ASS. REC. BY:	Tenteloh	REF: C33 I	8022380 NMENT (Offic		nl Instruction:		
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Estimated Cos	0		Bill to:		-11	11416	
on (Te) ws	STTP RES / OD R	ES/EVA/INV/M					
To Inspect Ve			19831T	Insured:	SHCI	5354	
at Workshop i	m/s	BM WO			8288		
of	BIK 10	009, BK+ M		3 #01-8	6		
Policy No:		1	Claim N				
Sum Insured:			Excess				
Make of Veh: (Client's Recerc	944			D	.o.a. 511	2/18	
CA / REV	/ REP. / REV 24	HRS			H.O.D. Endorsem	ent	
Date/Time:	4-42 pmg 12/10	lg Person Conta	oted: Yes	1 Vel)	
Date/Time	Action/Instruction	(x) Estir	nate				20.00
	SDMARS	IT- CCA/TIE	18021134/	Pb3	1)0	A:20/11/1	R
	8HC 1030	G-CS 7MI	16006180/	Algha	A116	1.014/	5
12/12/18-	Vehicle n	A la vel	1 0 0 0	- J		1-1-1-1	-
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		40 100	11.3464			-	
	Dismantle:	3119/3018	1,2,1,1				

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Truck Trailer or Marker No. Make. Make		
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Eng No: Choice	at Workshop m/s	Colour Gray A/C Insured / Std / NI / NA
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. Ball or Market Value: IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Lum Sum: % 3 Val: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time: Action / Instruction Civil Sum insured: Consistent? : Yes or No Can / Rev / Rep. / 24 HRS Date: Person Contacted: Date / Time: Action / Instruction Civil Sum insured: Consistent? : Yes or No Can / Rev / Rep. / 24 HRS Vehicle: IN / OUT Date / Time: Action / Instruction Civil Sum insured / Leaked / Burnt or Modi: Nill SuRim / Star All Report / Resurvey held at Sum RyBal / Resurvey held at Sum RyBal / Report / Resurvey held at Sum RyBal / Resurvey held at Su	of	Sp. Reading () 210404 T/Radio: Insured / Std / NI / NA
Sem Cond Gout Fair Poor Burnt	Insured	Eng/No:
Sem Cond Gout Fair Poor Burnt	Policy No.	C/No: WISHFP52030(066/93
Client's Record Jammed / Leaked / Burnt or Mode of Veh: Infords Jammed / Leaked / Burnt or Mode of Veh: Infords Jammed / Leaked / Burnt or Mode Nill Jackim / STD A/Rim or Tyre Size: F:	Claims No.	
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Tyre Size: F: 235 SSK 17 Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAC Accident Rport: Consistent? : Yes or No IDAC Accident Rport: Consistent? : Yes or No Est. Repairs: days Res: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time	(Client's Record)	Brake: Inorde / Jammed / Leaked / Burnt or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Lum Surn: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time: Action / Instruction Date / Time: Action / Instruction Remark: The veh had commenced its repair at the time of inspection. Risal.	Make of Veh:	
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: % 3 Val: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time: Action / Instruction Report Date / Time: Action / Instruction Rear C mm RiBal. mm LiBal. Do. A. Survey held at You Workbut p The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision. Add Fee: Site Insp. (\$) _s-RS_SI Interview (\$) _Photos Tech. trivs (\$) _Cheens The U/C / Chassis frame / Body Structure affected due to collision. The U/C / Chassis frame / Body Structure affected due to collision.		Tyre Size: F: 275 55K 17
Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAC Accident Rport: 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: IN / OUT Date/Time: Accident/Instruction Date/Time: Accident/Instruction Date/Time: Relation / Instruction Date/Time: File Return to? Add Fee: Site Insp (\$)S+RS_SI Interview (\$) Protest Tech. trus (\$) Cheers ONTS O/S HOTOV / YOKO or Front Rear C R/Bal	(Policy Condition)	
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Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: IN / OUT Date / Time	IDAC Accident Rport: Consistent? : Yes or No	R/Bal.
Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Des. of Damages : Frt / Regr / 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 : Final Report : Final Report : Site Insp. (\$)S+RSSI Interview (\$) Photos Tech. trivs (\$) Chers	GIA / PR Seen: Consistent? ; Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Date / Time Preli Report Preli Report Resurvey No. of Trip: Survey Fee: Transportation. Date/Time, File Return to? Add Fee: Site Insp (\$)S+PSSI Interview (\$) Photos Protos Prediction Pr	Est. Repairs: days Res.: Yes or No	W // C//0 E
Date: Person Contacted: Vehicle: IN / OUT Date / Time	Lum Sum: % 3 Val.: Yes or No	Survey held at BM Workshop
Date / Time Action / Instruction Date / Time Preli. Report Days Of Repair: Days Of Repair: Survey Fee Transportation:	CA / REV / REP. / 24 HRS	
Date/Time, File Pass to? Preli. Report Days Of Repair: 1) Survey Fee: Transportation: Add Fee: Site Insp (\$) _\$ +R\$ _\$ Interview (\$) Photos Tech. Irrus (\$) Omera		The U/C / Chassis frame / Body Structure affected due to collision.
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Report Format : PRG Tech Invs (\$) Others	2) A	dd Fee: Site Insp (\$)_s+R5_si
	19	Interview (\$) Photos
Lump Sum / I.B.I: (\$) Weekend (\$)	Report Format : PRG	Tech trivs (\$) Omera
	Lump Sum / I.B.I: (\$	Weekend (\$) -

