

Surveyor:

REF: C81/EQL190010914/Egd3sr

Special Instruction:

4S: \$3150.00

ASSIGNMENT (Office)

From (Person): Joel Goh of EQL Date/Time: 17/01/2019

Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor:

Workshop:

Automax Survey
Hup Key Huat

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: SJJ 3782L

Insured: SJF 3924P

at Workshop m/s Hup Key Huat Motor.

Tel:

of Blk 1 Kaki Bukit Ave 6 #01-35

Policy No:

Claim No: DM18H001795-JG

Sum Insured:

Excess:

Make of Vch:

D.O.A. 16.07.2018

(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig, days (Red \$ / %; Original 5 days)

Date/Time: 21/1/19 Submit Final Fig 1250, 3 days (Red \$ 1900 / 60 %; Original 5 days)

Date/Time Action/Instruction

SJJ 3782L - X

SJF 3924P - CCB / AXA 11002790 / Ref 292

Def: 01022011

RECEIVED 22 JAN 2019

[Signature]
21/1/2019

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:

1) Date/Time 21/1/18 File Pass to *[Signature]*

2) Date/Time File Return to

3) Date/Time File Pass to

4) Date/Time File Return to

5) Date/Time File Pass to

6) Date/Time File Return to

Catherine Chong (LKK Auto)

From: Joel Goh <joel.goh@eqinsurance.com.sg>
Sent: Thursday, 17 January, 2019 3:29 PM
To: assignments
Subject: PAPER SURVEY FOR SJJ3282L (DM18HO01795-JG)
Attachments: DM18HO01795 - FR CHEONGHOH LAW - TP SURVEY REPORT.PDF; SJF3924P.pdf; SJJ3282L.pdf

Dear LKK

Please assist to conduct paper survey for SJJ3282L.

Attached third party's survey report and accident reports.

Please note that for this accident, our insured (SJF3924P) hit into JSN7605 and JSN7605 hit into SJJ3282L.

Best Regards,

Joel Goh

Executive | Claims



EQ Insurance Company Limited

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

did 65 6500 6772 | tel 65 6223 9433 ext 772 | fax 65 6223 4190

www.eqinsurance.com.sg

 A Member of Citystate

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

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	16/07/2018 16:05
Date Of Accident	16/07/2018 07:00
Exact Location Of Accident	BKE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ3282L
Insured/Policyholder	
Name Of Registered Owner	JC CONNECTIONS PTE LTD
Co Reg No	-
Email Address	ANTHONY@JC-NET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91012552

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28669307 MCX
Cover Note Number	

Driver

Name of Driver	TAN BOON THYE
Passport No/FIN	F8346297M
Date Of Birth	22/02/1977
Occupation	INDOOR
Date Of Driving Pass	01/07/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91802295
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

22 JALAN SETIA 7/16 TAMAN SETIA INDAH 81100 JB

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 CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JSN7605 (MOTORCYCLE)

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED.

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 JSN7605

Vehicle Make/Model/Colour NA

Details Of Properties NA

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number 91771419

Address NA

Postcode NA

Insurance Company Name

Nature Of Damage NA

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJF3924P
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	97304416
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

Accident 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 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.
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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.

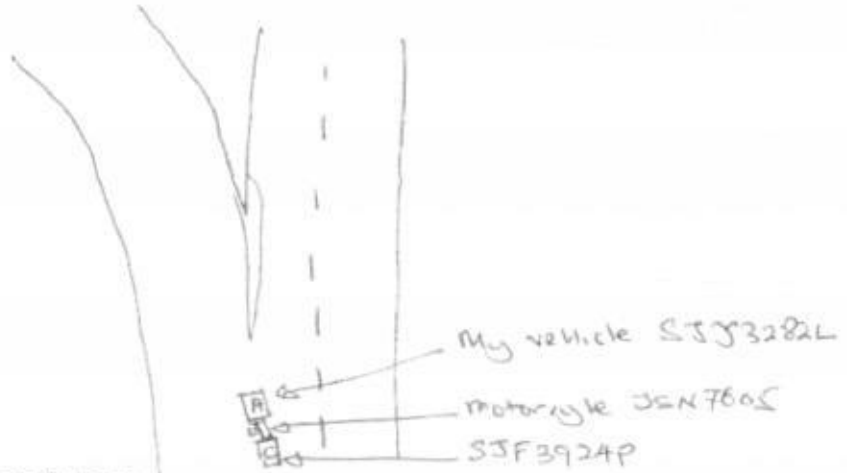

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/7/2018
1610


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

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 7.00am 16 July 2018 today, a motorcycle (JSN7605) hit my car from behind when he cannot stop in time at BKE towards PIE Chang. Another vehicle car (SJF3924P) hit the motorcycle when he cannot stop in time.

Reporting On	Vehicle No.	Driver's Name
<input type="checkbox"/> Reporting Only		
<input type="checkbox"/> Car Damage Claim		
<input checked="" type="checkbox"/> Total Party Claim		

Thy Lay Hual

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: 16/7/2018

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

1610



EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
JC CONNECTIONS PTE LTD



Name
TAN BOON THYE
Occupation
PROJECT MANAGER

FIN
F8346297M

Date of Application
08-11-2015
Date of Issue
11-11-2015
Date of Expiry
18-04-2019





L6227825

VISIT PASS
Immigration Regulations

Name
TAN BOON THYE



Date of Birth Sex Nationality
22-02-1977 M MALAYSIAN

FIN Date of Issue Date of Expiry
F8346297M 11-11-2015 18-04-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



No. 545926

MALAYSIA

TRAFFIC KERETA MOTOR ANTARABANGSA
INTERNATIONAL MOTOR TRAFFICSURAT KEBENARAN MEMBAWA KERETA
ANTARABANGSA
INTERNATIONAL DRIVING PERMITPerjanjian Trafik Jalan Raya 19th September, tahun 1949
Convention on Road Traffic of 19th September, 1949Dikeluarkan (DIRECTOR, ROAD TRANSPORT DEPARTMENT)
Johor MalaysiaTarikh.....01 OCTOBER 2017.....30 SEPTEMBER 2018
(Date)

Tandatangan atau Cap
Pihak Berkasa Pendaftaran
(Signature or Seal of the
Registration Authority)

DANANGMAISA BIN MOHAMMAD SAMAT
Pegawai Pengangkutan Jalan K22
Jabatan Pengangkutan Jalan
Negeri Johor, Jalan Ismail

1. TAN BOON THYE

2. MALAYSIA

3. 22 FEBRUARY 1977

4. NO. 22 JLN. SETIA 7/16 JMN SETIA

5. 8100 JOHOR BAHRU JOHOR.



Signature du titulaire

EXCLUSIONS
(grays)

I. V.

II. VI.

III. VII.

IV. VIII.

PK N. RL



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 058807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.4
Company Ownership

MOTORMAX-COMMERCIAL
Comprehensive

Certificate No. A 28669307 MCX

Excess : SGD600
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SJ33282L

2. Name of Policyholder
JC Connections Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
02/04/2018

4. Date of Expiry of Insurance
01/04/2019

5. Persons or Classes of Persons entitled to drive*

Low Chee Seng

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

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

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.


* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG
AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


for Chief Executive Officer

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.
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ACCIDENT STATEMENT

Date Of Report	16/07/2018 21:02
Date Of Accident	16/07/2018 07:05
Exact Location Of Accident	BKE (PIE-CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3924P
Insured/Policyholder	
Name Of Registered Owner	ABDULLAH BIN ASSAN
NRIC No	S0137517B
Email Address	SANI.DOL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97304416
Alternative Phone No	OFFICE-97304416

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.3XG M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-002629
Cover Note Number	

Driver

Name of Driver	ABDULLAH BIN ASSAN
NRIC No	S0137517B
Date Of Birth	23/06/1951
Occupation	INDOOR
Date Of Driving Pass	29/04/1974
Driving Experience	44 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97304416
Fax Number	
Contact Number	OFFICE-97304416
EMail Address	SANI.DOL@HOTMAIL.COM

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

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JSN7605 (MOTORCYCLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING SJF3924P ON BKE ON FIRST LANE (LANE NO 1) TO TURN LEFT TO PIE. THE SECOND LANE (NO2) IS CLEAR SO I SIGNAL LEFT TO GO LANE 2 SUDDENLY MOTORBIKE (JSN7605) JAM BRAKE BECAUSE CAR (SJJ3252I) IN FRONT OF HIM SUDDENLY STOP AND MOTORBIKE HIT SJJ3282L REAR. SO I STOP MY CAR TO AVOID HITTING SJJ3282L REAR. SO I STOP MY CAR TO AVOID HITTING JSN7605, BECAUSE TO MOTORCYCLIST ALMOST FELL UNFORTUNATELY AND CANNOT AVOID HITTING THE MOTORCYCLE PLEASE REFER TO CAMERA VIDEO.

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	JSN7605
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJJ3282L
Vehicle Make/Model/Colour	SJJ3282L/WISH 1.8 AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
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 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 **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 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

