

Surveyor

REF: CS3 / ASM18014626 / NSB27

Special Instruction:

From (Person): Heng Xinyi of Seah Ung Date/Time: 05-11-2018
 Estimated Cost: _____ Bill to: _____

P/P: \$2786.40

Third Parties:

Claimant:

Surveyor: Precision AppraisalWorkshop: Lee Kiong Painting

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: SJZ 5954J Insured: XE 9888K
 at Workshop m/s Lee Kiong Tel: 9667 6160 (Jonathan)
 of Blk 1018 Xuhun Ind Park A #01-3440
 Policy No: _____ Claim No: 18-25482 PD-0
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 04 DU7018
 (Client's Record)

H.O.D. Endorsement/Date: _____

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

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 5 days)Date/Time: 15/11/18 Submit Final Fig \$1,786.40, 4 days (Red \$ 1,000 / -136 %; Original 4 days)

Date/Time	Action/Instruction
	<u>SJZ 5954J - CS3 / ASM18014626 / NSB27</u>
	<u>XE 9888K - X</u>
	<u>Repair days 4</u>
	<u>14/11/2018</u>
	<u>12/11/18</u>

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

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

Para(3) : Nett Value

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

Inspected/
 Evaluated by:

Fee Charged:

Date:

Basic & Add
 Transport
 Photos
 Others
 Total

150150

1) Date/Time _____ 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: Xin Yi <xinyi@seahong.com.sg>
Sent: Monday, 5 November, 2018 2:40 PM
To: 'Catherine Chong (LKK Auto)'
Cc: 'Chee Kiong'; 'samson'; 'amanda'
Subject: SJZ 5954J [Our file ref: 18.25482 PD-O]
Attachments: TPPD LITIGATION LOD LOH OOI CHEE.pdf; XE9888K INSD GIA REPORT.PDF; SJZ5954J TP GIA REPORT.PDF

Dear Catherine,

CLAIMANT :	LOH OOI CHEE
VEHICLE NUMBER :	SJZ 5954J
ALLEGED ACCIDENT DATE :	04 APRIL 2018
AXA VEHICLE NUMBER :	XE 9888K

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

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

We also refer to the tele-conversation between our goodselves this afternoon in which you informed us that post repair inspection has already been carried out and you do not require to inspect the Claimant's vehicle.

Please find attached the Claimant's LOD and its enclosures.

Kindly let us have your survey report and invoice, for our further action. Thanks!

Thanks & Best Regards

Heng Xinyi
(Secretary to Mr Tan Chee Kiong)
Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877

Tel: 6536 5369
Fax: 6536 5811

This message is intended for the recipient named above. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. Thank you.

Disclaimer: Internet communications are not secure. While every reasonable effort has been made to ensure that this communication has not been tampered with, Seah Ong & Partners LLP cannot be responsible for alterations made to the contents of this message without its express consent. If you wish to receive a hard copy of this message for comparison or should you require any other form of confirmation of the contents of this message, please contact the sender. Opinions, conclusions and other information in this message that do not relate to the official business of the company shall be understood as neither given nor endorsed by Seah Ong & Partners LLP.

REF: CS3 / ASM18014626 / Nebel

ASSIGNMENT (Office)

Spun Glass
Even (F'erson)

Wong Wei Fu

ASm

Date/Time: 10032018 4.16 pm

Estimated Cost:

15488

$$OD / (TP) WS / TP RES / OD RES / EVA / INV / MV / CS$$

To inspect Vehicle No.

517 5554

Increased

XE 9388K

nt Workshop and

Lee Kwong

Tel

9667 6160

22

Blk 1016 Yishun Ind Park A #01-340

Pelvic Floor

Clinical Use

S8m D0Dim

5mm treated

References

Make of Vehicle

1949A

049470-8

CA / REV / REP. / REV 24 HRS (WFO)

11.9.19, Friday, casual

Date/Time

13081018 1.53000

Person Contacted

Jonathan

Vehicle IN / OUT

Date/Time

Action/Instruction (\times) (shayati)

100

After repair 07/09/2018

Surveyor MA REF: AXA

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 28K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: 3JE 54547 Yr Regn: 10 DEC 201
 Type: M.Cycle / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: VW JETTA C.C. 1,390

Colour: SILVER A/C: Ensured / Std / Nil /

Sp. Reading: 266,523 T/Radio: Ensured / Std / Nil /

Eng/No: _____

C/N: WVWZZZ1K3AM142680

Gen. Cond: Good / Poor / Burnt

Steering: In Op / Jammed / Leaked / Burnt or

Brake: In Op / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/55 R16

R: 11

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

TOYO / YOKO or

CONTINENTAL (E) MIC (F)

Front

Rear

R/Bal: 5 mm

R/Bal: 5 mm

L/Bal: 5 mm

L/Bal: 5 mm

D.O.A. 4/4/18

D.O.I. 3/9/18 @ 0208

Survey held at LEE KIONG

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1) Date/Time, File Return to?

