

Surveyor

REF: CS3/ASM18015875/Bgd3-1

Special Instruction:

US: #10250.00

ASSIGNMENT (Office)

From (Person): Heng Xinyi of Seah Ong Date/Time: 16-01-2019

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: Prominent Appraiser  
Workshop: My Car Consultant

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: GBE 6696C Insured: GBA 9811M

at Workshop m/s: My Car Consultant  
of: 55 Ubi Ave 1 #01-33

Policy No: Claim No: 19-26068 PD-0

Sum Insured: Excess:

Make of Veh: D.O.A: 27082018

(Client's Record)

R.O.D. Encasement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig. days (Red \$ / %; Original 10 days)

Date/Time: 31/1/19 Submit Final Fig. 843# 7 days (Red \$ 1800 / 18%; Original 10 days)

Date/Time	Action/Instruction
	GBE 6696C - CS3/ASM18015875/Bgd3-1
	GBA 9811M - X
	DOI: 27082018

RECEIVED 01 FEB 2019

*[Signature]*  
31/1/2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/  
Evaluated by:

Fee Charged:

Basic & Add  
Transport  
Photos  
Others  
Total

Date:

150

150

1) Date/Time: 01/2/19 File Pass to: *[Signature]*

3) Date/Time: File Pass to:

5) Date/Time: File Pass to:

2) Date/Time: File Return to:

4) Date/Time: File Return to:

6) Date/Time: File Return to:

**Catherine Chong (LKK Auto)**

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**From:** Xin Yi <xinyi@seahong.com.sg>  
**Sent:** Wednesday, 16 January, 2019 3:18 PM  
**To:** 'Admin-D (LKKAuto)'  
**Cc:** 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg  
**Subject:** GBE 6696C [Our file ref: 19.26068 PD-O]  
**Attachments:** Insured GIA Report.pdf; TPPD LITIGATION LOD - ICAKES ENTERPRISE GROUP.pdf

Dear Catherine,

<b>CLAIMANT :</b>	<b>ICAKES ENTERPRISE GROUP</b>
<b>VEHICLE NUMBER :</b>	<b>GBE 6696C</b>
<b>ALLEGED ACCIDENT DATE :</b>	<b>27 AUGUST 2018</b>
<b>AXA VEHICLE NUMBER :</b>	<b>GBA 9811M</b>

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report is attached. A copy is enclosed.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please let us arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest.

Thanks & Best Regards

**Heng Xinyi**

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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FORM 100

ANAL. REC. BY

REF

CS3/ASM1801875/B24032

Surveyor Mr. Lim

ASSIGNMENT (Office)

From (Person) Senny

of AXA

Date/Time 30/8/18 @ 1.19pm

Estimated Cost

Bill to

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

To Inspect Vehicle No.

GBE G696C

Insured

GBA 9811M

at Workshop to:

My Car Consultant

Tel:

68442475

of

53 Ubi Ave L #01-33

Policy No.

Claim No.

S8M00TE0

Sum Insured

Excess

Make of Veh:

(Client's Record)

D.O.A.

27/08/2018

CA / REV / REP. / REV 24 HRS

up

Elenna @ 88668832

H.O.D. Endorsement

Date/Time

30/8/18

Person Contacted

Damen

Vehicle

IN/OUT

Date/Time

Action/Instruction (X) Estimate

31/8/18

Mr. Lim went to survey, bt wksp say car key with teamwork.  
Teamwork closed so mandy cm. to survey.

ASS. REC. BY:

REF: AXA

### ASSIGNMENT

From: \_\_\_\_\_ Date: **31/8/18**  
Estimated Cost: \_\_\_\_\_  
QD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: **GBE 6696C**  
at Workshop m/s: **My Car Consultant**  
of: **53 Ubi Ave 1 # 01-33**  
Insured: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Claims No: \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record) **Elena @ 8866 8832**  
Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Est. or Market Value: \_\_\_\_\_

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

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

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS **lup**

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: **GBE 6696C** Yr Regr: **14 Aug / 2015**  
Type: M.Car / M.Cycle / Bus / ☒ Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Mercedes** C.C. **2143**  
Colour: **Brown** A/C: **Insured / Std / NI / NA**

Sp. Reading: **73146** T/Radio: **Insured / Std / NI / NA**

Eng/No: **65195032945958**

C/No: **WDF44760323074930**

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: ☒ Order / Jammed / Leaked / Burnt or

Brake: ☒ Order / Jammed / Leaked / Burnt or

Modi: **Nil** / ☒ STD A/Rim or

Tyre Size: F: **215/60 R16**

R: **215/60 R16**

BS: ☒ DUNLOP / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. **7** mm R/Bal. **7** mm

L/Bal. **7** mm L/Bal. **7** mm

D.O.A. \_\_\_\_\_ D.O.I. **31/8/18 @ 0238pm**

Survey held at **My Car Consultant**

Des. of Damages: Frt / ☒ Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

**17/9/18** Submit Final Report

Date/Time, File Pass to?

