on a weekly basis, for Monday to
			ofter referred to as "Billing Cycle") and the rental fee shall
4		include: -	referred to as bining cycle I and the fetital fee stiall

Page 1 of 12 (Ver 888 13062018) [The Hirer's Initial & Stamp] only required to sign at the last page

Qualified Loss Adjusters And Motor Appraisers Correspondence Address: 1 Simei St 3 #02-24 S(529890) Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

VEHICLE INSPECTION REPORT

Report No.: PAS/TP/0090618

Date of Report

: 14/07/2018

To: M/s. 88 Rental Pte Ltd

Date of Assignment : 06/06/2018

C/o. 25 Kaki Bukit Rd 4

Report requested by : M/s. 88 Rental Pte Ltd

Synergy@KB #05-34 Singapore 417800

Date of Accident

: 02/06/2018

Date of Inspection

: 06/06/2018

Claim No.

: Third Party Claim

Policy No.

PARTICULARS OF DAMAGED VEHICLE

Vehicle Registration No.

: SLZ1135J

Engine Capacity (cc) : 1496cc

Make & Model

: Honda Freed (Hybrid)

Mileage (km)

: 10367km

Date of Registration

: 24/04/2018

Chassis / Frame No. : GB71060143

Colour

: Met. Grey

Engine No.

: LEB5591736

TYRE CONDITION

Front LH Make

: 7 mm : Dunlop Front RH Make

: 7 mm : Dunlop

Rear LH

Rear RH

: 7 mm

Make

: 7 mm : Dunlop

Make

: Dunlop

Road wheels Type: Alloy

(The above represents the approximate remaining life of tyre trends)

PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)

General Bodywork

: Good

Paintwork

: Good

Handbrake

: Serviceable

Footbrake

: Serviceable

Steering

: Serviceable

Apparent Engine Modification

: Nil

PLACE OF REPAIRER OFFICE/WORKSHOP

Location

M/s. 88 Motorz Pte. Ltd.

Kaki Bukit Rd 4, Synergy@KB, #05-34, Singapore 417800

ASSESSMENT

Repairer's Estimate

Revised Amount

6,694.40 : 5

5,302.08

4,240.00

Less Excess

: 5

Recommended Reserve

: 8

(Lump Sum)

Estimated Normal Period of Repairs

: 5 Working Days

Disciolmer: This report is intended for the exclusive use of the addresses solely in relation to the lass occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by PROMINENT APPRAISER SERVICES PTE LTD for any reliance on this report by any third party.

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvos@hotmail.com

Business Reg. 201404434D

Vehicle No: SLZ1135J

Report No.: PAS/TP/0090618

GENERAL REMARKS

WITHOUT PREJUDICE

THE ASSIGNMENT

The survey was conducted at M/s. 88 Motorz Pte. Ltd., 25, Kaki Bukit Rd 4, Synergy@KB, #05-34, Singapore 417800.

(Subsequent inspections have been conducted)

POINT OF IMPACT

At the rear portion.

DAMAGES

The tailgate, rear bumper, rear end panel, rear floor panel, rear chassis members, rear fenders, etc.

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

ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD \$5,302.08.

CONCLUSION

The repairer has agreed to undertake the repairs at a lump sum of SGD \$4,240.00.

This inspection was conducted entirely on a 'Without Prejudice' basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly,

Prominent Appraiser Services Pte Ltd

Andrew How

Automobile Appraiser

MSAAA

Licensed Appraiser



PROMINENT APPRAISER SERVICES PTE LTD Qualified Loss Adjusters And Motor Appraisers Correspondence Address: 1 Simei St.3 #02-24 S(529890) Mobile: 9295 2204 Fax: 6722 8508 Email: pasvos@hotmail.com Business Reg. 201404434D

