

ASS. REC. BY _____ REF: CS3 / III 18077051 / R1vd3-1 Special Instruction: _____

Surveyor Rasul ASSIGNMENT (Office)

From (Person): Stanley Lei of III Date/Time: 29/01/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: S(7W) 5509M Insured: SFF 8583D

at Workshop n/s Miracle Wrks Tel: _____

of 48 Ton Guan Rd East #04-126

Policy No: _____ Claim No: MC 2018 / 2782

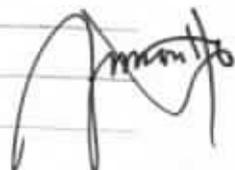
Sum Insured: _____ Excess: _____

Make of Veh (Client's Record): _____ D.O.A. 13091018

CA / REV / REP. / REV 24 HRS w/p _____ H.O.D. Endorsement: _____

Date/Time: 11-12-2018 1034am Person Contacted: Nicole Vehicle: IN / OUT

| Date/Time | Action/Instruction (X) Estimate |
|----------------|---|
| | <u>10/12/2018 - 10/12/2018 @ 5pm</u> |
| | <u>11/12/2018 - 11/12/2018 @ 5pm</u> |
| | <u>Dismantle: 12/12/2018 @ 5pm</u> |
| <u>14/2/19</u> | <u>Submit LS \$ 2600 (Real 2600, 50%), 3 days</u> |

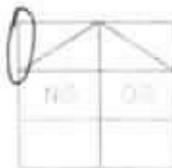

14/2/2019

Revan

4370C
COB EXPIRY: 2027/July

M / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer
 Make: HONDA S2000 2.2M 2156
 Color: WHITE
 Lic. Plate: 119234
 Engine: AP 21001878
 Gear: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt
 Brake: In order / Jammed / Leaked / Burnt
 Mod: Nil / SRim / STD AirRim
 Tyre Size: F: 215/45R17
 R: 1-
 BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSU / PIR / SUMI / TOYO / YOKO
 Front: R-Bal 6 mm
 L-Bal 6 mm
 D.O.A: 13/09/18
 Rear: R-Bal 6 mm
 L-Bal 6 mm
 D.O.A: 12/12/18 @ 9.5am
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop / N/S FRF
 The UIC / Chassis frame / Body Structure affected due to collision

Model: SGW 5509M
 Date: 2007 July
 Remarks: The vch had commenced its repair at the time of inspection
 (Policy Condition)
 Consistent? Yes or No
 Consistent? Yes or No
 Yes or No
 Yes or No
 IN / OUT
 IN / OUT



Date Time: _____
 Action/Instructon: _____
 Days Of Repair: _____
 Resurvey No. of Trip: 1
 Add Fee: 100 / \$
 200 / \$
 300 / \$
 400 / \$
 500 / \$
 Survey Fee: 120
 Insurance: 10
 Total: 130

Prel. Report
 Final Report

PRS

12/20/2018

ASS. REC. BY: _____ REP: CS3 / III 18077051 / Rlvds-1 Special Instruction: _____

Survivor Rasul ASSIGNMENT (Office)

From (Person): Stanley Lei of III Date/Time: 29/01/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: S1W 5509M Insured: SFF 6583D

at Workshop in/s: Miracle Wrks Tel: _____

of 48 Ton Guan Rd East #04-126

Policy No: _____ Claim No: MC 2018 / 2782

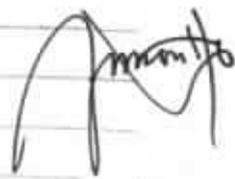
Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13092018

CA / REV / REP. / REV 24 HRS / WP H.O.D. Endorsement: _____

Date/Time: 11-12-2016 1034am Person Contacted: Nicole Vehicle: IN/OUT

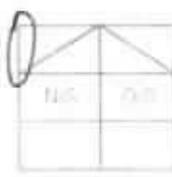
| Date/Time | Action/Instruction (X) Estimate |
|-----------|--|
| | S1W 5509M - M/FELLING / Fuel 1 |
| | SFF 6583D - M/FELLING / Fuel 1 |
| | Diamondelle: 12/12/2018 @ 5pm |
| 14/2/19 | Submit LS \$ 2600 (Real 2600, 50%), 3 days |


14/2/2019

Room

4370C
COB EXPIRY: 2027/July

Reg No: SGW 5509M
 Make of vehicle: MIRACLE WORKZ
 48, not known as car # 04-126
 III / PRS
 Policy No:
 License No:
 Date Insured:
 Make of tyre:
 Policy Condition:
 Remarks: The veh had commenced its repair at the time of inspection
 Reg. or Market value:
 IDAC Accident Report Consistent? Yes or No
 IDAC FR Issue Consistent? Yes or No
 Est. Repair: Days Yes or No
 Surveyed: Yes or No
 UA / REV / REP / 24 HRS
 Date: Repair completed: Vehicle IN / OUT



Reg No: SGW 5509M
 Type: M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer
 Make: HONDA S2000 2.2M 2156
 Colour: WHITE AC Insured / Std / NI / NA
 No. Registered: 119234 (Rajo. Insured / Std / NI / NA)
 Engine:
 C/Vol: AP 21001878
 Gear: Const. Good / Bad / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / SRim / STD AirRim or
 Tyre Size: F: 215/45R17
 R: 1-
 BS / DUN / EXNOVA / GY / FS / LIZA / MID / OHTSU / PIR / SUMI / TOYO / YOKO or
 Front: R/Bal: 6 mm
 L/Bal: 6 mm
 D/OA: 13/09/18
 Rear: R/Bal: 6 mm
 L/Bal: 6 mm
 D/OA: 12/12/18 @ 9.5am
 Survey held at: MIRACLE WORKZ
 Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or
 N/S FAT
 The UIC / Chassis frame / Body Structure affected due to collision

Add Fee: 1st trip \$5
 2nd trip \$5
 3rd trip \$5
 4th trip \$5
 Days Of Repair:
 Resurvey No. of Trip: 1
 Service Fee: 120
 Insurance Fee: 10
 Total: 130
 PRS

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Tuesday, 29 January 2019 5:34 PM
To: 'sur@lkkauto.com'; Admin-D (LKKAuto)
Cc: Mekavathanan Sarangapani; C Meenachi - III
Subject: III REF: MC2018/2782 | REQUEST PAPER SURVEY

Dear Sir/Mdm,

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

TP Veh No. : SGW5509M

Warmest regards,

Stanley Lai

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

S&P 'A-' rated Company



Kindly note that by submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data, sharing your personal data with our service providers (located both inside and outside Singapore) and/or with other insurers in the general insurance industry, including the General Insurance Association of Singapore. This enables us to ensure proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws. If you do not agree to the same, kindly let us know immediately.