☐

: Prelim. Report

Days Of Repair: \_\_\_\_\_

1)

☐

: Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

) S + RS. \$

) Photos

) Others

TOTAL

Report Format : \_\_\_\_\_

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

100

100

Our Ref: 2018.1373.PD.MCC  
Your Ref: GBA9811M

3 0 1 9 5 8 5 1 3 8 - - -

60127743

Date: 28 DEC 2018

WITHOUT PREJUDICE

To: Polar Puffs & Cakes Pte Ltd  
71 Woodlands Industrial Park E9  
#05-04, Wave 9  
Singapore 757048

BY CERTIFICATE OF  
POSTING

To: Chong Kean Kheong  
c/o 71 Woodlands Industrial Park E9  
#05-04, Wave 9  
Singapore 757048

BY CERTIFICATE OF  
POSTING

cc: AXA Insurance Singapore Pte Ltd  
(Motor Claims Dept)  
8 Shenton Way  
#27-01 AXA Tower  
Singapore 068811

BY HAND

Dear Sirs

ICakes Enterprise Group  
82 Macpherson Lane  
#01-21, Macpherson View  
Singapore 360082



We are instructed by the abovenamed to claim damages against you in connection with an accident on 27 August 2018 at about 10:00 hours along CTE towards City before Balestier Road exit involving our client's vehicle registration no. GBE6696C and vehicle registration number GBA9811M driven by you.

We are instructed that the accident was caused by your negligence in the driving, management and/or control of vehicle no. GBA9811M.

As a result of the accident, our clients' vehicle no. GBE6696C was damaged and our clients have been put to loss and expense, particulars of which are as follows:-

<b>A</b>	<b>DAMAGES</b>		
(i)	Cost of repair	\$	10,250.00
(ii)	Loss of use (12 days x \$120.00 per day) including Pre repair notice / inspection and Sunday	\$	1,440.00
<b>B</b>	<b>DISBURSEMENTS</b>		
(i)	Survey Report Fee	\$	611.00
<b>C</b>	<b>LEGAL COSTS (AT THIS STAGE)</b>	\$	900.00
	<b>Total</b>	\$	14,641.49

A copy each of the following supporting documents is enclosed :-

- a) Singapore Accident Statement and Traffic Accident Report of owner/driver of GBE6696C;
- b) Singapore Accident Statement of owner/driver of GBA9811M;
- c) Invoice from My Car Consultant Pte Ltd;
- d) Invoice and Vehicle Assessment Report from Prominent Appraiser Services Pte Ltd with photographs of vehicle GBE6696C; and
- e) All Disbursements Receipts.

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 client 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 client 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

  
Principle Law Corporation  
Email: [claims@esthermoey.com](mailto:claims@esthermoey.com)  
Encl

## 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	27/08/2018 14:01
Date Of Accident	27/08/2018 10:00
Exact Location Of Accident	CTE (CITY) BEFORE BALESTIER RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE6696C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ICAKES ENTERPRISE GROUP
Co Reg No	45023400B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63866666
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	VITO 114 CDI PANEL VAN LONG AT ABS 5DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3089651701
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN TEO HUAT
NRIC No	S1723463C
Date Of Birth	10/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	10/09/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96686606
Fax Number	
Contact Number	OFFICE-96686606
Email Address	NOEMAIL

Address 113 JALAN KELICHAP  
 Postcode 534317  
 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 2  
 Was any body injured in the Accident? YES  
 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: : YU XIURONG  
 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name THOMSON NEIGHBOURHOOD POLICE POST  
 Police Station Address ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180827/2061

#### 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 GBA9811M  
 Vehicle Make/Model/Ccolour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver CHONG KEAN KHEONG  
 NRIC/Passport Number FB372849M  
 Contact Number 91752183  
 Address  
 Postcode



Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name TAN TEO HUAT

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBE6696C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name YU XIURONG

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? GBE6696C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

Image As per Original  
---CSU---

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 used 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 Person(s) Signature  
Name  
NRIC/FIN No

### SKETCH PLAN

1990



2. 4109511 m

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

2010 12 10 10:00 AM 7/20/10 10:00 AM

## DECLARATION

(We do not know if the following particulars are true in every world.)



**Date & Time**

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

Reporting Centre Personnel's Signature  
Name  
NRIC/Pass No

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180827/2061

Image As per Original  
--CSU--

1 of 4

Report No. T/20180827/2061

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No. 1800-4529999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 27/08/2018 13:33	Video Report No.:	Station Diary No. 13
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**Informant's Particulars**

Name of Informant TAN TEC HUAT		Address 113 JALAN KELICAP SINGAPORE 534317	
ID Type / ID No NRIC NO / S1723463C		Contact No Home/Office Mobile 96686608	
Nationality SINGAPORE CITIZEN		Email	
Sex Male	Age 52	Date of Birth 10/11/1965	Type of Informant Driver
Race Chinese		Language English	Institution / School Name
Occupation Baker (general)		Driving Licence Information Class: 3,4 Date of Expiry:	

**General Information of the Accident**

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 27/08/2018 10:00	Type of Location Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
towards City				
Weather Clear		Road Surface Dry	Road Speed Limit:	
Traffic Flow One Way		Traffic Control Not Controlled	Traffic Volume Heavy	
Type of Collision Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA9511M	Lorry				Slightly Damaged	0
GBE6696C	Van				Slightly Damaged	1

**Details of Person Involved**

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180627/2051

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

2 of 4

Report No: T/20180627/2051

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHONG KEAN KHEONG		D No F8372849M
Related Vehicle	GBA9811M (Lorry)		Contact No 91752183
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	TAN TEO HUAT		D No S1723463C
Related Vehicle	GBE6696C (Van)		Contact No 96686506
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	27/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	YE XIURONG		ID No S2635682E
Related Vehicle	GBE6696C (Van)		Contact No 98356881
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	27/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 27/08/2018 at about 1000hrs, I was driving my van (GBE6696C) on the middle lane of CTE towards city

Due to the heavy traffic, I slowed down my van. Later, I felt an impact from the rear of my van which a lorry behind (GBA9811M) collided onto the rear of my van. Both of us then exchanged particulars and told me to claim insurance. I do not have any in-car CCTV. I wish to inform that I have one passenger who is my wife with me.

On the same day, both of us felt pain on my neck and back therefore we were given a 5 days MC. I am lodging this report for medical and insurance claims.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20180527/2061

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01 180 SINGAPORE  
570025  
Tel No. 1800-4529999

3 of 4

Report No. T/20180527/2061

CONTINUATION OF REPORT

Police Report



**SINGAPORE  
POLICE FORCE**



T/20180827/2061

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No 1800-4529999

4 of 4

Report No T/20180827/2061

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report  
E /  
Sgt 2 PANG XIU KANG

Signature Of Informant

Signature Of Interpreter  
Not applicable

Date/Time:  
27/08/2018 13:33

Officer In Charge Of Case  
TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No 65476179

Classification Of Case

Authentication Stamp  
NP:58

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

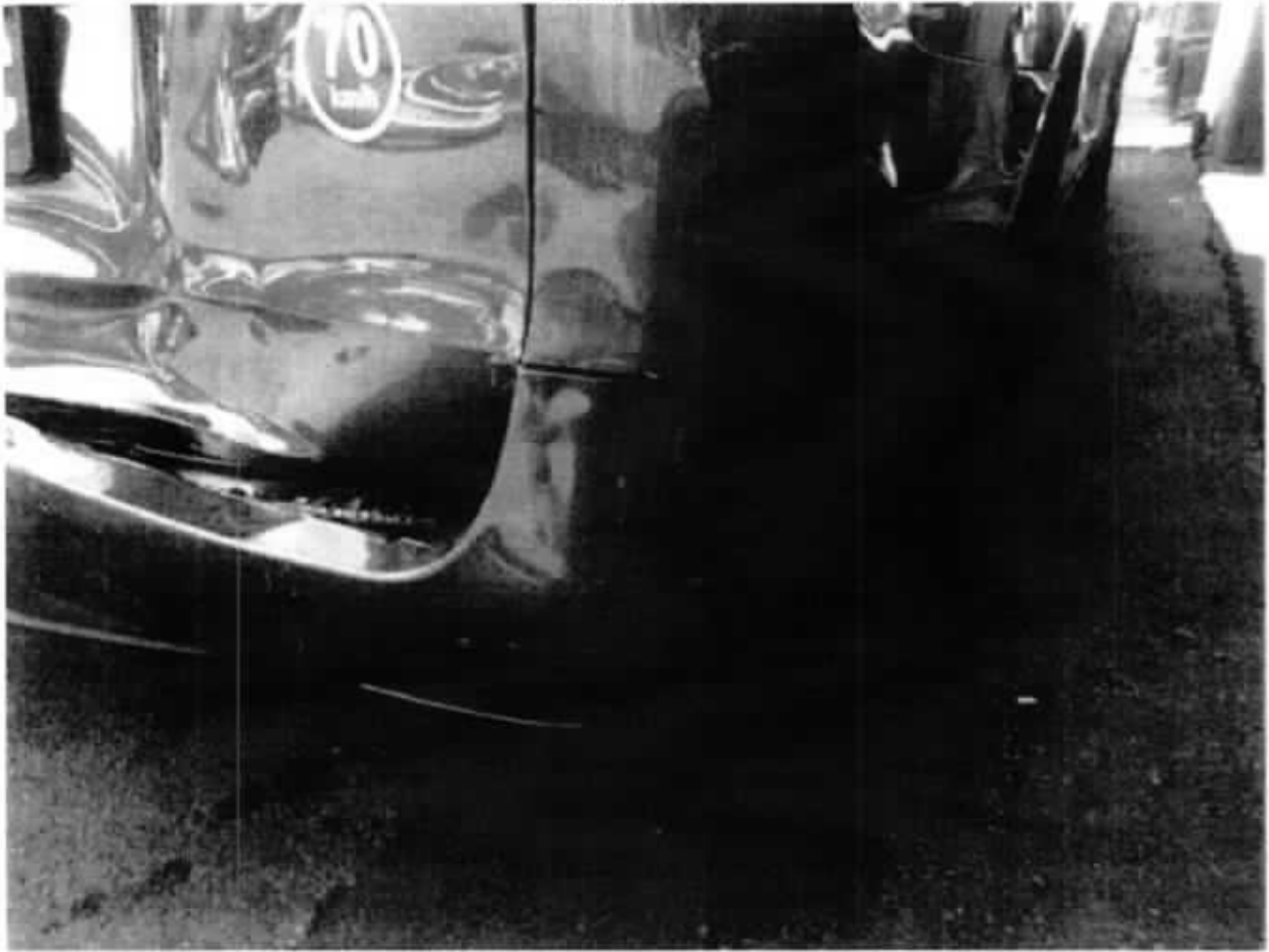




Accident Photo



Accident Photo



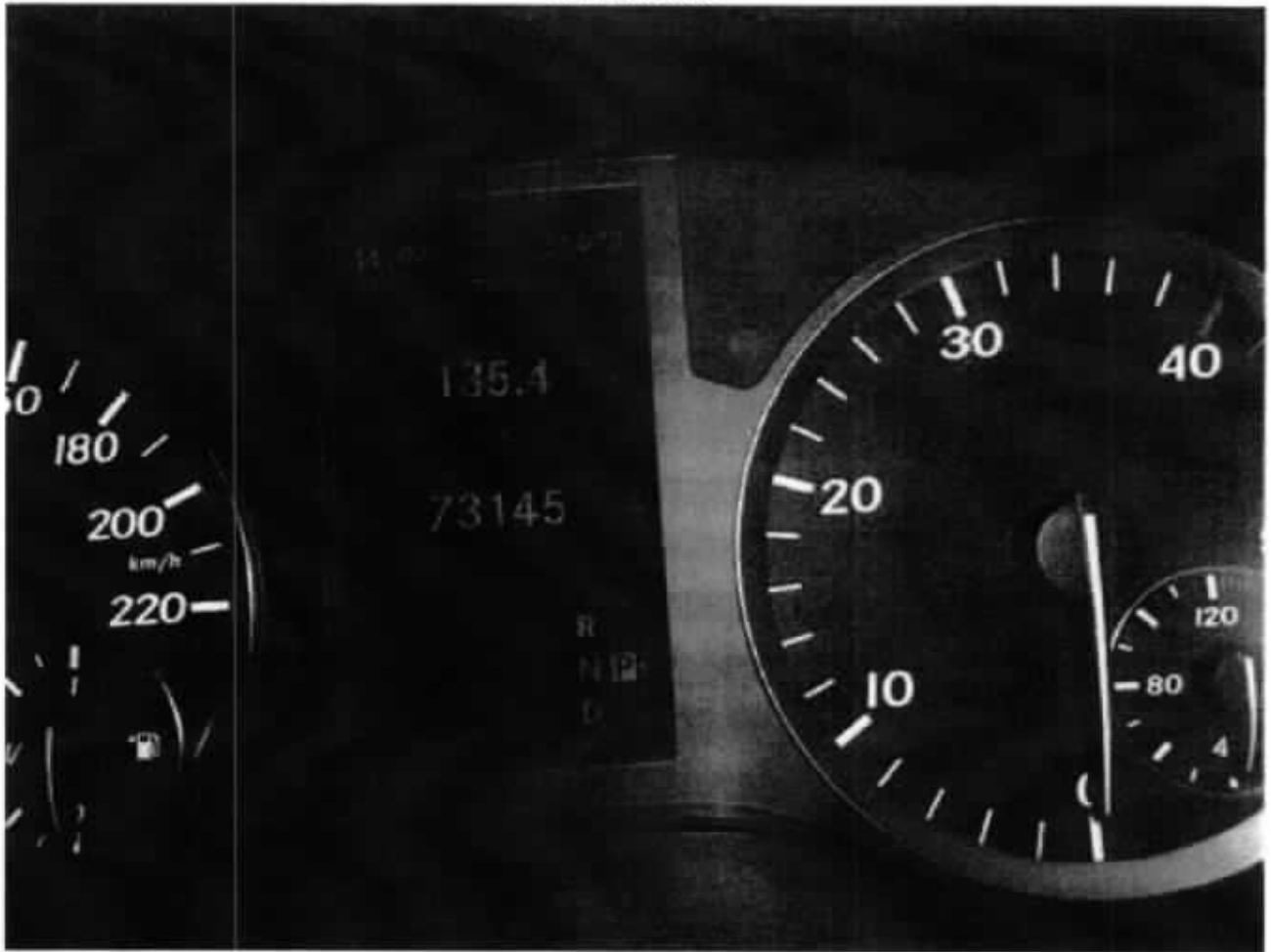
Accident Photo



Accident Photo



Accident Photo



Accident Photo





# SINGAPORE POLICE FORCE



T/20180827/2061

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

21/10/18

1 of 4

Report No. T/20180827/2061

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2018 13:33	Vide Report No.:	Station Diary No.: 19
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: TANTEO HUAT			Address: 113 JALAN KELICHAP SINGAPORE 534317		
ID Type / ID No.: NRIC NO / S1723463C			Contact No.: Home/Office: Mobile: 96686606		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 10/11/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Baker (general)			Driving Licence Information: Class: 3,4 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  towards City				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA9811M	Lorry				Slightly Damaged	0
GBE6696C	Van				Slightly Damaged	1

### Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20180827/2061

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

2 of 4

Report No. T/20180827/2061

**CONTINUATION OF REPORT**

<b>Driver:</b>			
Name	CHONG KEAN KHEONG	ID No.	F8372849M
Related Vehicle	GBA9811M (Lorry)	Contact No.	91752183
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver:</b>			
Name	TAN TEO HUAT	ID No.	S1723463C
Related Vehicle	GBE6696C (Van)	Contact No.	96686606
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	27/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger:</b>			
Name	YE XIURONG	ID No.	S2635882E
Related Vehicle	GBE6696C (Van)	Contact No.	9E356881
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 27/08/2018 at about 1000hrs, I was driving my van (GBE6696C) on the middle lane of CTE towards city.

Due to the heavy traffic, I slowed down my van. Later, I felt an impact from the rear of my van which a lorry behind (GBA9811M) collided onto the rear of my van. Both of us then exchanged particulars and told me to claim insurance. I do not have any in-car CCTV. I wish to inform that I have one passenger who is my wife with me.

On the same day, both of us felt pain on my neck and back therefore we were given a 5 days MC. I am lodging this report for medical and insurance claims.





**SINGAPORE  
POLICE FORCE**



T/20180827/2061

3 of 4

Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No: 1800-4529999

Report No. T/20180827/2061

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20180827/2061

4 of 4

Report No. T/20180827/2061




Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sgt 2 PANG XIL KANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2018 13:33
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SN 070  SIGNATURE

## 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	27/08/2018 13:44
Date Of Accident	27/08/2018 10:00
Exact Location Of Accident	ALONG CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA9811M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POLAR PUFFS & CAKES PTE LTD
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	P1638890
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHONG KEAN KHEONG
Passport No/FIN	F8372849M
Address	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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

REFER SKETCH PLAN

### 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	GBE6696C

Vehicle Make/Model/Colour

Name of Driver

TAN TEO HUAT

Insurance Company Name

**SKETCH PLAN**

**IMPORTANT NOTICE**

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

**POLAR PUFFS & CAKES PTE LTD**

(Co. Reg. No.: 199500028N)  
15 WOODLANDS LINK  
SINGAPORE 738728  
TEL: 6257 7377 FAX: 6257 7677

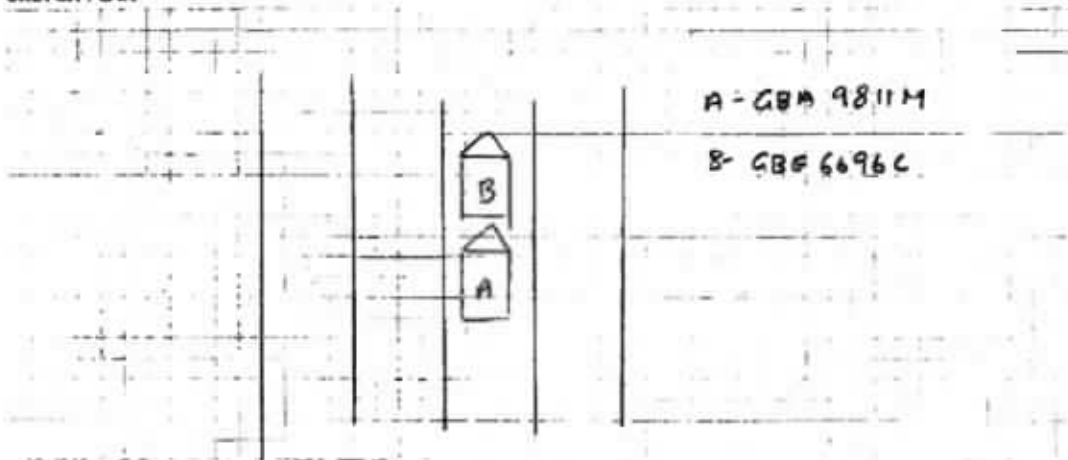
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan Pg. 1

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Accident Date & Time: 22/Aug/18 1000

Accident Location: CTE Towards City

I was driving along the mentioned location.

Vehicle B suddenly e-braked. I could not react in time, thus collided onto his vehicle B's rear portion.

No injury was involved.

☒ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

## DECLARATION

**POLAR RUFFS & CANES PTE. LTD.**  
(Co. Reg. No.: 199500028N)  
15 WOODLANDS LINK  
SINGAPORE 738726  
TEL: 6267 7877 FAX: 6267 7677

\_\_\_\_\_  
Policyholder's Signature

\_\_\_\_\_  
Date & Time:

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

**\* IMPORTANT NOTE:**

**THE LOSS HAS BEEN ADVISED BY THE WORKING THAT IN THE EVENT THAT YOU WISH TO CLAIM AGAINST YOUR OWN POLICY (OWN DAMAGE CLAIM), THERE IS A FOURTEEN (14) DAYS' TIME SCALE WHENBY THE CLAIM MUST BE MADE WITHIN THE ALLOTTED TIMEFRAME FROM THE DAY OF OCCURRENCE.**

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

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

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



TP VEHICLE DAMAGE



# My Car Consultant Pte Ltd

53, Ubi Avenue 1, Paya Ubi Industrial Park,  
#01-33, Singapore 408934  
HP: 9888 8885 (Jeremy) Email: Jeremy\_dav\_86@live.com

## INVOICE

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Claimant: M/s. Icakes Enterprise Group

Date of Invoice : 24/12/2018

C/o. M/s. My Car Consultant Pte Ltd  
53, Ubi Avenue 1 #01-33  
Paya Ubi Industrial Park  
Singapore 408934

Claim Type : Third Party  
Vehicle Reg. No : GBE6696C  
Vehicle Make/Model : M/Benz Vito 114 CDI

Date of Accident : 27/08/2018

Description	Amount (S\$)
Lump Sum Repairs As Per Recommendation.	S 10,250.00
<b>Total</b>	<b>S 10,250.00</b>

Singapore Dollar : Ten Thousand Two Hundred Fifty Dollars Only.



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

## INVOICE

M/s. Icaices Enterprise Group  
C/o. 53 Ubi Avenue 1 #01-33  
Paya Ubi Industrial Park  
Singapore 408934

Invoice No. : HA/1812-62

Date : 22/12/2018

Descriptions	Amount (SGD)
Services rendered for appraiser / inspection report :-	
Survey Fee	
Photographs	
Transport Fees	
Re-inspection Fees	
Total :	SGD : S 611.00
SGD Dollar : Six Hundred Eleven Dollars Only.	
Our Reference : PAS/TP/0550818	
Vehicle No. : GBE6696C	
Make & Model : M/Benz Vito 114 CDI	
Your Claim No. : Third Party Claim	

### Notes:

All cheque payment should be Crossed and made payable to "PROMINENT APPRAISER SERVICES PTE LTD".

Please indicate our "INVOICE NO." on the reverse side of the cheque.

Should you have any enquiries, please do not hesitate to contact us.



For PROMINENT APPRAISER SERVICES PTE LTD



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 3508 Email: pasvos@hotmail.com

Business Reg. 201404434D

## VEHICLE INSPECTION REPORT

Report No. : PAS/TP/0550818

Date of Report : 22/12/2018

To : M/s. Icakes Enterprise Group  
C/o. 53 Ubi Avenue 1 #01-33  
Paya Ubi Industrial Park  
Singapore 408934

Date of Assignment : 28/08/2018  
Report requested by : M/s. Icakes Enterprise Group  
Date of Accident : 27/08/2018  
Date of Inspection : 28/08/2018  
Claim No. : Third Party Claim  
Policy No. : -

### **PARTICULARS OF DAMAGED VEHICLE**

Vehicle Registration No. : GBE6696C  
Make & Model : M/Benz Vito 114 CDI  
Date of Registration : 14/09/2015  
Colour : Met.

Engine Capacity (cc) : 2143cc  
Mileage (km) : 73146km  
Chassis / Frame No. : WDF44760323074930  
Engine No. : 65195032945958

### **TYRE CONDITION**

Front LH : 6 mm  
Make : Dunlop

Front RH : 6 mm  
Make : Dunlop

Rear LH : 6 mm  
Make : Dunlop

Rear RH : 6 mm  
Make : Dunlop

Road wheels Type : Alloy

(The above represents the approximate remaining life of tyre treads)

### **PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)**

General Bodywork : Good  
Paintwork : Good  
Handbrake : Serviceable  
Footbrake : Serviceable  
Steering : Serviceable  
Apparent Engine Modification : Nil

### **PLACE OF REPAIRER OFFICE/WORKSHOP**

Location : M/s. My Car Consultant Pte Ltd  
53, Ubi Avenue 1, #C1-33, Paya Ubi Industrial Park, Singapore 408934

### **ASSESSMENT**

Repairer's Estimate : \$ 13,487.50  
Revised Amount : \$ 12,067.80  
Less Excess : \$ -  
Recommended Reserve : \$ 10,250.00 (Lump Sum)

Estimated Normal Period of Repairs : /0 Working Days

*Disclaimer: This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by PROMINENT APPRAISER SERVICES PTE LTD for any reliance on this report by any third party.*



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simel St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No : GBE6696C

Report No. : PAS/TP/0550818

## GENERAL REMARKS

WITHOUT PREJUDICE

### THE ASSIGNMENT

The survey was conducted at M/s. My Car Consultant Pte Ltd, 53, Ubi Avenue 1, #01-33, Paya Ubi Industrial Park, Singapore 408934.

(Subsequent inspections have been conducted)

### POINT OF IMPACT

At the rear portion.

### DAMAGES

The tailgate, rear bumpers, rear end panel, rear floor panel, rear chassis members, rear fenders, rear windscreen, taillamps, etc.

*Other parts were also found damaged. (See schedule for details)*

### ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD \$12,067.80.

### CONCLUSION

The repairer has agreed to undertake the repairs at a lump sum of SGD \$10,250.00.

This inspection was conducted entirely on a 'Without Prejudice' basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

There was a delay in repairs because some spare parts were not readily available and have to be indented. An additional approximately 5 to 6 weeks for impending arrival of parts from overseas have to be allowed.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly,

Prominent Appraiser Services Pte Ltd

Andrew How  
Automobile Appraiser  
MSAAA  
Licensed Appraiser





# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 8295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No. : GBE6696C

Report No. : PAS/TP/0550818

## APPRAISEMENT SCHEDULE

S/No.	Qty	Parts Descriptions	Condition		Repairer's Estimate (\$S)	Our Assessment (\$S)
1	1 pc	Tailgate [*]	Dented		\$ 2,418.00	\$ 2,418.00 DDV
2	1 pc	Tailgate 3rd brake lamp	Necessary		\$ 295.00	\$ 295.00 NNX
3	1 pc	Tailgate windscreen	Broken/Shattered		\$ 1,083.00	\$ 1,083.00 BRV
4	1 pc	Tailgate windscreen moulding	Necessary		\$ 286.00	\$ 286.00 NECV
5	1 pc	Tailgate windscreen wiper arm	Dented/Cracked		\$ 124.00	\$ 124.00 BTV
6	1 pc	Tailgate windscreen wiper motor	Dented/Damaged		\$ 682.00	\$ 682.00 DLV
7	1 pc	Tailgate wiper motor garnish	Cut/Cracked		\$ 52.00	\$ 52.00 CUTV
8	1 pc	Tailgate lock switch	Dented/Damaged		\$ 147.00	\$ 147.00 BTV
9	1 pc	Tailgate emblem (Logo)	Necessary		\$ 45.00	\$ 45.00
10	1 pc	Tailgate emblem (Vito)	Necessary		\$ 51.00	\$ 51.00
11	1 pc	Tailgate emblem (114 CDI)	Necessary		\$ 58.00	\$ 58.00 NECV
12	1 pc	Tailgate emblem (C&C)	Necessary		\$ 28.00	\$ 28.00
13	1 pc	Tailgate inner trim [*]	Dented/Cracked		\$ 185.00	\$ 185.00 CRAV
14	16 pcs	Tailgate inner trim clip	Necessary	\$ 2.00	\$ 32.00	\$ 32.00 NECV
15	1 pc	Tailgate lock	Bent/Jammed		\$ 263.00	\$ 263.00 JMV
16	1 pc	Tailgate catch	Bent		\$ 42.00	\$ 42.00 BTV
17	1 pc	Tailgate weatherstrip [*]	Torn/Necessary		\$ 220.00	\$ 220.00 CUTV
18	2 pcs	Taillamp R/L	Cracked	\$ 394.00	\$ 788.00	\$ 788.00 CRAV
19	1 pc	Rr bumper	Dented		\$ 1,282.00	\$ 1,282.00 DDV
20	2 pcs	Rr bumper side garnish R/L [*]	Dented/Cracked	\$ 165.00	\$ 330.00	\$ 330.00 DLV
21	2 pcs	Rr bumper reflector R/L	Cracked	\$ 37.00	\$ 74.00	\$ 74.00 CRAV
22	2 pcs	Rr bumper side guide R/L [*]	Necessary	\$ 66.00	\$ 132.00	\$ 132.00 NNX
23	1 pc	Rr bumper reinforcement [*]	Dented/Cracked		\$ 267.00	\$ 267.00 DDV
24	1 pc	Rr end panel assy	Dented		\$ 682.00	\$ 682.00 DDV
25	1 pc	Rr end panel top garnish	Dented/Cracked		\$ 276.00	\$ 276.00 CRAV
26	1 pc	Rr exhaust silencer	Dented/Repair		\$ 733.00	\$ -
27	2 pcs	Rr body panel R/L	Dented/Repair		(Refer labour no. 7 & 8)	
28	1 pc	Rr floor panel	Dented/Repair		(Refer labour no. 7 & 8)	
					\$ 10,575.00	\$ 9,842.00
Less Discount : 10%					\$ 1,057.50	10% \$ 984.20
List Parts Sub-Total :					\$ 9,517.50	\$ 8,857.80
1	1 pc	Rr windscreen sealant	Necessary	S/N	\$ 50.00	\$ 40.00
2	1 pc	Rr windscreen inner seal	Necessary	S/N	\$ 50.00	\$ 20.00
3	1 set	Rr no.plate (w/bracket)	Dented/Cracked	S/N	\$ 50.00	\$ 50.00 NNX
4	1 pc	Rr sticker (70km/h)	Necessary	S/N	\$ 20.00	\$ 15 20.00 NECV
5	1 set	Rr reverse sensor	Dented/Damaged	S/N	\$ 250.00	\$ 200 220.00 CUTV
6	1 pc	Rr reverse camera	Dented/Cracked	S/N	\$ 300.00	\$ 250.00 CUTV
7	1 pc	Rr end panel sealant	Necessary	S/N	\$ 50.00	\$ 40.00 NECV
Special Nett Sub-Total :					\$ 770.00	\$ 640.00
Parts Total :					\$ 10,287.50	\$ 9,497.80

[\*] Item of spare parts were not available and have to be indent.



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No. : GBE6696C

Report No. : PAS/TP/0550818

S/No.	Labour Descriptions	Repairer's Estimate (S\$)	Our Assessment (S\$)
1	To transfer tailgate component parts to new tailgate.	\$ 100.00	\$ <sup>50.00</sup> <del>80.00</del> ✓
2	To install rear windscreen to new tailgate.	\$ 120.00	\$ <sup>80.00</sup> <del>120.00</del> ✓
3	To remove, replace and reinstall rear reverse camera.	\$ 70.00	\$ <sup>30.00</sup> <del>50.00</del> ✓
4	To remove and reinstall rear interior trims, floor board, etc. for necessary repairs.	\$ 100.00	\$ <sup>50.00</sup> <del>80.00</del> ✓
5	To check rear electrical wiring system.	\$ 60.00	\$ 50.00 ✓
6	To remove, replace and reinstall rear reverse sensors & control unit.	\$ 70.00	\$ 50.00 ✓
7	To straighten, repair, realign on affected area and replace damaged parts.	\$ 1,200.00	\$ <sup>600.00</sup> <del>880.00</del> ✓
8	To spray painting, blending on affected and adjacent area.	\$ 1,400.00	\$ <sup>800.00</sup> <del>1,200.00</del> ✓
9	To spray anti-rust coating on new and affected panels.	\$ 80.00	\$ 60.00 ✓
Labour Total :		<u>\$ 3,200.00</u>	<u>\$ 2,570.00</u>
Total (Parts & Labour) :		<u>\$ 13,487.50</u>	<u>\$ 12,067.80</u>

## For Lump Sum Repairs

The final adjusted Lump Sum contract amount is \$ 10,250.00

Under normal circumstances, the repairs should be completed within a reasonable period

of **10 Working Days.** (Exclude waiting days of PRI, Sunday, Public Holiday and awaiting of shipment for spare parts)

**101** Photographs were taken at the time of inspection.

**N.B:** By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall has the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.

*7 days*

*Termin  
him  
21/1/19*

*Note: The revised estimate has been adjusted from a visual inspection. Any discrepancies or unseen damages should be notified to the company within 7 days from the date hereof. Otherwise this revised amount shall be deemed as valid.*



Your Ref: 19.26068 PD-O

Date: 01<sup>st</sup> Feb 2019

Our Ref : CS3/ASM18015875/Bqd3e2-1

**M/s AXA Insurance Pte Ltd**  
C/O: Seah Ong & Partners LLP  
36 Robinson Road  
#12-03 City House  
Singapore 068877  
(The Motor Claims Department)

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: GBE 6696C**  
**INSURED VEHICLE: GBA 9811M**  
**ACCIDENT DATE: 27/08/2018**

We thank you for your instruction on 16/01/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of GBE 6696C from M/s Prominent Appraiser Services Pte Ltd.
- b) Singapore Accident Statement and Police Report of Vehicle GBE 6696C and GBA 9811M.
- c) Final Repair Bill of GBE 6696C from My Car Consultant Pte Ltd.
- d) Colour damaged vehicle photographs of GBE 6696C.

Pre-Repair Inspection Date : 31/08/2018 at M/s My Car Consultant Pte. Ltd, 53 Ubi Avenue 1 #01-33, Paya Ubi Industrial Park, Singapore 408934

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: GBE 6696C
Make & Model	: Mercedes Benz Vito 114 CDI
Year of Registration	: 2015
Chassis Number	: WDF44760323074930
Engine Capacity	: 2143 cc
2. We recommend that the repairs of the entire damage require about 7 (Seven) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBE 6696C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	TAILGATE [*]	DENTED	2,418.00	2,418.00
1	TAILGATE 3RD BRAKE LAMP	NOT NECESSARY	295.00	-
1	TAILGATE WINDSCREEN	BROKEN	1,083.00	1,083.00
1	TAILGATE WINDSCREEB MOULDING	NECESSARY	286.00	286.00
1	TAILGATE WINDSCREEN WIPER ARM	BENT	124.00	124.00
1	TAILGATE WINDSCREEN WIPER MOTOR	DISLODGE	682.00	682.00
1	TAILGATE WIPER MOTOR GARNISH	CUT	52.00	52.00
1	TAILGATE LOCK SWITCH	BENT	147.00	147.00
1	TAILGATE EMBLEM (LOGO)	NECESSARY	45.00	45.00
1	TAILGATE EMBLEM (VITO)	NECESSARY	51.00	51.00
1	TAILGATE EMBLEM (114 CDI)	NECESSARY	58.00	58.00
1	TAILGATE EMBLEM (C&C)	NECESSARY	28.00	28.00
1	TAILGATE INNER TRIM [*]	CRACKED	185.00	185.00
16	TAILGATE INNER TRIM CLIP @\$2.00	NECESSARY	32.00	32.00
1	TAILGATE LOCK	JAMMED	263.00	263.00
1	TAILGATE CATCH	BENT	42.00	42.00
1	TAILGATE WEATHERSTRIP [*]	CUT	220.00	220.00
2	TAILLAMP R/L @\$394.00	CRACKED	788.00	788.00
1	RR BUMPER	DENTED	1,282.00	1,282.00
2	RR BUMPER SIDE GARNISH R/L @\$165.00 [*]	DISLODGE	330.00	330.00
2	RR BUMPER REFLECTOR R/L @\$37.00	CRACKED	74.00	74.00
2	RR BUMPER SIDE GUIDE R/L @\$66.00 [*]	NOT NECESSARY	132.00	-
1	RR BUMPER REINFORCEMENT [*]	DENTED	267.00	267.00
1	RR END PANEL ASSY	DENTED	682.00	682.00
1	RR END PANEL TOP GARNISH	CRACKED	276.00	276.00
1	RR EXHAUST SILENCER	TO REPAIR SEE LABOUR	733.00	-
2	RR BODY PANEL R/L (NPA)	TO REPAIR SEE LABOUR	-	-
1	RR FLOOR PANEL (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 10% DISCOUNT		-1,057.50	-941.50
			9,517.50	8,473.50

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	RR WINDSCREEN SEALANT (SN)	NECESSARY	50.00	40.00
1	RR WINDSCREEN INNER SEAL (SN)	NECESSARY	50.00	20.00
1	SET RR NO. PLATE (W/BRACKET) (SN)	NOT NECESSARY	50.00	-
1	RR STICKER (70KM/H) (SN)	NECESSARY	20.00	15.00
1	SET RR REVERSE SENSOR (SN)	CUT	250.00	200.00
1	RR REVERSE CAMERA (SN)	NOT NECESSARY	300.00	-
1	RR END PANEL SEALANT (SN)	NECESSARY	50.00	40.00
			770.00	315.00
	<b><u>LABOUR</u></b>			
	TO TRANSFER TAILGATE COMPONENT PARTS TO NEW TAILGATE.		100.00	50.00
	TO INSTALL REAR WINDSCREEN TO NEW TAILGATE.		120.00	80.00
	TO REMOVE, REPLACE AND REINSTALL REAR REVERSE CAMERA.		70.00	30.00
	TO REMOVE AND REINSTALL REAR INTERIOR TRIMS, FLOOR BOARD, ETC. FOR NECESSARY REPAIRS.		100.00	50.00
	TO CHECK REAR ELECTRICAL WIRING SYSTEM.		60.00	50.00
	TO REMOVE, REPLACE AND REINSTALL REAR REVERSE SENSORS & CONTROL UNIT.		70.00	50.00
	TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF RR EXHAUST SILENCER, RR BODY PANEL R/L AND RR FLOOR PANEL.		1,200.00	600.00
	TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA.		1,400.00	800.00
	TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED PANELS.		80.00	60.00
			3,200.00	1,770.00
	<b>GRAND TOTAL</b>		<b>13,487.50</b>	<b>10,558.50</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>8,450.00</b>

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LIM TEOW GUAN

Asst. Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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