

Special Instruction:

From (Person): Deborah of Tan Kok Quan Date/Time: 28/12/18
Estimated Cost: _____ Bill to: _____

48: \$5900.00

Third Parties:

Claimant:

Surveyor: MLC Survey

Workshop: Amyntaf Autocraft

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: SJR 6761J Insured: SJK 9291R
at Workshop m/s Ampap Autocare Tel: 6745 7367
of Blk 1 Kaki Bukit Ave 6 #02-36

Policy No: _____ Claim No: TWK.RN.dob.0481.17.A1b

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 19-03-2016

(Client's Record)

D.O.A. 19.02.2016

ST5

H.O.D. Enrolment/Date:

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

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 12 days)
Date/Time: 18/1/2019 Submit Final Fig 3000, 4 days (Red \$ 2900 / 49 %; Original 12 days)

Date/Time: 18/1/2019 Submit Final Fig 3000, 4 days (Red \$ 2900 / 49 %; Original 12 days)

Date/Time	Action/Instruction
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SJR 6761J - CCG / ALH1100952 / Tazirly
SJK 5211R - CCG / ALH118002552 / Tazirly

DOA: 65102011
DOA: 13012018

RECEIVED 10 JAN 2019

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:

Basic & Add

Transport

Photos

Others

Total

Date: _____

700

1) Date/Time 19/11/2019 File Pass to Typist

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

Nivitha (LKK Auto)

From: Deborah Ma on behalf of Narayanan Ramasamy <deborahma@tkqp.com.sg>
Sent: Wednesday, 28 November 2018 4:02 PM
To: assignments
Cc: Narayanan Ramasamy
Subject: MC/MC 21676/2016 (Cassie Kang Choon Lui - owner & pax in SJR 6761J) M/s Riaz LLC Ref: 506080.N(W) - Just Law Ref: SIC/7484/18/rin - TKQP Ref: TWK.RN.deb.0431.17.AIG
Attachments: 0431.17.AIG - Plf GIA & TP Rpt - SJR 6761J.PDF; 0431.17.AIG - Def GIA - SJK 9291R.PDF
Importance: High

URGENT ATTENTION

PART 1 OF 3

Dear Catherine

1. We act for AIG Asia Pacific Insurance Pte Ltd, the insurers of motor vehicle no. SJK 9291R.
2. M/s Riaz LLC who are carbon copied in this email, act for the Plaintiff (claimant) who is the owner and passenger of motor vehicle no. **SJR 6761J** while M/s Just Law act for the driver of motor vehicle no. SJR 6761J.
3. Parties have now agreed to appoint **Mr Adrian Ling** of your firm, **LKK Auto Consultants Pte Ltd** as the Single Joint Expert (SJE) in this matter for purposes of preparing a paper SJE report on the Plaintiff's motor vehicle as it has since been sold.
4. We attach herein a copy of the following documents for your perusal: -
 - i) The Plaintiffs' GIA report and traffic police report – SJR 6761J;
 - ii) The Defendant's GIA report – SJK 9291R;
 - iii) The Plaintiffs' repair bill;
 - iv) The Plaintiffs' survey report with photographs from MIC Survey & Assessment Service;
 - v) The Plaintiff's post-repair photograph; and
 - vi) The Defendant's vehicle damage photographs.
5. Kindly acknowledge the assignment and let us have your report in due course.

Kind Regards,
Deborah Ma
For and on behalf of
RM Narayanan
Partner

TKQP

Tan Kok Quan Partnership
Advocates & Solicitors, Singapore
1 Wallich Street #07-02 Guoco Tower Singapore 078881
T (65) 6225 9333

D (65) 6496 9593

F (65) 6227 6116

E deborahma@tkqp.com.sg

W www.tkqp.com.sg

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	22/02/2016 09:54
Date Of Accident	19/02/2016 20:45
Exact Location Of Accident	Woodland Avenue 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6761J
Insured/Policyholder	
Name Of Registered Owner	CASSIE KANG CHOON LUI
NRIC No	S1705231D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98523339
Alternative Phone No	Others-96515459

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0
Exact Purpose for which vehicle was being used at time of accident	Leisure
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	5054254684-03
Cover Note Number	

