

A&S, REC. BY:

REF:

CS/III 8022433/Dgd3er

Special Instruction:

Surveyor:

Bryan

ASSIGNMENT (Office)

From (Person):

Gabriel Wel

of

III

Date/Time: 12/12/18 @ 4:54pm

Estimated Cost:

Bill to:

OD / ~~IP~~ / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No.:

SKG 4006R

Insured:

SHA 7801J

at Workshop in/s

Revol Carz Garage

Tel:

9322 5338

of

10 AMK Ind. park 2A #02-18

Policy No.:

Claim No.:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 10/12/2018

CA / REV / REP. / REV 24 HRS

Imp

Paper Survey

H.O.D. Endorsement:

Date/Time:

13/12/18 @ 9:07am

Person Contacted:

Jure

Vehicle

☒ IN ☐ OUT

Date/Time

Action/Instruction (X) Estimate

SKG 4006R - NA/JIP 18064213/k4

Joa: 2/2/18

SHA 7801J - CS/III 7021193/Ghb3q2

DUA: 1/1/17

05/04/19

To Submit L/S 43081 - with 4 days of rev.
(Red: 42001; 49%)

REF:

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. _____

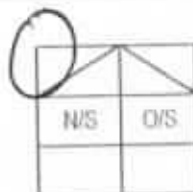
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKG 4006R Yr Regn: 2012 Argent.

Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A5 Sportback 1984

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 107328 T/Radio: Insured / Std / NI / NA

Eng/No: CDN 247948

C/No: WNU2228T3CA022246

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim / STD A/Rim or

Tyre Size: F: 255/55R19

R: ———

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

TOYO / YOKO or Goodyear

Front

Rear

R/Bal: 5 mm R/Bal: 5 mm

L/Bal: 5 mm L/Bal: 5 mm

D.O.A: 10/12/2018 D.O.I: 13/12/2018

Survey held at: Revol AMK Independent.

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

N/S Front

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

Date / Time _____ Action / Instruction _____

TH

RECEIVED 05 APR 2019

Date/Time, File Pass to?

H4 Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) 4300/-

☐ : Preli. Report☒ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation:

B + RS, SR

F/Books

Others

TOTAL

290

10

260

Nivitha (LKK Auto)

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Wednesday, 12 December 2018 4:54 PM
To: Hui Ting; 'sur@lkkauto.com'; Catherine Chong (LKK Auto)
Cc: Corene; Zuhaidah Samsuri
Subject: RE: Our client's vehicle no. SKG4006R (Revol); Your insured's vehicle no. SHA7801J - PRI
Attachments: Revol Carz - Pre-Repair Notice (INDIA)(SKG4006R).pdf

Dear Sir / Mdm

This Pre-Repair Survey is on Without Prejudice Basis.

THIRD PARTY VEHICLE NO. : SKG4006R
III INSURED VEHICLE NO. : SHA7801J
DATE OF LOSS : 10.12.18

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 AUTO CONSULTANTS to conduct the pre-repair survey.

This claim is handled by Aida.

Please let us have our 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.

Best Regards,
Gabriel Wee



64 Cecil Street, #10-01 IOB Building
Singapore 049711
Tel: 6347 6100, Fax: 6347 248

From: Hui Ting [mailto:huiting@crossbordersllc.com]
Sent: 12 December, 2018 4:03 PM
To: Motor Claim - III <motorclaim@iii.com.sg>
Cc: Corene <corene@crossbordersllc.com>
Subject: RE: Our client's vehicle no. SKG4006R (Revol); Your insured's vehicle no. SHA7801J - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Sirs

1. We refer to your email dated 12 December 2018.
2. Our client objects appointing your surveyors as a single joint expert.
3. We propose one of the motor surveyors named in the list below to conduct the joint pre-repair survey as a single joint expert:-
 - a) Dennis Yap PAL'S Appraiser Pte Ltd
 - b) Yap Teck Lee LCW Appraiser Pte Ltd
 - c) Yap Teck Chye MC-Coy Appraiser Pte Ltd
 - d) Dixon Yeo Treasure Appraiser Pte Ltd
4. Please let us know within two (2) working days whether you are agreeable to the appointment of any of the above motor surveyors as a single joint expert.

Thank You.

Regards
Huiting
TEL: 6438 1323 ext 2006

CrossBorders LLC
133 New Bridge Road
#23-03/04/05 Chinatown Point
Singapore 059413
Tel: (65) 6438 1323
Fax: (65) 6438 2313

NOTICE OF OFFICE CLOSURE

Please be informed that our office will be closed for the dates specified below. During the period of closure stated below, we will not be able to accept service of Court documents nor be able to receive/attend to any incoming correspondence.

<i>Closed From</i>	<i>To</i>
<i>24 December 2018, 9.00AM</i>	<i>24 December 2018, 6.00PM</i>
<i>31 December 2018, 9.00AM</i>	<i>31 December 2018, 6.00PM</i>
<i>04 February 2019, 9.00AM</i>	<i>08 February 2019, 6.00PM</i>

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CrossBorders LLC DOES NOT ACCEPT SERVICE OF COURT DOCUMENTS OR NOTICE OF ANY PROCEEDINGS BY FACSIMILE OR EMAIL

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Wednesday, 12 December 2018 4:01 PM
To: Hui Ting <hui@crossbordersllc.com>
Cc: Corene <corene@crossbordersllc.com>
Subject: RE: Our client's vehicle no. SKG4006R (Revol); Your insured's vehicle no. SHA7801J - PRI

Dear Sir / Madam,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

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

Please note that you must respond 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, #03-10B Building
Singapore 049911
Tel: 6347 6100 Fax: 6347 2481

From: Hui Ting [mailto:hui@crossbordersllc.com]
Sent: 12 December, 2018 3:39 PM
To: Motor Claim - III <motorclaim@iii.com.sg>
Cc: Corene <corene@crossbordersllc.com>
Subject: Our client's vehicle no. SKG4006R (Revol); Your insured's vehicle no. SHA7801J - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Sirs

1. Please find attached our PRI notice dated 12 December 2018 for your kind attention.
2. Please reply email to corene@crossbordersllc.com & hui@crossbordersllc.com

Thank You.

Regards
Huiting
TEL: 6438 1323 ext 2006

CrossBorders LLC
133 New Bridge Road

#23-03/04/05 Chinatown Point
Singapore 059413
Tel: (65) 6438 1323
Fax: (65) 6438 2313

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CrossBorders LLC DOES NOT ACCEPT SERVICE OF COURT DOCUMENTS OR NOTICE OF ANY PROCEEDINGS BY FACSIMILE OR EMAIL

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:

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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

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.

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Print this email only if it is absolutely necessary and help in preservation of environment.

India International Insurance Pte Ltd.

Registration No. 198703792-K

Nivitha (LKK Auto)

From: Hui Ting <huiting@crossbordersllc.com>
Sent: Wednesday, 12 December 2018 5:00 PM
To: Motor Claim - III; 'sur@lkkauto.com'; Catherine Chong (LKK Auto)
Cc: Corene; Zuhaidah Samsuri; Corene
Subject: RE: Our client's vehicle no. SKG4006R (Revol); Your insured's vehicle no. SHA7801J - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Sirs

1. We refer to your email dated 12 December 2018.
2. Please be informed that the said vehicle can be inspected at:

Venue:	Revol Carz Garage Pte Ltd
Address:	10, Ang Mo Kio Industrial Park 2A #02-18 AMK Autopoint Singapore (568047)
Contact:	June (9322 2338) / Gavin (9740 6855)
3. Please liaise with the above workshop directly.

Thank You.

Regards
Huiting
TEL: 6438 1323 ext 2006

CrossBorders LLC
133 New Bridge Road
#23-03/04/05 Chinatown Point
Singapore 059413
Tel: (65) 6438 1323
Fax: (65) 6438 1313

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Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Friday, 1 March 2019 3:36 PM
To: Admin-D (LKKAuto); assignments
Cc: Olivia Lau (LKKAuto); Mekavathanan Sarangapani; Zuhaidah Samsuri
Subject: RE: MCT18120289

Dear Sir/Mdm,

Rights granted in Merimen for the above LOD. Kindly proceed with the paper survey.

