

REF: CS /ALH18015078 /T/Sber

Special Instructions:

US: \$ 5000.00

From (Person): Shawn Wu of ALG Date/Time: 20082018  
Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

*Third Parties:*

Claimant:

### Case reports

Surveyor: PAR Automata

Workshop: Em Solution

OD(TP Re-inspection)/ Evaluation

To inspect Vehicle No: SEA 4493X Insured: SKP 62976

at Workshop m/s Em Solution Tel: 6456 0226

of 160 Sin Ming Drive # 03-18

Policy No: \_\_\_\_\_ Claim No: 011065990956-005

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 01-04-2018

(Clients' Records)

27.08.2018 (Monday) @ 11am

H.O.D. Enrolment/Date

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 11/11 Confirmed with 11/11 Final Fig 11/11, 11/11 days (Red S 11/11 %; Original 8 days)

Date/Time: 04/10/18 Submit Final Fig. \$2,400/-, 5 days (Red \$2,600/- 52%; Original 8 days)

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i> )
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Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)
--

RECEIVED 9 OCT 2018

**Para(3) : Nett Value**

Market Value : \_\_\_\_\_

Salvage Value : \_\_\_\_\_

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

*Fee Charged:*

Basic &amp; Add

## Transport

## Photos

Others

Total

Done:

208

20

1) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

2) Date/Time

#### 4) Date/Time

6) Date/Time

File Return to

File Return to

File Return to

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / CD RES / EVA / INV / MV

To inspect Vehicle No: \_\_\_\_\_

at Workshop no: \_\_\_\_\_

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

Vehicle: IN / OUT

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

Person Contacted: \_\_\_\_\_

Van No: SGA4443X Yr Regn: 2010 / 006  
 Type: M / Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: 1000 Genet FokCC: 1591Colour: Red

A/C: Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_

T/Radio: Insured / Std / NI / NA

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

G/No: KNAFW 411 M.A5242742Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: \_\_\_\_\_

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

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

Front

Rear

R/Bal: 5 mmR/Bal: 5 mmL/Bal: 5 mmL/Bal: 5 mm

D.O.A. \_\_\_\_\_

D.O.I. \_\_\_\_\_

Survey held at \_\_\_\_\_

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: \_\_\_\_\_

*[Signature]*  
 3/10/2018

Date/Time: File Pass to?

☐

Preli. Report

Days Of Repair: \_\_\_\_\_

Date/Time: File Return to?

☐

Final Report

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee

Transportation

S + P + M

I. Other

I. Other

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

Lump Sum / I.B.F. / \$

Add Fee: ☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inva (\$

☐

Workshop (\$

TOTAL

## Catherine Chong (LKK Auto)

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**From:** Wui, Shawnkaijye <Shawnkaijye.Wui@aig.com>  
**Sent:** Monday, 20 August, 2018 9:45 AM  
**To:** assignments; sur@lkkauto.com  
**Cc:** Admin A; Catherine Chong (LKK Auto)  
**Subject:** Assignment for Re-inspection; Our ref.: 0110659909SG-003; Accident involving SKP6297G and SGA 4496X on 01 April 2018 at Johor Bahru Custom  
**Attachments:** SGA 4493X - Survey Photo.pdf; SGA 4493X - Survey Report.pdf; SGA 4493 X Align Check .pdf

Dear Sirs,

We would like to appoint your company to conduct physical re-inspection of Third party vehicle.

Kindly assist to attend and provide a written confirmation to Tp repairer and solicitor.

Enclosed herewith third party survey report and wheel alignment report.

All parties GIA report will be forwarded in the next encrypt email.