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Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

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

India International Insurance Pte Ltd.

Registration No. 198703792-K

FAF

MC2018/2782

| RESERVES | | | |
|-------------------|----------|------|-----------------------|
| TPPD | PRESERVE | 5000 | Paper Survey - 250.00 |
| TPPI | PRESERVE | | |
| UNINSURED LOSS | PRESERVE | | |
| SUBRO | PRESERVE | | |
| LPPN | | | |
| INVESTIGATION FEE | | | |
| SURVEY FEES | | | |
| LEGAL FEES | | | |
| OTHERS | | | |
| FRAUD CHECK | | | |
| UPLOAD TO MERIMEN | | | |
| GRANT RIGHTS | | | |

Cal
22/1/19

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 4793
DESTINATION ADDRESS 962925938
SUBADDRESS
DESTINATION ID
ST. TIME 22/01 18:02
TX/RX TIME 00' 21
PGS. 1
RESULT OK

FAXED
22 JAN 2019
MOTCLM DEPT.



883 North Bridge Road
#11-03 Southbank
Singapore 198785
T: 6292 5838
F: 6202 5938
(UEN No. 201333127N)
(GST Reg No. 201333127N)

Our Ref : CY.10316.19.MW(HW).wp(Lh)
Your Ref : Your insured vehicle **SFF 8583D**

18 January 2019

The Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street #04/#05 IOB Building
Singapore 049711

We have received your letter, dated 15/01/2019, in relation to the above-captioned matter. We do not dispute the fact that you are the insured party in relation to the above-captioned matter. We hereby note that you are permitted to contact a medical professional to your own expense.
BY HAND
Case No: MC2018/2782
Agent: Meena
Date: 22/1/19
India International Insurance Pte Ltd

Dear Sirs

ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES SGW 5509M & SFF 8583D ON 13.09.2018 @ 22:00HRS ALONG BLOCK 223 YISHUN ST 21 OSCP

We are instructed by **Tan Siew Hoon, Pauline** to claim damages and losses against you in connection with the above-captioned road traffic accident which our client's vehicle **SGW 5509M** was damaged by vehicle **SFF 8583D** by your insured at the material time.

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

| | |
|-------------------------------|--------------------|
| 1) Repair Costs | \$ 5,564.00 |
| 2) Loss of Use | \$ 1,350.00 |
| 3) Survey Fee | \$ 450.00 |
| 4) LTA fee | \$ 7.49 |
| 5) Accident report fee | \$ 29.00 |
| 6) Costs & Incidental | \$ 800.00 |
| 7) GST on costs & Incidentals | \$ 56.00 |
| | \$ 8,256.49 |

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



Our Ref : CY.10316.19.MW(HW).wp(Lh)

Your Ref : Your insured vehicle **SFF 8583D**

18 January 2019

The Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street #04/#05 IOB Building
Singapore 049711

BY HAND

MC 2018/2782
Meena.
22/1/19

Dear Sirs

ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES SGW 5509M & SFF 8583D ON 13.09.2018 @ 22:00HRS ALONG BLOCK 223 YISHUN ST 21 OSCP

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| 6) Costs & Incidental | \$ 800.00 |
| 7) GST on costs & Incidentals | \$ 56.00 |
| | <u>\$ 8,256.49</u> |

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

- 1) Accident report on our client's vehicle
- 2) Survey Report on SGW 5509M with coloured photographs
- 3) Final repair bill
- 4) LTA Search on SFF 8583D

We had on **19 September 2018** notified your company of the above accident and a pre-repair inspection was carried out by your appointed surveyor.

Please let us know within the next seven (7) days upon receipt of this letter whether you intend to re-inspect our client's vehicle failing which the said vehicle will no longer be available for the same.

(CY.10316.19.MW(HW).wp(Lh))

Page 2

Please note that you should send to us an acknowledgment of receipt of this letter within fourteen (14) days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you.

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

Yours faithfully



C. YOGARAJAH LLC
Enc

Cc **YEO ENG KIAT**
Block 223 Yishun St 21
#04 - 465
Singapore 760223
(Documents were enclosed to your insurers)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|--------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 4370C |
| Vehicle Details | |
| Vehicle No.: | SGW5509M |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 03 Jan 2019 |
| Vehicle Make: | HONDA |
| Vehicle Model: | S2000 2.2 M |
| Primary Colour: | White |
| Manufacturing Year: | 2007 |
| Engine No.: | F22C1001885 |
| Chassis No.: | AP21001878 |
| Maximum Power Output: | 178.0 kW (238 bhp) |
| Open Market Value: | \$37,909.00 |
| Original Registration Date: | 23 Jul 2007 |
| First Registration Date: | 23 Jul 2007 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$41,700.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Forfeited |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 22 Jul 2027 |
| COE Category: | B - Car (1601cc & above) |
| COE Period(Years): | 10 |
| PQP Paid: | \$52,473.00 |
| COE Rebate Amount: | \$44,870.00 |
| Total Rebate Amount: | \$44,870.00 |

The information contained herein is correct as at 03 Jan 2019

OK

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 | 17/09/2018 15:11 |
| Date Of Accident | 13/09/2018 22:00 |
| Exact Location Of Accident | BLK 223 YISHUN ST 21 OSCP |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|------------------------------|
| Vehicle Registration Number | SGW5509M |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN SIEW HOON PAULINE |
| NRIC No | S7424370C |
| Email Address | PAULINETAN@STAFFINGNETWK.COM |
| Mobile Phone No | (LOCAL) +65-97651987 |
| Alternative Phone No | OTHERS-96999665 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | S2000-2.2 (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | 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 | GA257513 |
| Cover Note Number | 23/07/2018 - 22/07/2019 |
| Driver | |
| Name of Driver | ON SHAW MING |
| NRIC No | S7714070J |
| Date Of Birth | 07/05/1977 |
| Occupation | INDOOR |
| Date Of Driving Pass | 05/01/2004 |
| Driving Experience | 14 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96999665 |
| Fax Number | |
| Contact Number | OTHERS-97651987 |
| Email Address | ONFERRE@GMAIL.COM |

| | |
|---|---------------------------------|
| Address | BLK 223 YISHUN ST 21 #09-475 |
| Postcode | 760223 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|---|
| Type Of Accident | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 0 |