Driver

Name of Driver	LIM KAI HUAT
NRIC No	S2637967I
Date Of Birth	04/11/1965
Occupation	Indoor
Date Of Driving Pass	14/12/1987
Driving Experience	28 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-96515459
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address Blk 624A #08-11
Woodlands Drive 52

Postcode 731624

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Spouse

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Unknown - Hit by TP at the front right side

Weather Conditions Raining

Road Surface Wet

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

Number of Passengers (Including Driver) 3

Details of Police Action

Was the accident reported to the police? Yes

If Yes, Please state which Police Station

Police Station Name Hougang Neighbourhood Police Centre

Police Station Address ROAD: 60 Hougang Ave 9 , POSTCODE: 538775 , COUNTRY: Singapore

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

Refer to Sketch Plan.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK9291R

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver TAN JIN KIAT

NRIC/Passport Number S7307139I

Contact Number

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 CASSIE KANG CHOON LUI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJR6761J

Were seat belts worn? No

Was injured conveyed to hospital by ambulance? No

Address

Postcode

Sketch Plan Pg.1

NTUC Income Motor Service Centre

Vehicle No: SJR6761J

Report Date & Start Time: 22-02-16 / 9:53

Report No: MT/

D.O.A: 19/2/16

Make / Model: Tata Camy

Reporting Type: C.P

End Time: / /

Time: 2045hrs

SKETCH PLAN

IMPORTANT NOTICE

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

22-02-16 / 9:53

Policyholder's Signature / Date & Time



22-02-16 / 9:53

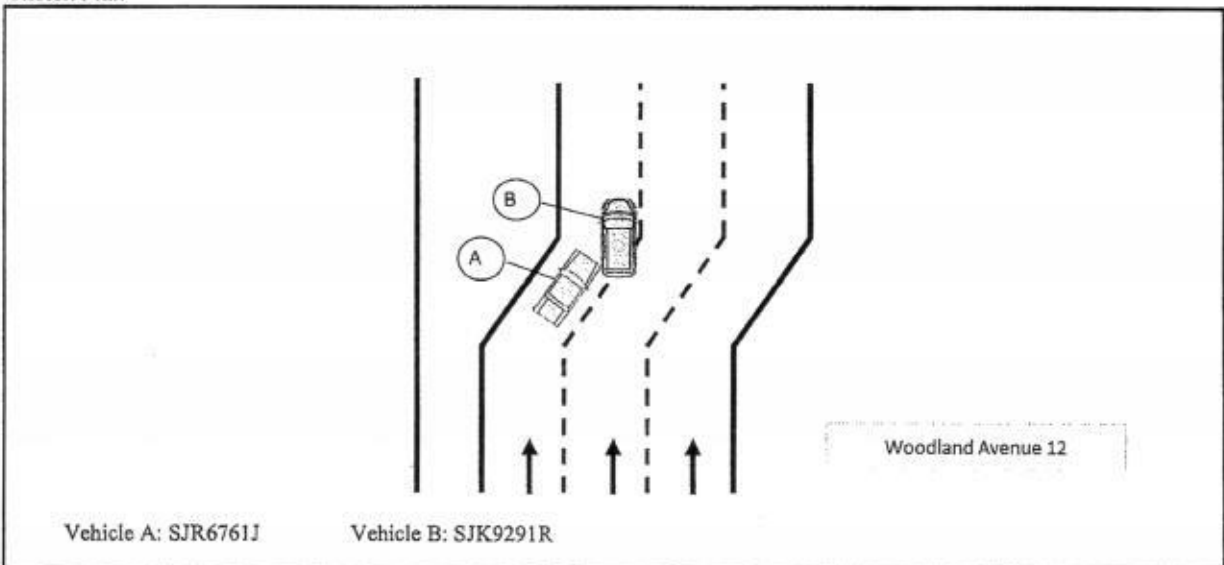
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre



Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg.2

Describe Circumstances of the Accident

Brief Details.

On 19/02/2016 at about 2045hrs, I was driving along Woodlands Avenue 12 heading towards Woodlands Drive 52 in my vehicle bearing registration SJR6761J along the outermost lane with 2 passengers. Thereafter, the said road ahead was a right bend as there was construction in progress and as we entered the lane, there was vehicle bearing registration SJK9291R on the right of our lane which proceeded straight instead of turning along the bend and as such, the said vehicle back left portion collided onto my vehicle right front side portion.