Thanks and Regards,  
Shawn Wui  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way, #08-16, Singapore 079120

Tel +(65) 6419 1959 | Fax +(65) 6835 7416

[Shawnkaijye.Wui@aig.com](mailto:Shawnkaijye.Wui@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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**From:** Sally Chong [mailto:sallychong@visionlawllc.com]  
**Sent:** Friday, August 17, 2018 4:01 PM  
**To:** Wui, Shawnkaijye  
**Cc:** 'EM Solution Pte Ltd'; 'Judy Soh'  
**Subject:** RE: Your ref.: AW1-scv-Ins-E21-106302-18(js); Our ref.: 0110659909SG-003; Accident involving SKP6297G and SGA 4496X on 01 April 2018 at Johor Bahru Custom

### AMENDED COPY URGENT

Dear Shawn,

**CLAIMANT: LIM YING PING**

**ACCIDENT INVOLVING SGA 4493 X & SKP 6297 G ON 01-APR-2018 AT JOHOR BAHRU CUSTOM AT ABOUT 15:45 HRS**

Reference to your email of even date below.

We can accept your downtime fee at \$40.00.

Please confirm RI as follows:-

Date : 24<sup>th</sup> August 2018 (Friday)  
Time : 3:00 p.m.  
Venue : E M SOLUTION PTE LTD  
160, Sin Ming Drive, #03-18/19, Sin Ming Autocity,  
Singapore 575722  
Contact : Mr. Bernard (Tel.: 6456-0226 / 9101-8302)

Accordingly, kindly ensure the attendance of your appointed surveyor at the above arranged re-inspection without fail.

Please let us have the name and contact number of your appointed surveyor.

Thank you.

*Sally Chong*

(Secretary)  
VISION LAW LLC  
133 NEW BRIDGE ROAD,  
#18-01/02, CHINATOWN POINT,  
SINGAPORE 059413  
TEL: 6534-2811 (ext 115)  
FAX: 6535-6802

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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	02/04/2018 11:50
Date Of Accident	01/04/2018 15:35
Exact Location Of Accident	BEFORE JOHOR BAHRU CUSTOM TOWARDS WOODLANDS
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA4493X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YING PING
NRIC No	S9239316Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92344023
Alternative Phone No	Office-92344023

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097967117
Cover Note Number	

### Driver

Name of Driver	CHEONG WEI ZHUN (ZHANG WEIJUN)
NRIC No	S8931619G
Date Of Birth	13/09/1989
Occupation	INDOOR
Date Of Driving Pass	05/09/2016
Driving Experience	1 YEAR AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-92344023
Fax Number	
Contact Number	OFFICE-92344023
Email Address	NOEMAIL
Address	BLK 434 CHOA CHU KANG AVE 4 #11-553 SINGAPORE
Postcode	680434
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	2
Was any body injured in the Accident?	NO
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)	5
Passenger 1	Name: : LIM BAO YING Gender: : Female
Passenger 2	Name: : LIM WING PING Gender: : Female
Passenger 3	Name: : NA Gender: : Male
Passenger 4	Name: : NA Gender: : Male

#### 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

REFER TO ATTACHED

#### 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	SKP6297G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMAD NUR ASSHIDDING BIN MUHAMAD
NRIC/Passport Number	S8808437C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

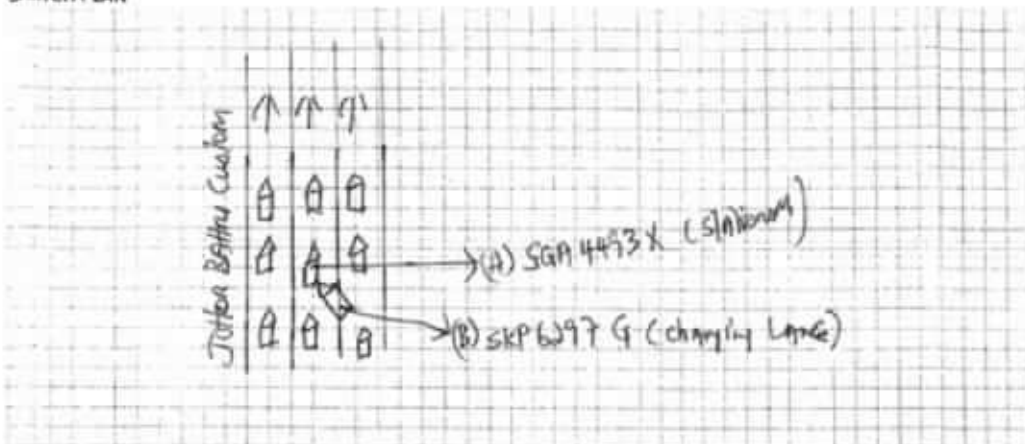
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature  
Date & Time