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: 100

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

☐ : S + RS (\$ _____)

☐ : Photos

☐ : Other

☐ : _____

TOTAL

100

Report Format: PRG

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

K. K. CHENG & CO

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

3019539146 - - -

60117631

Our Ref: CKK/ck/ACC/10351/18/
Your Ref: XE 9888K
(Please quote our reference number when replying)

PDX Intercompany Exchange Pte Ltd



FROM K K CHENG & CO.
PDX Box No. 8921

AXA INSURANCE PTE LTD
Singapore

Attention: Motor Claims Department

Dear Sirs

LOH OOI CHEE
BLK 114 YISHUN RING ROAD #09-549 SE (760114)



We are instructed by the above named to claim damages against your insured driver in connection with a road traffic accident on 04.04.2018 at about 11am along Kallang Road involving our client's vehicle registration number SJZ 5954J and vehicle registration number XE 9888K owned by your insured at the material time.

We are instructed that the accident was caused by your insured driver's negligent driving and/or management of your insured's vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

(1)	cost of repairs	\$2,786.40
(2)	loss of use for 6days @ \$150 per day	\$ 900.00
(3)	further loss of use for 2 days of PRI	\$ 300.00
(4)	survey fees	\$ 480.00
(5)	GIA report	\$ 29.00
(6)	coloured photographs	\$ 5.00
(7)	LTA search	\$ 8.50
(8)	photocopying, postages, transport and other incidentals	\$ 50.00
(9)	costs	\$ 900.00
		<u>\$5,458.90</u>



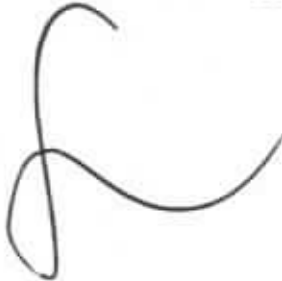
A copy each of the following supporting documents is enclosed:

- (1) Plaintiff's GIA report
- (2) GIA report of XE 9888K
- (3) Repair Bill
- (4) Surveyor's report attached with 20 coloured photographs of our client's damaged vehicle
- (5) Vehicle Owner Particulars and Certificate of Insurance
- (6) LTA search

Please note that you or your insured should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you or your insured.

Please also note that if your insured has a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully



CHENG KIM KUAN
Encs

c.c. ANG KIM POH
c.c. client
(Ref: SJZ 5954J)

K. K. CHENG & CO

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

Our Ref: CKK/ck/ACC/10351/18/
Your Ref: XE 9888K
(Please quote our reference number when replying)

1 OCT 2018

BY CERTIFICATE OF POSTING

ANG KIM POH

Blk 136 Serangoon North Avenue 2
#06-42
Singapore 550136

Dear Sirs

LOH OOI CHEE

BLK 114 YISHUN RING ROAD #09-549 SE (760114)

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 04.04.2018 at about 11am along Kallang Road involving our client's vehicle registration number SJZ 5954J and vehicle registration number XE 9888K driven by you at the material time.

We are instructed that the accident was caused by your negligence. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

(1)	cost of repairs	\$2,786.40
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(8)	photocopying, postages, transport and other incidentals	\$ 50.00
(9)	costs	\$ 900.00
		<u>\$5,458.90</u>

A copy each of the following supporting documents is enclosed:

- (1) Plaintiff's GIA report
- (2) GIA report of XE 9888K
- (3) Repair Bill
- (4) Surveyor's report attached with 20 coloured photographs of our client's damaged vehicle
- (5) Vehicle Owner Particulars and Certificate of Insurance
- (6) LTA search

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully

CHENG KIM KUAN
Encs

c.c. AXA INSURANCE PTE LTD
c.c. client
(Ref: SJZ 5954J)

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 judgement 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	30/04/2018 16:38
Date Of Accident	04/04/2018 11:00
Exact Location Of Accident	KALLANG RD TO VICTORIA STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ5954J
Insured/Policyholder	
Name Of Registered Owner	LOH OOI CHEE
NRIC No	S7415589H
Email Address	KRYSTALITZ@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98320077
Alternative Phone No	OFFICE-98320077

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1255206
Cover Note Number	

Driver

Name of Driver	LOH OOI CHEE
NRIC No	S7415589H
Date Of Birth	19/05/1974
Occupation	INDOOR
Date Of Driving Pass	15/02/1995
Driving Experience	23 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98320077
Fax Number	
Contact Number	OFFICE-98320077
Email Address	KRYSTALITZ@YAHOO.COM

Address	BLK 114 YISHUN RING ROAD #09-549
Postcode	760114
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
Number of vehicles involved in the accident	
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS GOING STRAIGHT. SUDDENLY, VEHICLE B FROM MY RIGHT CUT INTO MY LANE AND HIT MY VEHICLE REAR RH PORTION.