Details of Police Action

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

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SFF8583D |
| Vehicle Make/Model/Colour | |
| 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

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 reudiate 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: 15/09/18
1042

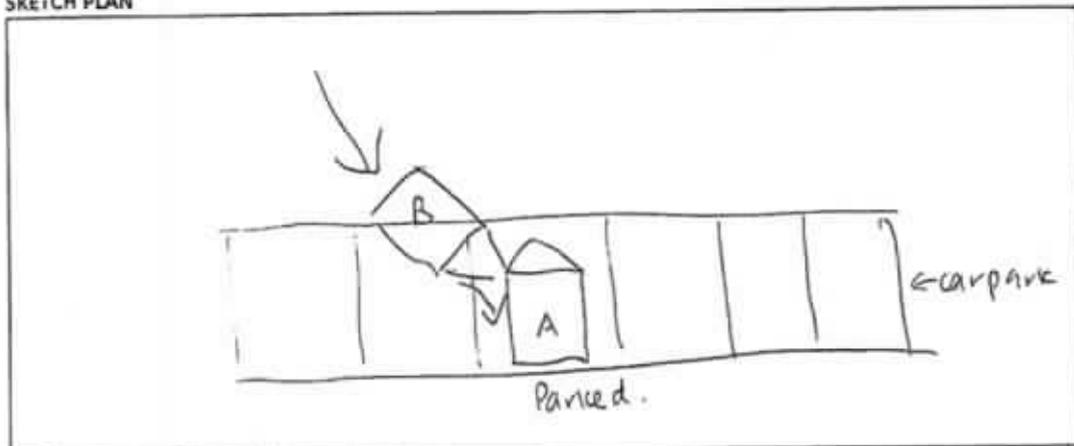


Reporting Company Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 130918 Time: 2200hrs Location: Blk 223 Yishun St 21 OSCP
 My Vehicle A: S6W5509M Vehicle B: SFF8583D Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 130918 at about 2200hrs, my car ^{which was} parked at Yishun St-21 carpark, just next to Blk 223 got hit by another car, vehicle B. I was not inside the car, vehicle A.

On 140918 in the morning when I got into my car, I realized there was damage and my in-car camera prompted me of an accident. I also found a note on my windscreen stating that the driver had accidentally hit my car and would like to request for private mutual settlement.

I called AXA to report and subsequently went to the authorised workshop Ah Lim Motors to provide details.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:
 My workshop :
 Email address :
 & myself :
 Email address : Orferie@gmail.com

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

DECLARATION

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

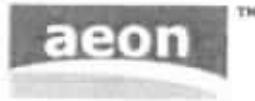
[Signature]
 Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 15/09/18
10:10

[Signature]
 Reporting Personnel's Signature
 Name:
 NRIC/PIN No.:



AXA REINSURANCE COMPANY



INVOICE

TO : TAN SIEW HOON PAULINE
C/O: MIRACLE WORKZ PTE LTD
48 TOH GUAN ROAD EAST,
#04-126 ENTERPRISE HUB,
SINGAPORE 608586

Invoice No.: 1218/MW903
Date: 30-Dec-2018

PARTICULARS

Vehicle Registration No.: SGW 5509 M
Date of Loss: 13-Sep-2018
Date of Assessment: 10-Dec-2018

SERVICES

FEES

1. Assessment with report Photographs -
Including films, developing, storage and Transport. \$450.00

TOTAL \$450.00

SINGAPORE DOLLARS FOUR HUNDRED FIFTY ONLY

We would appreciate your cheque crossed and made payable to:
"AEON AUTO CONSULTANTS LLP" with our invoice no. written on the back of the cheque.

AEON AUTO CONSULTANTS LLP



AEON AUTO CONSULTANTS LLP

50 Chin Swee Road #09-04 Thong Chai Building Singapore 169874
Telephone +65 97687958 Facsimile +65 68264112 Email amas@aeonac.com
Reg. No. 110701273L (registered with limited liability)

AUTOMOBILE ASSESSMENT REPORT

TO: TAN SIEW HOON PAULINE
C/O: MIRACLE WORKZ PTE LTD
48 TOH GUAN ROAD EAST,
#04-126 ENTERPRISE HUB,
SINGAPORE 608586

Our Reference: 1218/MW903
Date: 30-Dec-2018

ASSESSMENT OF VEHICLE NO. SGW 5509 M
DATE OF LOSS: 13-Sep-2018

We have carried out a physical assessment at **MIRACLE WORKZ PTE LTD**,
48 Toh Guan Road East, #04-126 Enterprise Hub, Singapore 608586, according to your instruction
on **10-Dec-2018** and are pleased to submit our report herewith.

1. VEHICLE PARTICULARS

Registration No.: SGW 5509 M
Make & Model: HONDA S2000 2.2 M
Year of Registration: 2007
Engine Capacity: 2156
Chassis No.: AP21001878
Engine No.: F22C1001885
Colour: WHITE
Mileage (km): 119234

2. VEHICLE CONDITION

Body Paint: GOOD
Steering: SERVICEABLE
Foot Brake: SERVICEABLE
Parking Brake: SERVICEABLE
Modification: NIL

I. TYRE PARTICULARS & CONDITION

Front
RH Make/Size/Thread: MICHELIN 215/45 R17 - 75%
LH Make/Size/Thread: MICHELIN 215/45 R17 - 75%

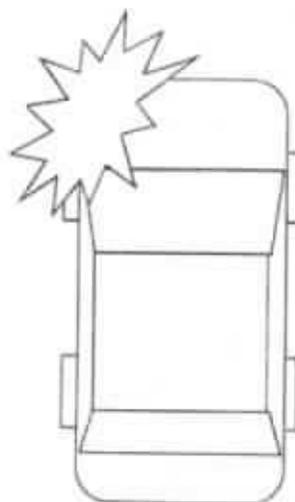
Rear
RH Make/Size/Thread: CONTINENTAL 245/45 R17 - 75%
LH Make/Size/Thread: CONTINENTAL 245/45 R17 - 75%

4. DESCRIPTION OF DAMAGE

At the time of the inspection, the vehicle sustained damages to the FRONT portion.