Driver's Signature  
Officer's Signature  
Date & Time

Reporting Centre Personnel Signature  
Name  
Shift/Station

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I arrived at about 12:45pm I was about my vehicle  
 SGA 4493 X not under battery custom. As I was about  
 12:45 I noticed traffic lane in front there was a vehicle which  
 stopped it was stopped my vehicle while waiting for my turn  
 to move off. But it is a sudden a vehicle - not both of  
 them behind along with my vehicle some portion taking my  
 vehicle into the lane. At accident, my vehicle was stationary.

I reporting this incident for liability claim against  
 the other vehicle.

I understand it is my duty to report this incident.

I have signed this statement.

I have signed this statement.

## DECLARATION

I declare the foregoing particulars are true in every respect.

Signature of Driver  
 Date & Time

  
 Signature of Driver  
 Address of Driver (if any)  
 Date & Time

  
 Signature of Witness  
 Address of Witness (if any)  
 Date & Time

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## 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	02/04/2018 12:14
Date Of Accident	01/04/2018 15:35
Exact Location Of Accident	MALAYSIA CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6297G
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### Insured/Policyholder

Name Of Registered Owner	MUHAMAD NUR ASSHIDDIQ BIN MUHAMAD
NRIC No	S8808437C
Email Address	SHIDIQ.MD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98563829
Alternative Phone No	Office-98563829

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5EX MIVEC A/T ELEGANCE 2WD 4DR
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	1800001536
Cover Note Number	

### Driver

Name of Driver	MUHAMAD NUR ASSHIDDIQ BIN MUHAMAD
NRIC No	S8808437C
Date Of Birth	17/03/1988
Occupation	INDOOR
Date Of Driving Pass	27/02/2008
Driving Experience	10 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-98563829
Fax Number	
Contact Number	OFFICE-98563829
Email Address	SHIDIQ.MD@GMAIL.COM
Address	BLK 87 DAWSON ROAD #22-23
Postcode	141087
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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 ambulance?	
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)	4
Passenger 1	Name: : SYAHIRAH Gender: : Female
Passenger 2	Name: : AISHAH Gender: : Female
Passenger 3	Name: : ARIFFIAN Gender: : Male

#### 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

REFER TO 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	SGA4493X
-----------------------------	----------

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

### SKETCH PLAN

#### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time: 12:15 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKP6297G	ACCIDENT DATE & TIME: 1 APRIL 2018 3:35AM
CONTACT NUMBER: 98563829	E-MAIL ADDRESS: CHIDIA.MD@gsa.i.com
LOCATION: SULTAN ISKANDAR CHECKPOINT	
<p>While queuing to get into Sultan Iskandar Checkpoint to return back to Singapore, 6 lanes were merging into 2 lanes and subsequently 1 lane. There are no clear markings on the road to separate the lanes.</p>	
<p>While merging into my direction, the back right fender of vehicle SGA4493X had grazed my front left bumper and subsequently moved forward until I moved to my right creating a gap between us to avoid further damage.</p>	
<p>Direction of the scratches will confirm this and the photos provided shows the gap between the 2 vehicles as mentioned.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

## DECLARATION

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

Policyholder's Signature:  Date & Time: 2/4/18 12:15pm	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
--	---	--