However the said vehicle proceeded straight and did not stop. We then followed the said vehicle until it came to a stop at a traffic light. We then spoke the driver and we agreed to report police.

I wish to state that my passenger sought medical attention and received 5 days of medical leave. The damages sustained are that there are dents and scratches on my right front portion. I wish to state that prior to the accident I never met any of the drivers or passengers before.

Declaration

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

22-02-16 9:53

Policyholder's Signature / Date & Time



22-02-16 9:53

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre



Witnessed by Reporting Centre Personnel

Police Report



**SINGAPORE
POLICE FORCE**



1/20160220/2090

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 8 SINGAPORE 538775
Tel No: 1800-4860099

1 of 4

Report No: 720130020/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2016 18:43		Video Report No.:	Station Dary No.: 61
Informant's Particulars			
Name of Informant: LIM KAI HUAT		Address: APT BLK 524A WOODLANDS DRIVE 52 #08-11 SINGAPORE 731624	
ID Type / ID No.: NRIC NO / S25379871		Contact No.: Home/Office: Mobile: 90515439	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 50	Date of Birth: 04/11/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Painter		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 19/02/2016 20:45	Type of Location: Straight Road	
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 12 WOODLANDS DRIVE 52				
Weather: Heavy rain	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: BETWEEN TWO MOVING VEHICLE - REAR TO SIDE			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SJK9231R	Car	DAIHATSU		Silver		0
SJR576*J	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Red	Slightly Damaged	2

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

Police Report



**SINGAPORE
POLICE FORCE**



T2016022002090

2 of 4

Police Station Of Origin:
Hougang N.P.C.
80 Hougang Avenue 9 SINGAPORE 538779
Tel No: 1800 4890999

Ref No: T2016022002090

CONTINUATION OF REPORT

Driver:			
Name	TAN JIN KIAT	ID No.	S73071391
Related Vehicle	SJK9291R (Car)	Contact No.	N L
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	LIM KAI HUAT	ID No.	S25375671
Related Vehicle	SJR8761J (Car)	Contact No.	98515459
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger:			
Name	CASSIE KANG CHOON LU	ID No.	S1705231D
Related Vehicle	SJR8761J (Car)	Contact No.	98523539
Hospital/Clinic	MERIDIAN MEDICAL AND DENTAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/02/2016	Date Discharge	20/02/2016
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 19/02/2016 at about 2045hrs, I was driving along Woodlands Avenue 12 heading towards Woodlands Drive 52 in my vehicle bearing registration SJR8761J along the outermost lane with 2 passengers. Thereafter, the said road ahead was a right bend as there was construction in progress and as we entered the lane, there was vehicle bearing registration SJK9291R on the right of our lane which proceeded straight instead of turning along the bend and as such, the said vehicle back left portion collided onto my vehicle right front side portion.

However the said vehicle proceeded straight and did not stop. We then followed the said vehicle until it came to a stop at a traffic light. We then spoke the driver and we agreed to report police.

I wish to state that my passenger sought medical attention and received 5 days of medical leave. The

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





SINGAPORE POLICE FORCE



T/20160220/2090

1 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20160220/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2016 13:43	Vide Report No.:	Station Diary No.: 61
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LIM KAI HUAT			Address: APT BLK 624A WOODLANDS DRIVE 52 #08-11 SINGAPORE 731624	
ID Type / ID No.: NRIC NO / S26379671			Contact No.: Home/Office: Mobile: 96515459	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 50	Date of Birth: 04/11/1965	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Painter			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/02/2016 20:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 12 WOODLANDS DRIVE 52				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: BETWEEN TWO MOVING VEHICLE - REAR TO SIDE				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SJK9291R	Car	DAIHATSU		Silver		0
SJR6761J	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Red	Slightly Damaged	2

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20160220/2090

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 4

Report No. T/20160220/2090

CONTINUATION OF REPORT

Driver			
Name	TAN JIN KIAT		ID No. S7307139I
Related Vehicle	SJK9291R (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM KAI HUAT		ID No. S2637967I
Related Vehicle	SJR6761J (Car)		Contact No. 96515459
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CASSIE KANG CHOON LUI		ID No. S1705231D
Related Vehicle	SJR6761J (Car)		Contact No. 98523339
Hospital/Clinic	MERIDIAN MEDICAL AND DENTAL CENTRE		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	20/02/2016		Date Discharge 20/02/2016
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 19/02/2016 at about 2045hrs, I was driving along Woodlands Avenue 12 heading towards Woodlands Drive 52 in my vehicle bearing registration SJR6761J along the outermost lane with 2 passengers. Thereafter, the said road ahead was a right bend as there was construction in progress and as we entered the lane, there was vehicle bearing registration SJK9291R on the right of our lane which proceeded straight instead of turning along the bend and as such, the said vehicle back left portion collided onto my vehicle right front side portion.

However the said vehicle proceeded straight and did not stop. We then followed the said vehicle until it came to a stop at a traffic light. We then spoke the driver and we agreed to report police.

I wish to state that my passenger sought medical attention and received 5 days of medical leave. The



**SINGAPORE
POLICE FORCE**



T/20160220/2090

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 4

Report No. T/20160220/2090

CONTINUATION OF REPORT

damages sustained are that there are dents and scratches on my right front portion. I wish to state that prior to the accident I never met any of the drivers or passengers before.



**SINGAPORE
POLICE FORCE**



T/20160220/2090

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

4 of 4

Report No. T/20160220/2090

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:

F /

MUHAMMAD RIDWAN BIN RAMLI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Juremah Bte Ahmad

Contact No.: 65476190

SN 1:4

Authentication Stamp

NP168



Signature :

Signature Of Informant:

Date/Time:

20/02/2016 13:43

Classification Of Case:

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	20/02/2016 09:47
Date Of Accident	19/02/2016 21:00
Exact Location Of Accident	WOODLANDS AVENUE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9291R
Insured/Policyholder	
Name Of Registered Owner	TAN JIN KIAT
NRIC No	S7307139I
Email Address	CHENRENJIE8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97313322
Alternative Phone No	Office-97313322

Vehicle Particulars

Manufacturer	DAIHATSU
Model	TERIOS-1.5 2WD (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	0100354969-07000
Cover Note Number	

Driver

Name of Driver	TAN JIN KIAT
NRIC No	S7307139I
Date Of Birth	27/02/1973
Occupation	Outdoor
Date Of Driving Pass	08/03/2002
Driving Experience	13 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-97313322
Fax Number	
Contact Number	Office-97313322
EMail Address	CHENRENJIE8@GMAIL.COM

Address	BLK 407 PASIR RIS DR 6 #06-455
Postcode	510407
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- Head to Rear (TP Hit Insured)
Weather Conditions	Raining
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	4

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 DRIVING ALONG WOODLANDS AVE 12. TRAFFIC WAS QUITE HEAVY. I FELT MY CAR WAS HIT FROM BEHIND. I INSPECTED MY CAR, THERE WAS SLIGHT PAINT CHIP OFF ON REAR BUMPER LEFT SIDE. THE OTHER CAR THAT HIT ME HAD A SLIGHT DENT ON HIS RIGHT FRONT FENDER. AS MY DAMAGE WAS SLIGHT I DECIDED NOT TO MAKE ANY CLAIM. MY REPORT TO SHOW THE SLIGHT DAMAGE TO MY CAR AND THE CAR THAT HIT ME.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR6761J
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	MOTOR CAR
Name of Driver	LIM KAI HUAT
NRIC/Passport Number	S2637967I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	SLIGHT DENT ON RH FRONT FENDER
No. Of Passenger (Including Driver)	

Details of Witness

Name	TAN LAY HWA
Phone Number	96660247
Email Address	

Sketch Plan Pg.1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the 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.

Sketch Plan



Describe Circumstances of the Accident

<p>I was driving along Woodlands Ave 12, traffic was going north. I felt my car was hit from behind. I interpreted my car there was slight front end off. The other car that hit me had a slight dent on the RH front fender. As my damage was slight I decided not to make any claim. My report is to show the slight damage to my car & the car that hit mine.</p>

Declaration

I/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

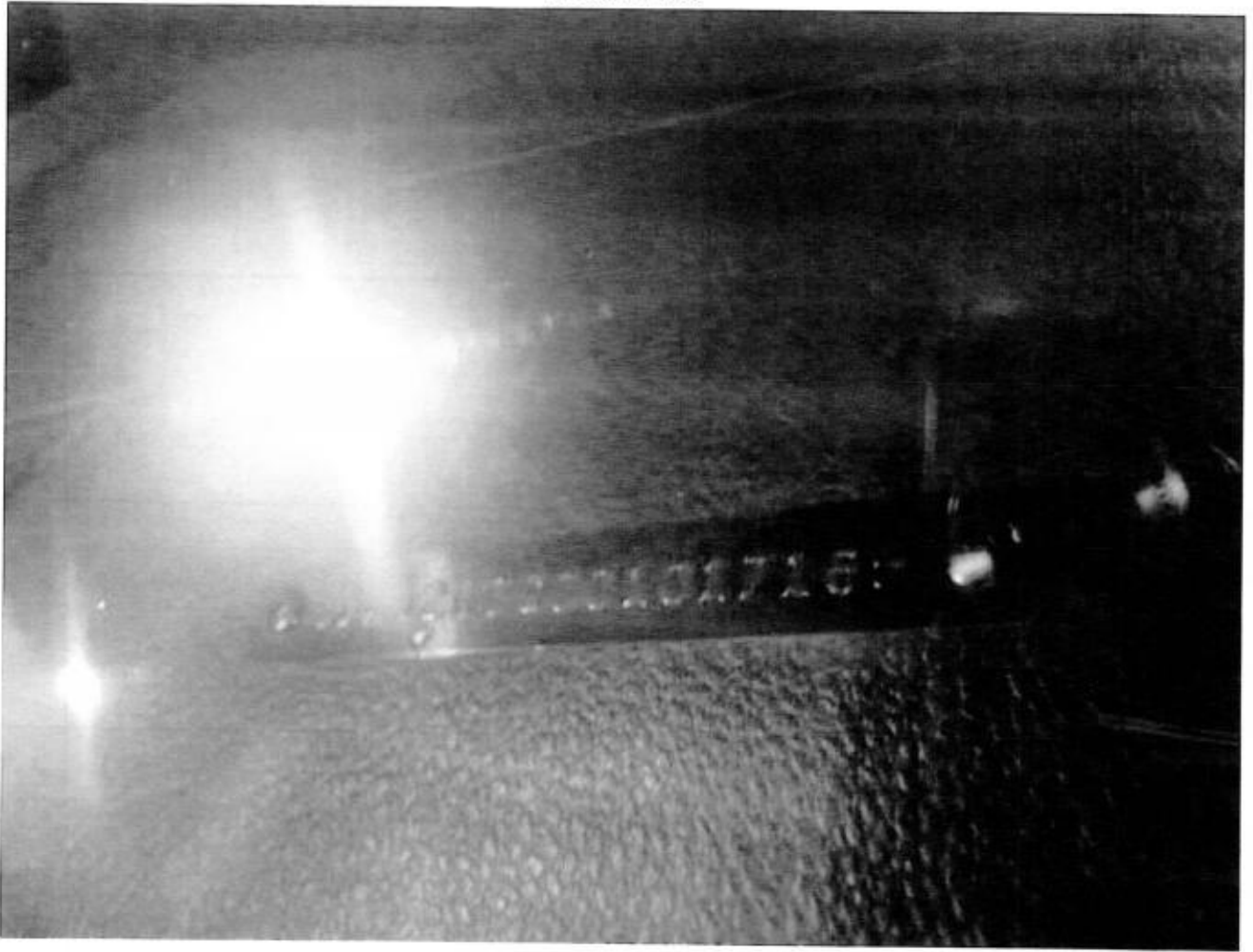
Accident Photo



Accident Photo



Accident Photo



Accident Photo



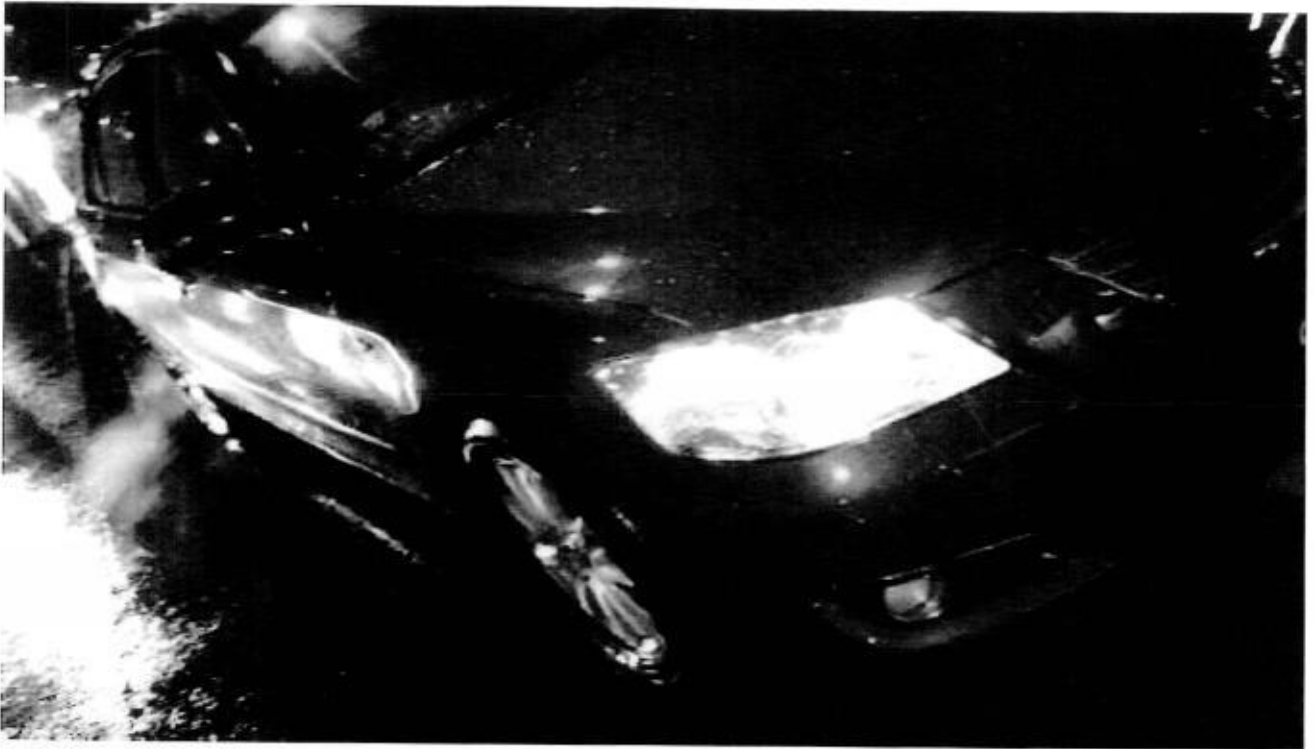
Accident Photo



Accident Photo



Accident Photo



Accident Photo



AMMPAF AUTOCARE CENTRE PTE LTD

NO. 1 KAKI BUKIT AVENUE 6
#02-36 AUTOBAY @ KAKI BUKIT
SINGAPORE 417883
TEL : 6745 7367 FAX : 6841 3390

Date Of Accident : 19-02-2016

28-03-16

OUR REF : SJR 6761J

CASSIE KANG CHOON LUI
BLK 624A WOODLANDS DRIVE 52
#08-11
S (731624)

FINAL BILL ON VEH. NO. : SJR 6761J
MODEL : TOYOTA CAMRY

LUMP SUM REPAIR

INCLUDING SUPPLY OF PARTS & LABOUR

PANEL BEATING & SPRAY PAINTING

5,900.00

MIC SURVEY & ASSESSMENT SERVICE

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

Cassie Kang Choon Lui

INVOICE NO. 2016/030

Blk.624A Woodlands Drive 52

#08-11

Singapore 731624

Date 28 March, 2016

Description	Amount
To: Services rendered including photographs and transport charges.	\$ 600.00
Our reference: M/T/23130/2016	
Insured:	
Policy/Cert. No:	
Your Claim No:	
Vehicle: Toyota Camry 2.0 - SJR 6761 J	

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

E. & O.E.

Guu

MIC SURVEY & ASSESSMENT SERVICE

MIC SURVEY & ASSESSMENT SERVICE

80, MERGUI ROAD, SINGAPORE 219056
TEL/FAX: 6299 9888
HP: 9674 5457

RECEIPT NO. 11863

Date, 28 Mar. 2016

Received with thanks from Cassie Kang Choon Lui

Sum of dollars Six Hundred Only.