Nivitha (LKK Auto)

From:

Motor Claim - III <motorclaim@iii.com.sg>

Sent:

Tuesday, 11 December 2018 5:25 PM

To:

Catherine Chong (LKK Auto)

Cc:

JB GEM; Mekavathanan Sarangapani; Manivel Priyadarshini

Subject:

FW: LETTER TO CONDUCT PRE-REPAIR INSPECTION FOR VEH NO: SDM 9831T &

SHC1535G DOA: 5/12/18

Attachments:

SDM 9831T FORM1.pdf; SDM 9831T GIA.PDF; LIST OF SURVEYORS.PDF

Dear Sir / Mdm

This Pre-Repair Survey is on Without Prejudice Basis.

THIRD PARTY VEHICLE NO.

: SDM 9831T

III INSURED VEHICLE NO.

: SHC1535G

DATE OF LOSS

: 5/12/18

We acknowledge receipt of your email.

In compliance to Pre-Action Protocol for NIMA cases, we note that

We disagree to the list of motor surveyors that you have proposed.

Therefore, we have appointed our surveyor lkk to conduct the pre-repair survey.

This claim is handled by PRIYA.

Please let us have your client's accident report and repair estimate for our appointed surveyor to conclude his report.

**We would like to conduct a re-survey after spray painting. Please contact our surveyor to arrange.

**Surveyor kindly upload this assignment to Merimen.

Thank You.

Joel Nah

Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street #04-02 IOB Building
Singapore 049711
Tel: 6347 6100 Ext 206 Fax: 6224 4174

From: Motor Claim - III

Sent: Tuesday, 11 December, 2018 10:16 AM

To: 'JB GEM' <vcssg01@gmail.com>

Subject: RE: LETTER TO CONDUCT PRE-REPAIR INSPECTION FOR VEH NO: SDM 9831T & SHC1535G DOA: 5/12/18

Dear Sir / Mdm,

We acknowledge receipt of your email.

We proprose using one of the following motor surveyors:

- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

Best Regards, Gabriel Wee



64 Cecil Street; #05 - IOB Building Singapore 049711 Tel: 6347 6100, Ext - 248

From: JB GEM [mailto:vcssg01@gmail.com]

Sent: 10 December, 2018 4:11 PM To: Gabriel Wee < Gabriel@iii.com.sg>

Subject: LETTER TO CONDUCT PRE-REPAIR INSPECTION FOR VEH NO: SDM 9831T & SHC1535G DOA: 5/12/18

WITHOUT PREJUDICE

To: Motor Claims Dept

Please refer to the attachments and for your necessary action at your soonest.

Regards

VCS

Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

DISCLAIMER:

This email is intended solely for the person to whom it has been addressed.

It may contain confidential and/or legally privileged information.

If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses.

Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Print this email only if it is absolutely necessary and help in preservation of environment. India International Insurance Pte Ltd. Registration No. 198703792-K

VEHICLE CLAIMS SPECIALIST PTELTD

UEN 201802773H

Date: 11th December 2018

Your ref: SHC 1535G

BY EMAIL ONLY

Our ref: VCS/SDM 9831T/BMW/PD

To: INDIA INTERNATIONAL INSURANCE PTE LTD

Attn: Motor Claims Dept

Dear Sirs.

CORRESPONDANCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES.