TP Veh No. : **SKG4006R**

Warmest regards,
Stanley Lai
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
S&P 'A-' rated Company



From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Thursday, 28 February, 2019 6:20 PM
To: Mekavathanan Sarangapani <mekavathanan@iii.com.sg>; Stanley Lai <stanley.lai@iii.com.sg>; Zuhaidah Samsuri <aida@iii.com.sg>
Cc: assignments <assignments@lkkauto.com>; Olivia Lau (LKKAuto) <olivialau@lkkauto.com>
Subject: RE: MCT18120289

Dear Sir/Mdm,

Kindly assist to provide LOD and coloured photographs in merimen.

G.Nivitha | Admin
LKK Auto Consultants Pte Ltd
Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Nivitha (LKK Auto)

From: Olivia Lau (LKKAuto) <olivialau@lkkauto.com>
Sent: Wednesday, 27 February 2019 5:05 PM
To: Hsiao Tong (LKKAuto); assignments; Admin A
Subject: FW: MCT18120289

From: Mekavathanan Sarangapani
Sent: Wednesday, 27 February 2019 5:04:33 PM (UTC+08:00) Kuala Lumpur, Singapore
To: Hsiao Tong (LKKAuto); Olivia Lau (LKKAuto)
Cc: Zuhaidah Samsuri; Stanley Lai
Subject: MCT18120289

Paper survey please - TP claim thru lawyers for costs of repairs S\$ 8.5 k ??

Need to defend this claim

Meka

Aggr MLT/18120289

	RESERVES			
	TPPD C114	PRESERVE	5K	
	TPPI	PRESERVE		
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	INVESTIGATION FEE			
	SURVEY FEES		yes	
	LEGAL FEES			
	OTHERS			
	FRAUD CHECK			
	UPLOAD TO MERIMEN			
	GRANT RIGHTS			

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0166
DESTINATION ADDRESS 964382313
SUBADDRESS
DESTINATION ID
ST. TIME 27/02 11:02
TX/RX TIME 00' 58
PGS. 2
RESULT OK

FAXED
27 FEB 2019
MOTCLM DEPT.

CROSSBORDERS

Advocates & Solicitors | Commissioner for Claims and Notary Public

Our Ref: AJ.tk.6346.2019.Revol-PD
Your Ref: SHA7801J



15 FEB 2019

TO: WEE HOCK CHAI ALBERT
Blk 450B Sengkang West Way
#07-343
Singapore 792450

BY CERTIFICATE OF
POSTING

WITHOUT PREJUDICE

cc: COMFORT TRANSPORTATION PTE LTD
383 Sin Ming Drive
Gas Building
Singapore 575717

BY CERTIFICATE OF
POSTING

WITHOUT PREJUDICE

cc: INDIA INTERNATIONAL INSURANCE PTE LTD
(Motor Claims Dept)
64 Cecil Street
#05-02 IOB Building
Singapore 049711

BY PDX

WITHOUT PREJUDICE

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413
TEL: 6438 1323
FAX: 6438 2313

BRANCH OFFICE
1 JALAN BERSEH
#03-12 NEW WORLD CENTRE
SINGAPORE 209037

PLEASE SEND ALL
CORRESPONDENCES TO
THE MAIN OFFICE

WE DO NOT ACCEPT
SERVICE BY FAX

Dear Sirs

CHEONG CHEE KEONG
Blk 3D Upper Boon Keng Road
#15-646
Singapore 384003

We have received your letter, dated 11 February 2019, in relation to the accident on 10 December 2018. We shall proceed to investigate the accident and shall keep you informed of the progress of the investigation.

Our Ref: MCT/18/120289
Name: Aida
Date: 18/2/19

We are instructed by the abovenamed to claim damages against you in connection with an accident on 10 December 2018 at about 21:15 hours along Geylang Road towards Beach Road involving our client's vehicle no. SKG4006R and vehicle registration number SHA7801J driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHA7801J.

As a result of the accident, our client's vehicle registration number SKG4006R was damaged and our client has been put to loss and expense, particulars of which are as follows:-

A Damages

a. Cost of Repairs	\$	8,500.00
b. Loss of Use (13 days x \$120.00 per day)	\$	1,560.00

CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Civil and Criminal Justice | Public

Our Ref: AJ.tk.6346.2019.Revol-PD
Your Ref: SHA7801J



15 FEB 2019

TO: WEE HOCK CHAI ALBERT
Blk 450B Sengkang West Way
#07-343
Singapore 792450

BY CERTIFICATE OF POSTING

WITHOUT PREJUDICE

cc: COMFORT TRANSPORTATION PTE LTD
383 Sin Ming Drive
Gas Building
Singapore 575717

BY CERTIFICATE OF POSTING

WITHOUT PREJUDICE

cc: INDIA INTERNATIONAL INSURANCE PTE LTD
(Motor Claims Dept)
64 Cecil Street
#05-02 IOB Building
Singapore 049711

BY PDX

WITHOUT PREJUDICE

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413
TEL: 6438 1323
FAX: 6438 2313

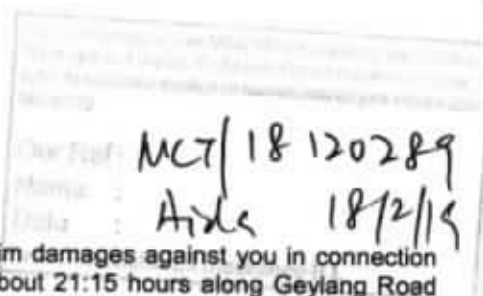
BRANCH OFFICE
1 JALAN BERSEH
#03-12 NEW WORLD CENTRE
SINGAPORE 209037

PLEASE SEND ALL
CORRESPONDENCES TO
THE MAIN OFFICE

WE DO NOT ACCEPT
SERVICE BY FAX

Dear Sirs

CHEONG CHEE KEONG
Blk 3D Upper Boon Keng Road
#15-646
Singapore 384003



We are instructed by the abovenamed to claim damages against you in connection with an accident on 10 December 2018 at about 21:15 hours along Geylang Road towards Beach Road involving our client's vehicle no. SKG4006R and vehicle registration number SHA7801J driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHA7801J.

As a result of the accident, our client's vehicle registration number SKG4006R was damaged and our client has been put to loss and expense, particulars of which are as follows:-

A	Damages		
a.	Cost of Repairs	\$	8,500.00
b.	Loss of Use (13 days x \$120.00 per day) (inclusive of Sunday and 2 days Pre-Repair Inspection Notice)	\$	1,560.00
B	Disbursements		
a.	LTA Search	\$	7.49
b.	GIA Report	\$	29.00
c.	Survey Report	\$	493.00
C	LEGAL COSTS (AT THIS STAGE)	\$	963.00
		\$	11,552.49

CONFIDENTIALITY CAUTION
THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

We enclose herewith copies of the following documents in support of our client's claim:-

- a) GIA Report lodged by our client (SKG4006R) with sketch plan together with photographs of our client's vehicle no. SKG4006R;
- b) GIA Report lodged by you (SHA7801J) with sketch plan together with photographs of your motor vehicle no. SHA7801J;
- c) Result of LTA search on your vehicle registration no. SHA7801J;
- d) Final Repair Bill from Revol Carz Garage Pte Ltd;
- e) Vehicle Assessment Report & Invoice from PAL's Appraiser Pte Ltd;
- f) Ninety-Five (95) colour photographs depicting the damage to our client's motor vehicle no. SKG4006R;
- g) Certificate of Insurance of our client's vehicle no. SKG4006R; and
- h) Vehicle Owner Particulars of our client's vehicle no. SKG4006R.


We have on 12 December 2018 notified your insurers India International Insurance Pte Ltd of the accident and pre-repair inspection of our client's vehicle was carried out by your insurer.