Vehicle No.: SLZ1135J

Report No.: PAS/TP/0090618

APPRAISEMENT SCHEDULE

S/No.	Qty	Parts Descriptions	Condition				pairer's timate (S\$)		Our ment (S\$)
1	1 pc	Tailgate	Dented/Distorted			5	1,920.60	s	1,920.60
2	2 pcs	Tailgate stay R/L	Refit	5	162.20	5	324.40	S	
3	1 pc	Tailgate windscreen moulding	Necessary			\$	75.80	S	75.80
4	1 pc	Tailgate windscreen dam seal	Necessary			S	68.00	S	68.00
5	1 pc	Tailgate emblem (Logo)	Necessary			S	34.10	S	34.10
6	1 pc	Tailgate emblem (Shuttle)	Necessary			\$	48.50	S	48.50
7	1 pc	Tailgate emblem (Hybrid))	Necessary			S	62.80	\$	62.80
8	1 pc	Tailgate inner trim	Dented/Deformed			S	427.60	S	427.60 9
9	14 pcs	Tailgate inner trim clip	Necessary	5	3.20	S	44.80	\$	44.80
10	1 pc	Tailgate lock	Dented/Damaged			S	378.20	S	378.20
11	1 pc	Tailgate lock striker	Bent			S	28.70	S	28.70
12	1 pc	Tailgate weatherstrip	Torn/Necessary			S	120.50	S	120.50
13	1 pc	Rr bumper (w/col.)	Dented/Deformed			5	1,364.20	S	1,364.20
14	2 pcs	Rr bumper reflector R/L	Refit	5	40.20	5	80.40	S	7.0
15	6 pcs	Rr bumper clip	Necessary	5	3.60	S	21.60	S	21.60
16	2 pcs	Rr bumper retainer R/L	Cracked/Necessary	S	34.70	S	69.40	S	69.40
17	I pc	Rr end panel	Dented/Repair			S	546.90	S	
18	1 pc	Rr end panel garnish	Refit			S	126.20	S	929
19	4 pcs	Rr end panel garnish clip	Necessary	5	3.20	S	12.80	\$	12.80
20	1 pc	Rr end panel	Dented/Repair				(Re	fer labour	no. 5 & 6)
						\$	5,755.50	\$	4,677.60
				Less I	Discount: 20%	\$	1,151.10	20% \$	935.52
			List	Parts St	ab-Total:	\$	4,604.40	S	3,742.08
1	1 pc	Rr windscreen sealant	Necessary		S/N	s	40.00	S	40.00
			Special	Nett St	ib-Total:	\$	40.00	S	40.00
				B		_	1 511 12	_	2 702 00
				Par	ts Total :	\$	4,644.40	_ S	3,782.08



PROMINENT APPRAISER SERVICES PTE LTD Qualified Loss Adjusters And Motor Appraisers Correspondence Address 1 Services And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No.: SLZ1135J Report No.: PA						
S/No.	Labour Descriptions		pairer's timate (S\$)		Our nent (S\$)	
1	To transfer tailgate component parts to new tailgate.	s	100.00	s	80.00	60
2	To transfer rear windscreen to new tailgate.	s	120.00	\$	120.00	107
3	To remove and reinstall rear interior trims, garnishes, etc. for necessary repairs.	S	100.00	s	80.00	40
4	To check rear electrical wiring system.	\$	50.00	s	30.00	20
5	To straighten, repair, realign on affected area and replace damaged parts.	\$	800.00	\$	550.00	300
6	To spray painting, blending on affected and adjacent area.	\$	800.00	s	600.00	380
7	To spray anti-rust coating on new and affected panels.	\$	80.00	s	60.00	40
	Labour Total :	\$	2,050.00	S	1,520.00	
	Total (Parts & Labour) :	S	6,694.40	\$	5,302.08	

For Lump Sum Repairs

The final adjusted Lump Sum contract amount is \$ 4,240

Under normal circumstances, the repairs should be completed within a reasonable period

of 5 Working Days. (Exclude waiting days of PRI, Sunday, Puble Holiday and awaiting of shipment for spare parts)

28 Photographs were taken at the time of inspection.

N.B: By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall has the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.

1 B. a 25

Note: The revised estimate has been adjusted from a visual inspection. Any discrepancies or unseen damages should be notified to the company within 7 days from the date hereof.

Otherwise this revised amount shall be deemed as valid.



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 Internation	onale Des Experts En Autom	obile
LON	PAC INSURANCE	BHD	Ref : CS3/LPC18010	516/Lsd3e2-1
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Date: 13-09-2018 Code: LPC2	
1.		Policy Particulars	:- THIRD PARTY CLAI	M
	Insured Veh.	SJJ 3713K	Veh. Inspected	SLZ 1135J
	Policy No.		Coverage (\$)	0.00
	Claim No.	18/18/18/VP05/020659	Excess (\$)	0.00
	Assign From	GERALD	Assign Date	08/08/2018
2.		Vehicle Parti	culars & Condition	
	Make & Model	HONDA FREED	c.c	1496
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	GB71060143	Colour	GREY
	Odometer	10718	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.	79-11-1	Condit	ions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	185/65 R15	DUNLOP	6 mm
	L/H Front Tyre	185/65 R15	DUNLOP	6 mm
	R/H Rear Tyre	185/65 R15	DUNLOP	6 mm
	L/H Rear Tyre	185/65 R15	DUNLOP	6 mm
4.			on of Damages	
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE RE ETAILS.	AR PORTION.	
5.		Genera	Il Information	
	Accident Date	02/06/2018	Inspection Date	11/06/2018
	Survey held at Repairer	88 MOTORZ-25 KAKI BUKIT R	D 4 #05-34	
5a.		R	temarks	
		ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V		
5b.		Estimate	Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	4 Working Day	rs.



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLZ 1135J

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	TAILGATE	DENTED/ DISTORTED	1,920.60	1,920.60
2	TAILGATE STAY R/L @\$162.20	REFIT	324.40	19
1	TAILGATE WINDSCREEN MOULDING	NECESSARY	75.80	75.80
1	TAILGATE WINDSCREEN DAM SEAL	NECESSARY	68.00	68.00
1	TAILGATE EMBLEM (LOGO)	NECESSARY	34,10	34.10
1	TAILGATE EMBLEM (SHUTTLE)	NECESSARY	48.50	48.50
1	TAILGATE EMBLEM (HYBRID)	NECESSARY	62.80	62.80
1	TAILGATE INNER TRIM	SERVICEABLE	427.60	
14	TAILGATE INNER TRIM CLIP @\$3.20	NOT NECESSARY	44.80	8
1	TAILGATE LOCK	TO REPAIR SEE LABOUR	378.20	1
1	TAILGATE LOCK STRIKER	BENT	28.70	28.70
1	TAILGATE WEATHERSTRIP	TORN / NECESSARY	120.50	120.50
1	RR BUMPER (W/COL)	DENTED / DEFORMED	1,364.20	1,364.20
2	RR BUMPER REFLECTOR R/L @\$40.20	REFIT	80.40	
6	RR BUMPER CLIP @\$3.60	NECESSARY	21.60	21.60
2	RR BUMPER RETAINER R/L @\$34.70	CRACKED / NECESSARY	69.40	69.40
1	RR END PANEL	TO REPAIR SEE LABOUR	546.90	53
1	RR END PANEL GARNISH	REFIT	126.20	73
4	RR END PANEL GARNISH CLIP @\$3.20	NECESSARY	12.80	12.80
	LESS 20% DISCOUNT		-1,151.10	-765,40
			4,604.40	3,061.60
	SPECIAL NETT ITEMS			
1	RR WINDSCREEN SEALANT (SN)	NECESSARY	40.00	40.00
			40,00	40.00
	LABOUR			
	TO TRANSFER TAILGTE COMPONENT PARTS TO NEW TAILGATE.		100.00	60.00

Report Ref No. CS3/LPC18010516/Lsd3e2-1



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 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO TRANSFER REAR WINDSCREEN TO NEW TAILGATE.		120.00	101.00
	TO RMEOVE AND REINSTALL REAR INTERIOR TRIMS, GARNISHES, ETC FOR NECESSARY REPAIRS.		100,00	40.00
	TO CHECK REAR ELECTRICAL WIRING SYSTEM.		50.00	20.00
	TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS INCLUSIVE OF THE REPAIR OF TAILGATE LOCK AND RR END PANEL		800.00	300.00
	TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA.		800.00	380.00
	TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED PANELS.		80.00	40.00
			2,050.00	941.00
	GRAND TOTAL		6,694.40	4,042.60

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)	3,200.00
(10113 FRE-ACCIDENT CONDITION)	

Report Ref No. CS3/LPC18010516/Lsd3e2-1

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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