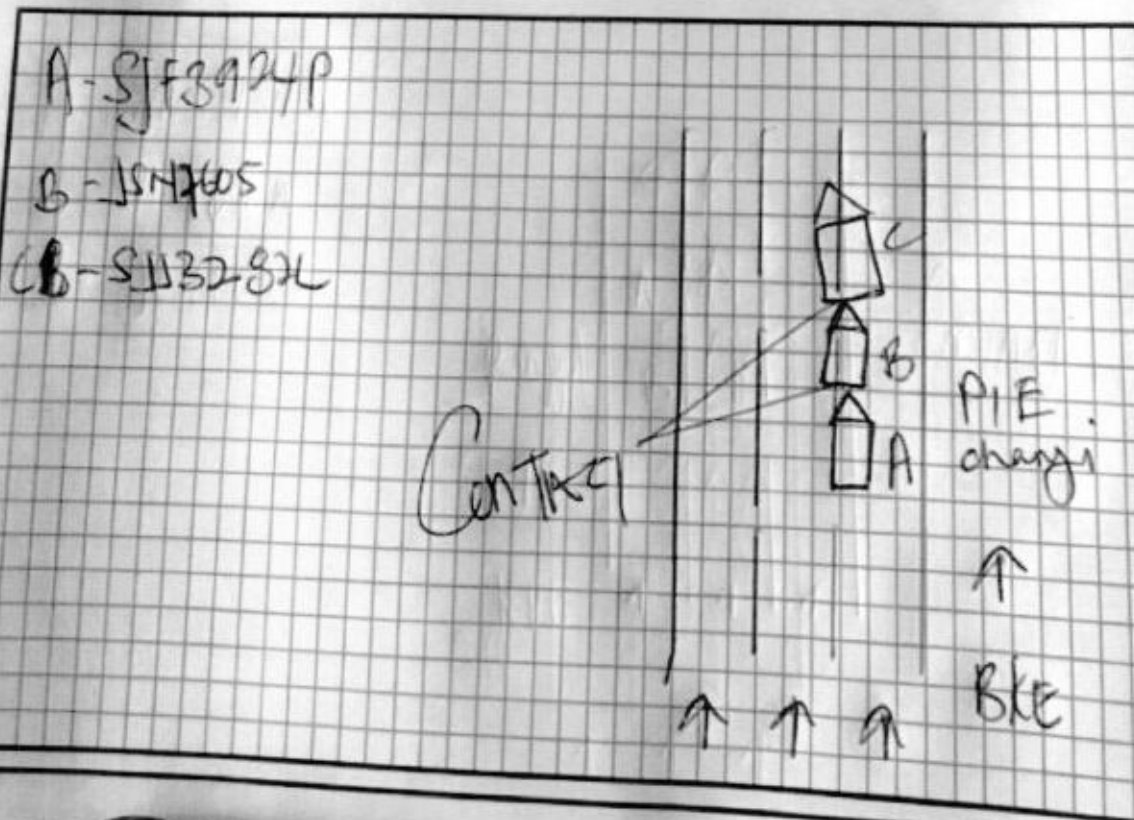
Md Sharil

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



I was driving SJF 3924P on BKE on first lane (lane no. 1) to turn left to PIE. The second lane (no. 2) is clear so I signal left to go lane 2. Suddenly motorbike (JSN 7605) jammed brake because car (SJ 3282L) in front of him suddenly stop and motorbike hit SJ 3282L rear. So I stop my car to avoid hitting JSN 7605, because the motorcyclist almost fell unfortunately I cannot avoid hitting the motorcycle. Please refer to camera video.

Abouly
ABDULLAH ASSAN
S0137517B

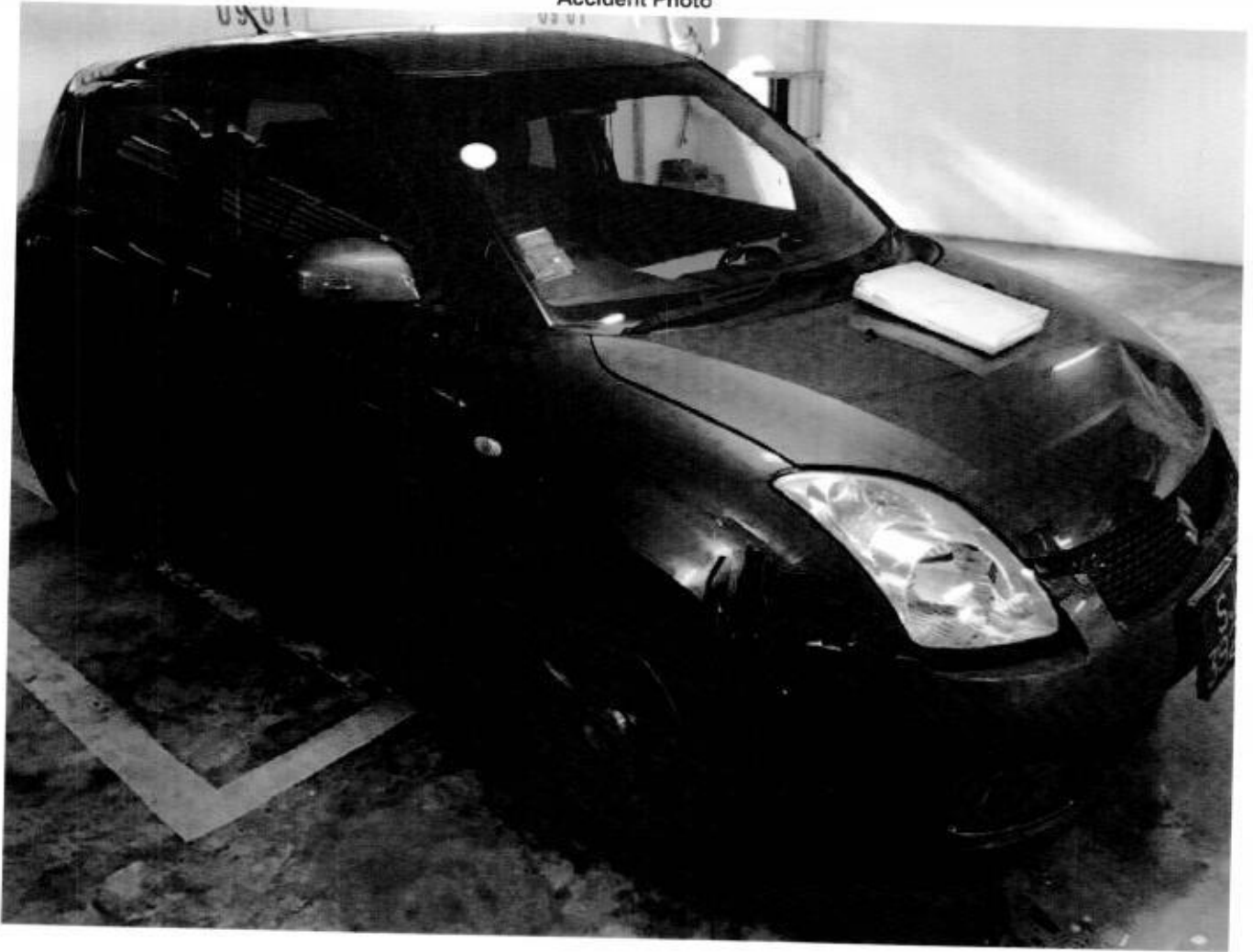
Accident Photo



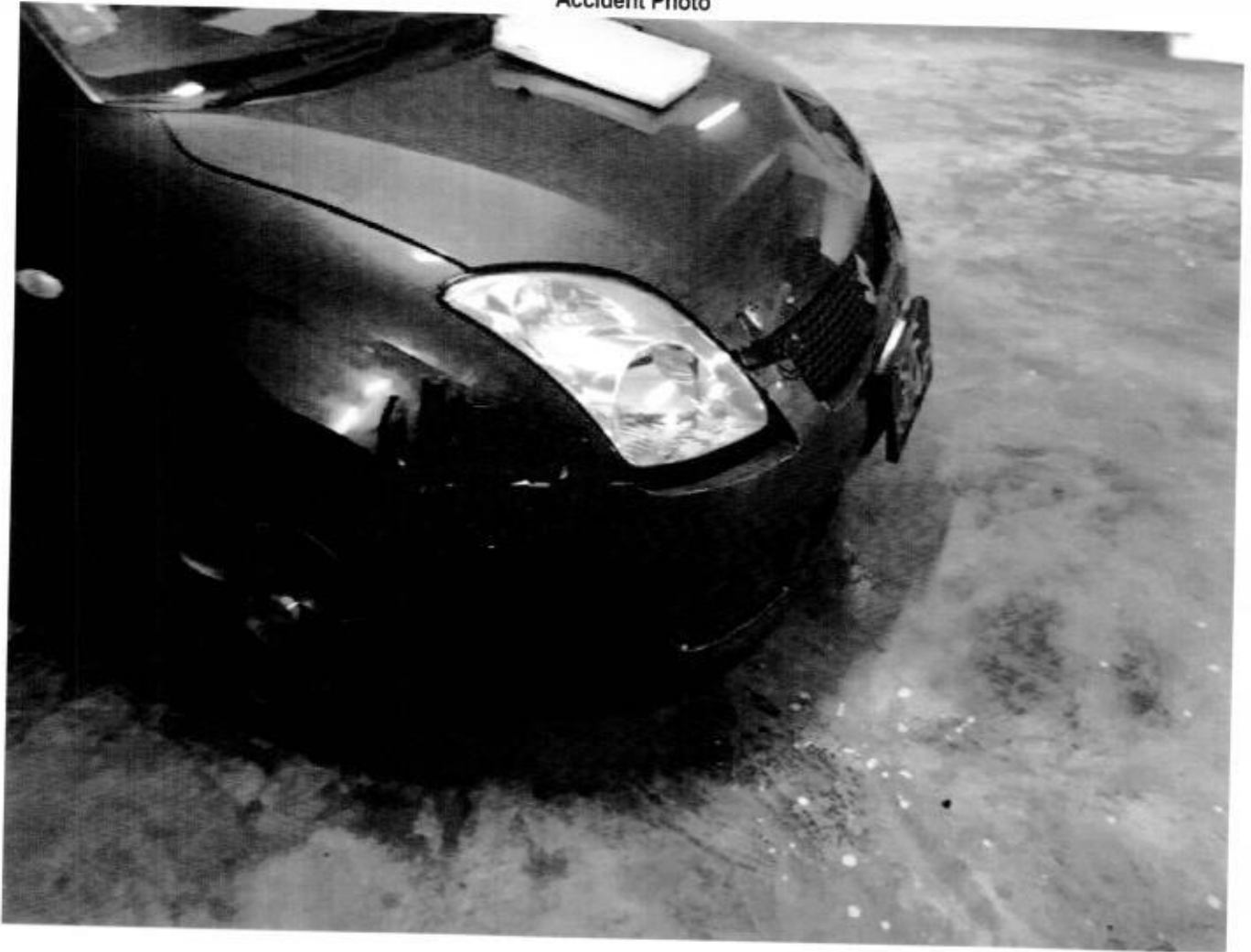
Accident Photo



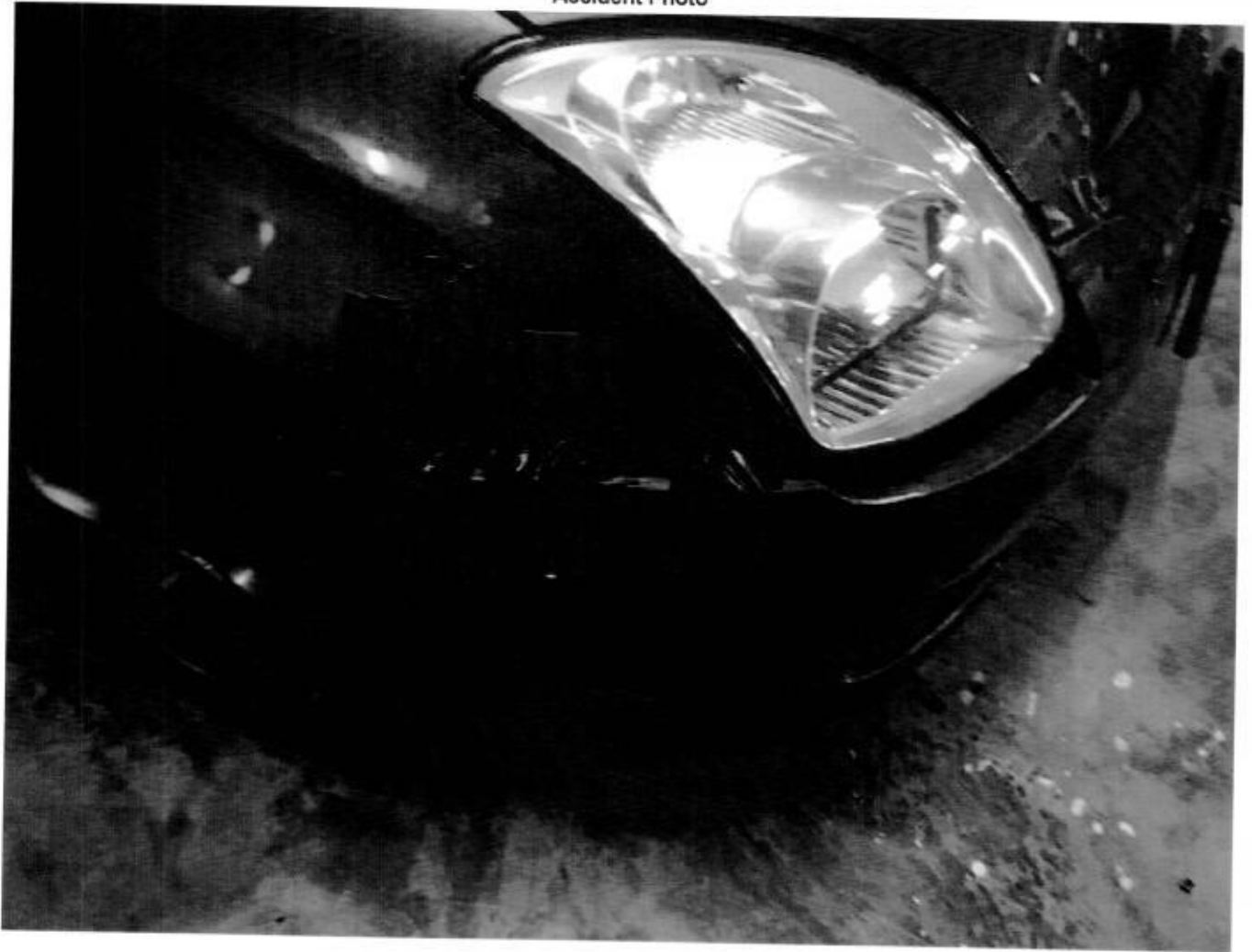
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0137517B



NAME
ABDULLAH BIN ASSAN

RACE
MALAY

Date of Birth
23-06-1951

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0137517B

Name:
ABDULLAH BIN ASSAN

Birth Date: 23 Jun 1951


Issue Date: 04 Mar 2003




000257147C

Identification Card

2314349



NRIC No: S0137517B



Food Group: A+ Date of issue: 26-08-1994

APT BLK 157 WOODLANDS STREET 13 #03-731
SINGAPORE 730157
NRIC No: S0137517B Date: 02/02/2013 No: 7312923

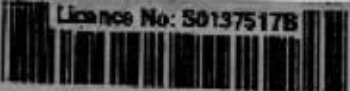
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle Category	PASS DATE
1	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	27 Apr 1994

NP 428A

S / No. 9000233192

Licence No: S0137517B



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MBHH18091912 Vehicle Registration No: SJF3924P
Name (as shown in NRIC) : ABDULLAH BIN ASSAN NRIC/FIN/Passport No : S0137517B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97304416
Email Address : sani.dol@hotmail.com
Date of Accident : 16/07/2018 Time of Accident : 07:05 HRS
Place of Accident : BKE (PIE-CHANGI)
Insurance Company : EQ INSURANCE COMPANY LIMITED

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ATTACHED VIDEO FOOTAGE.

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Lee Wan Qi
NRIC/FIN No.: S9245801F
Date: 17/07/2018

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road, #07-260, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

Report Ref : TP18070025

Date : 30 AUG 2018

JC CONNECTIONS PTE LTD
c/o Hup Ley Huat Motor Spray Painting Services
Blk 1, #01- 35
Kaki Bukit Ave 6
Singapore 417883

THIRD PARTY SURVEY
ACCIDENT OCCURED ON 16 July 2018

Workshop Name and Address

Hup Ley Huat Motor Spray Painting Services
Blk 1, #01- 35
Kaki Bukit Ave 6
Singapore 417883

As per your instruction dated 31 July 2018 with regard to the above matter.
We have carried out a physical inspection on the said SJJ3282L.
We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No :	SJJ3282L	Engine No :	1ZZ3235022
Model :	Toyota Wish 1.8A	Mileage :	n.a km
Year / Capacity :	2009 / 1794 cc	Colour :	Metallic Grey
Chassis No :	JTDER12W603002451		

2. TYRES CONDITION

	Size	Made	Balance	Rim
FRONT O/S :	195/50/R15	Bridgestone	9.00 mm	Sport
REAR O/S :	195/50/R15	Bridgestone	9.00 mm	Sport
FRONT N/S :	195/50/R15	Bridgestone	9.00 mm	Sport
REAR N/S :	195/50/R15	Bridgestone	9.00 mm	Sport

AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road, #07-280, Singapore 470110
Mobile : 9855 6879 Email : automaxsurvey@gmail.com
Registration No. 53110062J

3. DESCRIPTION OF DAMAGES

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

4. Estimated normal period of repair : 05 working days to complete
5. In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter
6. Should you discover any discrepancy in the report, please kindly notify us within 1 week, or the report will be treated as correct.

Disclaimer

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

Vehicle Number : SJJ3282L

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
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List Items

1 pc	Rear bumper	bent	\$ 525.50	\$ 525.50 /
2 pcs	Rear bumper side retainer	bent	\$ 263.44	\$ 263.44 / 120
2 pcs	Rear bumper side attachment	bent	\$ 242.50	\$ 242.50 / NN
2 pcs	Rear bumper center screw clips	necessary	\$ 30.00	\$ 30.00 / 20
8 pcs	Rear bumper clips	necessary	\$ 103.80	\$ 103.80 / 30
2 pcs	Rear bumper stay	bent	\$ 342.80	\$ 342.80 / NN
2 pcs	Rear bumper reflector	bent/distorted	\$ 166.20	\$ 166.20 / 83-19
Parts Sub-Total			\$ 1,674.24	\$ 1,674.24 778.60
Discount 25.00%			\$ 418.56	\$ 418.56
			\$ 1,255.68	\$ 1,255.68 583.95

Vehicle Number : SJJ3282L

SPARE PARTS

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
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Special Nett Items

1 set	Reverse sensor with control unit	electronically shocked	\$ 280.00	\$ 250.00 /
Special Nett Sub-Total			\$ 280.00	\$ 250.00
Spare Parts Total			\$ 1,535.68	\$ 1,505.68


LABOUR COST

S/No	JOB DESCRIPTIONS	Workshop Estimation (S\$)	Our Revised Estimation (S\$)
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	Spare Parts	Total c/f	\$ 1,535.68	\$ 1,505.68
1	To tuff coat affected areas.	\$ 120.00	\$ 100.00	40 X
2	To remove and replace reverse sensor	\$ 150.00	\$ 120.00	20 / 50
3	To respray affected areas	\$ 1,400.00	\$ 1,200.00	600 / 400
4	To renew damaged parts, straighten and repair rear fender, rear chassis member and aligned all parts	\$ 1,200.00	\$ 1,000.00	400 / 300
Total		\$ 4,405.68	\$ 3,925.68	1,893.95

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

\$ 3,150.00


Fong Kok Heng
Qualified Appraiser

3 days repair

L/S - 1515.16
= 7500.00

**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. SJJ 3282L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	BENT	525.50	525.50
2	REAR BUMPER SIDE RETAINER	BENT	263.44	120.00
2	REAR BUMPER SIDE ATTACHMENT	NOT NECESSARY	242.50	-
2	REAR BUMPER CENTER SCREW CLIPS	NECESSARY	30.00	20.00
8	REAR BUMPER CLIPS	NECESSARY	103.80	30.00
2	REAR BUMPER STAY	NOT NECESSARY	342.80	-
2	REAR BUMPER REFLECTOR	BENT / DISTORTED 1PC ONLY	166.20	83.10
	LESS 25% DISCOUNT		-418.56	-194.65
			1,255.68	583.95
	<u>SPECIAL NETT ITEMS</u>			
1	SET REVERSE SENSOR WITH CONTROL UNIT (SN)	ELECTRICAL SHOCKED	280.00	250.00
			280.00	250.00
	<u>LABOUR</u>			
	TO TUFF COAT AFFECTED AREAS.	NOT NECESSARY	120.00	-
	TO REMOVE AND REPLACE REVERSE SENSOR.		150.00	50.00
	TO RESPRAY AFFECTED AREAS.		1,400.00	400.00
	TO RENEW DAMAGED PARTS, STRAIGHTEN AND REPAIR REAR FENDER, REAR CHASSIS MEMBER AND ALIGNED ALL PARTS.		1,200.00	300.00
			2,870.00	750.00
	GRAND TOTAL		4,405.68	1,583.95
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,250.00

Report Ref No. CS1/EQ119001094/Eqd3s2

CHEN TSUE YEE

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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