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 clients 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 clients arising out of the accident, you are 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


CrossBorders LLC
Email: corene@crossbordersllc.com (secretary)

encs

cc: SKG4006R

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 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. 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 11/12/2018 17:08
 Date Of Accident 10/12/2018 21:15
 Exact Location Of Accident ALOGN GEYLANG ROAD TWDS BEACH ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG4006R
Insured/Policyholder
 Name Of Registered Owner CHEONG CHEE KEONG
 NRIC No S7306038I
 Email Address MARCUS_CHEONG@YAHOO.COM
 Mobile Phone No (LOCAL) +65-98333385
 Alternative Phone No OTHERS-98333385

Vehicle Particulars

Manufacturer AUDI
 Model A5-2.0 SPORTBACK QUATTRO (A)
 Exact Purpose for which vehicle was being used at time of accident PRIVATE USE
 Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken REPORTING ONLY
 Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number SI18V10256
 Cover Note Number 29/08/2018 - 28/08/2019

Driver

Name of Driver CHEONG CHEE KEONG
 NRIC No S7306038I
 Date Of Birth 19/02/1973
 Occupation INDOOR
 Date Of Driving Pass 03/09/1999
 Driving Experience 19 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98333385
 Fax Number
 Contact Number OTHERS-98333385
 Email Address MARCUS_CHEONG@YAHOO.COM

Address	BLK 3D UPPER BOON KENG ROAD #15-646
Postcode	384003
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

REFER TO THE SKETCH PLAN BY DRIVER

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	SHA7801J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 repeal 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.

 11/12/17
Policyholder's Signature
Date & Time:

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



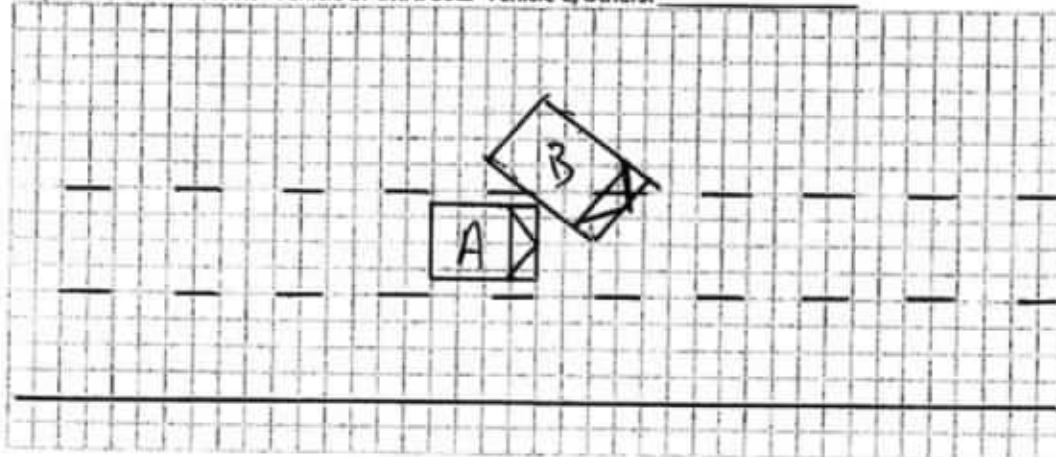
Republic of Singapore Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Date of Accident: 10/12/2018 Time: 9:15PM Location: Along Geylang Road toward Beach Road

My Vehicle A: SKG4006R Vehicle B: SHA7801J Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10 Dec 2018 at around 9:15pm, I am driving vehicle A SKG4006R along Geylang Road toward Beach Road, when vehicle B hit the left front of my car.

() Claim OD/TP at Ah Lim Motor () Claim OD/TP at the other workshop ☒ Reporting Only

Remarks: Please forward a copy of my effie accident report:

My workshop : Revol Carz Garage Pte Ltd

Email address : enquiry@revol.com.sg

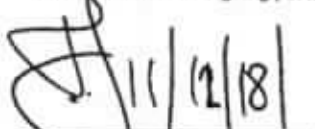
& myself : Cheong Chee Keong

Email address : marcus_cheong@yahoo.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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:



Reporting Centre Personnel's Name:

NRIC/FIN No.:



www.libertyinsurance.com.sg



Certificate of Insurance

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1980; Road Transport Act, 1987 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Name of Policyholder:

CHEONG CHEE KEONG

Date of Issue:

08 Aug 2018

Registration No.:

SKG4008R

Effective Date of Commencement:

29 Aug 2018 00:00

Chassis No.:

WAUZZZ8T3CA022246

Certificate No.:

SI18V10256/ VPE / R01

Date of Expiry:

28 Aug 2019 23:59

Type of Certificate:

MX1

Persons or Classes of Persons entitled to drive*:

A) The Policyholder.

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

*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).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional - Young, Elderly & Inexperienced S\$3000, Windscreen Excess S\$100

Name of Finance Company:

Name of Producer:

WONG CHEE SENG (A7385-2)



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. 573060381

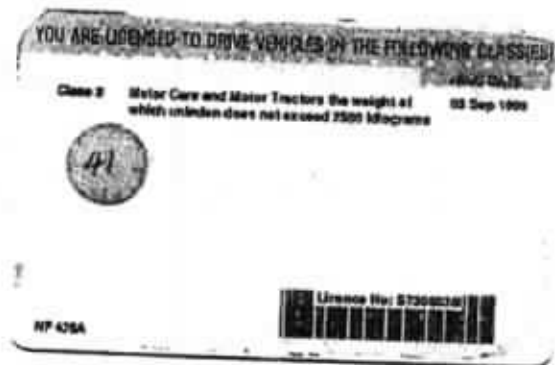
 Name
CHEONG CHEE KEONG
(ZHONG ZHIQIANG)
钟志强

 Race
CHINESE

Date of Birth
19-02-1973

Country/Place of Birth
SINGAPORE

Sex
M



3244958

 ID No. 573060381

 Date of Issue
02-02-2014

Address
APT BLK 3D UPPER BOON KENG ROAD
#15-046
SINGAPORE 384063

Sketch Plan Pg. 5

Accident Statement Form

This is NOT an admission of blame/ liability, but a summary of identifier and facts which will speed up the settlement claim.
This form is to facilitate the mobile reporting service for 9-9-9.

Date of Accident	Time	Exact location of Accident	
10-Dec-2018	01:15 PM	Along Geylang Road toward Beach Road	

REGISTERED OWNER VEHICLE DETAILS			
Registration No. SKG4006R	Vehicle Make: Audi	Model: A5	Colour: White
Name of Registered Owner: Cheong Chee Keong		NIC/PRN/Passport No. 57435268E	
Owner Address: Blk 30 Upper Boon Keng Road #15-646 S3B400		Owner Contact: 98333365	
Name of Insurance Company: Liberty Insurance		Owner Email: marcus_cheong@yahoo.com	
Policy Type: <input checked="" type="checkbox"/> All Comprehensive <input type="checkbox"/> Third Party, Fire & Theft <input type="checkbox"/> Third Party		Policy No: S118V10256/ VPE / R01	
Vehicle Category: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Hire & Reward		First Policy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you claiming your own insurance Policy for the repair of your Vehicle?		<input type="checkbox"/> Yes, Repairing Only <input type="checkbox"/> No, Claim 1st Party <input type="checkbox"/> No Private Settlements	

DRIVER'S DETAILS			
Name of Driver if Not The Registered Owner:		NIC/PRN/Passport No.	
Driver Own Vehicle No Insurance Company:		Email Address:	
Occupation: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		Date of Birth:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Nationality:	
Class of License: Class 2B Class 3A Class 3 Class 3A Class 2 Class 4 Class 5		Driving License Serial No.	
Past Date:			
Was the driver an Employee of the Insured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Relationship of the Driver with the Insured if not an Employee:	
If Yes, please state Name of the Company:			

ACCIDENT DETAILS	
Exact purpose for the vehicle was being used at the time of accident. <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Hire & Reward <input type="checkbox"/> Others	
Weather Condition: <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Others: Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others	

POLICE DETAILS	
Was Accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Yes, please state which Police station the report made to)	
Was Notice of Prosecution Given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, against whom?)	

WAS ANY OTHER VEHICLE OR PROPERTY INVOLVED? (VEHICLE #)			
Registration No.: SHA7801J	Vehicle Make: Toyota	Model: Comfort Taxi	Colour: Blue
Name of Driver:		NIC/PRN/Passport No.	
Contact No:		Details of Property if other party is not a vehicle	
Registration No.:		Model:	
Name of Driver:		Colour:	
Contact No:		NIC/PRN/Passport No.	
		Details of Property if other party is not a vehicle	

DETAILS OF INJURED PERSON			
Injured Person 1			
Name of Injured Person:		Contact No:	
Conveyed to Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If passenger state which Vehicle:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Were seat belts worn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

WITNESS			
Witness 1			
Name of Witness:		NIC/PRN/Passport No.	
Home/Office/ Fax:		Email Address:	
Handphone no.			
Is Witness a passenger or insured or third party? <input type="checkbox"/> Insured <input type="checkbox"/> Third Party <input type="checkbox"/> Independent Witness			

Declaration
We declare that the above particulars & information provided above are true in every aspect.


 Registered Owner or Driver Signature

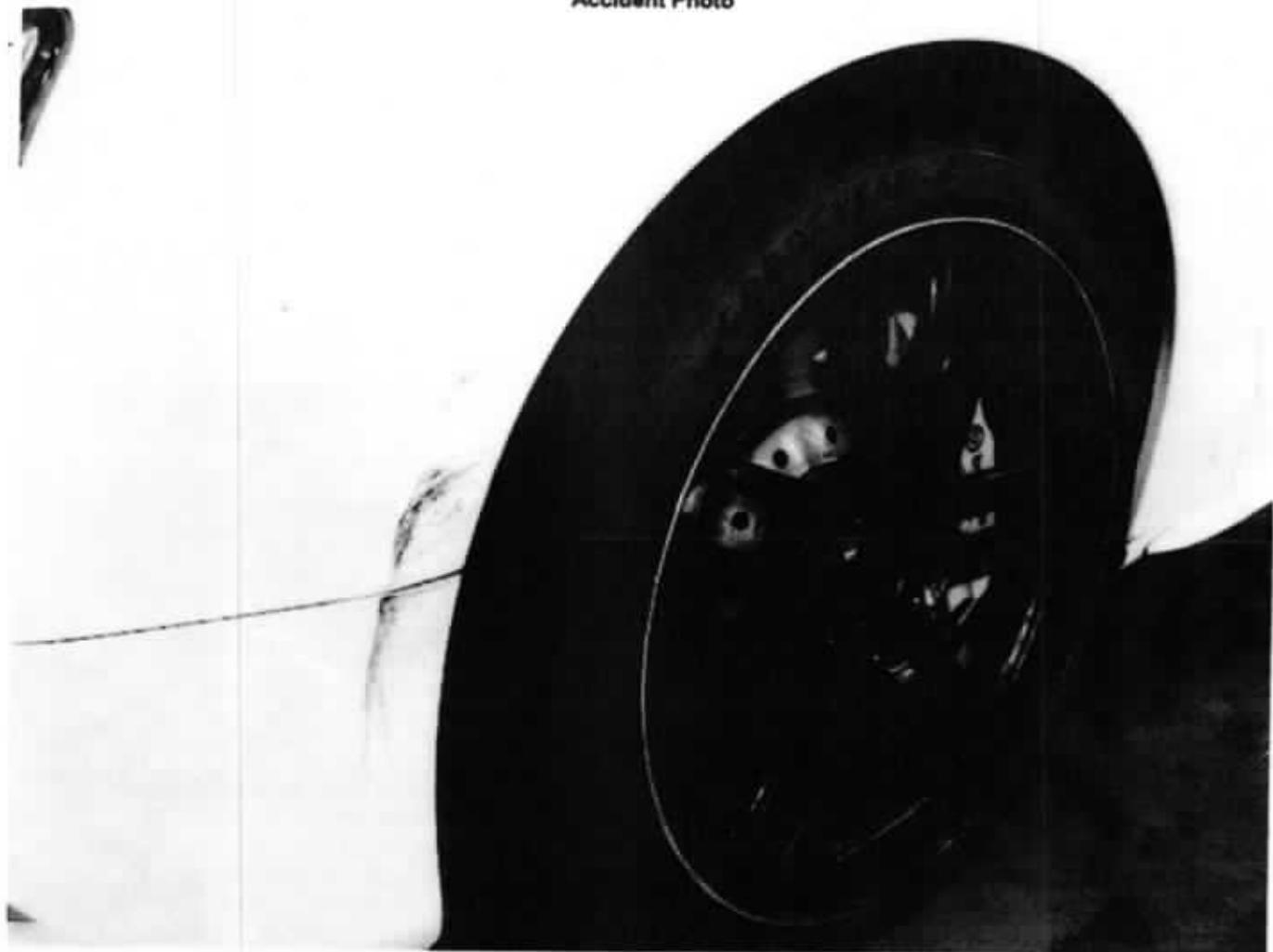
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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. 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	11/12/2018 10:53
Date Of Accident	10/12/2018 21:40
Exact Location Of Accident	GEYLANG RD AFTER LOR 11 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7801J
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	WEE HOCK CHAI ALBERT
NRIC No	S0100712B
Address	450B 07-343 SENGKANG WEST WAY

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR

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
Number of Passengers (Including Driver)	1

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

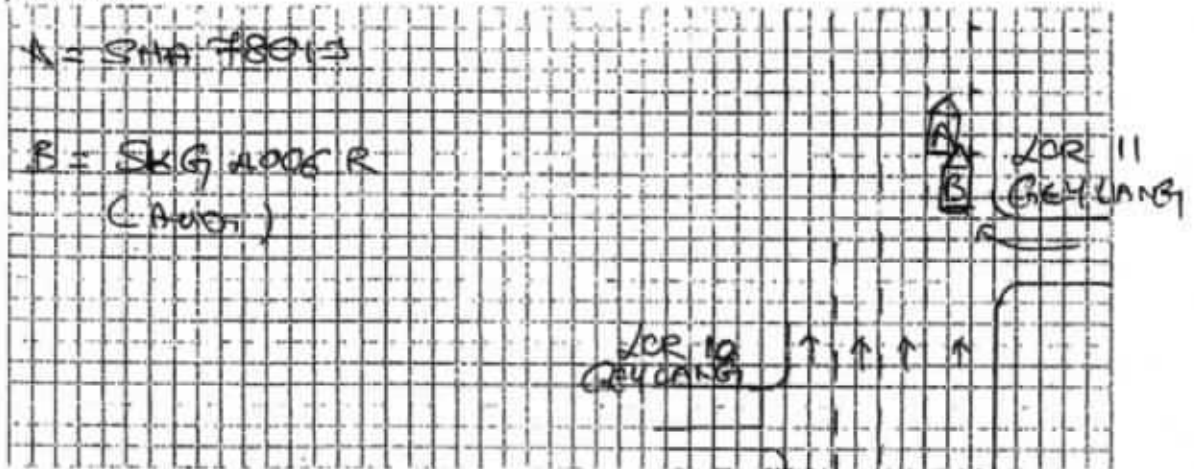
DETAILS OF OTHER VEHICLE PROPERTY 1

* Vehicle Registration Number
Vehicle Make/Model/Colour
- Name of Driver
Insurance Company Name

SKG4006R

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

GEYLANG RD

I WAS TRAVELLING ALONG GEYLANG RD. BETWEEN LOR. 11 + LOR. 9. AS I INTEND TO TURN INTO LOR. 9, I SWITCH ON MY RIGHT SIGNAL LIGHT AND SEEING THAT THE PATH IS CLEAR, I SLOWLY SWITCH TO THE EXTREME LANE. SUDDENLY A CAR CAME FROM BEHIND AND HIT THE REAR RIGHT SIDE TYRE OF MY TAXI. WE (CAR DRIVER) CAME DOWN TO INVESTIGATE THE DAMAGE. AFTER TAKING SEVERAL PHOTOS, THE OTHER JUST DRIVE AWAY WITHOUT CHANGING PARTICULARS.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 Policyholder's Signature _____
 Date & Time: _____
 Driver's Signature _____
 (If driver is not the policyholder)

 Reporting Centre Personnel's Signature
 Name: _____

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

I understand, acknowledge, agree and consent that:

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- (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.

