

Division

Auto Rep. Co.

PPE

CS3/EQ18017440/Usd3-1

File No.

Surveyor

Marcus

ASSIGNMENT (Office)

From (Person)

Justin Wong

of

EQ1

Date/Time

14/12/2018

Estimated Cost

Till to

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

To Inspect Vehicle No

GBA 2313E

Insured

GY 4111Y

at Workshop no

Motor Intel

Tel

88383318

of

13 Kuki Bk Rd 1 # 01-20

Policy No

Claim No

Sum Insured

Excess

Make of Veh

D.O.A

19/09/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

Imp

ROD Endorsement

Date/Time

10:11am @ 25/9/18

Person Contacted

Wilson

Vehicle IN / OUT

Date/Time

Action/Instruction (x) Estimate

GBA 2313E - x

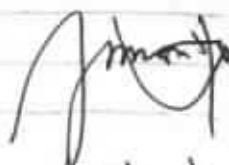
GY 4111Y - x

Dismantle: 25/9/2018

After repair: 3/10/2018

- Pending TP GIA Report

19/12/18 Sum f 4/5 5000 \$ ch.



19/12/2018

(\$5,000/- Red - 50% ?

RECEIVED 19 DEC 2018

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: G3A 233Eat Workshop m/s motor 1120

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: 25

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 5 days Res: Yes or NoLum Sum: 20 % 3 Val: Yes or NoCA / REV / REP. / 24 HRS 2400xDate: \_\_\_\_\_ Person Contacted: 24/17/20

Vehicle: IN / OUT

Date / Time Action / Instruction

No settlmt. CAS 18/4/20123 yrs 7 mths. Dep 7k heading 132 3 mths 8635-6k.Veh No: G3A 233E Yr Regn: 4, 07

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

Truck / Trailer or CAMake: Toyota Hiace cc 2982Colour: white A/C: \_\_\_\_\_ Insured / Std / NI / NASp. Reading: 260767 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTFHT02P000003556

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15R: Luxor 11k.

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

TOYO / YOKO or Journey

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 19/9/16 D.O.I. 25/9/16 @ 1137AM

Survey held at \_\_\_\_\_

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

all N/S

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

Date/Time, File Pass to?

1) \_\_\_\_\_

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: PRG

Lump Sum / I.B.I. (\$) \_\_\_\_\_

☐ : Preli. Report☐ : Final ReportDays Of Repair: 5Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ - RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

## Nivitha (LKK Auto)

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**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Friday, 14 December 2018 3:57 PM  
**To:** assignments  
**Subject:** FW: Pre-Repair Survey Report & Invoice of Vehicle GBA 2313E (Paper Re-Survey Request)  
**Attachments:** LKKPreRepairInspection-GBA 2313E.PDF; AL&T LOD & SURVEY REPORT - GBA2313E.PDF; GY4111Y-1.jpg; GY4111Y-2.jpg; GY4111Y-3.jpg  
**Importance:** High

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

Blk S1, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Justin Wong [mailto:[justin.wong@eqinsurance.com.sg](mailto:justin.wong@eqinsurance.com.sg)]  
**Sent:** Friday, 14 December 2018 3:29 PM  
**To:** Reports (LKKAuto) <[report@lkkauto.com](mailto:report@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: Pre-Repair Survey Report & Invoice of Vehicle GBA 2313E (Paper Re-Survey Request)  
**Importance:** High

Dear Elaine,

Kindly assist to expedite and conduct a paper re-survey on GBA2313E.

All necessary documents are attached for your perusal.

Thank you.

Regards,  
**Justin Wong**  
Executive | Claims

**EQ Insurance Company Limited**  
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
did 65 6496 9115 | tel 65 6223 9433 ext 115 | fax 65 6223 4190  
[www.eqinsurance.com.sg](http://www.eqinsurance.com.sg)



*Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender.*

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**From:** Reports (LKKAuto) [mailto:report@lkkauto.com]  
**Sent:** Thursday, October 25, 2018 5:00 PM  
**To:** Justin Wong <justin.wong@eqinsurance.com.sg>  
**Cc:** SUR <sur@lkkauto.com>  
**Subject:** Pre-Repair Survey Report & Invoice of Vehicle GBA 2313E

Dear Sir / Madam,

Enclose Pre-Repair Survey Report of GBA 2313E.

Thank you.

Best Regards,

**ELAINE | Reports**

**LKK Auto Consultants Pte.Ltd.**

Phone: 6256-3561 Ext.111 Fax: 6741-4108 email: [report@lkkauto.com](mailto:report@lkkauto.com)

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1,


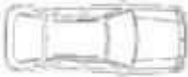
**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT			
EQ INSURANCE COMPANY LTD		Ref: CS3/EQ18017440/Ucd3e2	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEX SINGAPORE 069110		Date: 23-10-2018	
		Code: EQ1	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	GY 4111Y	Veh. Inspected	GBA 2313E
Policy No.		Coverage (\$)	0.00
Claim No.	GY4111Y	Excess (\$)	0.00
Assign From	JUSTIN WONG	Assign Date	24/09/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA HIACE (A)	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	JTFHT02P000003556	Colour	WHITE
Odometer	260767 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195 R15	JOURNEY	6 mm
L/H Front Tyre	195 R15	JOURNEY	6 mm
R/H Rear Tyre	195 R15	LUXOTIK	6 mm
L/H Rear Tyre	195 R15	LUXOTIK	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.			
<b>5. General Information</b>			
Accident Date	19/09/2018	Inspect Date / Time	25/09/2018 ( 11:37 AM )
Survey held at	MOTOR INTEL AUTOMO PTE LTD 13 KAKI BUKIT ROAD 4 @ BARTLEY BIZ CENTRE #01-20 SINGAPORE 147807		
<b>5a. Remarks</b>			
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$5,000-\$6,000			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days	

Report Ref No. CS3/EQ18017440/Ucd3e2

Inspected By



CHUA KANG SENG

Licensed Appraiser



K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report. No liability or responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

PDX Intercompany Exchange Pte Ltd



FROM Allister Lim & Thrumurgan  
PDX Box No 8144

**AL&T**  
ADVOCATES AND SOLICITORS

DM18-2818/JW  
DMCPH217-006361  
19/09/2018  
6/4/11/4

Your Ref: GY 4111 Y  
Our Ref: AL.INS.2018.12401(PD).jw

22 October 2018

WITHOUT PREJUDICE

**EQ INSURANCE COMPANY LTD**

5 Maxwell Road,  
#17-00 Tower Block,  
MND Complex,  
Singapore 069110

Attention: Motor Claims Department

BY PDX

WITHOUT PREJUDICE

ACKNOWLEDGE RECEIPT ONLY

DM18HO-02818/JW

**BHL ELECTRICAL SERVICES**

1 Bukit Batok Crescent  
#08-06 Wcega Plaza  
Singapore 658064

OUR REF:

CERTIFICATE OF POSTING

OIC: JUSTIN WONG 25/10/2018

EQ Insurance Co. Ltd

Dear Sirs,

**CLAIMANT: TAN SOON MUI FOOD INDUSTRIES**  
**ACCIDENT INVOLVING GBA 2313 E & GY 4111 Y ALONG ANG MO KIO**  
**INDUSTRIAL PARK 2 ON 19 SEPTEMBER 2018 AT ABOUT 1410 HOURS**

We act for **TAN SOON MUI FOOD INDUSTRIES**, who was the owner of motor vehicle no. **GBA 2313 E**.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident **ALONG ANG MO KIO INDUSTRIAL PARK 2** involving our client's vehicle registration number **GBA 2313 E** and vehicle registration number **GY 4111 Y** driven by your insured/you at the material time.

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

01. Cost of Repair	\$10,700.00
02. Pre-repair inspection days ( \$200 x 2days)	\$ 400.00
03. Rental fees	\$ 1,808.30
03. Survey report fees	\$ 400.00
04. LTA search fees	\$ 22.49
05. Cost Contribution (at this stage) (inclusive of GST)	\$ 1,070.00
06. Incidentals (at this stage) (inclusive of GST)	\$ 107.00
	<b><u>\$14,507.79</u></b>

**ALLISTER LIM & THRUMURGAN**

111 North Bridge Road, #11-04 Peninsula Plaza, Singapore 079090. UEN & GST Reg. No.: 51110941W.  
Tel: 6430 3300 Fax: 6430 1211 (not for service of court documents) Email: mail@allsg

We enclose herewith copies of all the supporting documents as follows: -

- (a) GIA report lodged by driver of motor vehicle GBA 2313 E;
- (b) LTA Search of motor vehicle no. GY 4111 Y;
- (c) Certificate of insurance;
- (d) Rental Invoice and agreement;
- (e) Surveyor's invoice & report with photographs depicting the damages to motor vehicle GBA 2313 E.

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

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

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

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

**Please note that this demand is made without prejudice to our client's right to claim for personal injury damages arising out of the same accident.**

Yours faithfully



ALLISTER LIM

*encls*

# S K AUTO CONSULTANTS

## AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/018/0543SK

Your Reference: TBA

Date: 30/9/2018

TO: TAN SOON MUI FOOD INDUSTRIES  
c/o Motor Intel Automo Pte Ltd  
Bartley Biz Centre  
13 Kaki Bukit Road 4 #01-20  
Singapore 417807

Assessment of Vehicle No : GBA 2313 E

Date of Accident : 19/09/2018

Date of Inspection : 22/09/2018

We have carried out a physical assessment of GBA 2313 E at Motor Intel Automo Pte Ltd according to your instructions on 22/09/2018 and are pleased to submit our report as follows;

### 1.VEHICLE PARTICULARS

Registration No.	:	GBA 2313 E
Make & Model	:	TOYOTA HIACE
Year of Registration	:	19/04/2007
Engine Capacity (cc)	:	2982
Chassis No.	:	JTFHT02P000003556
Engine No.	:	1KD1621889
Colour	:	WHITE
Mileage (km)	:	260767

### 2.VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

### 3.TYRE PARTICULARS & CONDITION

#### **Front**

RH Make/Size	:	Bridgestone 195R15 -50%
LH Make/Size	:	Bridgestone 195R15 -50%

#### **Rear**

RH Make/Size	:	Bridgestone 195R15 -50%
LH Make/Size	:	Bridgestone 195R15 -50%

Note: % denotes the remaining percentage of the tyre



## S K AUTO CONSULTANTS

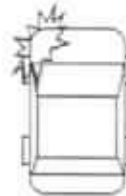
Page No. 2

Our Reference      TP/018/0543SK  
Vehicle No.        GBA 2313 E

#### 4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the LHS FRONT portion

Please see attached schedule for details.



Estimated Amount        : S\$13,330.50  
Adjusted Amount         : S\$10,000/-  
Estimated Repair Days    : 9 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.

The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct.

#### Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

# S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/018/0543SK  
Vehicle No. GBA 2313 E

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	OUR ASSESSMENT(S\$)
	<b>PARTS (LIST ITEMS)</b>			
1	Front LHS Headlamp	Grazed/Dmg.	1450.00	CN 1450.00
1	Front grille assembly 454.25	Holder cracked	982.00	CN 982.00
1	Front inner grille	Cracked	455.00	CN 455.00
1	Front LHS corner panel	Dented	215.00	SM 215.00
1	Front wiper panel garnish	Deformed	385.00	DE 385.00
1	Front bumper 634.58	Distorted	1782.00	DD 1782.00
2	Front bumper front bracket @ \$245	Bent	490.00	AN 490.00
2	Front bumper side bracket @ \$225	Cracked/Def.	450.00	MSCN 450.00
1	Front bumper LHS garnish	Deformed	110.00	DE 110.00
1	Front bumper reinforcement	Bent	550.00	DD 550.00
1	Front LHS A-pillar panel	Distorted	1010.00	N 1010.00
1	Front LHS wing mirror	Grazed/Dmg.	685.00	AN 685.00
1	Front LHS door	Distorted	2150.00	N 2150.00
2	Front LHS door hinges @\$85	Bent	170.00	R 170.00
1	Front LHS door inner board	Refix	580.00	NN 0.00
1	Front door lock assy	Damaged	285.00	NH 285.00
1	Front LHS door step garnish	Cracked	254.00	C47 254.00
1	Front windscreen rubber	Necessary	185.00	NN 185.00
1	Front radiator assy	Damaged	1020.00	aut 1020.00
1	Front fan motor cowling	Cracked	466.00	CN 466.00
			13674.00	13094.00
		less 25%	3418.50	25% 3273.50
			10255.50	9820.50
	<b>SPECIAL NETT ITEMS</b>			
1	Front windscreen sealant	Necessary	120.00	NN 100.00
1	Number plate	Reuse	55.00	NN 0.00
	<b>Total Parts</b>		<b>10430.50</b>	<b>9920.50</b>

62/883

# S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/018/05435K

Vehicle No. GBA 2313 E

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	OUR ASSESSMENT (\$\$)
	<b>LABOUR</b>		
1	To remove the affected parts to commence repairs; panel beat & reshape the affected areas; and replace the damaged parts and components.	1200.00	1000.00
2	To supply paint materials, expandable items & putty, respray paint on parts replaced	1000.00	800.00
3	To remove and refix wiring and focus headlamp beam	150.00	120.00
4	To perform anti rust treatment on affected areas	250.00	200.00
5	To remove and replace radiator, pressure test and refill coolant	120.00	100.00
6	To remove and refix windscreen (facilitate repairs /replace door pillars)	180.00	150.00
Labour Total :		2900.00	2370.00
TOTAL (PARTS & LABOUR):		13330.50	12290.50

**Note: (For Lump Sum Repair)**

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements.

The final adjusted Lump Sum contract amount is S\$10,000/-

  
**S. Kumanan**  
 Motor Surveyor





## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	20/09/2018 16:54
Date Of Accident	19/09/2018 14:10
Exact Location Of Accident	ANG MO KIO INDUSTRIAL PARK 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA2313E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SOON MUI FOOD INDUSTRIES
Co Reg No	11022400X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97999568

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE AUTO

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5070396614-03 TP
Cover Note Number	

### Driver

Name of Driver	TAN SONG WA
NRIC No	S1002683J
Date Of Birth	28/10/1946
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1967
Driving Experience	51 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96763452
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 234 YISHUN STREET 21 #07-422
Postcode	760234
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE PROPRIETOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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 ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GT4111Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please do not tamper with the details of the accident to speed up the claims process.
2. This form shall be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material information shall be cause for insurers 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 statement 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 completion of this form to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available elsewhere.
8. **Consent under the Personal Data Protection Act (PDPA)**  
 I, under the PDPA, do hereby agree and consent that:
  - (i) My Insurers, my broker 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 disclosed 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 Road Safety Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
    - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
    - (b) investigating the accident and/or my claims;
    - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (d) 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 enveloped/mail packages); and/or
    - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
  - (ii) 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
  - (iii) 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;
  - (iv) 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;
  - (v) the information so collected under (ii) above may be shared / disclosed:
    - (a) 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
    - (b) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time: 20 SEP 2018

**IDAC KAKI BUKIT (PRA)**  
 23 Kaki Bukit Road 4  
 Singapore 415933  
 Tel: 67416697 Fax: 67492306  
 Email: yackb@idac.gov.sg

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

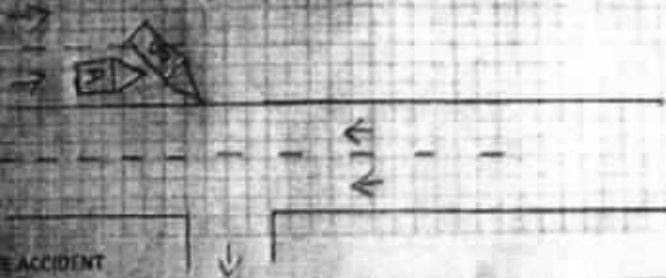


AN

A-GRM 223E

B-GT 411X

ANALYSIS OF THE ACCIDENT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling along the mention road, vehicle 'B' which was stationary along the road suddenly cut into my lane. Thus, collided with my vehicle left.

DECLARATION

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



Driver's Signature  
(If driver is not the policyholder)

Date & Time: 20 SEP 2016

IOAC KAKI BUKIT (VAL)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492303

Email: vachb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/IN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

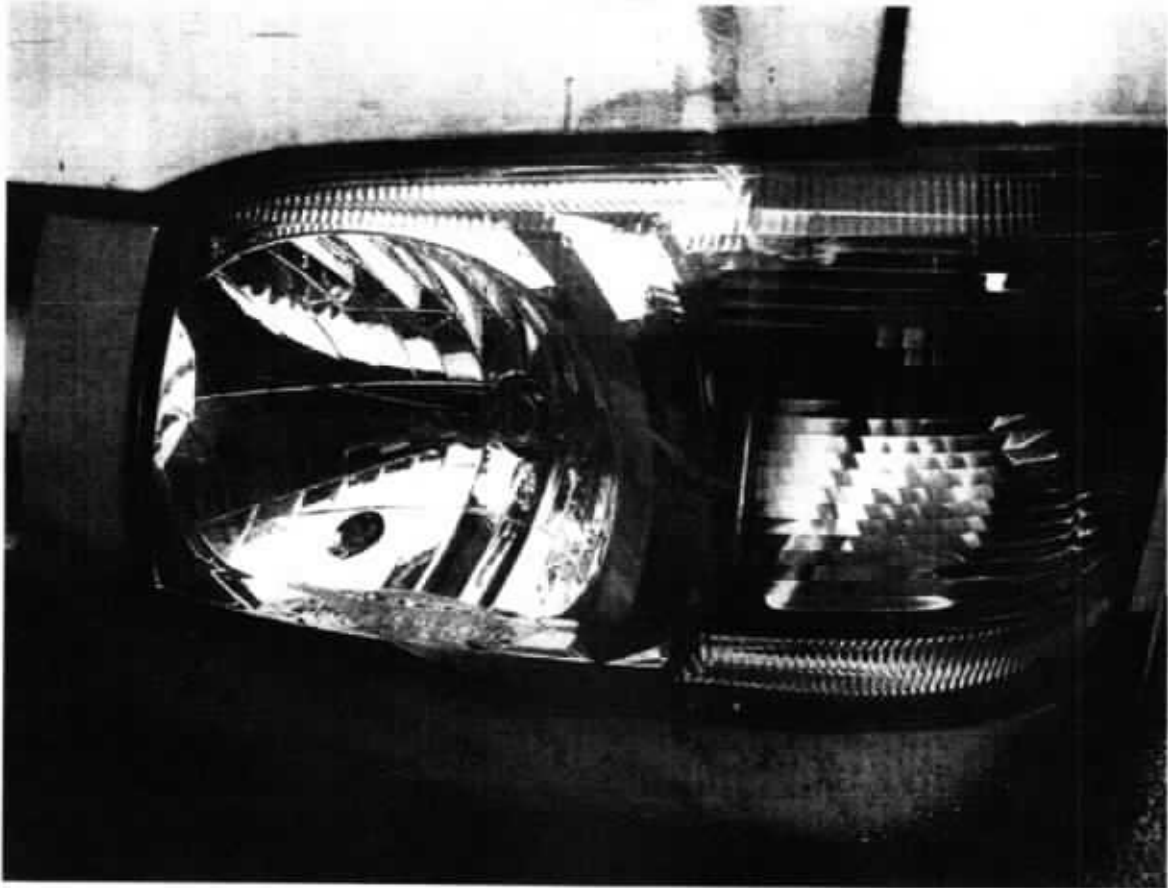




Accident Photo



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	26/10/2018 21:25
Date Of Accident	19/09/2018 14:10
Exact Location Of Accident	ALONG ANG MO KIO IND PARK 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY4111Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BHL ELECTRICAL SERVICES
Co Reg No	52916117J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86509377

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ17-006361
Cover Note Number	

### Driver

Name of Driver	MUTHU KARUPPAN GANESHMOORTHY
NRIC No	G7325508U
Date Of Birth	20/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	08/09/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86509377
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NA
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - 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)	2
Passenger 1	NAME: : P1
	GENDER: : MALE

#### 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

My vehicle was slowed down and stopped due to on coming vehicle. Suddenly I felt an impact from behind and saw a vehicle had bumped onto my vehicle left side rear portion.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

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

# Sketch Plan

## 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
 

(i) I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer collectively the "Personal Information" and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/postal packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/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 that outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

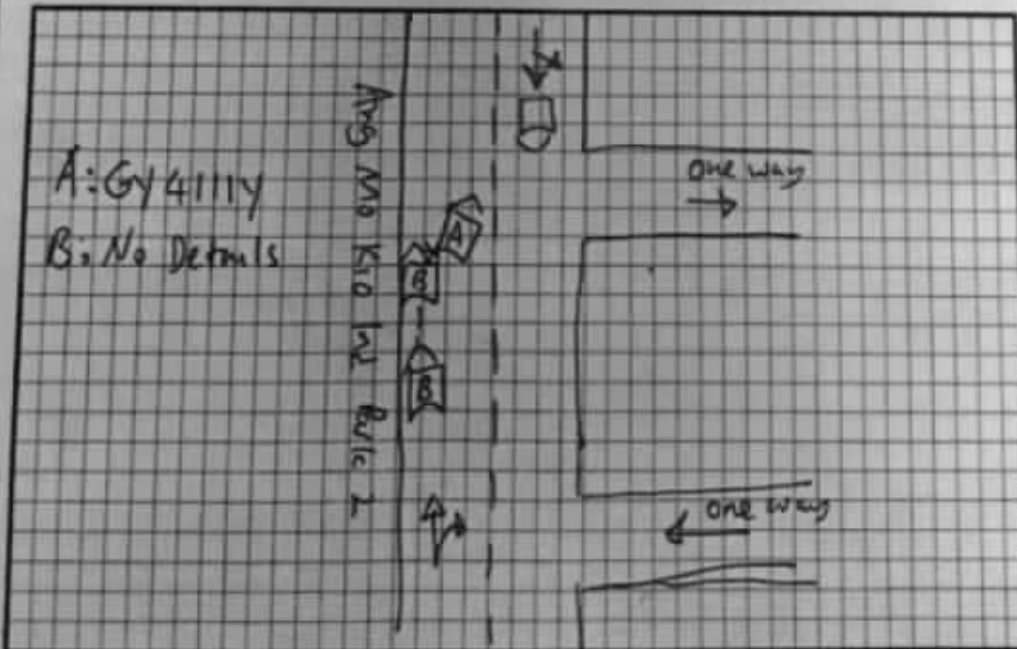
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

My vehicle was slowed down and stopped due to on coming vehicle. Suddenly I felt an impact from behind and saw a vehicle had bumped onto my vehicle left side rear portion.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

26 October 2018 at 7:00 PM

Date/Time:

26 October 2018 at 7:00 PM

# Driving License

REPUBLIC OF SINGAPORE - MINISTRY OF MANPOWER - IMMIGRATION - 11 OCT 2018



WANG SIONG PARQUET  
1 BUKIT BATOK CRESCENT  
#08-10 WOODS PLAZA  
SINGAPORE 659564

11 OCT 2018

## Your application is approved

Dear Sir / Madam,

We are pleased to inform you that MUTHU KARUPPAN GANESAMOORTHY's Work Permit application has been approved in principle. Please bring your new worker to Singapore before the approval expires on 20 Jan 2019.

The next page lists the steps you need to take for your worker to be issued a Work Permit card. Your worker can start work on the second day of the arrival in Singapore when waiting for the steps to be completed.

You need to complete the steps within 14 days of the approval expiry. Otherwise, MOM's approval will be withdrawn and you will need to send your worker home.

Yours sincerely,

Penny Hoon (Mrs)  
Controller of Work Passes

NAME OF WORKER: MUTHU KARUPPAN GANESAMOORTHY  
NATIONALITY: INDIA  
DATE OF BIRTH: 02/07/1978  
PASSPORT NO: 13486754  
DATE OF APPROVAL: 11 OCT 2018  
OFFICE ADDRESS: 12 ATTREECK LANE, #01  
SINGAPORE 139000  
MOM CONTACT NO: 6387621

### IMPORTANT

- You must comply with the Employment of Foreign Manpower Act, and the Conditions and Regulatory Conditions of Work Permit. MOM will take action on non-compliance. You can read the rules at [www.mom.gov.sg](http://www.mom.gov.sg)

Ministry of Manpower Work Pass Division

[www.mom.gov.sg](http://www.mom.gov.sg)

Contact Us: [helpdesk@mom.gov.sg](mailto:helpdesk@mom.gov.sg)

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# Identification Card



WANG BOON HANQUET  
J BUKIT BATON CRESCENT  
#06-02 WICKA PLAZA  
SINGAPORE 651064

14 Jan 2012

## Your application is approved

Dear Sir / Madam,

We are pleased to inform you that MUTHU KARUPPAN GANESAMOORTHY's Work Permit Application has been approved in principle. Please bring your new worker to Singapore before the approval expires on 09 Jan 2012.

The next page sets the steps you need to take for your worker to be issued a Work Permit card. Your worker can start work on the second day of the arrival in Singapore while waiting for the steps to be completed.

Your foreign employer must arrive within 14 days of the worker's arrival. Otherwise, MOM's approval will be withdrawn and you will need to send your worker home.

Yours sincerely,

Pooey Han (Ms)  
Controller of Work Passes

MUTHU KARUPPAN  
GANESAMOORTHY  
Work Permit No.  
S 2016622  
Employer No.  
J140574  
Date of approval  
11 Dec 2011  
Date of expiry  
09 Jan 2012  
Employer's contact no.  
63477510X (PTE - 01)  
Employer's contact no.  
58500  
For information only, tel.  
638742

### IMPORTANT

- You must comply with the Employment of Foreign Manpower Act, and the Conditions and Regulatory Conditions of Work Permit. MOM will take action on non-compliance. You can read the rules at [www.mom.gov.sg](http://www.mom.gov.sg)

Ministry of Manpower Work Pass Division

[www.mom.gov.sg](http://www.mom.gov.sg)

### YOU ARE EXEMPTED TO DRIVE VEHICLES IN THE FOLLOWING CASES:

#### VEHICLE TYPE

Case 1: Motor Cars - 200kg wet wt and gross weight, max 18 Sep 2011  
other motor and other motor vehicles - 200kg



Ref: 000



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
EQ INSURANCE COMPANY LTD			Ref : CS3/EQ18017440/Usd3e2-1	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110			Date : 20-12-2018	
			Code : EQ1	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GY 4111Y	Veh. Inspected	GBA 2313E	
Policy No.		Coverage (\$)	0.00	
Claim No.	GY4111Y	Excess (\$)	0.00	
Assign From	JUSTIN WONG	Assign Date	14/12/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA HIACE (A)	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2007	
Chassis No.	JTFHT02P000003556	Colour	WHITE	
Odometer	260767	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195 R15	JOURNEY	6 mm	
L/H Front Tyre	195 R15	JOURNEY	6 mm	
R/H Rear Tyre	195 R15	LUXOTIK	6 mm	
L/H Rear Tyre	195 R15	LUXOTIK	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	19/09/2018	Inspection Date	25/09/2018	
Survey held at	MOTOR INTEL AUTOMO PTE LTD 13 KAKI BUKIT ROAD 4 @ BARTLEY BIZ CENTRE #01-20 SINGAPORE 147807			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBA 2313E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT LHS HEADLAMP	CRACKED	1,450.00	1,450.00
1	FRONT GRILLE ASSEMBLY	CRACKED	982.00	454.25
1	FRONT INNER GRILLE	CRACKED	455.00	455.00
1	FRONT LHS CORNER PANEL	BENT	215.00	215.00
1	FRONT WIPER PANEL GARNISH	DEFORMED	385.00	385.00
1	FRONT BUMPER	DENTED	1,782.00	634.58
2	FRONT BUMPER FRONT BRACKET @\$245.00	NOT NECESSARY	490.00	-
2	FRONT BUMPER SIDE BRACKET @\$225.00	N/S CRACKED	450.00	225.00
1	FRONT BUMPER LHS GARNISH	DEFORMED	110.00	110.00
1	FRONT BUMPER REINFORCEMENT	DENTED	550.00	550.00
1	FRONT LHS A-PILLAR PANEL	TO REPAIR SEE LABOUR	1,010.00	-
1	FRONT LHS WING MIRROR	NOT NECESSARY	685.00	-
1	FRONT LHS DOOR	TO REPAIR SEE LABOUR	2,150.00	-
2	FRONT LHS DOOR HINGES @\$85.00	TO REPAIR SEE LABOUR	170.00	-
1	FRONT LHS DOOR INNER BOARD	NOT NECESSARY	580.00	-
1	FRONT DOOR LOCK ASSY	NOT NECESSARY	285.00	-
1	FRONT LHS DOOR STEP GARNISH	CUT	254.00	254.00
1	FRONT WINDSCREEN RUBBER	NOT NECESSARY	185.00	-
1	FRONT RADIATOR ASSY	BENT	1,020.00	1,020.00
1	FRONT FAN MOTOR COWLING	CRACKED	466.00	466.00
	LESS 25% DISCOUNT		-3,418.50	-1,554.71
			10,255.50	4,664.12
<b>SPECIAL NETT ITEMS</b>				
1	FRONT WINDSCREEN SEALANT (SN)	NOT NECESSARY	120.00	-
1	NUMBER PLATE (SN)	NOT NECESSARY	55.00	-
			175.00	-

Report Ref No. CS3/EQI18017440/Usd3e2-1

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b>			
	TO REMOVE THE AFFECTED PARTS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS; AND REPLACE THE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF FRONT LHS A-PILLAR PANEL, FRONT LHS DOOR AND FRONT LHS DOOR HINGES.		1,200.00	680.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED.		1,000.00	800.00
	TO REMOVE AND REFIX WIRING AND FOCUS HEADLAMP BEAM.		150.00	20.00
	TO PERFORM ANTI RUST TREATMENT ON AFFECTED AREAS.		250.00	50.00
	TO REMOVE AND REPLACE RADIATOR, PRESSURE TEST AND REFILL COOLANT.		120.00	50.00
	TO REMOVE AND REFIX WINDSCREEN (FACILITATE REPAIRS / REPLACE DOOR PILLARS)	NOT NECESSARY	180.00	-
			2,900.00	1,600.00
	<b>GRAND TOTAL</b>		<b>13,330.50</b>	<b>6,264.12</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>5,000.00</b>

Report Ref No. CS3/EQ18017440/Usd3e2-1

CHUA KANG SENG

Licensed Appraiser

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