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	XE9888K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


Image As per Original
--CSU--

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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 Authorized 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:

30/4/2018

2.45 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

I was going straight, suddenly Veh B from my right cut into my lane & hit my veh near RH pillion.

DECLARATION

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


Policyholder's Signature
Date & Time:

30/4/2018

2 45pm

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

30/4/18 2.46pm
Reporting Centre Personnel's Signature
Name:
NRIC/TIN No:

LETTER OF UNDERTAKING

I/We, LOH OOI CHEE, the owner of vehicle no. 2J2 59 54J

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop. _____

Signed and Acknowledge by:

57415589H [Signature]
Nric no. and signature of policyholder

Company Stamp

30/07/2018
Date

INSURANCE

AXA INSURANCE PTE LTD
 11, Raffles Quay, #24-01
 AXA Tower, Singapore 068511
 Customer Service Centre #31 01
 Tel: 65 63387333 Fax: 65 63382522
 Website: www.axa.com.sg
 U.S. Registration Number: 1899036128/
 Customer Service@axa.com.sg



CERTIFICATE OF INSURANCE

*Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 185) *Motor Vehicles (Third-Party Risks and Compensation) Rules, 1997 *Road Transport Act, 1997 (Malaysia) *Motor Vehicles (Third-Party Risks and Compensation) Act, 1997 (Malaysia)

CERTIFICATE NO. : VPA/P1255206 **Account No.** : 13820
Coverage : Comprehensive
Insured : Market Value At The Time Of Loss
Name of Policyholder : LOH OOI CHEE
Vehicle Registration No. : SJ35994J
Period of Insurance : From 10/12/2017 To 09/12/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

(i) The Policyholder.
 The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) in his or his employer or his partner.
 (ii) Any other person who is driving in the Policyholder's order or with his permission provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of law or by reason of any suspension or regulation in law to drive from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

Use only for, and in, domestic and pleasure matters and for the Policyholder's business. The policy does not cover - use for hire or reward, racing, pace-making, reliability trials, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trading or when the Motor Car, whether stationary in use or otherwise, is to be used for racing track, circuit, route, course or any other roads or whatever name called that are typically used for racing, pace-making or such similar purposes.

Basic Own Damage Excess

An Additional Excess is applicable as follows:
 \$800.00 for Licensed Authorized Driver &/or Declared Young & Inexperienced Driver.
 \$55,000.00 for Undeclared Young and Inexperienced Driver.
 (Please refer to your policy on the terms & conditions)

*Modulation rendered inoperative by Section 6 of the Motor Vehicle (Third-Party Risks and Compensation) Act, (Chapter 185) and Section 31 of the Road Transport Act, 1997 (Malaysia) are not to be included under these headings.

*We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 185) and Part IV of the Road Transport Act, 1997 (Malaysia).

N.B. (Private Car Only)

You have signed an Undertaking to use exclusively AXA Premium Workshops for all your accident repairs insured by AXA.

Basic Own Damage Excess for Insured & Named Drivers is reduced as follows:

- 50% NCD - Nil Excess
- 0% - 40% - Excess Halved

AXA INSURANCE PTE LTD

Authorized Signature

Tabled by - SGOMORA on 30/11/2017

IMPORTANT

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a statutory declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 185).

The Premium Payment Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, co-insurance and endorsement etc.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1

GENERAL
INSURANCE

[illegible]

IMPORTANT NOTE Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: Monic 1805621 Vehicle Registration No: 'SJZ 5954J'

Name (as shown in NRIC) Lott Ooi Chee NRIC/F N/Passport No. _____

[* Vehicle Driver / Vehicle Owner] (*) Please delete as appropriate

Address _____ Singapore (

Contact (Tel) _____ Mobile No. _____

Email Address _____

Date of Accident: 04/04/2018 Time of Accident: 1100

Place of Accident: Kullang Road to Victoria street.

Insurance Company: AXA

8) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

7 2 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 104

I would like to counter-claim on 1 party.

7 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044

11/11/2019

10. *Andrena* 1 11. *Andrena* 3 12. *Andrena* 1

a claim. And I didn't do so because I

100

long overseas trip.

Policyholder / Driver's Signature _____
Date _____

12.40 pm

25/8/18

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.