COMFORT TRANSPORTATION PTE LTD
CO REG NO 120503821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



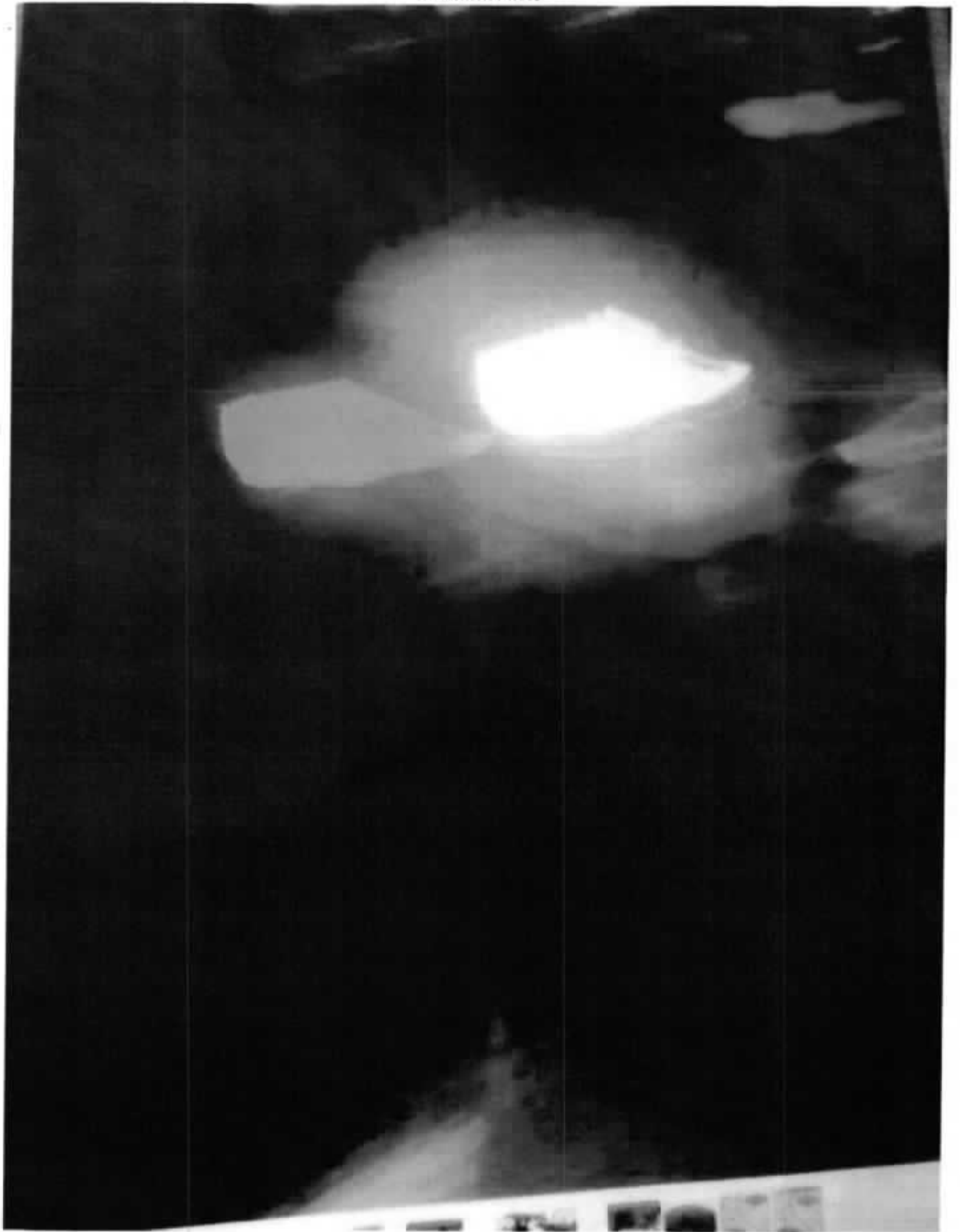
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