5. REMARKS

| | |
|------------------------|-------------------|
| Market Value: | Na |
| Salvage Value: | Na |
| Repair Limit: | Na |
| Estimated Amount: | \$8,175.66 |
| Adjusted Amount: | \$6,500.08 |
| Lump Sum: | \$5,200.00 |
| Estimated Repair Days: | 7 days |



Pursuant to your instruction, we have **NOT AUTHORISED** repair.
The assessment was conducted on a "Without Prejudice" basis.
If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

Disclaimer

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

ASSESSMENT REPORT FOR VEHICLE NO. SGW 5509 M

PARTS (LIST ITEMS)

| Qty | Description | Condition | Workshop's Estimate | Our Assessment |
|-------------------|---------------------------------|-----------|---------------------|-------------------|
| 1 | FRONT LH HEADLAMP | Cracked | 1,259.00 | 1,259.00 |
| 2 | FRONT LH HEADLAMP CLIPS | Necessary | 13.00 | 13.00 |
| 1 | FRONT LH HEADLAMP LOWER BRACKET | Bent | 122.40 | 122.40 |
| 1 | FRONT BUMPER | Cracked | 1,472.60 | 1,472.60 |
| 1 | FRONT BUMPER CENTER AIR GRILLE | Cracked | 168.60 | 168.60 |
| 2 | FRONT BUMPER FOGLAMP COVER L/R | Cracked | 81.40 | 81.40 |
| 1 | FRONT BUMPER REINFORCEMENT | Repair | 469.58 | - |
| 2 | FRONT BUMPER SIDE RETAINER L/R | Bent | 72.60 | 72.60 |
| 1 | FRONT LH FENDER | Bent | 897.80 | 897.80 |
| 1 | FRONT LH FENDER '2000 S' EMBLEM | Reuse | 58.40 | - |
| 1 | FRONT LH FENDER SIGNAL LAMP | Reuse | 68.40 | - |
| 1 | FRONT LH FENDER INNER SHIELD | Cracked | 162.70 | 162.70 |
| 1 | FRONT SUPPORT PANEL | Repair | 923.10 | - |
| | | | 5,769.58 | 4,250.10 |
| Less 20% discount | | | 1,153.92 | 850.00 |
| Parts Total: | | | 4,615.66 | 3,400.00 |

2907.30
 20%
2325.84

ASSESSMENT REPORT FOR VEHICLE NO. SGW 5509 M

SPECIAL NETT ITEMS

| | | | | | |
|----------------------|--|-----------|-----------------|------------------|-----------------|
| 1 | FRONT LH HEADLAMP BALAST - SET | Faulty | 600.00 | 111 X | 600.00 |
| 1 | FRONT LH HEADLAMP H.I.D BULB | Faulty | 380.00 | 111 X | 380.00 |
| 1 | FRONT BUMPER CLIPS - SET | Necessary | 30.00 | | 30.00 |
| 1 | FRONT LH FENDER INNER SHIELD CLIPS - SET | Necessary | 30.00 | | 30.00 |
| Special Nett Total : | | | <u>1,040.00</u> | | <u>1,040.00</u> |

60

LABOUR

| S/N | Description | Workshop's Estimate | Our Assessment |
|--------------------------------------|---|---------------------|-------------------------|
| 1 | To remove, reinstall electrical wiring harness, check lighting and rewire for parking sensor. | 120.00 | 300 100.00 |
| 2 | To remove, reinstall top trim upholstery, cushion seat, trim garnish, trim liner carpet. | 100.00 | X 80.00 |
| 3 | To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident. | 1,000.00 | 500 800.00 |
| 4 | To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident. | 1,200.00 | 350 1,000.00 |
| 5 | To apply anti-rust chemical on repaired and replaced panel. | 100.00 | 20 80.00 |
| Labour Total : | | <u>2,520.00</u> | <u>2,060.00</u> |
| TOTAL (PARTS & LABOUR) \$ | | <u>8,175.66</u> | <u>6,500.00</u> |

900

The workshop has agreed to undertake the repair on a Lump Sum basis.
 The final adjusted Lump Sum contract amount is

\$5,200.00

(SINGAPORE DOLLARS FIVE THOUSAND TWO HUNDRED ONLY)



mas Ong
 Automobile Assessor

2325.84
 60.00
 900.00

 3285.84
 20%
 657.17
 413-2,600

 3 days



MIRACLE WORKZ PTE LTD

CO.REF: 201119510W
GST Registration No: 201119510W
NO 48 TOH GUAN ROAD EAST
#04-126 ENTERPRISE HUB
SINGAPORE 608586
DIRECT LINE: 96472568
TEL: 64683096
FAX: 65155434

Attn: Motor Claims Department
India International Insurance Pte Ltd
64 Cecil Street
#04/#05 IOB Building
Singapore 049711

Final Bill: MW-293-5509
Date: 08/01/2019
Vehicle No: SGW5509M
Make & Model: Honda S2000 2.2
Accident Date: 13/09/2018
Third Party Vehicle: SFF8583D

| S/N | DESCRIPTION | AMOUNT |
|-----|-----------------------|------------|
| 1 | REPAIR COST (LUMPSUM) | \$5,200.00 |

| | |
|---------------------|-------------------|
| SUB TOTAL | \$5,200.00 |
| 7% GST TOTAL | \$364.00 |
| GRAND TOTAL | <u>\$5,564.00</u> |

Kindly make payment to : MIRACLE WORKZ PTE LTD

MIRACLE WORKZ PTE LTD

Enquire Vehicle & Owner Information (Vehicle No. SFF8583D As At 13 Sep 2018 / 22:00:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: CY.SGW5509M.18.HW.WP

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S8031868E

Owner Name: YEO ENG KIAT

Registered Address Type: HDB / HUDC

Registered Block/House No.: 223

Registered Street Name: YISHUN STREET 21

Registered Unit No.: # 04 - 465

Registered Building Name: -

Registered Postal Code: 760223

Current Vehicle Details

Vehicle No.: SFF8583D

Make Description/Model: HONDA / VEZEL 1.5X SENSING

Insurance Company Name: INDIA INT'L INS PTE LTD

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 | 17/09/2018 15:11 |
| Date Of Accident | 13/09/2018 22:00 |
| Exact Location Of Accident | BLK 223 YISHUN ST 21 OSCP |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SGW5509M |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN SIEW HOON PAULINE |
| NRIC No | S7424370C |
| Email Address | PAULINETAN@STAFFINGNETWK.COM |
| Mobile Phone No | (LOCAL) +65-97651987 |
| Alternative Phone No | OTHERS-96999665 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | HONDA |
| Model | S2000-2.2 (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | 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 | GA257513 |
| Cover Note Number | 23/07/2018 - 22/07/2019 |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ON SHAW MING |
| NRIC No | S7714070J |
| Date Of Birth | 07/05/1977 |
| Occupation | INDOOR |
| Date Of Driving Pass | 05/01/2004 |
| Driving Experience | 14 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96999665 |
| Fax Number | |
| Contact Number | OTHERS-97651987 |
| Email Address | ONFERRE@GMAIL.COM |

| | |
|---|---------------------------------|
| Address | BLK 223 YISHUN ST 21 #09-475 |
| Postcode | 760223 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|---|
| Type Of Accident | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 0 |

Details of Police Action

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

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SFF8583D |
| Vehicle Make/Model/Colour | |
| 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

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.


 Policyholder's Signature
 Date & Time:

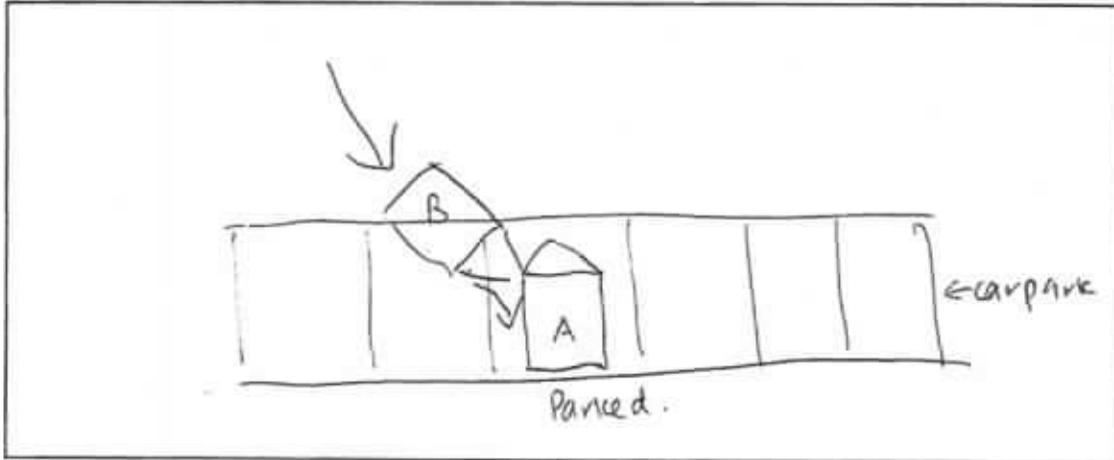

 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 15/09/18
 1042


 Reporting Officer's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 130918 Time: 2200hrs Location: Blk 223 Yishun St 21 OSEP
 My Vehicle A: SGW 5509M Vehicle B: SFF 8583D Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

which was
 On 130918 at about 2200hrs, my car ~~is~~ parked at Yishun St 21 carpark, just next to Blk 223 got hit by another car, vehicle B. I was not inside the car, vehicle A.
 On 140918 in the morning when I got into my car, I realized there was damage and my in-car camera prompted me of an accident. I also found a note on my windscreen stating that the driver had accidentally hit my car and would like to request for private mutual settlement.
 I called AXA to report and subsequently went to the outboard workshop Ah Lim Motors to provide details.

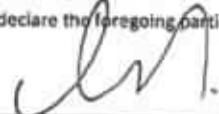
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:
 My workshop :
 Email address :
 & myself :
 Email address : Orferie@gmail.com

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

DECLARATION

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


 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 15/09/18
10:10


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



redefining / insurance

AXA Insurance Pte Ltd
 1900 880 4888 (Within Singapore)
 (65) 8880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

TAN SIEW HOON PAULINE
 1 ESSEX ROAD
 #19-04 THE STRATA
 SINGAPORE 309329

Renewal

date
 21/07/2018

your servicing distributor
INTRADE AGENCY AND SERVICES /
 04279

your servicing distributor contact
 62551404

Policy Schedule

Your SmartDrive Comprehensive For Her

Your policy snapshot

| | | | |
|---------------------|--|---------------|----------------|
| Policyholder name | TAN SIEW HOON PAULINE | Policy number | VA1 / GA257513 |
| Cover | Comprehensive | FIN / NRIC | S7424370C |
| Period of Insurance | from 23/07/2018 to 22/07/2019 (both dates inclusive) | | |

Premium breakdown

| | |
|-----------------------------|---------------------|
| Gross Premium after 50% NCD | SGD 1,096.47 |
| Total Discounts | - SGD 58.45 |
| 7% GST | SGD 72.66 |
| Final Premium | SGD 1,110.68 |

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive For Her Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Daily Transport Allowance of \$50 for a maximum of ten (10) days
- Basic Own Damage Excess Waiver from Third Year if you are accident-free during the first two (2) years.
- Phone assistance and roadside support
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers
- Courtesy car Standard in Singapore up to ten (10) days
- No Claim Discount Protector

Vehicle details

| | | | |
|--------------------------------|-----------------|------------------------|-------------|
| Make & Model of Vehicle | HONDA S2000 2.2 | Year of manufacture | 2007 |
| Vehicle registration number | SGW5509M | Type of Use | Private use |
| Body type | COUPE | Engine capacity (c.c.) | 2156 |
| Seating capacity (excl driver) | 4 | Engine number | F22C1001885 |
| Off-Peak car | No | Chassis number | AP21001878 |

| | |
|----------------------------------|--|
| Insured's Estimated Market Value | Market Value at the time of Loss (including accessories and spare parts) |
| Limitation to use | As per Certificate of Insurance |
| Finance Loan Company | Nil |

Excess applicable (refer to Policy Wording for other applicable Excesses)

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

Sketch Plan Pg. 4

Sketch Plan Pg. 7



Car owner: Name: Pauline Tan Siew Hoon
 Nric: S7424370 C
 Contact: 9765 1987
 email: paulinetan@staffingnetwk.com

96996665
 dlc ~~Net/dm/ny~~
 YPI camera
 NO nyng
 Qix



~~eye witness~~ start
~~Qix~~

dear Sir,

I accidentally
bump into your car. So far
I see there is no dent
but scratches on your left
side front bumper. We would
like to settle privately.
Pls call my husband @
9889 9055. I'm very
sorry for the scratched.

To Whom It May Concern,

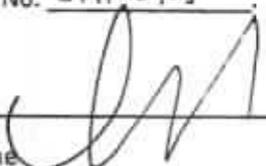
Accident involving my vehicle no. S6W5509M on 13/09/18 (date) with
SFF8583D (other vehicle no) along Blk 223 Yishun Fing Rd OSCP

I, Tan Swee Hoon Pauli Nric No. S7424370 C

Owner of vehicle no. S6W5509M am aware of the accident of my vehicle on
13/09/18 (Date) while car was driven by on SWH My

Nric No. S774070J. I hereby, authorise him / ~~her~~ to make the report.

X


Name

Date:

.....
To fill in if there is a OD claim

N.A

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

X

.....
Name

Date:



redefining / insurance

Date: 17/2/18

To: Owner of Vehicle Number: SGWS 5217

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff Zila / Eileen / Mui Hong.

Please tick the applicable box if you had been advice on the content as seen below:

- You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
 - You had been advised by the workshop on the liability and merits of the case accordingly.
 - You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
 - There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
 - There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
 - The estimated waiting time for the spare parts to arrive is _____ The estimated arrival time does not include the repair period.
 - You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
 - For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your insurance Company will be carrying out repairs using *any combination* of genuine original parts and/or original equipment manufacturer (OEM) parts.
- You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
 - For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- Others Claim Towel Policy

Signed and acknowledge by:

DN SHAW MINH
Name and signature of policyholder/authorised driver

[Signature]
Name and signature of workshop personnel including company stamp



Accident Photo



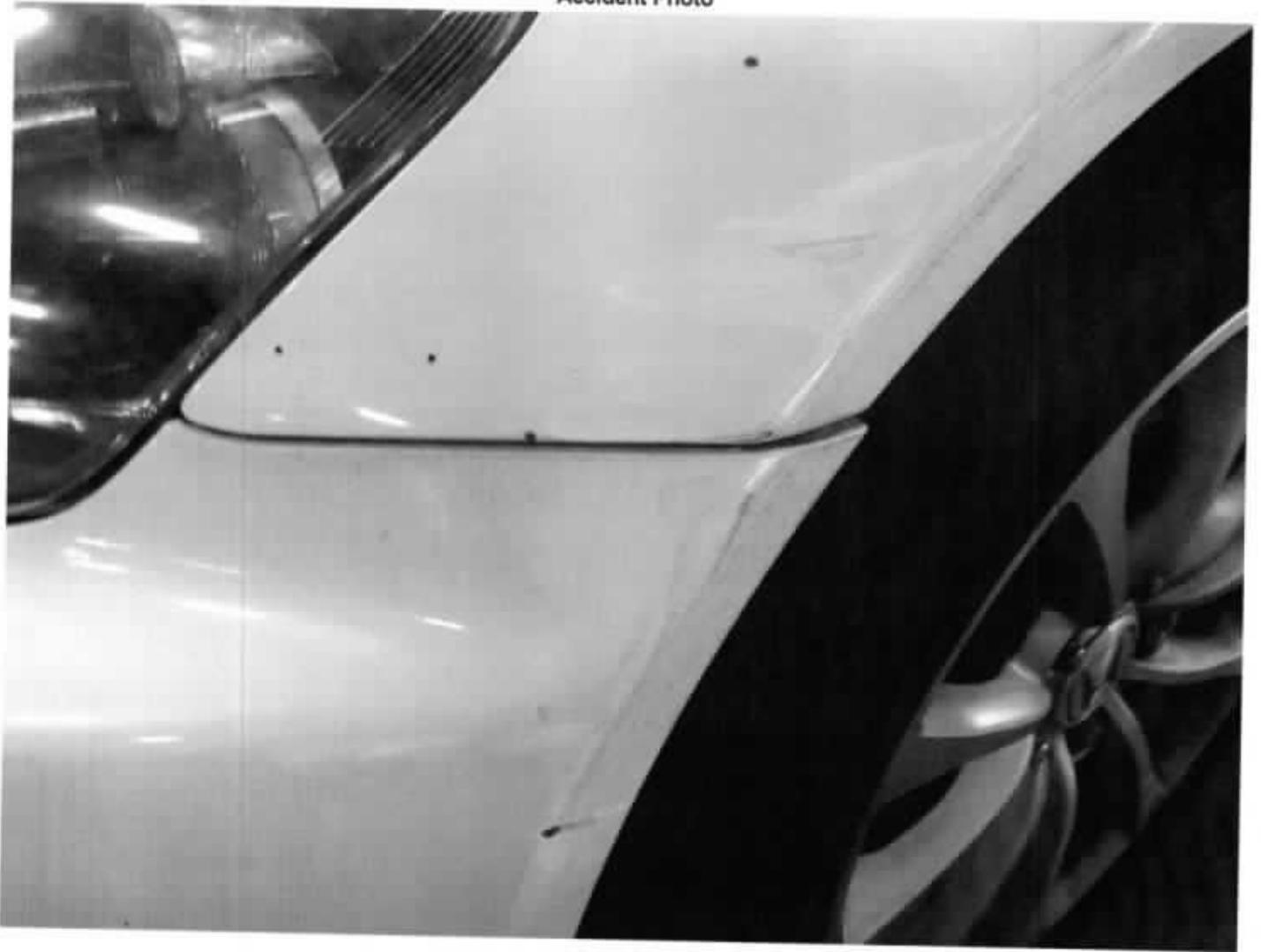
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



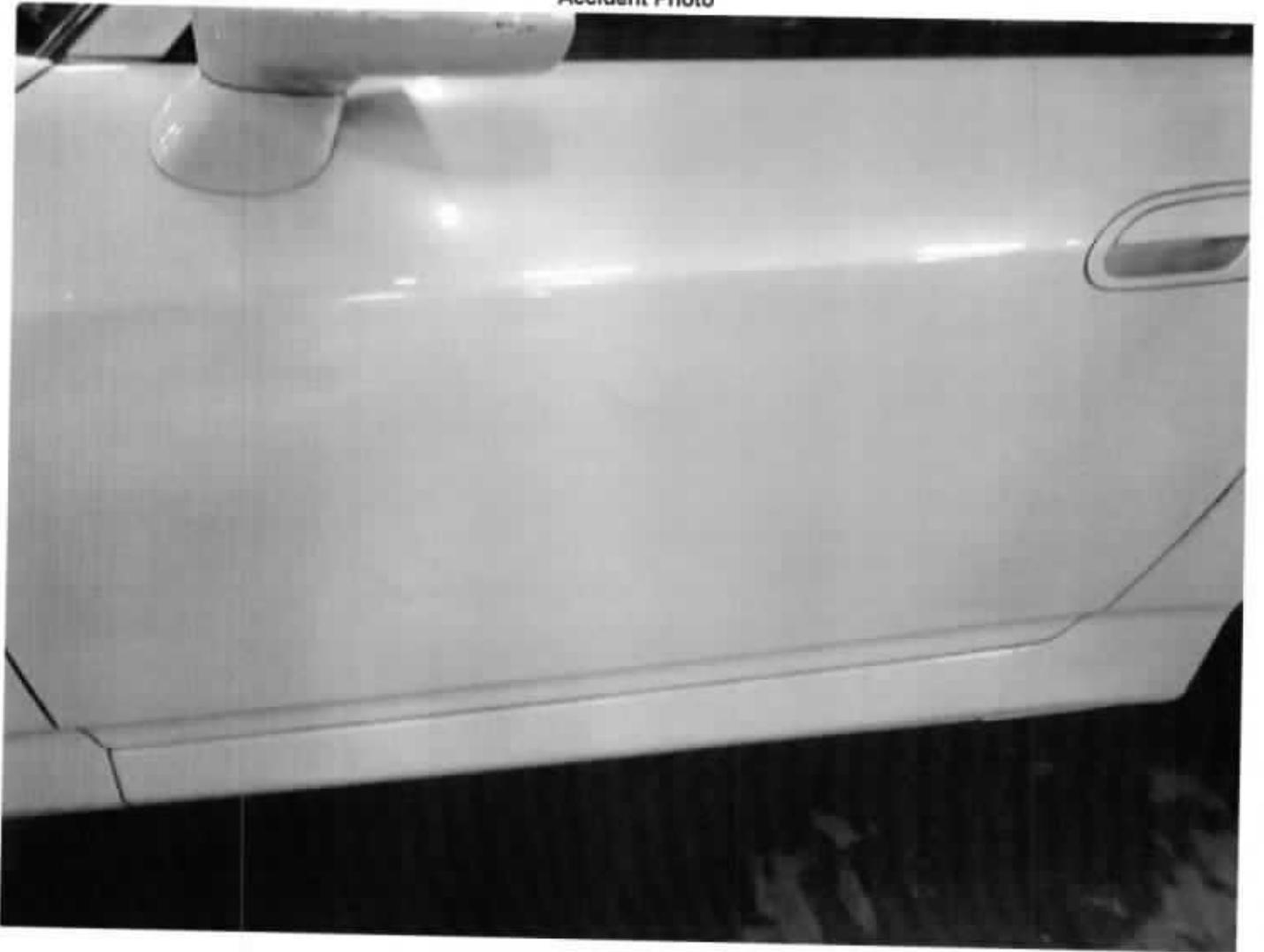
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE 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 | 29/09/2018 09:15 |
| Date Of Accident | 12/09/2018 22:00 |
| Exact Location Of Accident | BLK 223 YISHUN STREET 21 CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SFF8583D |
| Insured/Policyholder | |
| Name Of Registered Owner | YEO ENG KIAT |
| NRIC No | S8031868E |
| Email Address | E_K_YEO10@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-98899055 |
| Alternative Phone No | OFFICE-88182861 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | VEZEL |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | M494008 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | NG WUINEE (HUANG HUINI) |
| NRIC No | S8103712D |
| Date Of Birth | 02/02/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/07/2003 |
| Driving Experience | 15 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-88182861 |
| Fax Number | |
| Contact Number | |
| Email Address | E_K_YEO10@YAHOO.COM |

| | |
|---|-------------------------------------|
| Address | BLK 223 YISHUN STREET 21 #04-465 |
| Postcode | 760223 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| Insurance Company of Driver's Own Vehicle | - |

General Information of the Accident

| | |
|--------------------|------------------------------|
| Type Of Accident | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION) |
| Police Station Address | ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2180000 - FAX NO: 64814246 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER POLICE REPORT

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 | SGW5509M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MING |
| NRIC/Passport Number | |
| Contact Number | 8321470 |
| 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 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: 27/07/18


Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/07/18


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Nk WINEE tried to park my car SFF8583D when accidentally scratch SGW5509M. There is not dent on bumper (front) or any parts of the car. Only scratch at front bumper and side skirting during parking at a very low speed. I didn't hit SGW5509M side mirror or front right door but owner insisted I did. Police report has been made after advice from agent and I did.

DECLARATION

(We declare the foregoing particulars are true in every respect)

Policyholder's Signature
Date & Time: 27/09/18

Driver's Signature
(if driver is not the policyholder)
Date & Time: 27/09/18

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



**SINGAPORE
POLICE FORCE**



F/20180927/7036

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180927/7036

My wife was involved in a minor parking accident with stated car plate on 12/9/18 between 2155hours to 2200hours.

We left the notes to the owner to contact us back. It was only on Friday 14/9/18 that the owner contacted us back as I'm in oversea between 10/9/18 to 14/9/18. We agreed to meet on 15/9/18 at HAPPEN PLACE.

On 15/9/18, i nego with owner about private settle (SGD300 or bring to car my workshop at my cost). It was rejected and told me that the repair car area (Scratch along upper skirting and front bumper skirting) will have different colour and doesn't look nice. He will nego with the real owner with this case if they are fine with SGD300 or repair at my workshop at my cost. They told me that the car workshop have quoted SGD700 and SGD300 for 3 days rental due to workshop is very busy. I have informed him that the side mirror and the side door area is not done by my car but he doesn't care and he told me that it has to respray the whole car. They know how to do this method and last 6 months they have claim a merc tax and didn't repair and get SGD500. I think see the bumper with paint off. I did inform him about my NCD protection and i can see he is trying to think very hard to sqzee me.

It was rejected on 16/9/18 that they can't accept the terms and will proceed with the claim.

It is suspected that they will do a over claim and I received a phone car on 17/9/18 at around 1213 hours that it will be higher than SGD1,000

I have redo my car that is having a bigger impact at a cost of SGD250 at a singapore located workshop. Until 26/9/18, the car was not repair and my agent told me to make a report at IDAC and IDAC informed me to make a polica report.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 27/09/2018 17:58 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |



**SINGAPORE
POLICE FORCE**



F/20180927/7036

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180927/7036

| Subjects Involved | | | |
|---------------------------|---|--------------|-----------|
| Victim | | | |
| Person Name | YEO ENG KIAT | | |
| ID Type | NRIC NO | ID No | S8031868E |
| Gender | Male | Age | 37 |
| Race | Chinese | Language | English |
| Occupation | Sales and related associate professional nec | Address Type | |
| Address | APT BLK 223 YISHUN STREET 21 #04-465 SINGAPORE 760223 | Mobile No | 98899055 |
| Is Informant A Victim? | Yes | | |
| Person Name | YEO ENG KIAT (Informant) | | |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

27/09/2018 17:58

Classification Of Case:

Accident Photo



Accident Photo
Reporting



Accident Photo



Accident Photo

Reporting



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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 | | | |
|--|--|---------------------------------|---|
| INDIA INTERNATIONAL INSURANCE PL | | Ref : CS3/III18017051/R1vd3e2-1 | |
| 64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711 | | Date : 15-02-2019 |  |
| | | Code : III2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SFF 8583D | Veh. Inspected | SGW 5509M |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | MC2018/2782 | Excess (\$) | 0.00 |
| Assign From | STANLEY LAI | Assign Date | 29/01/2019 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | HONDA S2000 2.2 M | c.c | 2156 |
| Engine No. | HIDDEN | Year of Reg. | 2007 |
| Chassis No. | AP21001878 | Colour | WHITE |
| Odometer | 119234 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | FAIR | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 215/45 R17 | MICHELIN | 6 mm |
| L/H Front Tyre | 215/45 R17 | MICHELIN | 6 mm |
| R/H Rear Tyre | 215/45 R17 | MICHELIN | 6 mm |
| L/H Rear Tyre | 215/45 R17 | MICHELIN | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 13/09/2018 | Inspection Date | 12/12/2018 |
| Survey held at | MIRACLE WORKZ PTE LTD 48 TOH GUAN ROAD EAST #04-126 ENTERPRISE HUB SINGAPORE 608586 | | |
| 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: | | 3 Working Days | |



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGW 5509M

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | FRONT LH HEADLAMP | CRACKED | 1,259.00 | 1,259.00 |
| 2 | FRONT LH HEADLAMP CLIPS | NECESSARY | 13.00 | 13.00 |
| 1 | FRONT LH HEADLAMP LOWER BRACKET | NOT NECESSARY | 122.40 | - |
| 1 | FRONT BUMPER | CRACKED | 1,472.60 | 1,472.60 |
| 1 | FRONT BUMPER CENTER AIR GRILLE | NOT NECESSARY | 168.60 | - |
| 2 | FRONT BUMPER FOGLAMP COVER L/R | NOT NECESSARY | 81.40 | - |
| 1 | FRONT BUMPER REINFORCEMENT | TO REPAIR SEE LABOUR | 469.58 | - |
| 2 | FRONT BUMPER SIDE RETAINER L/R | NOT NECESSARY | 72.60 | - |
| 1 | FRONT LH FENDER | TO REPAIR SEE LABOUR | 897.80 | - |
| 1 | FRONT LH FENDER '2000 S' EMBLEM | REUSE | 58.40 | - |
| 1 | FRONT LH FENDER SIGNAL LAMP | REUSE | 68.40 | - |
| 1 | FRONT LH FENDER INNER SHIELD | CRACKED | 162.70 | 162.70 |
| 1 | FRONT SUPPORT PANEL | TO REPAIR SEE LABOUR | 923.10 | - |
| | LESS 20% DISCOUNT | | -1,153.92 | -581.46 |
| | | | 4,615.66 | 2,325.84 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | SET FRONT LH HEADLAMP BALAST (SN) | NOT NECESSARY | 600.00 | - |
| 1 | FRONT LH HEADLAMP H.I.D BULB (SN) | NOT NECESSARY | 380.00 | - |
| 1 | SET FRONT BUMPER CLIPS (SN) | NECESSARY | 30.00 | 30.00 |
| 1 | SET FRONT LH FENDER INNER SHIELD CLIPS (SN) | NECESSARY | 30.00 | 30.00 |
| | | | 1,040.00 | 60.00 |
| <u>LABOUR</u> | | | | |
| | TO REMOVE, REINSTALL ELECTRICAL WIRING HARNESS, CHECK LIGHTING AND REWIRE FOR PARKING SENSOR. | | 120.00 | 30.00 |
| | TO REMOVE, REINSTALL TOP TRIM UPHOLSTERY, CUSHION SEAT, TRIM GARNISH, TRIM LINER CARPET. | NOT NECESSARY | 100.00 | - |
| | TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT. | | 1,000.00 | 500.00 |



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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|-----------|---------------------------|-------------------|
| | TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, RE-CONSTRUCT AND RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF FRONT BUMPER REINFORCEMENT, FRONT LH FENDER AND FRONT SUPPORT PANEL. | | 1,200.00 | 350.00 |
| | TO APPLY ANTI-RUST CHEMICAL ON REPAIRED AND REPLACED PANEL. | | 100.00 | 20.00 |
| | | | 2,520.00 | 900.00 |
| GRAND TOTAL | | | 8,175.66 | 3,285.84 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 2,600.00 |

Report Ref No. CS3/III18017051/R1vd3e2-1

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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