

REF: CSI/LAW18018663/Anber

Special instruction:

US: \$ 4600.00

ASSIGNMENT (Office)

From (Person): Tan Chee Kiong of Seah Ong Date/Time: 12-10-2018
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: TRC Survey & Chad Automobile

Workshop: Precise HMO

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SDW 7188C Insured: SDE 2234E

at Workshop m/s Precise Auto Tel: _____
of Bk 1 Kaki Bukit Ave 6 # 02-34

Policy No: ALC-2014-686-PAS Claim No: 16-21734 A

Sum Insured: _____ Express _____

Make of Veh: _____ D.O.A. 15-12-2014

(Client's Record)

SJE

H.O.D. Endorsement/Date

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

Date/Time: 11/11/2019 Confirmed with 10/11/2019 Final Fig 10/11/2019, 10 days (Red \$ 10 / 10 %; Original 7 days)

Date/Time: 16/11/18 Submit Final Fig: 2.31C, 05 days (Red \$ 2300 / 50 %; Original days)

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i>)
------------------------------------	-----------------------------------------

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

RECEIVED 19 MAY 2018

Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged

Date: _____

Basic & Add

Transport

Photos

Others

Total

700

1000

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

100%

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1) Date/Time 16/11 - typist File Pass to

2) Date/Time _____ File Return to _____

3) Date/Time _____ File Pass to _____

4) Date/Time File Return to

5) Date/Time _____ File Pass to _____

6) Date/Time _____ File Return to _____

Catherine Chong (LKK Auto)

From: Chee Kiong <cheekiong@seahong.com.sg>
Sent: Friday, 12 October, 2018 1:42 PM
To: 'Catherine Chong (LKK Auto)'; 'Sal'; magendran@alc.com.sg
Cc: June tan; 'Xin Yi'
Subject: RE : SJE APPOINTMENT : MC 18043/2017 - VEHICLE SDW 7188C [ALC ref: ALC.2014.686.PAS : 16.21734 A
Attachments: SDW7188C PRI REPORT.PDF; SDW7188C PRI PHOTOS.PDF; SDW7188C SURVEY REPORT.pdf; GIA 2.pdf; GIA 1.pdf

Dear Catherine

We act for the Defendant in the above action and M/s Arasan Law Chambers acts for the Plaintiff. Kindly note that M/s Arasan is also copied in this email.

We are pleased to inform that the Court has appointed Mr Adrian Ling to be the SJE in this action. As the SJE, Adrian's duty is to give your recommendation to the Court on issue of the damages / repairs, repairs cost and period of repair.

We enclose herewith a copy of the following for your attention :-

- a. Plaintiff and Defendant's GIA statements
- b. Defendant's surveyor reports with colour photos

Please let us know if you wish to conduct an inspection of the Plaintiff's vehicle. If so, please contact the Plaintiff's solicitor to make the arrangements.

We believe the Plaintiff's solicitor will be forwarding their surveyor reports to you from their side.

The Court has directed for the SJE report to be ready in 4 weeks.

Thanks v much !

Yours
Tan Chee Kiong
Seah Ong & Partners LLP

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 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	16/12/2014 16:16
Date Of Accident	15/12/2014 14:30
Exact Location Of Accident	ALONG JALAN DATOH JUST AFTER JALAN DUSUN
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDE2234E
Insured/Policyholder	
Name Of Registered Owner	THIA SIEW TENG ANGELENE
NRIC No	S6849627F
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (M)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	VPB/P1033322
Cover Note Number	
Driver	
Name of Driver	THIA SIEW TENG ANGELENE
NRIC No	S6849627F
Date Of Birth	15/03/1968
Occupation	Indoor
Date Of Driving Pass	29/11/1994
Driving Experience	20 Years And 0 Months
Gender	Female
Mobile Number	(Local) +65-96195488
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	6 INDUS ROAD #12-01
Postcode	169588
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	Collision- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Address	ROAD: 93 Toa Payoh Central Toa Payoh Community Building , POSTCODE: 319194 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN AND ENCLOSE POLICE REPORT NO. T/20141215/2139 .

Are accident photos available for attachment?	Yes
-----------------------------------------------	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDW7188C
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	TAN YEN NEE WENDY
Phone Number	98631167
Email Address	

DETAILS OF INJURED PERSON 1

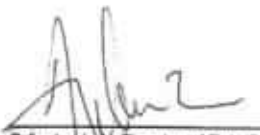
Name	DRIVER OF SDW7188C
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SDW7188C
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	Yes
Address	

Postcode

SKETCH PLAN

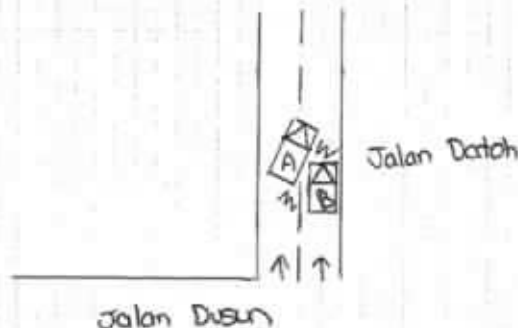
IMPORTANT NOTICE

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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 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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
16/12/2014
Sketch Plan

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

Witnessed by Reporting Centre Personnel



A: SDE 223AE
B: SDW 7188C

please refer to police report no. T/20141214/2137. and I would like to add on.

Describe Circumstances of the Accident

On 15 Dec 2014 at around 1430hrs, I was driving along Jalan Datar on a 2 lane road, I was on the left lane and ~~moving onto the right lane~~ ^{moving onto} the right lane. While moving, I checked ~~blind~~ ^{blind} spot ~~for~~ ^{with} any on-coming vehicles, and it was clear. So I drove steadily and slowly ~~moving~~ onto the right lane. Out of a sudden, a golden Toyota Airtis car ~~sped up~~ ^{sped up} and deliberately direct hit onto my car. The golden car bears registration no. SOW 7188C. Hit my front right back front air bag. Due to the collision, my car was dragged and shifted further up along the road.

I was unable to get down the car due to the collision with the golden car (SOW 7188C) blocking it.

The driver of SOW 7188C, then get down the car and shouted, ploughing finger at me and banging on my bonnet. ~~She then went over to the passenger car door and force open the car door and slung into the car at us. We were then she slumped the door back. My passenger & I was~~ ^{intimidated by her action} myself and the passenger is unable to get down the car due to her and also the heavy trapper behind. Finally, I have to move the car away and parked at a safe area before I can take some photos.

I asked for her particulars. She refuse to give me. In the whole episode before I move the car to safe location she was shouting & behaving hysterically. I am so afraid that both myself and my passenger will get harm by her.

There were badly damaged dents and scratches on my front and rear right side of the car. It's obvious that she saw my car and ~~intentionally~~ ^{deliberately} hit my car.

My passenger & I are intimidated by her aggression and behaviour and gesture.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

16/12/2014
2pm

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

police report Pg.1

Police Station Of Origin:
Tua Payoh N.P.C
93 Tua Payoh Central #01-02 Tua Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20141215/2139

1 of 3

Report No: T/20141215/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2014 18:00		Vide Report No.: A/20141215/0081		Station Diary No.: 99	
Informant's Particulars					
Name of Informant: THIA SIEW TENG ANGELENE			Address: 6 INDUS ROAD #12-01 SINGAPORE 169588		
ID Type / ID No.: NRIC NO / S6849627F			Contact No.: Home/Office: Mobile: 96195488		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 46	Date of Birth: 15/03/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/12/2014 14:30	Type of Location: Straight Road
Location: Along Road 1 JALAN DATOH				
Along Jalan Datoh just after Jalan Dusun				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDE2234E	Car	TOYOTA	VIOS 1.5E M	Red	Slightly Damaged	1
SDW7188C	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
SDE2234E	AXA INSURANCE SINGAPORE PTE LTD	P1033322	13/03/2014	12/03/2015

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

police report Pg.2

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20141215/2139

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Report No. T/20141215/2139

CONTINUATION OF REPORT

Driver			
Name	THIA SIEW TENG ANGELENE	ID No.	S6849627F
Related Vehicle	SDE2234E (Car)	Contact No.	96195488
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 15/12/2014 at about 2.30pm, while travelling along Jalan Datoh on a two lane road, I was on the left lane moving onto the right lane. Suddenly I felt a collision from my right side of my car. I discovered that a car bearing registration number SDW7188C had hit onto the right driver door. I was unable to go out of my vehicle as the car that hit onto my car blocked my door.

The driver of the other vehicle then got of her vehicle. The driver then slammed her hand onto my car bonnet and kept shouting towards me saying that I am a road bully. The driver then went over to my passenger and opened the front passenger door. The driver kept shouting and behaving hysterically. I do not have in-built camera in my car.

About 20mins later, ambulance arrived. Subsequently, Traffic Police arrived.

There were dents and scratches on my front and rear right side door. There were only dents on the front left side of the driver's car.

When asked to exchange particulars, the driver refused to do so.

police report Pg.3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T/20141215/2139

3 of 3


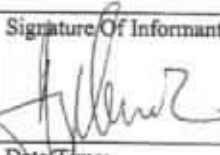
Report No: T/20141215/2139

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 / MOHAMAD FARHAN BIN MOHAMAD SUHAILI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2014 18:00
Officer In Charge Of Case: TP / GIT / MD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP188	

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 willful 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 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	16/12/2014 15:18
Date Of Accident	15/12/2014 14:40
Exact Location Of Accident	ALONG JLN DATOH (NEAR VISTA RESIDENCES)
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDW7188C
Insured/Policyholder	
Name Of Registered Owner	LIM KIM TIAN
NRIC No	S0080838E
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA-1.6 ALTIS (A)
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	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5046805837-04
Cover Note Number	
Driver	
Name of Driver	LIM PEI SHAN ELIZA
NRIC No	S7718016H
Date Of Birth	25/06/1977
Occupation	Indoor
Date Of Driving Pass	05/09/1996
Driving Experience	18 Years And 3 Months
Gender	Female
Mobile Number	(Local) +65-92251862
Fax Number	
Contact Number	
E-Mail Address	elips06@gmail.com
Address	288 JOO CHIAT PLACE
Postcode	427969
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- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

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

ON 15/12/2014 AT 2.40PM, I WAS TRAVELLING ALONG JALAN DATOH IN THE RIGHT LANE (NEAR JALAN RAJA UDANG). SUDDENLY, I FELT AN IMPACT FROM LEFT SIDE. I REALISED THAT VEHICLE B (SDE2234E) ILLEGAL TURN RIGHT INTO JALAN RAJA UDANG FROM LEFT LANE WITHOUT CHECKING THE TRAFFIC FROM THE RIGHT AND COLLIDED ONTO LEFT PORTION OF MY CAR. HENCE, I LODGE THIS REPORT TO CLAIM VEHICLE B'S (SDE2234E) INSURANCE.

Are accident photos available for attachment?	Yes
-----------------------------------------------	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDE2234E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	MS THIA
NRIC/Passport Number	
Contact Number	96195486
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	LIM PEI SHAN ELIZA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SDW7188C
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name AESON YONG JIA RONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SDW7188C

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

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 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 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.

II. 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' law yers/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.
- (b) collectively the "Purposes")
- (c) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (d) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Kuan

Policyholder's Signature / Date & Time
11.50am

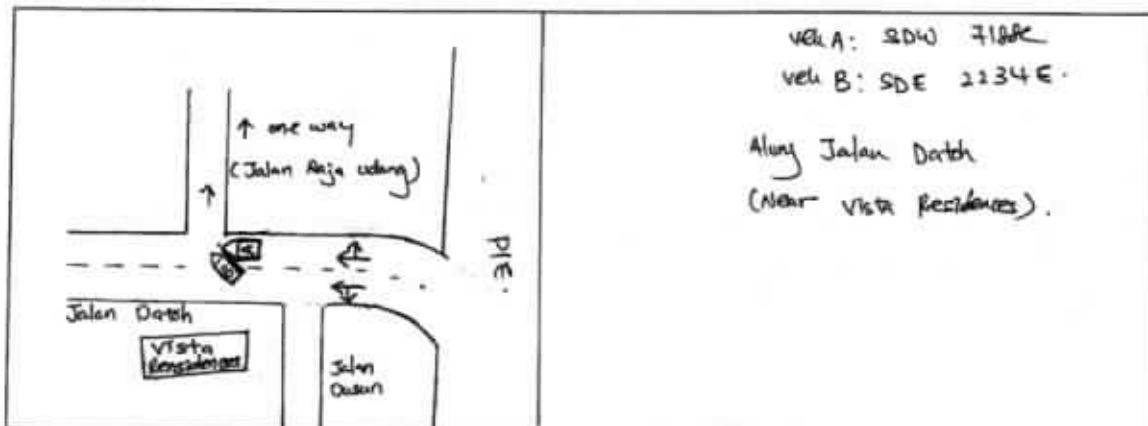
Shy

Driver's Signature (If driver is not the policyholder) / Date & Time
16/12/14 11.50am

RECEIVED
16 DEC 2014

BY: *(Signature)*
Witnessed by Reporting Centre Personnel

Sketch Plan



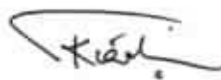
Sketch Plan #2 Pg.1


Describe Circumstances of the Accident

On 15-12-2014 @ about 2:40pm, I was travelling along Jalan Dato in the right lane (near Jalan Raju Ulong). Suddenly I felt an impact from left side. I realised that Veh. B (SDE 2234E) illegal turn right into Jalan Raju Ulong from left lane without checking the traffic from the right and collided onto left portion of my car. Hence I lodge this report to claim Veh B (SDE 2234E)'s Insurance.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time 11:50 am

 16/12/14 11:50 am
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Insurance Co. NTUC Income Insurance
Vehicle NO. SDE 71 98C Date Of Accident 15, 12, 2014
☐ Reporting Only
☐ Own Damage Claim
☒ Third Party Claim PRECISE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHOW AUTOMOBILE ASSESSOR & SURVEYOR

BLK 299, BUKIT BATOK STREET 22, #02-10, SINGAPORE 650299.

(Business Reg.No. 282126/00K)

Tel: 62941864, Fax: 66654133

Email: chowauto@singnet.com.sg

VEHICLE INSPECTION REPORT NO.: C/AXA/54/15

Name:	AXA INSURANCE SINGAPORE PTE LTD		
Policy No.:	P1033322 (D.O.A. 15/12/14)	Sum Insured:	3RD PARTY CLAIM
	INSURED VEH.: SDE 2234 E		(Pre-Repair Inspection)
Reg. No.:	SDW 7188 C	Condition:	GOOD
Model:	TOYOTA COROLLA 1.6	Year:	2006
Eng.No.:	-	Colour:	M. GOLD
Chassis No.:	MR053ZEC107134308	Odometer:	202,755KM

CONDITION OF TYRES :

R/F Tyre:	MICHELIN 185/70 R 14	Worn	30%
R/R Tyre:	MICHELIN 185/70 R 14	Worn	60%
L/F Tyre :	MICHELIN 185/70 R 14	Worn	30%
L/R Tyre :	MICHELIN 185/70 R 14	Worn	60%
Spare Tyre:	-	Worn:	-

EXTRA FITTINGS:

Air-con:	CONCEAL	Rad./Tape:	TOYOTA
----------	---------	------------	--------

As Requested By: MISS JACY GOH On: 16.12.14

The Above Vehicle Was Inspected On: 16.12.14 @ 1410hrs. At:

PRECISE AUTO SERVICE, NO. 1, KAKI BUKIT AVE 6, #02-34, AUTOBAY, SINGAPORE 417883.

16 photos were taken at the time of inspection and are attached

The Repairer's estimate was for a total amount of-----	NO ESTIMATES
After adjustments, the estimate was revised to-----	-
However, the repairer's had agreed to accept a lump sum of -----	N.A
The Repairer's were NOT AUTHORISED	
to proceed with the repairs at the above figure in accordance	
with the Appendix "A" attached to this report, subject their	
collecting from the owner the Excess of-----	-
The Nett total after deducting Excess-----	-

It is estimated that the repairs will take about----- 5 working days to complete.

CHOW AUTOMOBILE ASSESSOR & SURVEYOR

BLK 299, BUKIT BATOK STREET 22, #02-10, SINGAPORE 650299.

(Business Reg.No. 282126/00K)

Tel: 62941864, Fax: 66654133

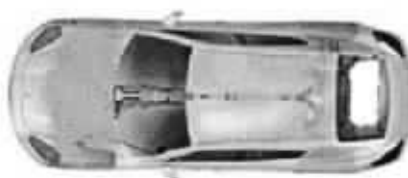
Email: chowauto@singnet.com.sg

GENERAL DESCRIPTION OF DAMAGE

REPORT NO.: C/AXA/54/15

SDW 7188 C TOYOTA COROLLA 1.6 ALTIS

The damage was due to an impact to the L/F portion of the vehicle.



Front bumper warped and cut, reinforcement bent, L/F bumper retainer cut, L/F headlamp housing cracked, rad. Support panel bent, L/F fender buckled, splash cover torn.

REMARKS

Brakes and steering in order.

Survey was carried out without prejudice.

The repairer's did not provide estimates cost of repairs.

DATE: 25.2.15

Chow Cher Pow

**C.P.CHOW
VEHICLE APPRAISER**

CHOW AUTOMOBILE ASSESSOR & SURVEYOR
BLK 299, BUKIT BATOK ST 22, #02-10, SINGAPORE 650299.
(Business Reg.No. 282126/00K)
Tel: 62941864, Fax: 66654133
Email: chowauto@singnet.com.sg

WITHOUT PREJUDICE

OUR REF.: C/AXA/M322/17

YOUR REF.: 16.21734.S.CK.jt (D.O.A.15/12/14)
INSURED VEH.: SDE 2234 E

DATE: 13.6.17

AXA Insurance Singapore Pte Ltd.
C/O Seah Ong & Partners LLP
36, Robinson Road
#12-03 City House
SINGAPORE 068877

Dear Sir,

Re: Paper Survey For 3rd Party Claim
VEHICLE NO.: SDW 7188 C
MODEL : TOYOTA COROLLA ALTIS
YEAR : 2006

Thank you for your e-mail dated 12.6.17, together with the following documents attached: -

- (1) Photostat copy of M/s. MIC Survey & Assessment Service Survey Report.
- (2) Photostat photographs of above vehicle.
- (3) Photocopies both parties SAS report.

Having viewed the above documents and photographs, I have revised the cost of repairs to \$2,196.25 net on a part by part basis. (Please refer to "Appendix A") attached.

However, you may consider offering the repairer a lump sum of \$1,750.00 net to repair the vehicle.

I believe the above recommendations in my opinion is fair and reasonable instead of lump sum \$4,600.00 nett as recommended by the 3rd party's surveyor.

I estimated that the repairs will take about 5 days instead of 7 days to complete.

I had offered the repairer our recommendation and they had not agreed to accept the offer.

I now revert the above matter to your Insurance Co. for the final decision.

.....2/-

CHOW AUTOMOBILE ASSESSOR & SURVEYOR
BLK 299, BUKIT BATOK ST 22, #02-10, SINGAPORE 650299.
(Business Reg.No. 282126/00K)
Tel: 62941864, Fax: 66654133
Email: chowauto@singnet.com.sg

...2/-

OUR REF.: C/AXA/M322/17

YOUR REF.: 16.21734.S.CK.jt (D.O.A.15/12/14)
INSURED VEH.: SDE 2234 E

Yours faithfully
CHOW AUTOMOBILE ASSESSOR AND SURVEYOR

Chow Cher Pow

C.P.CHOW
VEHICLE APPRAISER

<u>REPLACEMENT OF PARTS</u>	<u>REPAIRER'S ESTIMATE</u>		<u>REMARKS</u>	<u>REVISED</u>
TO SUPPLY (SDW 7188 C TOYOTA COROLLA ALTIS)			YEAR : 2006 (D.O.A. 15/12/14)	
1 pc. Front bumper	256.80		Replace	256.80
10pcs. Front bumper clips	49.00		"	49.00
1 pc. Front bumper reinforcement	246.10		"	246.10
2pcs. Front bumper o/s & n/s retainer	76.40		"	76.40
1 pc. Front bumper n/s fog lamp	128.40		"	128.40
1 pc. Front n/s fender	168.50		"	168.50
1 pc. Front n/s fender wheel guard	38.90		"	38.90
8pcs. Front n/s fender wheel guard clips	39.20		"	39.20
1 pc. Front n/s fender inner panel	506.70		Repair	
1 pc. Front n/s fender bracket (inner)	48.60		Replace	48.60
1 pc. Front n/s fender indicator lamp moulding	53.50		Serviceable	
1 pc. Front n/s suspension strut	210.20		"	
1 pc. Front n/s suspension strut mounting	124.20		"	
1 pc. Front n/s suspension lower arm	200.40		"	
1 pc. Front n/s suspension lower arm ball joint	126.20		"	
1 pc. Front n/s knuckle arm	203.20		"	
1 pc. Front n/s wheel bearing	149.80		"	
1 pc. Front n/s wheel bearing hub	132.20		"	
1 pc. Engine air filter inlet duct	138.20		replace	138.20
1 pc. Engine air filter inlet duct clips	4.90		"	4.90
1 pc. Electrical fuse box glove	128.20		Serviceable	
	3,029.60			1,195.00
Less 25%	757.40		Less 25%	298.75
	2,272.20			896.25
1 pc. Front n/s wheel rim	680.00	sn	Serviceable	
1 pc. Front n/s tyre	132.00	"	"	
<u>LABOUR CHARGES :</u>				
Remove damaged parts, jack out and cut out panels, realign front body, replace damaged parts, weld where necessary and refit same.	900.00		Necessary	600.00
Spray paint the exterior and interior of replacement parts and respray damaged parts to same colour.	800.00		Necessary	500.00
Remove and dismantle both L/F axle and suspensions, steering gear and linkages, replace damaged parts, reassemble and refit same, bleed brakes system.	240.00		Not necessary	
Balance C/F	5,024.20		Balance C/F	1,996.25

<u>REPLACEMENT OF PARTS</u>	<u>REPAIRER'S ESTIMATE</u>	<u>REMARKS</u>
TO SUPPLY (SDW 7188 C TOYOTA COROLLA ALTIS)		YEAR : 2006 (D.O.A. 15/12/14)
Balance B/F	5,024.20	Balance B/F 1,996.25
Check and realign both front wheel alignment.	140.00	Necessary 60.00
Remove front lamps, replace damaged lamps, refit same, refocus headlamps and check lights system.	80.00	Necessary 30.00
To respray rust-proof under-seal to affected areas.	160.00	Necessary 50.00
Towing charges to w/shop.	60.00	Necessary 60.00
TOTAL :	<u>5,464.20</u> =====	<u>2,196.25</u> =====

ADJUSTED AMOUNT	\$ 2,196.25
LUMP SUM REPAIR AT	\$ 1,750.00
LESS EXCESS	\$ N.A
NETT TOTAL	<u>\$ 1,750.00</u> =====

IT IS ESTIMATED THAT THE REPAIRS WILL TAKE FIVE DAYS TO COMPLETE.





PRECISE AUTO SERVICE

NO. 1 KAKI BUKIT AVE 6 #02-34/36 SINGAPORE 417883
TEL : 67457367 FAX : 68413390

29-12-14

OUR REF : SDW 7188C/T/14

LIM KIM TIAN
288 JOO CHIAT PLACE

S(427969)

FINAL BILL ON VEH. NO. : SDW 7188C
MODEL : TOYOTA ALTIS

LUMP SUM REPAIR

INCLUDING SUPPLY OF PARTS & LABOUR

PANEL BEATING & SPRAY PAINTING

4,600.00

MIC SURVEY & ASSESSMENT SERVICE

80, MERGUI ROAD, SINGAPORE 219056

TEL/FAX: 6299 9888

HP: 9674 5457

RECEIPT NO. 11705

Date, 29 Dec 2014

Received with thanks from

Lim Kim Tian

Sum of dollars

Six Hundred Only

In payment of

dmv # 2014/121

\$ 600
CASH/CHEQUE No.

8-7
MIC SURVEY & ASSESSMENT SERVICE

MIC SURVEY & ASSESSMENT SERVICE

BLK 355A, SEMBAWANG WAY #08-104, SINGAPORE 751355 TEL/FAX: 6299 9888 HP: 9674 5457
(LICENSED APPRAISERS & ADJUSTERS)

Lim Kim Tian

INVOICE NO. 2014/121

288 Joo Chiat Place

Singapore 427969

Date 29 December, 2014

Description	Amount
To: Services rendered including photographs and transport charges.	 \$ 600.00
Our reference: N/T/22960/2014	
Insured:	
Policy/Cart. No:	
Your Claim No:	
Vehicle: Toyota Corolla Altis - SDW 7188 C	

For Cash payment, only our official receipt will be recognised.

E. & O.E.

AHH

MIC SURVEY & ASSESSMENT SERVICE

MIC SURVEY & ASSESSMENT SERVICE

BLK 355A, SEMBAWANG WAY #08-104, SINGAPORE 751355 TEL/FAX: 6299 9888 HP: 9874 5457
(LICENSED APPRAISERS & ADJUSTERS)

VEHICLE INSPECTION REPORT

TO: Lim Kim Tian
288 Joo Chiat Place
Singapore 427969

REFERENCE

Requested by: Lim Kim Tian
Date of Request: 16 December, 2014
Date of Inspection: 16 December, 2014

Our Ref: M/T/22960/2014
Policy No.:
Claim No.:

DETAILS OF VEHICLE

Reg No: SDW 7188 C

Year: 2006

Make & Model: Toyota Corolla Altis

Colour: Metallic Gold

Engine No: 3ZZ4611479

Chassis No: NRC53ZEC107134308

Speedo Reading: 202755

Carry Capacity: 4

Air-Conditioners: Yes

Radio/Cassette: Yes

Seat Belt: Yes

Others: Nil

PRE-ACCIDENT CONDITION (STATIC TESTS)

General: Good
Handbrake: Servicable
Footbrake: Servicable
Steering: Servicable

TYRES

60% ——— 60%

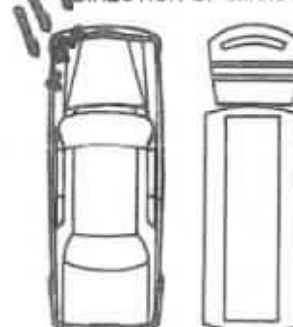
Michelin

60% ——— 60%

Rim: Sports

Size: 185/70 R 14

IMPACT: ARROW INDICATES
DIRECTION OF IMPACT.



GENERAL DESCRIPTION OF DAMAGE

The impact was confined to the front n/s portion of the vehicle.

The above vehicle sustained damaged were front support panel - buckled, front n/s chassis frame - bent.

APPRAISEMENT

Original Quotation: \$ 5,972.20

Revised Quotation: \$ 5,464.20

Less Excess: Nil

SPECIAL REMARKS

The estimated period of repairs will take 7 days to complete. Pursuant to your instructions, we have not authorised M/s. Precise Auto Service to repair on your behalf. A trade discount of 25% was noted and the survey was conducted strictly without prejudice basis.

MIC SURVEY & ASSESSMENT SERVICE

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

NAME OF REPAIRERS: Precise Auto Service

ADDRESS: 1 Kaki Bukit Ave. 6
#02-34/36 Autobay
Singapore 417883

Replaces of Parts	Conditions	Repairs Est.	Our Recommendation
<u>To Supply :-</u>			
1 pc Front Bumper	Buckled	\$ 256.80	\$ 256.80
10 pcs Front Bumper Clips	Necessary	49.00	49.00
1 pc Front Bumper Enforcement	Bent	246.10	246.10
2 pcs Front Bumper o/s & n/s Retainer	Bent	76.40	76.40
1 pc Front Bumper n/s Fog Lamp	Cracked	128.40	128.40
1 pc Front n/s Fender	Badly Dented	168.50	168.50
1 pc Front n/s Fender Wheel Guard	Cracked	38.90	38.90
8 pcs Front n/s Fender Wheel Guard Clips	Necessary	39.20	39.20
pc Front n/s Fender Inner Panel	Bent	506.70	506.70
1 pc Front n/s Fender Bracket (Inner)	Bent	48.60	48.60
pc Front n/s Fender Indicator Lamp Moulding	Cracked	53.50	53.50
1 pc Front n/s Suspension Strut	Bent	210.20	210.20
1 pc Front n/s Suspension Strut Mounting	Torn	124.20	124.20
1 pc Front n/s Suspension Lower Arm	Bent	200.40	200.40
1 pc Front n/s Suspension Lower Arm Ball Joint	Distorted	126.20	126.20
1 pc Front n/s Knuckle Arm	Bent	203.20	203.20
1 pc Front n/s Wheel Bearing	Distorted	149.80	149.80
1 pc Front n/s Wheel Bearing Hub	Bent	132.20	132.20
1 pc Engine Air Filter Inlet Duct	Cracked	138.20	138.20
1 pc Engine Air Filter Inlet Duct Clips	Necessary	4.90	4.90
1 pc Electrical Fuse Box Cover	Cracked	128.20	128.20
Less 25% discount :-		\$ 3,029.60 (\$ 757.40)	\$ 3,029.60 (\$ 757.40)
		\$ 2,272.20	\$ 2,272.20
<u>Final Nett Items :-</u>			
1 pc Front n/s Wheel Rim (Sport)	Scratch/Bent	\$ 680.00	\$ 680.00
1 pc Front n/s Tyre	Cut - 60%	220.00	132.00
		\$ 900.00	\$ 812.00
<u>Labour Charges & Miscellaneous :-</u>			
To dismantle rear portion damaged parts, straighten front support panel, front n/s chassis frame and reweld front n/s fender inner panel.		\$ 900.00	\$ 900.00
To putty and spray painting (Metallic Paint).		\$ 1,000.00	\$ 800.00
To remove and refit front suspension system inorder to facilitate repairs.		\$ 280.00	\$ 240.00
To check wheel alignment (Before & After).		\$ 240.00	\$ 140.00
To check wiring and re-align front head-lamp.		\$ 120.00	\$ 80.00

MIC SURVEY & ASSESSMENT SERVICE

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

NAME OF REPAIRERS: Precise Auto Service

ADDRESS: 1 Haki Bukit Ave. 6
#02-34/36 Autobay
Singapore 417883

Replaces of Parts	Conditions	Repairs Est.	Our Recommendation
(2)			
<p>Balance B/F :-----</p> <p>to re-seal anti-rust.</p> <p>owing charges.</p>	1500	<p>\$ 5,712.20</p> <p>\$ 180.00</p> <p>\$ 80.00</p> <p><u>\$ 5,972.20</u></p>	<p>\$ 5,244.20 30</p> <p>\$ 160.00 X</p> <p>\$ 60.00 ✓</p> <p><u>\$ 5,464.20</u> ○</p>
<p><u>SPECIAL REMARKS</u></p> <p>The repairs verbally agreed to repair the vehicle at a global sum of \$4,600.00 corresponding to labour charges, spray painting and replacement of parts. Your liability is \$4,600.00.</p>			

MIC SURVEY & ASSESSMENT SERVICE

ONG HOCK LENG
Licensed Appraisers

total: 2885.35
H/S: 23K
OSHP



DAWN ENTERPRISES

21 SELETAR WEST FARMWAY 1

SINGAPORE 798125

TEL: 6383 2661 FAX: 6484 2836

REG. NO. 430059/0000

No. 15326

Date. 20/12/14

OFFICIAL RECEIPT

Received from

Lim Pei Shan Eliza

the sum of Dollars

Two hundred eighty only

being Payment Of

S\$D 248.7 (16/12/14 - 20/12/14)

\$

A8811

Cash/Cheque No.

DAWN ENTERPRISES

[Signature]



DAWN ENTERPRISES

21 Seletar West Farmway 1
Singapore 798125
Tel: 63832661 Fax: 64842836
Reg No.430058/00D

Price
SDV 7188C

Nº 27997

RENTAL AGREEMENT

DATE

16/12/14

HIRER'S PARTICULARS

Name Lim Kai Shan Eliza
Address 288 Joo Chiat Place
S 427969
I/C or Passport No. 77180167 Country _____
Occupation _____
Date of Birth _____ Age _____
Driving Licence No. _____ Date Passed _____
Tel: (HP) _____ (Residence) _____

DRIVER'S PARTICULARS

Name _____
Address _____
I/C or Passport No. _____ Country _____
Occupation _____
Date of Birth _____ Age _____
Driving Licence No. _____ Date Passed _____
Tel: (Office) _____ (Residence) _____

IMPORTANT NOTES:

- No Insurance Coverage if the driver is below 24yrs old or less than 2 years driving license.
- This vehicle is licensed to carry 3000 passengers only.
- Hirer is liable to pay first \$ 3000 as excess all claims any accident plus cost of wearing while damaged vehicle is under repair.
- For usage to Malaysia subject to higher excess all claims of \$55,000.00 and different rental rate.
- Please notify our office should there be any accident involving this hired vehicle within 24 hrs.
- No refund will be given for vehicle returns early.
- No refund will be given for petrol left in vehicle.
- Hirer is liable to pay all parking fee and traffic summonses.
- Vehicles to be return during office hour only.
- No Service on Public Holiday and Sunday.

CHARGES

4 Day at \$ 120.00 per days \$ 480.00
Day at \$ _____ per week
Day at \$ _____ per month

TOTAL AMOUNT

\$ 480.00

AMOUNT PAID

\$ 480.00

BALANCE DUE

Days Extension From _____ To _____

Amount Deposit (refundable) \$

SCHEDULE

SDV 34967

MODEL

T/V101

Date

Time

Mileage

16/12/14

12:12pm

20/12/14

6:06pm

FROM

16/12/14

TO

20/12/14

I/we have read and understood the terms and conditions above and hereby agreed to abide

Handwritten signature/initials.

Handwritten signature/initials.

Police Station Of Origin : Eunag NPP

Serial No. F 00013

Report No. ~~Sf~~ 20141216 / 2075

IP No.

IO In-charge : Abdullah
RI: 65476346

REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 16/12/2014 @ 1305 hrs.	Vide Report No.: A/20141215/0081	Station Diary No.: 26
------------------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars		
Name of Informant: Lim Pui Shan Eliza		Address: 288 Joo Chiat Place
ID Type/No: S-7718016 H	Date of Birth: 25/06/1977	Postal Code: 109955
Race: Chinese	Age: 37	Sex: F
Contact No.:- Home: -	Mobile: 91861109	Driving Licence Information: Class: 3 Date of Expiry: -
Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify):		
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Home Maker.		

General Information on the Accident	
Type of Accident: <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Date of Accident: 15/12/14 Time of Accident: 2:40pm Type of Location: <input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input checked="" type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify):
Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction) Along Jalan Boton (near Jalan Raja Udang)	

Type of Collision:		Weather:	
(i) Between moving vehicles: <input type="checkbox"/> Head on <input checked="" type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify):	(ii) Moving Vehicle Against: <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify):	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify):	
Traffic Flow: <input checked="" type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input checked="" type="checkbox"/> Uncontrolled	Traffic Volume: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No traffic	Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):
Road Speed Limit:km/h		Drink Drive: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Anyone conveyed by ambulance: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of Insurance
SDN7188C	Toyota (Beige)	Slight	Lim Pui Shan S7718016 H	Class 3	91861109	Slight injury (3 days MC)	NTUC Income	5046805 837-04	06/11/14 - 05/11/15
SD E 2234 E	Toyota (Red)	Slight							

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic
Aben Mond Jia Pang	Tob 347946	SDN7188C	91861109	Slight	3 days	3 days	Can Togey Hospital

TAX INVOICE

Our Ref No: GR-14-116146
Date of Request: 19/12/2014

Your Ref No: Online Purchase

PRECISE AUTO SERVICE
1 KAKI BUKIT AVE 6 #02-34
SINGAPORE

Dear Sir/Madam,

Your Vehicle No: SDW7188C
Date of Accident: 15/12/2014
Place of Accident: ALONG JALAN DATOH (NEAR VISTA RESIDENCES)
Involved Vehicle No: SDE2234E

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

10 Anson Road, #06-16 International Plaza, Singapore 079903
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-14-116147
Date of Request: 19/12/2014

Your Ref No: Online Purchase

PRECISE AUTO SERVICE
1 KAKI BUKIT AVE 6 #02-34
SINGAPORE

Dear Sir/Madam,

Date of Accident: 15/12/2014
Vehicle No: SDW7188C
Place of Accident: ALONG JLN DATOH (NEAR VISTA RESIDENCES)
Involved Vehicle No: SDE2234E

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SDE2234E	ALONG JLN DATOH (NEAR VISTA RESIDENCES)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

ate:

☐ GIRO ☒ Cash ☐ Cheque

Text size + -

Enquire Vehicle & Owner Information (Vehicle No. SDE2234E As At 15 Dec 2014 / 14:40:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: ALC 2014,683 PAS

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S6849627F
Owner Name: THIA SIEW TENG ANGELENE
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 6
Registered Street Name: INDUS ROAD
Registered Unit No.: # 12 - 01
Registered Building Name: -

Registered Postal Code: 169588

Current Vehicle Details

Vehicle No.: SDE2234E
Make Description/Model: TOYOTA / VIOS 1.5E M
Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



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Thank you



Muhammad Izhar Bin Abdul Rahim has successfully logged out.

Your last login date and time was 16 Dec 2014, 12:31:43.

To return to ONE.MOTORING, please click [here](#).

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

<u>S/No.</u>	<u>Asset Type</u>	<u>Asset ID</u>	<u>Asset Owner ID</u>	<u>Transaction Type</u>	<u>Transaction Amount(S\$)</u>	<u>Log Date/Time</u>
1	Vehicle	SDE2234E -		18.19 Enquire Veh Owner Info (Others) by Law Firm	5.35	16 Dec 2014 / 12:33:27

Land Transport Authority

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Your Ref: 16.21734 A

Date: 20th Nov 2018

Our Ref: CS1/LAW18018663/Avbe2

M/s Seah Ong & Partners Llp

36 Robinson Road
#12-03 City House
Singapore 068877

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SDW 7188C
INSURED VEHICLE: SDE 2234E
ACCIDENT DATE: 15/12/2014**

We thank you for your instruction on 12/10/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SDW 7188C from M/s Mic Survey & Assessment Service.
- b) Survey report by Chow Automobile Assessor & Surveyor with colour photographs.
- c) Final Repair Bill of SDW 7188C from Precise Auto Service.
- d) Singapore Accident Statement and Police Report of Vehicles SDE 2234E and SDW 7188C.
- e) Colour damaged vehicle photographs of SDW 7188C.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SDW 7188C
Make & Model	: Toyota Corolla Altis
Year of Registration	: 2006
Chassis Number	: MR053ZEC107134308
2. We recommend that the repairs of the entire damage require about 5 (Five) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDW 7188C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	BUCKLED	256.80	256.80
10	FRONT BUMPER CLIPS	NECESSARY	49.00	30.00
1	FRONT BUMPER ENFORCEMENT	BENT	246.10	246.10
2	FRONT BUMPER O/S & N/S RETANER	O/S NOT NECESSARY / N/S BENT	76.40	38.20
1	FRONT BUMPER N/S FOG LAMP	CRACKED	128.40	128.40
1	FRONT N/S FENDER	BADLY DENTED	168.50	168.50
1	FRONT N/S FENDER WHEEL GUARD	CRACKED	38.90	38.90
8	FRONT N/S FENDER WHEEL GUARD CLIPS	NECESSARY	39.20	39.20
1	FRONT N/S FENDER INNER PANEL	TO REPAIR SEE LABOUR	506.70	-
1	FRONT N/S FENDER BRACKET (INNER)	BENT	48.60	48.60
1	FRONT N/S FENDER INDICATOR LAMP MOULDING	NOT NECESSARY	53.50	-
1	FRONT N/S SUSPENSION STRUT	NOT NECESSARY	210.20	-
1	FRONT N/S SUSPENSION STRUT MOUNTING	NOT NECESSARY	124.20	-
1	FRONT N/S SUSPENSION LOWER ARM	NOT NECESSARY	200.40	-
1	FRONT N/S SUSPENSION LOWER ARM BALL JOINT	NOT NECESSARY	126.20	-
1	FRONT N/S KNUCKLE ARM	NOT NECESSARY	203.20	-
1	FRONT N/S WHEEL BEARING	NOT NECESSARY	149.80	-
1	FRONT N/S WHEEL BEARING HUB	NOT NECESSARY	132.20	-
1	ENGINE AIR FILTER INLET DUCT	CRACKED	138.20	138.20
1	ENGINE AIR FILTER INLET DUCT CLIPS	NECESSARY	4.90	4.90
1	ELECTRICAL FUSE BOX COVER	NOT NECESSARY	128.20	-
	LESS 25% DISCOUNT		-757.40	-284.45
			2,272.20	853.35
SPECIAL NETT ITEMS				
1	FRONT N/S WHEEL RIM (SPORT) (SN)	SCRATCHED / BENT	680.00	400.00
1	FRONT N/S TYRE (SN) (60%)	CUT	220.00	132.00
			900.00	532.00

Report Ref No. CS1/LAW18018663/Avbe2

**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 (\$)
	LABOUR			
	TO DISMANTLE REAR PORTION DAMAGED PARTS, STRAIGHTEN FRONT SUPPORT PANEL, FRONT N/S CHASSIS FRAME AND REWELD FRONT N/S FENDER INNER PANEL. INCLUSIVE OF THE REPAIR OF FRONT N/S FENDER INNER PANEL.		900.00	600.00
	TO PUTTY AND SPRAY PAINTING (METALLIC PAINT)		1,000.00	500.00
	TO REMOVE AND REFIT FRONT SUSPENSION SYSTEM INORDER TO FACILITATE REPAIRS.		280.00	200.00
	TO CHECK WHEEL ALIGNMENT (BEFORE & AFTER)		240.00	80.00
	TO CHECK WIRING AND RE-ALIGN FRONT HEAD-LAMP.		120.00	30.00
	TO RE-SEAL ANTI-RUST.		180.00	30.00
	TOWING CHARGES.		80.00	60.00
			2,800.00	1,500.00
	GRAND TOTAL		5,972.20	2,885.35
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,300.00

Report Ref No. CS1/LAW18018663/Avbe2

ADRIAN LING WAI PING

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

Licensed Appraiser

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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