In payment of Inv #2016/030

VEHICLE INSPECTION REPORT

TO: Cassie Kang Choon Lui
Blk.624a Woodlands Drive 52
#08-11
Singapore 731624

REFERENCE

Requested by: Cassie Kang Choon Lui
Date of Request: 10 March, 2016
Date of Inspection: 10 March, 2016

Our Ref: M/T/23130/2016
Policy No.:
Claim No.:

DETAILS OF VEHICLE

Reg No: SJR 6761 J	Engine No: 1AZE138607	Air-Conditioners: Yes
Year: 2009	Chassis No: MR053BK4107046219	Radio/Cassette: Yes
Make & Model: Toyota Camry 2.0	Speedo Reading: 179335	Seat Belt: Yes
Colour: Metallic Red	Carry Capacity: 4	Others: Nil

PRE-ACCIDENT CONDITION (STATIC TESTS)

General:	Good
Handbrake	Servicable
Footbrake	Servicable
Steering	Servicable

TYRES

60% — 60%

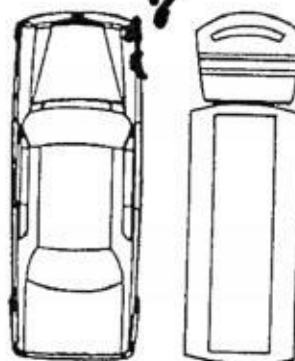
Federal

60% — 60%

Rim: Sports

Size: 215/60 R 16

IMPACT: ARROW INDICATES
DIRECTION OF IMPACT.



GENERAL DESCRIPTION OF DAMAGE

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

The above vehicle sustained damaged were front support panel - bent, front o/s fender inner panel - bent.

APPRAISEMENT

Original Quotation: \$ 7,249.99 Revised Quotation: \$ 6,999.99 Less Excess: Nil

SPECIAL REMARKS

The estimated period of repairs will take 12 days to complete. Pursuant to your instructions, we have not authorised M/s. Ampaf Autocare Centre Pte Ltd to repair on your behalf. A trade discount of 25% was noted and the survey was conducted strictly without prejudice basis.

Replaces of Parts	Conditions	Repairs Est.	Our Recommendation
<u>To Supply :-</u>			
1 pc Front Bumper	Scratch/Buckled	\$ 591.60	\$ ✓ 591.60
8 pcs Front Bumper Clips	Necessary	103.20	30 ✓ 103.20
1 pc Front Bumper o/s Retainer	Bent	132.25	✓ 132.25
1 pc Front Windscreen Washer Tank	Cracked	182.25	✓ 182.25
1 pc Front o/s Head-lamp	Cracked	1,218.45	✓ 1,218.45
1 pc Front o/s Fender	Badly Dented	561.60	✓ 561.60
1 pc Front o/s Fender Wheel Guard	Cracked	287.72	✓ 287.72
8 pcs Front o/s Fender Wheel Guard Clips	Necessary	103.20	30 ✓ 103.20
1 pc Front Anti Roll Bar o/s Linkage	Distorted	196.60	x 196.60
1 pc Front o/s Suspension Strut	Bent	581.90	x 581.90
1 pc Front o/s Suspension Strut Mounting	Torn	277.70	x 277.70
1 pc Front o/s Suspension Lower Arm	Bent	581.90	x 581.90
1 pc Front o/s Suspension Lower Arm Ball Joint	Distorted	271.45	x 271.45
1 pc Front o/s Knuckle Arm	Bent	561.60	x 561.60
1 pc Front o/s Wheel Bearing	Distorted	281.90	x 281.90
Less 25% discount :-		\$ 5,933.32 (\$ 1,483.33)	\$ 5,933.32 (\$ 1,483.33)
		\$ 4,449.99	\$ 4,449.99
<u>Special Nett Item :-</u>			
1 pc Front o/s Wheel Rim (Sport)	Scratch/Bent	\$ 800.00	\$ 500.00
<u>Labour Charges & Miscellaneous :-</u>			
To dismantle front o/s portion damaged parts, straighten front support panel, front o/s fender inner panel and refit above parts.		\$ 600.00	\$ 580.00
To putty and spray painting (Metallic Paint).		\$ 650.00	\$ 580.00
To remove and refit front suspension system in order to facilitate repairs.		\$ 280.00	\$ 260.00 x
To check front wheel alignment (Before & After).		\$ 240.00	\$ 140.00
To check wiring and re-align front head-lamp.		\$ 50.00	\$ 50.00
To re-seal anti rust.		\$ 180.00	\$ 140.00 x
		\$ 7,249.99	\$ 6,999.99
<u>SPECIAL REMARKS</u>			
The repairers verbally agreed to repair the vehicle at a global sum of \$5,900.00 corresponding to labour charges, spray painting and replacement of parts. Your liability is \$5,900.00.			

MIC SURVEY & ASSESSMENT SERVICE

Ann

ONG HOCK LENG
Licensed Appraisers



Your Ref: TWK.RN.deb.0431.17.AIG

Date: 18th January 2019

Our Ref: CS1/LAW18021611/Atbs2

M/s Tan Kok Quan Partnership

1 Wallich Street #07-02

Guoco Tower

Singapore 078881

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO:
SJR 6761J INSURED VEHICLE: SJK 9291R ACCIDENT DATE: 19/02/2016**

We thank you for your instruction on 28/11/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SJR 6761J from M/s MIC Survey & Assessment Service.
- b) Final Repair Bill of SJR 6761J from M/s Ammpaf Autocare Centre Pte Ltd.
- c) Singapore Accident Statement of Vehicles SJR 6761J and SJK 9291R.
- d) Colour damaged vehicle photographs of SJR 6761J.

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	: SJR 6761J
Make & Model	: Toyota Camry 2.0
Year of Registration	: 2009
Chassis Number	: MR053BK4107046219

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJR 6761J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	SCRATCHED / BUCKLED	591.60	591.60
8	FRONT BUMPER CLIPS	NECESSARY	103.20	30.00
1	FRONT BUMPER O/S RETAINER	BENT	132.25	132.25
1	FRONT WINDSCREEN WASHER TANK	CRACKED	182.25	182.25
1	FRONT O/S HEAD-LAMP	CRACKED	1,218.45	1,218.45
1	FRONT O/S FENDER	BADLY DENTED	561.60	561.60
1	FRONT O/S FENDER WHEEL GUARD	CRACKED	287.72	287.72
8	FRONT O/S FENDER WHEEL GUARD CLIPS	NECESSARY	103.20	30.00
1	FRONT ANTI ROLL BAR O/S LIKNAGE	NOT NECESSARY	196.60	-
1	FRONT O/S SUSPENSION STRUT	NOT NECESSARY	581.90	-
1	FRONT O/S SUSPENSION STRUT MOUNTING	NOT NECESSARY	277.70	-
1	FRONT O/S SUSPENSION LOWER ARM	NOT NECESSARY	581.90	-
1	FRONT O/S SUSPENSION LOWER ARM BALL JOINT	NOT NECESSARY	271.45	-
1	FRONT O/S KNUCKLE ARM	NOT NECESSARY	561.60	-
1	FRONT O/S WHEEL BEARING	NOT NECESSARY	281.90	-
	LESS 25% DISCOUNT		-1,483.33	-758.47
			4,449.99	2,275.40
<u>SPECIAL NETT ITEMS</u>				
1	FRONT O/S WHEEL RIM (SPORT) (SN)	SCRATCHED / BENT	800.00	500.00
			800.00	500.00
<u>LABOUR</u>				
	TO DISMANTLE FRONT O/S PORTION DAMAGED PARTS, STRAIGHTEN FRONT SUPPORT PANEL, FRONT O/S FENDER INNER PANEL AND REFIT ABOVE PARTS.		600.00	400.00
	TO PUTTY AND SPRAY PAINTING (METALLIC PAINT).		650.00	450.00
	TO REMOVE AND REFIT FRONT SUSPENSION SYSTEM INORDER TO FACILITATE REPAIRS.	NOT NECESSARY	280.00	-
	TO CHECK FRONT WHEEL ALIGNMENT (BEFORE & AFTER).		240.00	80.00
	TO CHECK WIRING AND RE-ALIGN FRONT HEAD-LAMP.		50.00	30.00

Report Ref No. CS1/LAW18021611/Atbs2



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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO RE-SEAL ANTI RUST.	NOT NECESSARY	180.00	-
			2,000.00	960.00
GRAND TOTAL			7,249.99	3,735.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,000.00

Report Ref No. CS1/LAW18021611/Atbs2

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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