We refer to your email dated 11th December 2018,

Please note that the said vehicle can be inspected at:

BM WORKSHOP

BLK 1009 BUKIT MERAH LANE 3 #01-86 SINGAPORE 159723

Contact No: 8288 8868

Please call for to arrange for an appointment before conducting the pre-repair inspection.

Please note that the vehicle will be available for pre-repair inspection within the next 2 days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without further notice or reference to you. All our client's right are expressly reserved.

PLEASE REPLY BY EMAIL ONLY : VCSSG01@GMAIL.COM DO NOT REPLY BY FAX

Yours faithfully

VCS

Vehicle Claims Specialist Pte Ltd

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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	05/12/2018 14:15
Date Of Accident	05/12/2018 11:00
Exact Location Of Accident	JUNCTION OF COMMONWEALTH DR & TANGLIN HALT RD
Country/State of Loss	SINGAPORE

	DETAILS OF OWN	VEHICLE
--	----------------	---------

SDM9831T Vehicle Registration Number

Insured/Policyholder

Country/State of Loss

ANG SAY-HENG Name Of Registered Owner

S1117265B NRIC No

ANGROGER@ACOT.COM.SG Email Address

(LOCAL) +65-96687631 Mobile Phone No. OFFICE-96687631 Alternative Phone No

Vehicle Particulars

BMW Manufacturer

523I-2.5 (A) Model

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 PRIVATE CAR

06/12/1980

Vehicle Category

Insurance Company

TOKIO MARINE INSURANCE SINGAPORE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

MT103849 Policy Number

Cover Note Number

Date Of Driving Pass

Driver

ANG SAY HENG Name of Driver S1117265B NRIC No 24/01/1955 Date Of Birth INDOOR Occupation

37 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96687631 Mobile Number

Fax Number

OFFICE-96687631 Contact Number

ANGROGER@ACOT.COM.SG EMail Address

Address

10 JALAN MAS PUTEH

Postcode

128616

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

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

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC1535G

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) and insured vehicle(s) involved in this accident (all insurers) and insured vehicle(s) involved in this accident (all insurers) and insured vehicle(s) involved in this accident (all insurers) and insured vehicle(s) involved in this accident (all insurers) and insured vehicle(s) involved in this accident (all insurers) and insured vehicle(s) involved in this accident (all insurers) and insured vehicle(s) involved in this accident (a
 - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN				
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LICENSE PLATE: 50M		ACCIDENT DATE & TI	ME: 5/17	2/10 11.00 am
CONTACT NUMBER: 96 6	87631	E-MAIL ADDRESS:		@acot.com.sq
LOCATION: traffic	junction of	Commonwealth	Dr. a	nd Tandin Holt 2
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OWN DAMAGE CLAIM UN				
	CER TOOK OWN FOLIC	PLEASE CHECK TOOK	POLICY FOR	MORE INFORMATION
Nease state:				
() Claim Own Policy ECLARATION	Claim Third Party	() Claim OD/TP at other	workshop	() Reporting Only
We declare the foregoing parti	culars are true in every resp	ect.		
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olicyholder's Signature	Driver's Signature		Reporting Cen	tre Personnel's Signature
ite & Time	(If driver is not the p Date & Time	olicyholder)	Name:	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	- XX
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	7265B
Vehicle No.:	SDM9831T
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Dec 2018
Vehicle Make:	B.M.W.
Vehicle Model:	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
Primary Colour:	Green
Manufacturing Year:	2011
Engine No.:	09057745N52B25AF
Chassis No.:	WBAFP32030C866193
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$44,497.00
Original Registration Date:	29 Jun 2011
First Registration Date:	29 Jun 2011
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$44,497.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2021
PARF Rebate Amount: Intended COE Rebate Details	\$26,698.00
COE Expiry Date:	28 Jun 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$67,700.00
COE Rebate Amount:	\$17,000.00
Total Rebate Amount:	\$43,698.00

The information contained herein is correct as at 24 Dec 2018

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	100000
Owner ID Type:	Singapore NRIC
Owner ID:	7265B
Vehicle Details	
Vehicle No.:	SDM9831T
Vehicle to be Exported:	No .
Intended Deregistration Date:	24 Dec 2018
Vehicle Make:	B.M.W.
Vehicle Model:	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
Primary Colour:	Green
Manufacturing Year:	2011
Engine No.:	09057745N52B25AF
Chassis No.:	WBAFP32030C866193
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$44,497.00
Original Registration Date:	29 Jun 2011
First Registration Date:	29 Jun 2011
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$44,497.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2021
PARF Rebate Amount: Intended COE Rebate Details	\$26,698.00
COE Expiry Date:	28 Jun 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$67,700.00
COE Rebate Amount:	\$17,000.00
Total Rebate Amount:	\$43,698.00