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



# PAR Automotive Consultancy

Regn. No: S2986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 64531173, Fax : 64536131

Consultants: Vehicle appraisal & inspection, accident investigation, expert witness

Report No: 0097-18-EMAm

31 July 2018

## ACCIDENT VEHICLE SURVEY REPORT

Lim Ying Ping  
c/o 160 Sin Ming Drive #03-19 Sin Ming Autocity  
Singapore 575722

### VEHICLE INFORMATION:

Vehicle Reg No.:	SGA4493X	Odometer:	116865km
Make & Model:	Kia Cerato Forte 16SX AT	Colour:	Red
Chassis number:	KNAFW411MA5242742	Date of accident:	01/04/2018
Year of Regn.:	12/10/2010	Date inspected:	16/04/2018
Repairer at:	EM Solution Pte Ltd	Date inspected (After Repair):	20/04/2018
	160 Sin Ming Drive #03-19 Sin Ming Autocity		
	Singapore 575722		

### STATIC CHECKS, where applicable:

Steering :	serviceable
Footbrake :	serviceable
Handbrake :	serviceable
Paintwork :	Good
General condition :	Good

### TIRE CONDITION:

	<u>LH / Make</u>	<u>RH / Make</u>	<u>Size</u>
Front:	5mm/Michelin	5mm/Michelin	215/45R17
Rear:	5mm/Michelin	5mm/Michelin	215/45R17

### POINT OF IMPACT AND DAMAGE, where applicable:

Impact on the rear RH portion.

Please see details as described in the Annex for parts and labour.

### REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

## Parts and Labour Assessment

Report No: 0097-18-EMAm Vehicle No: SGA4493X


Description of part	Qty	Condition as inspected	Repairer's estimate	Our adjustment
Rear tail lamp RH	1	fractured	179.60	179.60
Rear tail lamp clip RH	3	necessary	19.50	19.50
Rear bumper	1	fractured	528.60	528.60
Rear bumper side retainer RH/LH	2	necessary	64.00	64.00
Rear windscreen glass moulding	1	necessary	64.00	64.00
Rear fender RH	1	buckled	822.00	Rx 822.00
Rear shock absorber RH	1	bent	216.00	117 216.00
Rear wheel hub c/w bearing RH	1	jammed	291.00	117 291.00
Subtotal before discount			2,184.70	2,184.70
Percentage discount	0%	and 10%	0.00	218.47
Sub total 1			2,184.70	1,966.23
Rear windscreen glass sealant	1	necessary	70.00	Rx 70.00
Rear bumper lower spoiler	1	fractured	800.00	400 800.00
Rear sport rim RH	1	abraded	650.00	250 650.00
Subtotal before discount			1,520.00	1,520.00
Percentage discount	0%	and 0%	0.00	0.00
Sub total 2			1,520.00	1,520.00
Parts-total			3,704.70	3,486.23
<b>LABOUR</b>				
1. To straighten and panel beating rear RH tail lamp inner panel and rear frame members. To cut/weld rear RH fender. To remove and refit above parts.			1,400.00	700 1,100.00
2. To putty, re-spray painting and polish affected areas.			1,000.00	700 800.00
3. To check and rectify wiring system.			80.00	30 50.00
4. To rust proof affected areas.			120.00	30 60.00
5. To remove and refit rear windscreen glass.			150.00	117 120.00
6. To remove and refit lining, upholstery, cushion seats, garnish, fittings, etc. to assist repair.			200.00	60 150.00
7. To remove, refit rear RH sport rim/tyre and balancing.			50.00	30 40.00
8. To remove and refit rear suspension system.			400.00	350.00
9. To conduct electronic wheel alignment test.			180.00	150.00
Labour total			3,580.00	2,820.00
Parts & Labour total			7,284.70	6,306.23

5 days

Results of inspection of the accident vehicle are as shown above.

We have taken into consideration the age and condition of the vehicle in our recommendation.

Hence, the recommended cost of repairs based on LUMP SUM repairs is : **\$5,000.00**  
and the recommended number of working days for the repairs is : **8**

  
B J Loi (I Eng. MIMI, AIRTE)  
Automotive Appraiser

Work Order: R047595  
 License: SGA4493X  
 Year: 10  
 Date 16.4.18 16:01

Kia : Cerato/Forte : 2009-13 (TD)

Front : Left

Actual	Before	Specified Range
-0°58'	-0°59'	-1°08' -0°08'
4°54'	4°54'	3°53' 4°53'
-0°15'	-0°12'	-0°05' 0°05'
14°11'	14°12'	13°07' 14°07'
13°13'	13°13'	11°59' 13°59'

Camber  
 Caster  
 Toe  
 SAI  
 Included Angle  
 Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-0°33'	-0°32'	-1°08' -0°08'
4°10'	4°10'	3°53' 4°53'
-0°02'	-0°05'	-0°05' 0°05'
12°28'	13°25'	13°07' 14°07'
12°53'	12°53'	11°59' 13°59'

Front

Cross Camber  
 Cross Caster  
 Cross SAI  
 Total Toe  
 Cross Turn Diff.

Actual	Before	Specified Range
-0°26'	-0°27'	
0°43'	0°43'	
0°45'	0°46'	
-0°17'	-0°18'	-0°09' 0°09'

Rear : Left

Actual	Before	Specified Range
1°50'	1°50'	-2°00' -1°00'
0°37'	0°37'	0°06' 0°15'

Camber  
 Toe

Rear : Right

Actual	Before	Specified Range
-0°34'	-0°35'	-2°00' -1°00'
-1°02'	-1°02'	0°06' 0°15'

Rear

Cross Camber  
 Total Toe  
 Thrust Angle

Actual	Before	Specified Range
-1°16'	-1°15'	
-0°25'	-0°24'	0°11' 0°30'
0°49'	0°50'	

**K. K. CHENG & CO**  
Advocates and Solicitors  
101 Upper Cross Street #05-21  
People's Park Centre  
Singapore 058357  
Tel: 6227 1272 Fax: 6227 5563

Our Ref: XOTIC/ SFS 633C  
Your Ref: FBB 8418S  
(Please quote our reference number when replying)

17 August 2018

MSIG  
Singapore

LKK AUTO  
Singapore

Attention: Motor Claims Department

Dear Sirs

By Fax: 6225-7402 only

By Fax: 6256-4315 only

**NOTICE OF ACCIDENT**

Claimant: **HOLISTIC HEALTH**

Pre-action Protocol for Non-injury Motor Accident Cases involving motor accident occurring on or before 1<sup>st</sup> April 2016 ["Protocol"]

We refer to your letter dated 17 August 2018.

Firstly, we object to the appointment of any of the motor surveyors proposed by in your List as a single joint expert. We have already stated this at para 4 of our Notice of Accident dated 17 August 2018.

Secondly, we have also given you our proposed list of proposed motor surveyors at para 4 of our Notice of Accident dated 17 August 2018.

Thirdly, if you object to our proposed list of proposed motor surveyors, this matter shall proceed on the basis of para 2.9 of the Protocol. Accordingly, our client shall appoint a surveyor of his choice to conduct the pre-repair survey. And our client shall have his motor vehicle repaired after the pre-repair survey had been done by your appointed surveyor.

Fourthly, for the sake of clarity, we do not agree to your appointed surveyor conducting the Pre-Repair Survey as the single joint expert.

If you wish to conduct a post-repair inspection, please instruct your appointed surveyor to inform our client's repairer of the same during the pre-repair survey.

Finally, the location and contact person of the workshop are as follows:

Name of Workshop	:	Exotic Car Spray Painting Specialist Pte Ltd
Address	:	Block 1002 Bukit Merah Lane 3
	:	#01-85 Singapore 159719
Contact person	:	Mr Sam at 9109-1660

Yours faithfully

**CHENG KIM KUAN**  
cc Workshop (Ref: SFS 633C)






## 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				
AIG ASIA PACIFIC INSURANCE PTE LTD			Ref : CS/AIG18015078/T1sbe2	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120			Date : 08-10-2018	
			Code : AIG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)</b>				
Insured Veh.	SKP 6297G	Veh. Inspected	SGA 4493X	
Policy No.		Coverage (\$)	0.00	
Claim No.	0110659909SG-003	Excess (\$)	0.00	
Assign From	SHAWN WUI	Assign Date	20/08/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	KIA CERATO FORTE	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	KNAFW411MA5242742	Colour	RED	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/45 R17	MICHELIN	5 mm	
L/H Front Tyre	215/45 R17	MICHELIN	5 mm	
R/H Rear Tyre	215/45 R17	MICHELIN	5 mm	
L/H Rear Tyre	215/45 R17	MICHELIN	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.				
REPAIR CONDITION SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	01/04/2018	Inspection Date	27/08/2018	
Survey held at	EM SOLUTION PTE LTD 160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY SINGAPORE 575722			
<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:		<b>5 Working Days</b>		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGA 4493X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR TAIL LAMP RH	REPLACED	179.60	179.60
3	REAR TAIL LAMP CLIP RH	REPLACED	19.50	19.50
1	REAR BUMPER	REPLACED	528.60	528.60
2	REAR BUMPER SIDE RETAINER RH / LH	REPLACED	64.00	64.00
1	REAR WINDSCREEN GLASS MOULDING	REPLACED	64.00	64.00
1	REAR FENDER RH	REPAIRED SEE LABOUR	822.00	-
1	REAR SHOCK ABSORBER RH	NOT NECESSARY	216.00	-
1	REAR WHEEL HUB C/W BEARING RH	NOT NECESSARY	291.00	-
	LESS 10% DISCOUNT		-	-85.57
			2,184.70	770.13
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR WINDSCREEN GLASS SEALANT (SN)	NOT NECESSARY	70.00	-
1	REAR BUMPER LOWER SPOILER (SN)	REPLACED	800.00	400.00
1	REAR SPORT RIM RH (SN)	REPLACED	650.00	250.00
			1,520.00	650.00
<b><u>LABOUR</u></b>				
	TO STRAIGHTEN AND PANEL BEATING REAR RH TAIL LAMP INNER PANEL AND REAR FRAME MEMBERS. TO CUT / WELD REAR RH FENDER. TO REMOVE AND REFIT ABOVE PARTS. INCLUSIVE OF THE REPAIR OF REAR FENDER RH.		1,400.00	700.00
	TO PUTTY, RE-SPRAY PAINTING AND POLISH AFFECTED AREAS.		1,000.00	700.00
	TO CHECK AND RECTIFY WIRING SYSTEM.		80.00	30.00
	TO RUST PROOF AFFECTED AREAS.		120.00	30.00
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS.	NOT NECESSARY	150.00	-
	TO REMOVE AND REFIT LINING, UPHOLSTERY, CUSHION SEATS, GARNISH, FITTINGS, ETC. TO ASSIST REPAIR.		200.00	60.00
	TO REMOVE, REFIT REAR RH SPORT RIM/ TYRE AND BALANCING.		50.00	30.00
	TO REMOVE AND REFIT REAR SUSPENSION SYSTEM.	NOT NECESSARY	400.00	-

Report Ref No. CS/AIG18015078/T1sbe2



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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CONDUCT ELECTRONIC WHEEL ALIGNMENT TEST.		180.00	60.00
			3,580.00	1,610.00
GRAND TOTAL			7,284.70	3,030.13
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,400.00

Report Ref No. CS/AIG18015078/T1sbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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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