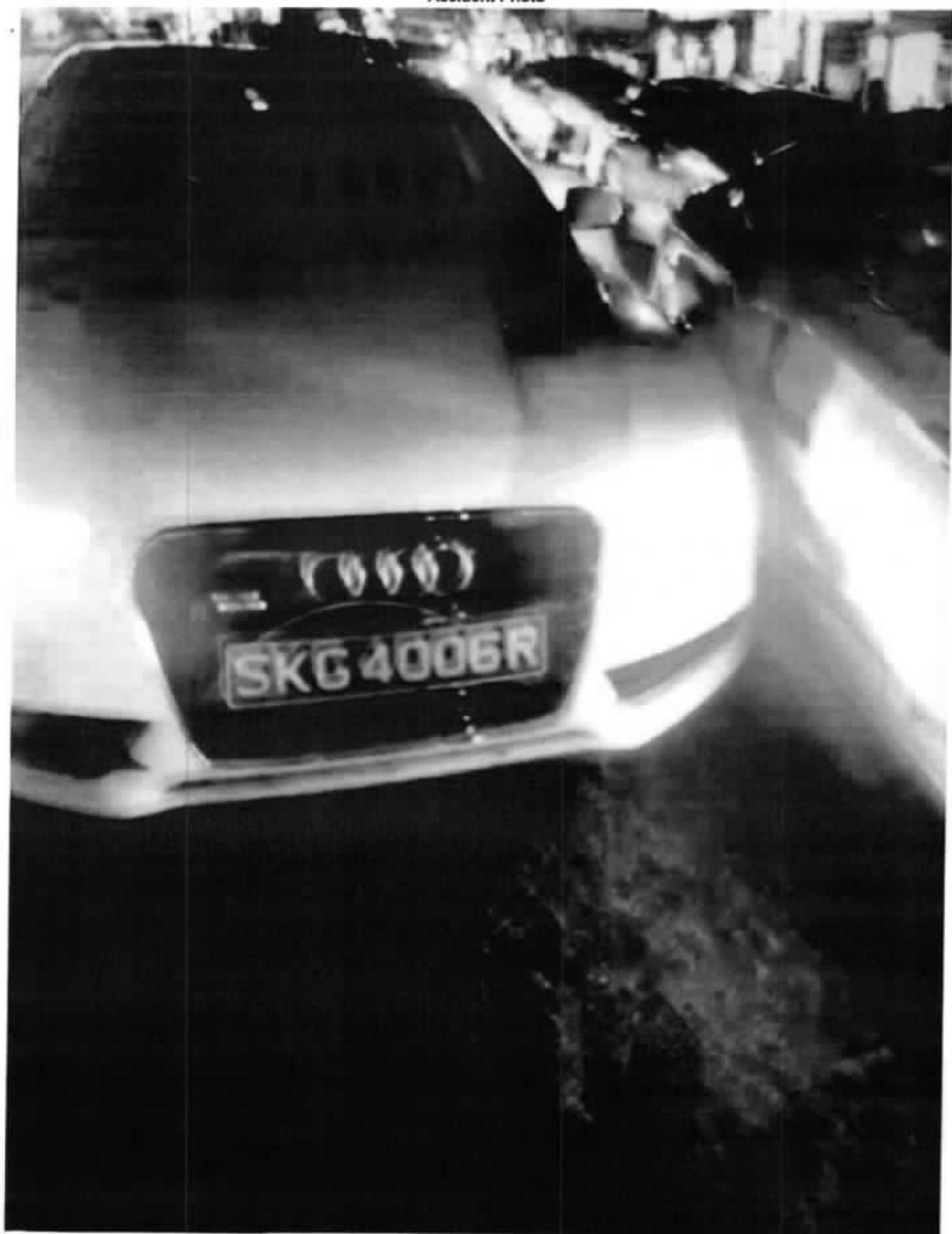
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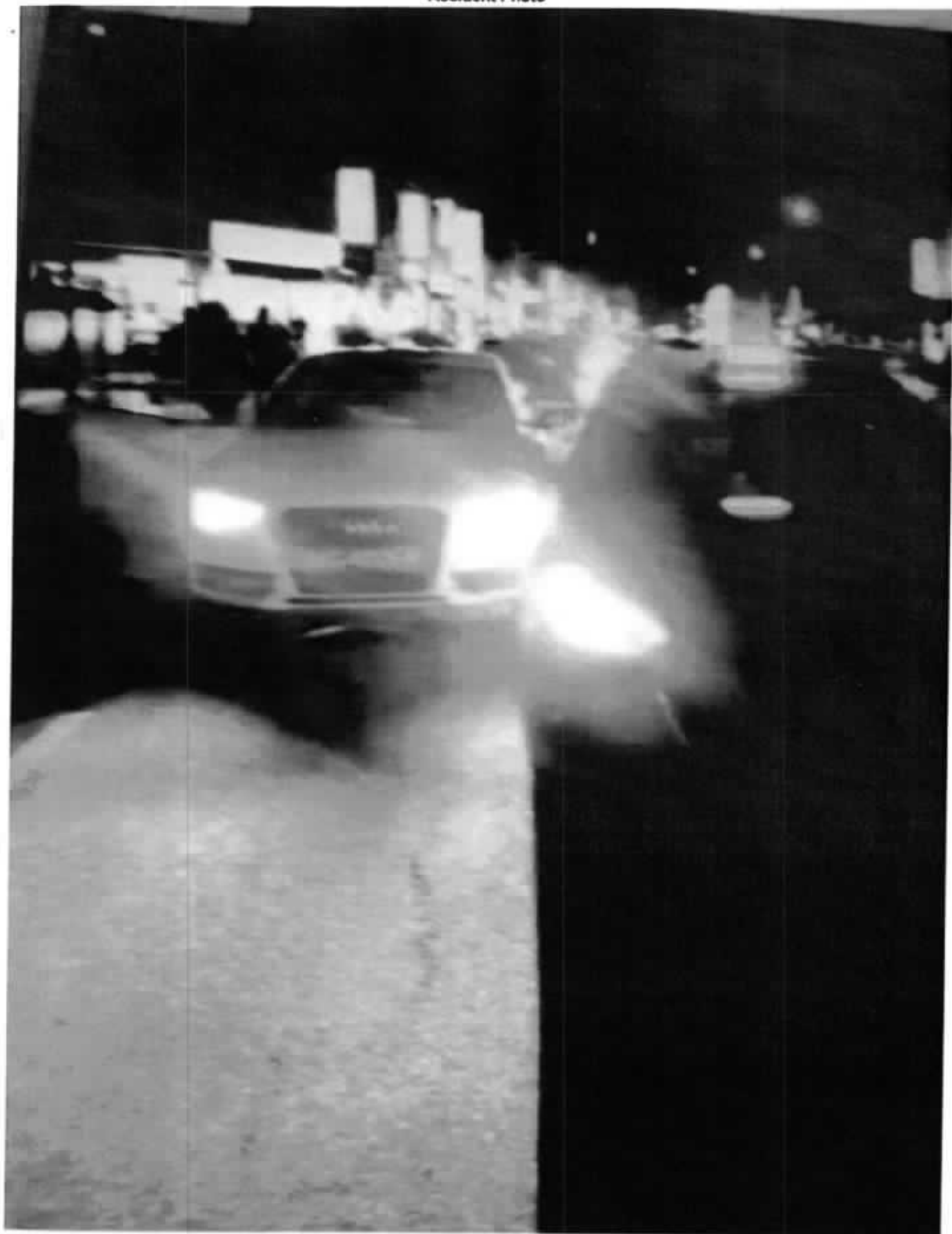
Accident Photo



Accident Photo



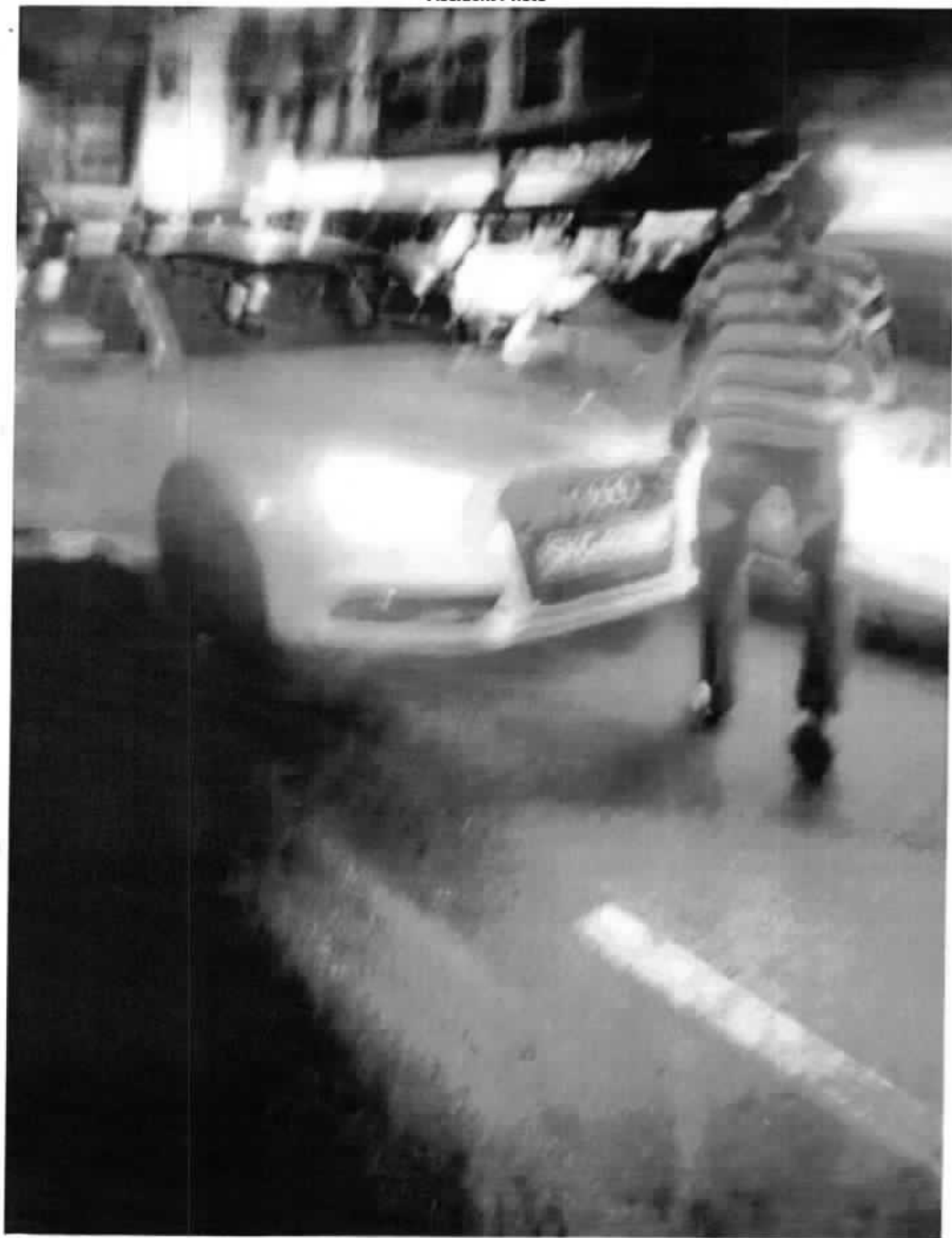
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Enquire Vehicle & Owner Information (Vehicle No. SHA7801J As At 10 Dec 2018 / 21:15:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: AJ.TK.REVOL

Current Owner Details

Owner ID Type: Company
Owner ID: 199303821R
Owner Name: COMFORT TRANSPORTATION PTE LTD
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 383
Registered Street Name: SIN MING DRIVE
Registered Unit No.: -
Registered Building Name: GAS BUILDING
Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SHA7801J
Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Insurance Company Name: INDIA INT'L INS PTE LTD

Revol Carz Garage Pte Ltd

Blk 10 Ang Mo Kio Industrial Park 2a, Ang Mo Kio Autopoint #02-18

Singapore 568047

Tel: 65551171 Fax: 62679317

Name : Cheong Chee Keong

Date : 13-Dec-18

Address : Blk 3D Upper Boon Keng Road

#15-646

Singapore 384003

Final repair bill for Audi A5 SKG 4006 R

To supply and replace parts, labour charges for
repairing, knocking, welding and to respray painting
(Lump Sum Repair)

\$ 8,500.00

Dollars : Eight Thousand Five Hundred Only

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883

Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Invoice No 12-18023/AY

Date 7 Jan 2019

Billing Name & Address

Cheong Chee Keong
Blk 3D Upper Boon Keng Road
#15-646
Singapore 384003

Vehicle No : SKG 4006 R

Model : Audi A5

Item	Descriptions	Amount S\$
1	Date of inspection : <u>13 Dec 2018</u> A copy of the inspection / survey report Correspondence, postages and etc.	
2	Photography Services - Purchase of films, develop negatives - Storage of negatives - Submission of photographs <u>95</u> copies	
3	Transportation Charges	
4	2nd Inspection & Final Inspection	
	Total	<u>\$ 493.00</u>
	SDLS : FOUR HUNDRED AND NINETY-THREE ONLY	

Notes :

1. All cheque payment should be "Crossed" and made payable to "Pal's Appraiser Pte. Ltd."
2. All cheque should have our "Invoice No." written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



Official Stamp

E & O. E

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Report Reference : TP / 12-18023/AY / 2018

Date of Report : 7 Jan 2019

Cheong Chee Keong
Blk 3D Upper Boon Keng Road
#15-646
Singapore 384003

THIRD PARTY SURVEY

ACCIDENT HAPPENED ON 10 Dec 2018

As per your instruction dated 13 Dec 2018 with regard to the above matter. We have carried out a physical inspection on the said vehicle SKG 4006 R. We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No : SKG 4006 R
Model : Audi A5
Year / Capacity : 2012/1984
Chassis No : WAUZZZ8T3CA022246
Engine No : CDN247948
Mileage : 107328
Colour : White

2. TYRES CONDITION

			<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT	O/S	:	255/35 R19	Good Year	4.00	mm	Sport
REAR	O/S	:	255/35 R19	Good Year	4.00	mm	Sport
FRONT	N/S	:	255/35 R19	Good Year	4.00	mm	Sport
REAR	N/S	:	255/35 R19	Good Year	4.00	mm	Sport

PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the front n/s portion(s). For more detail of the damages, please see photograph attached.

4. Workshop Address : Revol Carz Garage Pte Ltd
Blk 10 Ang Mo Kio Industrial Park 2A
#02-18 Ang Mo Kio Autopoint
Singapore 568047

5. Estimated normal period of repair : 5 working days to complete.

6. Enclosed number of photograph : 95 copies.

7. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey was done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.

8. Should you discover any discrepancy in the report, please kindly notify us **within 2 weeks**, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Vehicle No: SKG 4006 R
Report No: TP/ 12-18023/AY / 2018

SPARE PARTS

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Front n/s headlamp	Damage	\$ 2126.00	\$ 2126.00 <i>NAI</i>
1	Front bumper	Damage	\$ 2182.00	\$ 1625.00 2182.00 ✓
1	Front bumper side retainer	Necessary	\$ 37.50	\$ 37.50 <i>NAI</i>
1	Front n/s fender	Damage	\$ 420.00	\$ 420.00 <i>R</i>
1	Front n/s fender inner shield	Intact	\$ 72.00	\$
1	Front n/s fender inner shield clip (1 set)	Intact	\$ 16.80	\$
1	Front n/s wheel hub c/w bearing	Necessary	\$ 308.00	\$ 308.00 ✓
1	Front n/s top arm 1	Damage	\$ 260.00	\$ 260.00 ✓
1	Front n/s top arm 2	Damage	\$ 260.00	\$ 260.00 ✓
1	Front n/s shock absorber	Damage	\$ 700.00	\$ 343.40 700.00 ✓
1	Front n/s shock absorber fork	Damage	\$ 126.00	\$ 126.00 ✓
1	Front n/s lower arm	Damage	\$ 490.00	\$ 490.00 ✓
1	Front n/s stay arm	Damage	\$ 260.00	\$ 260.00 ✓
1	Front n/s knuckle arm	Damage	\$ 770.00	\$ 672.00 770.00 ✓
			\$ 8028.30	\$ 7939.50
	Discount	5.0%	\$ 401.42	\$ 396.98
			\$ 7626.88	\$ 7542.52

4245.00
4032.75

Special Nett Items

1	Front n/s tyre (Depreciation)	Damage	\$ 500.00	\$ 200.00 <i>NAI</i>
1	Front n/s sport rim	Damage	\$ 1500.00	\$ 1500.00 <i>LR</i>
			\$ 2000.00	\$ 1700.00 <i>300/-</i>

300/-

Spare Parts Total \$ 9626.88 \$ 9242.52

Vehicle No: **SKG 4006 R**
 Report No: **TP/ 12-18023/AY / 2018**

LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 9626.88	\$ 9242.52
1	To remove and refit damage parts, test for proper functioning and focus of headlamps.	\$ 50.00	\$ 40.00 30/-
2	To remove and refit front undercarriage.	\$ 400.00	\$ 200.00 150/-
3	To check and re-adjust (Computerized) all wheel alignment.	\$ 200.00	\$ 120.00 60/-
4	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 700.00	\$ 500.00 400/-
5	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 700.00	\$ 500.00 400/-
6	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 150.00	\$ 30.00 ✓
Total		\$ 11826.88	\$ 10632.52

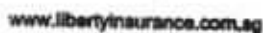
The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:

\$ 8500.00

SDLS: EIGHT THOUSAND FIVE HUNDRED ONLY


 Qualified Appraiser

5402.75
 1/5 4300/-
 4 days



Certificate of Insurance

Name of Policyholder:

CHEONG CHEE KEONG

Date of issue:

08 Aug 2018

Registration No.:

SKG4006R

Effective Date of Commencement:

29 Aug 2018 00:00

Charge No.:

WUZZZBT3CA022248

Certificate No.:

SI15V10258/ VPE / R01

Date of Expiry:

28 Aug 2019 23:59

Type of Certificate:

MDX-1

Persons or Classes of Persons entitled to drive*:

A) The Policyholder.

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.

And providing further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

or use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 180) and Section 95 of the Road Transport Act, 1987 (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, 1967 (Malaysia).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurer

For information Only:

Coverage(s):

Sum Insured:

Excerpt:

Name of Finance Company:

Name of Producer:

Comprehensive, Unlimited Windscreen, NCD Protection

MARKET VALUE AT THE TIME OF LOSS

Section I - Named Drivers \$5600, Section I - Unnamed Drivers \$51100, Additional - Young, Elderly & Inexperienced \$13000, Windscreen Excess \$5100

WONG CHEE SENG (A7385-2)

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

Paper Survey PRI

CLAIM SUBFOLDER TRACKING

















Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 Dec 2018 Edit Reg		12 Dec 2018 00:00 Edit Adj Rpt	S\$4,300.00 Edit Estimates	S\$4,300.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Main Claimant:	CHEONG CHEE KEONG, ID: -								
Vehicle Reg. No.:	SKG4006R	Date of Loss:	10/12/2018 00:00 - :59 [75 Months and 11 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / MCT18120289	Policy/Cover Note No.:	MCOM0015						
Vehicle Reg. No. (Insured):	SHA78013	Policy No. (Claimant):							
		Excess:							
RePAIRER:	Revol Carz Garage Pte Ltd (HQ) Block 10, Ang Mo Kio Ind Park 2A, #02-18, AMK Auto Point, 568047 Ang Mo Kio - Tel:								
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Zuhaidah Bte Samsuri - 6347 6070]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by BRYAN TANI] ... [Final Rpt due 24/12/2018]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
• III_SG (01/03/2019): Alert - Adj Mandate Approved (S\$0.00) - SKG4006R - Claim Handler: Zuhaidah Bte S...									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SKG4006R (MCT18120289)
[SHA7801J]
TP
CHEONG CHEE KEONG
Dec 10 2018 12:00AM
[COMFORT TRANSPORTATION PTE LTD]
Revol Carz Garage Pte Ltd

Upload Documents			Upload Photos		Compose New Letter		View		View in Browser		
Video							1 per page		<input checked="" type="checkbox"/>		
No	Finalized On	India International Insurance Pte Ltd (HQ)						Thumbnail	Print		
1	05/04/19 12:35	Video - Accident(OID)					1	Load MP4			
Photos/Images							3 per page		<input checked="" type="checkbox"/>		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print		
1	08/04/19 09:28	Odometer Reading					1	Load JPG	<input checked="" type="checkbox"/>		
2	08/04/19 09:28	Odometer Reading					1	Load JPG	<input checked="" type="checkbox"/>		
3	08/04/19 09:28	Chassis Number					1	Load JPG	<input checked="" type="checkbox"/>		
4	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
5	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
6	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
7	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
8	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
9	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
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11	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
12	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
13	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
14	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
15	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
16	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
17	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
18	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
19	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
20	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
21	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
22	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
23	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
24	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
25	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
26	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
27	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
28	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
29	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
30	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
31	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
32	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
33	08/04/19 09:28	General View					1	Load JPG	<input checked="" type="checkbox"/>		
34	08/04/19 09:28	General View					1	Load JPG			

Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	India International Insurance Pte Ltd (HQ)	Thumbnail	Print
				<input checked="" type="checkbox"/>
35	08/04/19 09:29	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
36	08/04/19 09:29	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
37	08/04/19 09:29	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
38	08/04/19 09:29	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
39	08/04/19 09:29	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
40	08/04/19 09:29	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
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45	08/04/19 09:29	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
46	08/04/19 09:29	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
47	08/04/19 09:29	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
48	08/04/19 09:29	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
49	08/04/19 09:29	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	India International Insurance Pte Ltd (HQ)	Thumbnail	Print
1	14/12/18 09:00	Singapore Accident Statement	 Load PDF	
2	01/03/19 15:34	Letter of Demand from Third Party TPD LOD FROM CROSS BORDERS LLC (SGS4006R)	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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: CS3/III18022433/DQD3E2

Date: 08/04/2019

REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No:

MCOM0015

Claimant Vehicle
No : SKG4006R

Insured Vehicle No : SHA7801J

Date of Loss: 10/12/2018

Nature of Claim: TP

Claim No: MCT18120289

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SKG4006R

Make & Model: AUDI A5, 2.0 SPORTBACK QUATTRO (A)

Engine No: CDN247948

Reg. Date: 29/08/2012 (Man. Year: 2011)

Chassis No: WAUZZZ8T3CA022246

Colour: White

Odometer: 107328 km

Engine Capacity: 1984 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 255/55 R19

Rear Tyre Size:

255/55 R19

Front Left Side: Goodyear 5 mm

Rear Left Side:

Goodyear 5 mm

Front Right Side: Goodyear 5 mm

Rear Right Side:

Goodyear 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	9,626.88	4,332.75	5,294.13	54.99
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,200.00	1,070.00	1,130.00	51.36
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	11,826.88	5,402.75	6,424.13	54.32
Approved Total (Overridden) (S\$)		4,300.00		
Nett Amount (S\$)	11,826.88	4,300.00	7,526.88	63.64

INSPECTION

Date of Assignment: 12/12/2018

Date Inspected: 13/12/2018 Inspected At:

Revol Carz Garage Pte Ltd (HQ)
Block 10, Ang Mo Kio Ind Park 2A, #02-18,
AMK Auto Point
Singapore 568047

Estimated Period of Repair: 4.0 days

Adjuster: BRYAN TANI

Manager: SHIAU CHAN

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.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 08 Apr 2019)
Parts:	143	AUDI A5 2.0 SPORTBACK QUATTRO (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKG4006R)	
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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT N/S HEADLAMP	Not Necessary	2,126.00 FL	*- FL
2	1		*FRONT BUMPER	Damaged	2,182.00 FL	*1,525.60 FL
3	1		*FRONT BUMPER SIDE RETAINER	Not Necessary	37.50 FL	*- FL
4	1		*FRONT N/S FENDER	Repair	420.00 FL	*- FL
5	1		*FRONT N/S FENDER INNER SHIELD	Intact	72.00 FL	*- FL
6	1		*SET FRONT N/S FENDER INNER SHIELD CLIP	Intact	16.80 FL	*- FL
7	1		*FRONT N/S WHEEL HUB C/W BEARING	Necessary	308.00 FL	*308.00 FL
8	1		*FRONT N/S TOP ARM 1	Damaged	260.00 FL	*260.00 FL
9	1		*FRONT N/S TOP ARM 2	Damaged	260.00 FL	*260.00 FL
10	1		*FRONT N/S SHOCK ABSORBER	Damaged	700.00 FL	*343.40 FL
11	1		*FRONT N/S SHOCK ABSORBER FORK	Damaged	126.00 FL	*126.00 FL
12	1		*FRONT N/S LOWER ARM	Damaged	490.00 FL	*490.00 FL
13	1		*FRONT N/S STAY ARM	Damaged	260.00 FL	*260.00 FL
14	1		*FRONT N/S KNUCKLE ARM	Damaged	770.00 FL	*672.00 FL
15	1		*FRONT N/S TYRE	Not Necessary	500.00 FS	*- FS
16	1		*FRONT N/S SPORT RIM (LOCAL REPAIR)	Damaged	1,500.00 FS	*300.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc

Sub Total (\$\$)	10,028.30	4,545.00
- List Item Discount on L Items 5.00/5.00% (\$\$)	401.42	212.25
Total Parts (\$\$)	9,626.88	4,332.75

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO REMOVE AND REFIT DAMAGE PARTS, TEST FOR PROPER FUNCTIONING AND FOCUS OF HEADLAMPS	New	50.00	30.00
2	TO REMOVE AND REFIT FRONT UNDERCARRIAGE	New	400.00	150.00
3	TO CHECK AND RE-ADJUST (COMPUTERIZED) ALL WHEEL ALIGNMENT	New	200.00	60.00
4	TO REMOVE AND REPLACE THE ABOVE DAMAGED PARTS, STRAIGHTEN, KNOCK OUT, REALIGN AND REPAIR INCLUDING CUT AND WELD BODY PANELS. TO RE-ADJUST TO THE ORIGINAL POSITION USING POWER TOOLS	New	700.00	400.00
5	TO SPRAY PAINT ON THE REPLACED AND REPAIRED PARTS, PREPARE SPRAY SUCH AS MASKING TAPE THE UNAFFECTED AREAS WITH PAPER, CLEANING AND SANDING OF SURFACES, FINAL POLISHING AND WAXING ARE ALSO AVAILABLE	New	700.00	400.00
6	TO APPLY UNDERCOATING ON THE REPAIRED AND REPLACED PANELS FOR RUST PROTECTION	New	150.00	30.00
Gross Labour Cost (\$\$)			2,200.00	1,070.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >