

ASS. REC. BY:

REF:

CS/AGL19000348/A+6ⁿ²

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person):

Julie

of

AGL

Date/Time:

07012019 401pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJT 9881R

Insured:

SKA 6557K

at Workshop m/s

Hua Meng

Tel:

of

Blk 1 Kaki Bukit Ave 6 #01-61

Policy No:

Claim No:

C10002475/AH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

09012019

(Client's Record)

CA / REV / REP. / REV 24 HRS 'api

H.O.D. Endorsement:

Date/Time:

07012019 407pm

Person Contacted:

June

Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SJT 9881R - x
	SKA 6557K - CC3 / AGL 14002336 / Gvbw2
	DA: 28112014
	lump sum \$1600 (Red: 2823.36; 63%)

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: SJT9881R. Yr Regn: 2009, May.

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

Truck / Trailer or

Make: Honda Civic Type R. c.c. 1998Colour: White A/C: Insured / Std / NI / NASp. Reading: 141842 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: F 021605710Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40R18R: 225/40R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A.

D.O.I. 09/01/19.Survey held at Hua MengDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

TP Budget Direct

MV : 22K

PV : 16.6K

Nett: 5.4K.

RECEIVED 14 MAR 2019

Date/Time, File Pass to?

☐ : Preli. Report☒ : Final Report1) 14/3 Typist

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

250

Report Format :

Lump Sum / I.B.I. (\$ 16000)

Catherine Chong (LKK Auto)

From: Julie Mangubat <julie.m@budgetdirect.com.sg>
Sent: Monday, 7 January, 2019 4:01 PM
To: SUR; 'assignments'
Cc: Albert Hong
Subject: FW: PRS-AUTO&GENERAL REF:SJT 9881 R OUR REF:SKA 6557 K D.O.A:05.01.2019 || Claim ref: C10002475/AH

Hi Team

Please accept TPPD PRS at Hua Meng Spray Painting workshop.

Note: our insured has not reported yet.

Thank you,
-Julie

From: Hua Meng <huameng@live.com.sg>
Sent: Monday, 7 January, 2019 3:46 PM
To: Julie Mangubat <julie.m@budgetdirect.com.sg>
Subject: Re: PRS-AUTO&GENERAL REF:SJT 9881 R OUR REF:SKA 6557 K D.O.A:05.01.2019 || Claim ref: C10002475/AH

Dear Julie

Thank you for your email.

We would like to choose LKK to conduct PRS.

Kindly take your immediate action.

Thanks & Regards

June

Hua Meng Spray Painting Workshop

From: Julie Mangubat <julie.m@budgetdirect.com.sg>
Sent: Monday, January 7, 2019 1:51 PM
To: Hua Meng
Subject: RE: PRS-AUTO&GENERAL REF:SJT 9881 R OUR REF:SKA 6557 K D.O.A:05.01.2019 || Claim ref: C10002475/AH

Dear Sir

We refer to your notice of accident on even date.

Please find the list of surveyors for you to choose from:

1. Calvin Ang LKK Auto Consultant Pte Ltd
2. Bryan Ang LKK Auto Consultant Pte Ltd
3. Xing Guo Qiang LKK Auto Consultant Pte Ltd
4. Kenneth Kong LKK Auto Consultants Pte Ltd
5. Mohamad Taufihk LKK Auto Consultants Pte Ltd

6. Marcus Chua LKK Auto Consultants Pte Ltd
7. Pang Kiah Keen (Frankie) FormTeam Adjusters Pte Ltd
8. Chua Soo Teck (Benjamin) FormTeam Adjusters Pte Ltd
9. Lim Say Koon FormTeam Adjusters Pte Ltd
10. Ng You Han FormTeam Adjusters Pte Ltd
11. Soon HanXin (Gary) FormTeam Adjusters Pte Ltd
12. Kenji Tan FormTeam Adjusters Pte Ltd
13. Derrick Quok – in house surveyor

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors.

Thank you,

-Julie

From: Hua Meng <huameng@live.com.sg>

Sent: Monday, 7 January, 2019 1:15 PM

To: Claims <claims@budgetdirect.com.sg>

Subject: PRS-AUTO&GENERAL REF:SJT 9881 R OUR REF:SKA 6557 K D.O.A:05.01.2019

Dear Sirs

Please refer the attachment for your necessary action and revert your surveyor name list to us urgently.

Your prompt reply will be appreciated by us.

Thanks & Regards

June

Hua Meng Spray Painting Workshop

1 Kaki Bukit Ave 6

#01-61

S 417883

Tel:67465519

Fax:67434896

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Details	
Owner ID Type:	Singapore NRIC
Owner ID:	7828J
Vehicle Details	
Vehicle No.:	SJT9881R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 Jan 2019
Vehicle Make:	HONDA
Vehicle Model:	CIVIC TYPE-R 2.0 M
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	K20A5840767
Chassis No.:	FD21600710
Maximum Power Output:	165.0 kW (221 bhp)
Open Market Value:	\$32,511.00
Original Registration Date:	28 May 2009
First Registration Date:	28 May 2009
Transfer Count:	2
Actual ARF Paid:	\$32,511.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 May 2019
PARF Rebate Amount:	\$16,255.00
Intended COE Details	
COE Expiry Date:	27 May 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$9,180.00
COE Rebate Amount:	\$350.00
Total Rebate Amount:	\$16,605.00

The information contained herein is correct as at 09 Jan 2019

OK

MSME19002486 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 07/01/2019 12:57
SUBMITTED BY: Chia Pei Ying

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	07/01/2019 12:57
Date Of Accident	05/01/2019 14:00
Exact Location Of Accident	TAMPINES AVE 10 TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9881R
Insured/Policyholder	
Name Of Registered Owner	C V GOMEZ CLERY
NRIC No	S2017828J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92725751
Alternative Phone No	OFFICE-92725751

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA350952
Cover Note Number	

Driver

Name of Driver	DARYLL VIMAL FERNANDEZ
NRIC No	S8403339A
Date Of Birth	24/01/1984
Occupation	INDOOR
Date Of Driving Pass	08/02/2003
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98292014
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	29 PASIR RIS GROVE #14-58
Postcode	518074
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) 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

I WAS STATIONARY ALONG LANE 1 OF TAMPINES AVE 10 ON 05/01/2019 AT 1400HRS. I WAS WAITING FOR GREEN ARROW TO TURN RIGHT. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY REAR. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE

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	SKA6557K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	YE FULIANG
NRIC/Passport Number	S6863254D
Contact Number	81804577
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

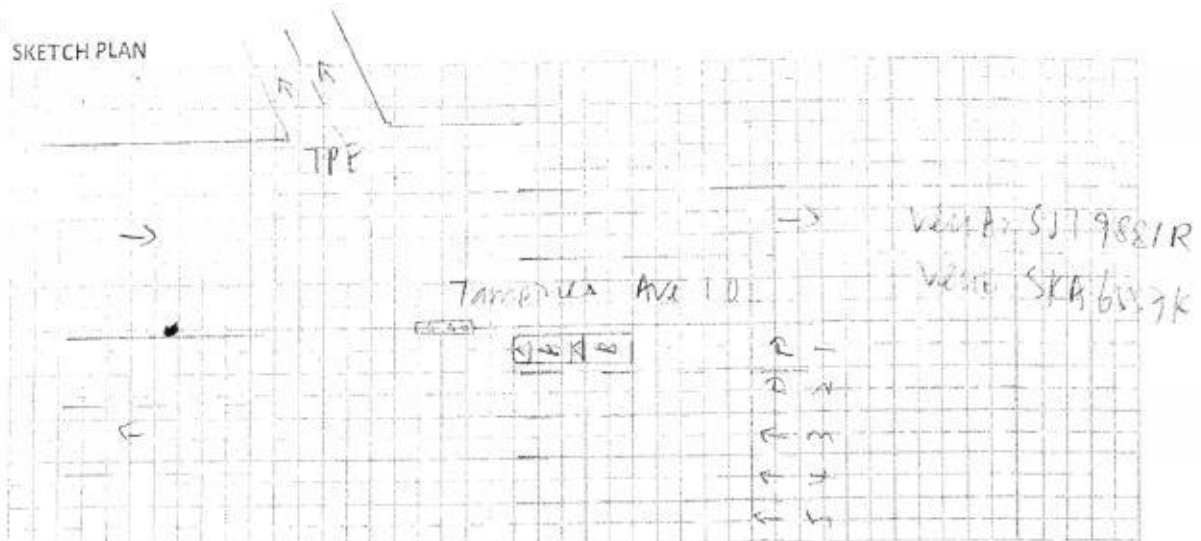
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along lane 1 of Tampines Ave 10 on 05-01-2019 @ 1700 hrs. I was waiting for green arrow to turn right. Suddenly, I heard a bang sound and felt an impact from my rear. Vehicle B was collided onto rear portion of my vehicle.

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 Signature
Name:
NRIC/FIN No.:

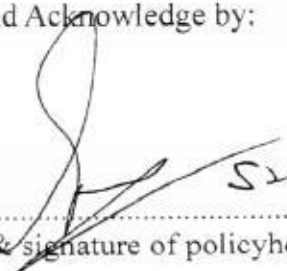
Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKINGI/We, L V Gomez Ceny, the owner of vehicle no. SJ79881R

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

My/Our Third Party claim is handle by my/our preferred workshop, Hua may
Spray painting workshop-

Signed and Acknowledge by:


Nric no. & signature of policyholder S2017828J

Company stamp

7/1/19
Date

HUA MENG SPRAY PAINTING WORKSHOP

1, Kaki Bukit Avenue 6, Blk C #01-61 / 01-34, Singapore 417883

Autobay @ Kaki Bukit

Tel: 6747 8064, 6746 5519 / 9666 9680 Fax: 6743 4896

FD21600710

ESTIMATE

C V GOMEZ CLERY
29 PASIR RIS GROVE
#14-58
S 518074

TP Budget Direct.
Deise.

Date :29.01.2019
Vehicle no :SJT 9881 R
Make/Model :HONDA CIVIC
Accident date :05.01.2019

No	DESCRIPTION	Qty	Amount (\$\$)
<u>List Items</u>			
1	Rear bumper <i>torn</i>		\$ 715.6 ✓
2	Rear bumper side holder @ \$40.00 <i>new</i>		\$ 80 ✓
3	Rear bumper lower lip <i>crackd.</i>	1584.20	\$ 359.4 ✓
4	Rear bumper clips (1set) <i>m</i>		\$ 70 <i>20</i>
5	Rear bumper bracket @ \$45.00 <i>new</i>	1251.36	\$ 90 +
6	Rear end panel <i>12/18</i>		\$ 390 +
7	Rear panel lower cover <i>Deformed</i>		\$ 349.2 ✓
	<i>Rear panel lower cover clips 30 ✓</i>		\$ 2054.2
		Less 20% Disc	\$ 410.84
		Total	\$ 1643.36

Special Nett Items

1	Rear bumper reverse sensor (1set) <i>Damaged</i>	1	\$ 380 <i>200</i>
		Total	\$ 380

Labour Cost

1	To supply rear end panel inner sealant <i>nn</i>	\$ 50 +
2	Remove & reinstall reverse sensor	\$ 150 <i>50</i>
3	Remove, replace & repair consistent to the accident	\$ 1000 <i>250</i>
4	Respray painting	\$ 1200 <i>250</i>
	Total	\$ 2400

Grand Total \$ 4423.36 *4447.36*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

total 2001.36
4/5: 1.6K.
02 Days.

1.6K



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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI19000348/Atbn2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date : 14-03-2019



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKA 6557K	Veh. Inspected	SJT 9881R
Policy No.		Coverage (\$)	0.00
Claim No.	C10002475/AH	Excess (\$)	0.00
Assign From	JULIE	Assign Date	07/01/2019

2. Vehicle Particulars & Condition

Make & Model	HONDA CIVIC TYPE-R	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	FD21600710	Colour	WHITE
Odometer	141842	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/40 R18	BRIDGESTONE	6 mm
L/H Front Tyre	225/40 R18	BRIDGESTONE	6 mm
R/H Rear Tyre	225/40 R18	BRIDGESTONE	6 mm
L/H Rear Tyre	225/40 R18	BRIDGESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/01/2019	Inspection Date	09/01/2019
Survey held at	HUA MENG SPRAY PAINTING WKSP 1 KAKI BUKIT AVE 6 #01-61 AUTOBAY SINGAPORE 417883		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJT 9881R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TORN	715.60	715.60
2	REAR BUMPER SIDE HOLDER @\$40.00	NECESSARY	80.00	80.00
1	REAR BUMPER LOWER LIP	CRACKED	359.40	359.40
1	SET REAR BUMPER CLIPS	NECESSARY	70.00	30.00
2	REAR BUMPER BRACKET @\$45.00	NOT NECESSARY	90.00	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	390.00	-
1	REAR PANEL LOWER COVER	DEFORMED	349.20	349.20
1	REAR PANEL LOWER COVER CLIPS	NECESSARY	30.00	30.00
	LESS 20% DISCOUNT		-416.84	-312.84
			1,667.36	1,251.36
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER REVERSE SENSOR (SN)	DAMAGED	380.00	200.00
1	REAR END PANEL INNER SEALANT (SN)	NOT NECESSARY	50.00	-
			430.00	200.00
<u>LABOUR</u>				
	REMOVE & REINSTALL REVERSE SENSOR.		150.00	50.00
	REMOVE, REPLACE & REPAIR CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,000.00	250.00
	RESPRAY PAINTING.		1,200.00	250.00
			2,350.00	550.00
GRAND TOTAL			4,447.36	2,001.36
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,600.00

Report Ref No. CS/AGI19000348/Atbn2

ADRIAN LING WAI PING

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

Licensed Appraiser

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