Date:



RECORDS MANAGEMENT CENTRE

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

6 Raffles Quay #18-00, Singapore 048580
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-18-122638
Date of Request: 10/08/2018

Your Ref No: LK/SJZ5954J

K K CHENG & CO
101 Upper Cross Street #05-21
People's Park Centre
Singapore 058357

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 04/04/2018
Place of Accident: KALLANG, ROAD
Client Vehicle No: SJZ5954J

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:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque

RECEIVED
13 AUG 2018

TAX INVOICE

BY:

Our Ref No: GR-18-122640

Date of Request: 10/08/2018

Your Ref No: LK/SJZ5954J

K K CHENG & CO
101 Upper Cross Street #05-21
People's Park Centre
Singapore 058357

Dear Sir/Madam,

Date of Accident: 04/04/2018

Vehicle No: SJZ5954J

Place of Accident: KALLANG RD TO VICTORIA STREET

Involving Vehicle No: XE9888K

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\$)
XE9888K	KALLANG RD TO VICTORIA STREET	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:

Date:

☒ GIRO ☐ Cash ☐ Cheque

PRECISION APPRAISAL SERVICES



Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

227 Simei St 4 #06-42 Singapore 520227 Fax: 6444 4886 Company Registration No. 53139926E

To:

LOH OOI CHEE

C/O Blk 1018 Yishun Industrial Park A
#01-340 Singapore 768760

Invoice No.: 180915

DATE : 10 September 2018

<u>DESCRIPTION</u>		AMOUNT
Vehicle Registration No.	: SJZ 5954 J	\$480.00
Type of Claims	: Third Party Claims	
Our Reference No.	: PAS/LKP/180915/TP	
Your Reference No.	: -	
Inspection Report Fees	: (including transportation charges & photographs)	
Reinspection Report Fees	: -	
Transportation Charges	: -	
Additional Photographs	: -	
Others (Specify)	: -	
DOLLARS	FOUR HUNDRED AND EIGHTY ONLY	TOTAL: \$480.00



PRECISION APPRAISAL SERVICES

PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

27 Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E



AUTOMOBILE INSPECTION REPORT

To:

LOH OOI CHEE

C/O Blk 1018 Yishun Industrial Park A

#01-340 Singapore 768760

INSURANCE DETAILS

Insured : -
Policy No. / Claim No. : -
Sum Insured : -
Excess Clause : -
Windscreen Coverage : -
Type of Claims : Third Party Claims
Third Party Insurer : -
Third Party Policy No. : -

REFERENCE

Assigned By : As above
Accident Date : 04 April 2018
Assignment Date : 03 September 2018
Inspection Date : 03 September 2018
Our Reference No. : PAS/LKP/180915/TP

Inspection Report Date : 10 September 2018

Workshop Name :

LEE KIONG PAINTING

Inspection Address :

Blk 1018 Yishun Industrial Park A

#01-340 Singapore 768760

PARTICULARS OF VEHICLE

Registration No. : SJZ 5954 J
Make/Model : VOLKSWAGEN JETTA 1.4 TSI AT 1K23Q5 MX
Yr of Manuf/Regn : 2010
Carrying Capacity : 4Seater
Chassis No. : WVVZZZ1KZAM142680
Engine No. : LTA1301297
Colour : Metallic Silver
Class : Passenger (Private)

Mileage : 266822 Km/h
Radio/Casette : Fitted
CD Disc Player : Fitted
Air Conditioner : Fitted
Clock : Fitted
Seat Belt : Fitted
Wing Mirror Other : Fitted
Accessories : Fitted

PRE-ACCIDENT CONDITION (Static Check Only)

Body Work : Good
Paint Work : Good
Handbrake : Serviceable
Footbrake : Serviceable
Steering : Serviceable
Any Apparent Eng : None
Modifications

VEHICLE VALUE

Market Value : -
Wreck Value (Parf) : -

TYRE SIZE & CONDITION

Front N/s Size : 205/55R16 80 %
Make : CONTINENTAL
Rear N/s size : 205/55R16 80 %
Make : CONTINENTAL
Spare Size : 205/55R16 80 %
Make : CONTINENTAL

Front O/s Size : 205/55R16 80 %
Make : CONTINENTAL
Rear O/s Size : 205/55R16 80 %
Make : CONTINENTAL
Spare Size :
Make :
Jack & Tools : Intact/Missing

Type of Wheel Rims: Alloy

Note: The above percentage % represent the estimated remaining tyre threads.

PRECISION APPRAISAL SERVICES

Insurance Loss Assessors / Adjusters Cargo Surveyors & Licensed Appraisers



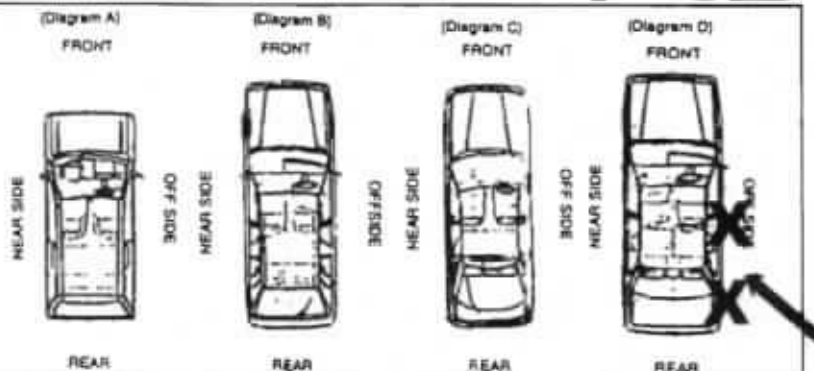
VEHICLE REGISTRATION NO. : SJZ 5954 J

APPENDIX A

POINT OF IMPACT

Direction of impact/damage marked (→) (X)

The vehicle sustained impact on its O/s Rear Portion. (see Diagram D)



GENERAL DESCRIPTION OF DAMAGES

Parts damaged were

The rear o/s fender and wheel arch, rear o/s door and bumper were dented.

ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 03/09/2018 & our report is here with enclosed for your perusal. The Repairs Estimate submitted by M/s Lee Kiong Painting as per attached Appraisal Schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Part-By-Part Repair Basis of \$ 2,786.40 after deducting the Policy Excess Clause of \$ NA. As instructed, we have not authorised any of the repairs on your behalf.

	Repairer's		Our	
	Estimate	Amount	Revised	Amount
Spares Parts	3131	00	446	40
Towing Charges	-		-	
PB Labour Charges	1200	00	980	00
Others Misc Charges	600	00	480	00
Paintwork	1200	00	880	00
Total	\$ 6131	00	\$ 2786	40

Under normal circumstances, the duration of repairs should not exceed Five (05) days excluding Pre - Repair Inspection (PRI) / Pre - Repair Survey (PRS) waiting time frame.

Attached photographs taken during inspection Twenty (20) Photographs.

SPECIAL REMARKS

1. The inspection was conducted on a 'without prejudice' basis
2. On 07/09/2018, we examined the repaired vehicle.

Yours Faithfully,



T F NG PHILIP FOO
ACII CAE, AMIMI
AIAME, AMSAE-A
Licensed Appraiser/Adjuster

Inspection Report Date: 10 September 2018

VEHICLE REGN NO : SJZ 5954 J
 OUR REFERENCE : PAS/LKP/180915/TP
 INSPECTION REPORT DATE : 10-Sep-18

APPRAISEMENT SCHEDULE

CONTINUATION SHEET NO : 1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount \$ cts	Recommendation / Revised Amount \$ cts
<u>PARTS SUPPLY - LIST ITEMS</u>					
1	1pc	Rear bumper	Dented/Defaced	410.00	410.00
2	1pc	Rear o/s fender	Badly Dented	1450.00	Repair
3	1pc	Rear o/s door	Badly Dented	950.00	Repair
4	1pc	Rear o/s door outer handle	Dented/Defaced	86.00	86.00
5	1pc	Rear o/s wheel rim	Dented/Defaced	235.00	Repair
				3131.00	496.00
		Less: 10% discount		-	49.60
				3131.00	446.40
<u>LABOUR & MISC. CHARGES</u>					
1		Remove the necessary affected parts, straighten rear o/s fender and wheel arch, repair rear o/s door and replace parts		1200.00	980.00 500.00
2		Putty and Spraypaint (include rear bumper)		1200.00	880.00 600.00
3		Repair Rear o/s Wheel Rim		150.00	120.00 80.00
4		Tuff Kote		150.00	120.00 60.00
5		Check electrical		50.00	40.00
6		Reset Wheel Alignment		150.00	120.00
7		Remove <u>and</u> refit rear o/s door parts		100.00	80.00
SUB / GRAND TOTAL				6131.00	2786.40

Repair days 4

PRECISION APPRAISAL SERVICES

PRECISION APPRAISAL SERVICES

35, JALAN ANGIN LAUT SINGAPORE 489237 TEL/FAX: 5458846 Reg No: 43539200W

Insurance Loss Assessors / Adjusters, Cargo Surveyors & Licensed Appraisers.



[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

5589H

Vehicle Details

Vehicle No.:

SJZ5954J

Vehicle to be Exported:

Yes

Intended Deregistration Date:

10 Sep 2018

Vehicle Make:

VOLKSWAGEN

Vehicle Model:

JETTA 1.4 TSI AT 1K23Q5 MX

Primary Colour:

Silver

Manufacturing Year:

2010

Engine No.:

LTA1301297

Chassis No.:

WVWZZZ1KZAM142680

Maximum Power Output:

118.0 kW (158 bhp)

Open Market Value:

\$22,092.00

Original Registration Date:

10 Dec 2010

First Registration Date:

10 Dec 2010

Transfer Count:

0

Actual ARF Paid:

\$22,092.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

09 Dec 2020

PARF Rebate Amount:

\$13,255.00

Intended COE Rebate Details

COE Expiry Date:

09 Dec 2020

COE Category:

A - Car (1600cc & below)

COE Period(Years):

10

QP Paid:

\$34,001.00

COE Rebate Amount:

\$7,638.00

Total Rebate Amount:

\$20,893.00

The information contained herein is correct as at 10 Sep 2018

OK

INSURANCE

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #01-01
Tel: (65) 63367288 Fax: (65) 63362522
Website: www.axa.com.sg
GST Registration Number: 1996036125/
customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

*Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) *Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 *Road Transport Act, 1997 (Malaysia) *Motor Vehicles (Third-Party Risks) Rules, 1993 (Malaysia)

CERTIFICATE NO. : VPA/P1255205 Account No. : 13820
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : LOH DOI CHEE
Vehicle Registration No. : SJX5954J
Period of Insurance : From 10/12/2017 To 09/12/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) by him or his employer or his partner
(b) Any other person who is driving on the Policyholder's order or with his permission
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

Use only for normal, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade, or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

Basic Own Damage Excess

An Additional Excess is applicable as follows:
\$5,000.00 for Unlicensed Authorized Driver &/or Declared Young & Inexperienced Driver.
\$25,000.00 for Undeclared Young and Inexperienced Driver.
(Please refer to your policy on the terms & conditions)

* Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 35 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1997 (Malaysia).

M.A. (Private Car Only)

You have signed an Undertaking to use exclusively AXA Premium Workshops for all your accident repairs insured by AXA.
Basic Own Damage Excess for Insured & Named Drivers is reduced as follows:
• 50% MCD - Nil Excess
• 0% - 40% - Excess Halved

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGONORA ON 30/11/2017

IMPORTANT:

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Enquire Vehicle & Owner Information (Vehicle No. XE9888K As At 04 Apr 2018 / 00:00:00)

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: LK/SJZ5954J

Owner ID Type: Business
Owner ID: 53268695X
Owner Name: MAJESTIC CIVIL ENGINEERING
Registered Address Type: HDB / HUDC
Registered Block/House No.: 248
Registered Street Name: TAMPINES STREET 21
Registered Unit No.: # 08 - 273
Registered Building Name: -
Registered Postal Code: 521248

Vehicle No.: XE9888K
Make Description/Model: MITSUBISHI / FUSO FV51SD2DEA
Insurance Company Name: AXA INSURANCE PTE LTD

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	05/04/2018 12:54
Date Of Accident	04/04/2018 11:15
Exact Location Of Accident	KALLANG ROAD (TOWARDS VICTORIA STREET)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE9888K
Insured/Policyholder	
Name Of Registered Owner	MAJESTIC CIVIL ENGINEERING
Co Reg No	53268695X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96927574

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO-12.0 D FV51SJD2DEA (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1930254
Cover Note Number	

Driver

Name of Driver	ANG KIM POH
NRIC No	S1315917C
Date Of Birth	19/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1982
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97806209
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 136 SERANGOON NORTH AVENUE 2 #06-42 SINGAPORE
Postcode	550136
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SJZ5954J
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)	

DETAILS OF INJURED PERSON 1

Name	ANG KIM POH
------	-------------

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

XE9888K

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
 2. This form must be completed by the Policyholder and/or the Authorized 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 be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all 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 envelops/postal 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 be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (C) my Personal Information may also 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-4546
Singapore 406716

Sketch Plan

	<p>Number Plate</p> <p>A - XE 9888K B - SJZ 5954J</p> <p>Legend</p> <p> Vehicle Bike</p>
--	---

Sketch Plan #2

Describe Circumstances of the Accident

I was travelling along Kallang Road (towards Victoria Street). I was travelling at lane 2, in my lane, suddenly vehicle R (S2Z 5954 J) from lane 1 swerve into my lane and hit the front bottom left of my vehicle.

as per

Declaration

We declare the foregoing particulars are true in every respect.

 
Policyholder's Signature (Date & Time)


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


Witnessed by Reporting Centre Personnel

5/4/18
12:46pm

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of incident and facts which will assist in the settlement of claims

1 Date of accident: 24/04/18		2 Exact location of accident: Kallang Road (Towards Victoria Street)		3 To be signed by NCRT drivers: 4 Signature must if signed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5 Material damage: In vehicles other than vehicle A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		6 In other than vehicle: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		7 Witness' name, address and tel no. (to be confirmed if further to passenger in vehicle A or vehicle B): Vehicle Value / Contents Available: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **VEHICLE A** **KE922FK**

8 Insured / Policyholder (see insurance card):
Name: **MAJESTIC (3rd ENGINEERING)**
(capital letters)

Address: **248 T-junction Road 21**
6 22-777 2222222

NRIC / Passport no. **11248655X**

Dr no. (from 1st 1st 1st):
or **9692 1174**

9 Vehicle:
Make, type: **Mitsubishi Fuso**
TVS1530000A

10 Insurance company:
AXA ☒ C ☐ TPT ☐ TPO

Does the policy cover damage to vehicle A?
No ☐ Yes ☒

Policy No. **XA/P/930159**

11 Driver:
☐ Seen as Driver:
Name: **ANG KIM FAY**
(capital letters)

NRIC / Passport no. **9711511L**

Class of license: **C**

or **9711511L**

Gender: Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	stopped / stopped (at the roadside)
2	leaving a parking space / leaving the door (at the roadside)
3	entering a parking space (at the roadside)
4	moving from a car park, from private grounds, from a car park
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	stopping the rear of the vehicle while going in the same direction as in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (offside 1st turn)
13	turning to the left
14	reversing
15	entering in the opposite traffic lane
16	coming from the right (at road junction)
17	not observing a STOP or YIELD sign (e.g. red traffic light, stop sign, etc.)

18 State TOTAL number of boxes marked with a cross: **1**

Registration No. **VEHICLE B** **1J2 5154J**

8 Insured / Policyholder (see insurance card):
Name: _____
(capital letters)

Address: _____

NRIC / Passport no. _____

Dr no. (from 1st 1st 1st): _____

or _____

9 Vehicle:
Make, type: _____

10 Insurance company:
☐ C ☐ TPT ☐ TPO

Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available): _____

11 Driver (See driving license):
(if different from insured if alone)
Name: _____
(capital letters)

NRIC / Passport no. _____

Class of license: _____

or _____

Gender: Male ☐ Female ☐



14 Vehicle damage to vehicle A

15 My remarks

16 Sketch of accident scene layout occurred:
Please indicate: 1. layout of the road - 2. the direction of vehicle A and B with arrows - 3. the position of the line of impact - 4. the road signs - 5. names of the drivers or owner

REFER TO ATTACHED

Also indicate, please make reference to one of the sketches on page 4

17 Signature of driver: **A**

18 My remarks

19 In the event of dispute or in the event of damage to property other than to vehicle A and B, give information needed

20 Do not alter anything in this statement after signing. Subsequently, with other sheets (this one only)

21 For insured's Insurance Statement (Part II) see overleaf →



14 Vehicle damage to vehicle B

15 My remarks

16 Signature of driver: **B**

17 In the event of dispute or in the event of damage to property other than to vehicle A and B, give information needed

18 Do not alter anything in this statement after signing. Subsequently, with other sheets (this one only)

19 For insured's Insurance Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)

Date Workshop (to 4/1/01) 1/10/01

To be completed and submitted within 24 hours of your license or other suspended suspension (file a separate sheet of paper where necessary)

Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1. Ownership (if more than one, state all) <u>Private</u> (Specify)															
	2. Vehicle registration no. <u>YE 422A</u> CC		If commercial vehicle, state available carrying capacity													
	3. To whom the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, state responsibility of driver with owner		State the vehicle number and name of owner of driver's own vehicle (where applicable)													
	4. Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Other - please specify															
	5. Is the vehicle still in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, state where it is at present <u>workshop</u> Tel no. <u>6367 441</u>															
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)															
Driver or person in charge of vehicle at the time of accident (including himself)	7. Date of birth <u>10-11-1955</u>		Occupation <u>Indoor</u> Outdoor													
	Date of license issue <u>29 Dec 1982</u>		Was vehicle driven with the license period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability															
9. Full details of all driving convictions including pending prosecutions in the last 36 months																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty									
Date	Offence	Penalty														
Injured persons	10. Name(s), address(es) and approximate age(s)		Injury sustained													
	<u>Ray from Pich</u>		<u>Body</u>													
	If vehicle occupants, state in which vehicle		Were seat belts being worn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
	Were injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
Damage to property & vehicle (other than vehicle A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property													
	Nature of damage		Insurer's name and address (if known)													
Police action	12. Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which Police station															
	13. Were words of intentional prohibition given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, against whom?															
Accident details	14. Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Other															
	15. Road surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Other															
	16. Speed of vehicles: A <u> </u> km/hr B <u> </u> km/hr															
	17. What warnings were given by driver or other party?															
	18. Were road lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
	19. What lights were displayed on your vehicle/other vehicle(s)?															
	20. If your vehicle is commercial, state weight of load carried at time of accident															
	21. State how accident happened, with of road, speed limits, etc (Refer to attached)															
Declaration	22. State number of Passengers (including Driver) <u> </u>															
	I/We declare the foregoing particulars are true in every respect. Policyholder's signature: <u> </u> Date: <u> </u> Driver's signature (if driver is not the policyholder): <u> </u> Date: <u> </u>															

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65) 63387288 Fax: (65) 63382522
Website: www.axa.com.sg
GST Registration Number: 199603512M
customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

*Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) *Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 *Road Transport Act, 1987 (Malaysia) *Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	: VCA/P1930254	ACCOUNT NO. : 03936
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: MAJESTIC CIVIL ENGINEERING	
Vehicle Registration No.	: XE9888X	
Period of Insurance	: From 28/04/2017 To 27/04/2018 (Both Dates Inclusive)	

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

- (a) Use in connection with the Policyholder's business
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- (c) Use for social, domestic and pleasure purposes

This Policy does not cover

- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(65)

EXCESS :

Sect I - Any Authorized Driver : SGD 2,000.00
Sect II-Any Authorized Driver : SGD 2,000.00
Windscreen Excess : SGD 200.00

(Please refer to your policy for Additional Excess)

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD


Authorized Signature

Issued by - SGOGWT on 12/05/2017

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Accident Photo



Accident Photo



Accident Photo



Identification Card



Accident Photo



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

ADDENDUM

Original Report No: MPA 28643414 Vehicle Registration No: XE9888 K
Name (as shown in NRIC): Ang Kim Poh
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate.
NRIC/Passport No: S1315917C
Address: _____
Contact (Tel): _____ (H/F): 97806209
(Email): _____
Date of Accident: 4/4/18 Time of Accident: 1115
Place of Accident: Calong Road
Insurance Company: AXA

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Injury Person \rightarrow Arg Kim Poh

Signature of Vehicle Owner / Driver

Crater:

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.



Your Ref: 18.25482 PD-O

Date: 15th Nov 2018

Our Ref: CS3/ASM18014626/Nsbe2-1

M/s Axa Insurance Pte Ltd
C/O: Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877
(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SJZ 5954J
INSURED VEHICLE: XE 9888K
ACCIDENT DATE: 04/04/2018

We thank you for your instruction on 05/11/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SJZ 5954J from M/s Precision Appraisal Services.
- b) Singapore Accident Statement of Vehicles SJZ 5954J and XE 9888K.
- c) Colour damaged vehicle photographs of SJZ 5954J.

Pre-Repair Inspection Date : 03/09/2018 at M/s Lee Kiong Panting, Blk 1018 Yishun Industrial Estate Park A #01-340, Singapore 768760.

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	: SJZ 5954J
Make & Model	: Volkswagen Jetta 1.4 TSI AT 1K23Q5 MX
Year of Registration	: 2010
Chassis Number	: WVWZZZ1KZAM142680
Engine Capacity	: 1390 cc

2. We recommend that the repairs of the entire damage require about 4 (Four) 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: 199607196R GST Reg. No. 19-9607196-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJZ 5954J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	CUT	410.00	410.00
1	REAR O/S FENDER	TO REPAIR SEE LABOUR	1,450.00	-
1	REAR O/S DOOR	TO REPAIR SEE LABOUR	950.00	-
1	REAR O/S DOOR OUTER HANDLE	CUT	86.00	86.00
1	REAR O/S WHEEL RIM	TO REPAIR SEE LABOUR	235.00	-
	LESS 10% DISCOUNT		-	-49.60
			3,131.00	446.40
	<u>LABOUR</u>			
	REMOVE THE NECESSARY AFFECTED PARTS, STRAIGHTEN REAR O/S FENDER AND WHEEL ARCH, REPAIR REAR O/S DOOR AND REPLACE PARTS, INCLUSIVE OF THE REPAIR OF REAR O/S FENDER, REAR O/S DOOR AND REAR O/S WHEEL RIM.		1,200.00	500.00
	PUTTY AND SPRAYPAINT. (INCLUDE REAR BUMPER)		1,200.00	600.00
	REPAIR REAR O/S WHEEL RIM.		150.00	80.00
	TUFF KOTE		150.00	60.00
	CHECK ELECTRICAL		50.00	40.00
	RESET WHEEL ALIGNMENT		150.00	60.00
	REMOVE AND REFIT REAR O/S DOOR PARTS.	NOT NECESSARY	100.00	-
			3,000.00	1,340.00
	GRAND TOTAL		6,131.00	1,786.40
	RECOMMENDED COST OF REPAIRS			1,786.40

Report Ref No. CS3/ASM18014626/Nsbe2-1

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.