The information contained herein is correct as at 24 Dec 2018

...CLAIM SUBFOLDER...(Pending for Survey Report)

LAIM SUBF	OLDER TRA	CKING							
	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Su	bmitted	Ins Authred	Status	
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7-	fain	Re	ference	С	laim Details	T	Document	s	Show All
CLAIM SUI	BFOLDER DE	TAILS			CHI MINISTER CHI	[Create	ed by adjuster]		
Insured:	-, Co. Re	g. No.: -				-/			
Main Claimant:	4-5								
Vehicle Reg. No.:	SDM983	11T			Date of Loss		018 00:00 - :59 ths and 6 Days Fro	m LTA Reg Date (Man Yr)]
Claim Type:	TP				Policy/Cover Note No.:				
Vehicle Reg. No. (Insured):	SHC1535	G			Policy No. (Claimant):				
					Excess:				
Repairer:	Bm Work	shop Pte Ltd (HC) Blk 1009 Buki	Merah Lane	3 #01-86, 15	9724 Bukit	Merah - Tel: 9626-	2683	
Handling Insurer:	India Inte	ernational Insur	ance Pte Ltd (H	Q) - Tel: 634	76100 [Hai	ndled by Pr	iya]		
Adjuster:	21/12/20	Consultants Pte [18]	Ltd (HQ) - Tel:	6256-3561	. [Handled by	MOHD TA	UFIKH BIN HAMI	D] [Final Rp	t due
ASSOCIAT	ED MAIL RE	CEIVED					(1	/iew All Compo	se Case Mai
There are no	mail for this	case.					_		
ALL ASSO	CIATED TAS	KS⊟				View Al	II Search Tasks	Create New Task	Complet
Due Date	Priority	Type Task	Group Subj	ect Hand	er Assig	ned By	Completed On	Created Or	
No results.	NO STATE OF THE ST	101/01/20 101/01/20							

Claim Documents

*SDM9831T [SHC1535G] Dec 5 2018 12:00AM [-] **Bm Workshop Pte Ltd**

Up	load Documents Uplo	ad Photos Compose New Letter	View View in Bro	wser ▼
Pho	otos/Images		3 per page ▼	•
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbna	Print
1	24/12/18 12:57	General View	1 Load PDF	
2	03/01/19 11:33	Photographs of Damaged Parts	Load PDF	
3	03/01/19 11:33	Photo After Spray	Load PDF	
Dod	umentation		1 per page ▼	•
No	Finalized On	India International Insurance Pte Ltd (HQ)	Thumbnai	Print
1	13/12/18 08:55	Singapore Accident Statement	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.	

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

Engine No:

Chassis No:

Odometer:

CS3/III18022380/T1CD3S2

Date:

04/01/2019

REFERENCE

Date of Loss:

Handling Insurer: Claimant Vehicle India International Insurance Pte Ltd

SDM9831T

05/12/2018

Policy No:

Insured Vehicle No:

Nature of Claim:

SHC1535G

TP

Claim No: N/A

09057745N52B25AF

210404 km

WBAFP32030C866193

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

SDM9831T

Make & Model: Reg. Date:

BMW 5231, 2.5 (A)

29/06/2011 (Man. Year: 2011)

Colour: Engine Capacity:

Grey 2497 cc N/A

Market Value/New Car Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good Yes

Steering (Serviceable): Engine Modification:

Yes

No

Footbrake (Serviceable): Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES

Front Tyre Size:

Front Left Side: Front Right Side: 225/55R17 Michelin 6 mm Michelin 6 mm

Rear Tyre Size: Rear Left Side: Rear Right Side: 225/55R17

Michelin 6 mm Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

11/12/2018

Date Inspected:

17/12/2018

Inspected At:

Bm Workshop Pte Ltd (HQ)

Blk 1009 Bukit Merah Lane 3 #01-86

Singapore 159724

Estimated Period of Repair:

0.0 days

Adjuster: MOHD TAUFIKH BIN HAMID Manager:

CELINE FONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 04 Jan 2019)

Parts:

143

BMW 523I 2.5 (A) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SDM9831T)

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the

END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >