

CS REC BY: REF: CS3/ASM19000119/Bsd3-1 Special Instruction:

Surveyor: Mr Lim ASSIGNMENT (Office)
From (Person): Dominic Yu of ASM Date/Time: 03012019 10:15am

Estimated Cost: Bill to:

OD (TH) / WS / TP RES / OD RES / EVA / INV / MV / CS

To inspect Vehicle No: SKB 722561 Insured: SHC 5512X

at Workshop m/h: YSK Auto Tel: 96402541

Blk 1 Kaki Bukit Ave 6 #01-71 (#01-08 Heavy Vehicle)

Policy No: Claim No: S9M0188N

Claim Insured: Excess:

Make of Vch: D.O.A. 31-12-2018

(Client's Record)

C A / REV / REP. / REV 24 HRS WP H.O.D. Endorsement:

Date/Time: 03012019 11:40am Person Contacted: Denny Vehicle: 611 LOUT

Date/Time	Action/Instruction (X) Estimate
	SKB 722561 - X
	SHC 5512X - CCA / HMA / 6034867 / Dpactg
	Demantle: 4/1/2019
	After repair: 10/1/2019

PRS

REF: ASM(A7A)

ASSIGNMENT

Date: 02012019

Veh No: SKB 7225 G

Yr Regn: 24/6/2011

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

Truck / Trailer or

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

Vehicle No: SKB 7225 G

YSK Auto

Bik 1 Kaki Bukit Ave 6 Parkway
Heavy vehicle #01-08

Make: KIA CERAT FORTÉ CC 1591

Colour: WHITE A/C Insured / Std / NI / NA

Sp Reading: 142342 T/Radio: Insured / Std / NI / NA

Eng/No: 44FCBH361680

ChNo: KNAFWS11MB5465102

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ Normal / Jammed / Leaked / Burnt orBrake: ☒ Normal / Jammed / Leaked / Burnt orMod: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size: F: 215/45/17

R: 215/45/17

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

TOYO / YOKO or

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

Front

Rear

R/Bal: 6 mm

R/Bal: 6 mm

L/Bal: 6 mm

L/Bal: 6 mm

D.O.A: 31/12/18

D.O.A: 31/1/19 @ 0323 PM

Survey held at: VERANO

Des. of Damages: ☒ F/R / ☒ Rear / ☒ O/R / N/S / U/C / Rooftop or




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

Action / Instruction

MV 25,000/2

PV 19,740/2

NV 5,260/2

Range \$7,000 - \$8,000
4,000/2 - 5,000/2
 8/1/2019
Team 
4/1/19


Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee

Transportation

1. ... + ...

1. Phone

1. Other

Add Fee: ☐ Site Insp 1\$☐ Interview 1\$☐ Tech. Insp 1\$☐ Alignment 1\$

Format:

PRS

Sum / LB: 1\$

100

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Thursday, 21 February 2019 9:49 AM
To: 'Admin-D (LKKAuto)'; 'Admin A'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg
Subject: SKB 7225G [Our file ref: 19.26449 PD-O]

Dear Nivita,

CLAIMANT :	ONG BOON TIONG
VEHICLE NUMBER :	SKB 7225G
ALLEGED ACCIDENT DATE :	31 DECEMBER 2018
AXA VEHICLE NUMBER :	SHC 5512X

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

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

The claimant has issued their LOD and their surveyor's report. Copies of the relevant documents can be downloaded via <https://1drv.ms/b/s!AtyQSg-oo66hjK50xHGRsgxS9mByLQ>.

Please let us hear from you on the following: -

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

May we hear from you on the above soonest.

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)
Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

This message is intended for the recipient named above. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. Thank you.

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Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Thursday, 21 February 2019 12:16 PM
To: 'Admin-D (LKKAuto)'; 'Admin A'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg
Subject: SKB 7225G [Our file ref: 19.26449 PD-O]
Attachments: SHC5512X.PDF

Dear Nivita,

CLAIMANT :	ONG BOON TIONG
VEHICLE NUMBER :	SKB 7225G
ALLEGED ACCIDENT DATE :	31 DECEMBER 2018
AXA VEHICLE NUMBER :	SHC 5512X

We refer to the above and our email below.

Please find attached a copy of OI's GIA report for your attention.

Kindly let us know whether you require RI on the Claimant's vehicle. Thanks!

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

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From: Xin Yi <xinyi@seahong.com.sg>
Sent: Thursday, 21 February 2019 9:49 AM
To: 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>; 'Admin A' <admin-a@lkkauto.com>
Cc: 'Chee Kiong (cheekiong@seahong.com.sg)' <cheekiong@seahong.com.sg>; 'samson@seahong.com.sg' <samson@seahong.com.sg>; 'amanda@seahong.com.sg' <amanda@seahong.com.sg>; 'sharon@seahong.com.sg' <sharon@seahong.com.sg>
Subject: SKB 7225G [Our file ref: 19.26449 PD-O]

Dear Nivita,

CLAIMANT :	ONG BOON TIONG
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VEHICLE NUMBER : SKB 7225G
ALLEGED ACCIDENT DATE : 31 DECEMBER 2018
AXA VEHICLE NUMBER : SHC 5512X

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

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

The claimant has issued their LOD and their surveyor's report. Copies of the relevant documents can be downloaded via <https://1drv.ms/b/s!AtyQSg-oo66hjK50xHGRsgxS9mByLQ>.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
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May we hear from you on the above soonest.

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

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#12-03 City House

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Tel: 6536 5369

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Centro-Legal Law Corporation

151 Chin Swee Road
#02-21 Manhattan House
Singapore 169876
Tel: 6235 0633
Fax: 6235 6939

ADVOCATES AND SOLICITORS

Your Ref : To be advised

Our Ref: CLLC.PD.99.2018

15 FEBRUARY 2019



AXA Insurance Singapore Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn: Manager/Motor Claims Department

TRANS-CAB SERVICES PTE LTD

2 Ang Mo Kio St 63

Singapore (569111)

60135208



WITHOUT PREJUDICE

Dear Sirs,

3019618474 - - -

**ACCIDENT ON 31.12.2018 ALONG CTE TOWARDS CITY INVOLVING MOTOR VEHICLES
SKB 7225G AND SHC 5512X**

We act for ONG BOON TIONG (S2513340D), the owner of the motor vehicle SKB 7225G involved in the captioned accident.

From our insurance search, you are the insurer of motor vehicle SHC 5512X.

We are instructed by our client to claim damages against your insured in connection with a road traffic accident on 31.12.2018 along CTE TOWARDS CITY involving our client's motor vehicle no SKB 7225G and motor vehicle no SHC 5512X was driven by your insured and/or your insured's servant and/or agent at the material time.

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

UEN NO.201302032G

CENTRO-LEGAL LAW CORPORATION is incorporated as a company in Singapore

Centro-Legal Law Corporation

151 Chin Swee Road
#02-21 Manhattan House
Singapore 169876
Tel: 6235 0633
Fax: 6235 6939

ADVOCATES AND SOLICITORS

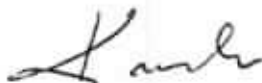
a)	Cost of repairs	\$14,550.00
b)	Loss of use/ rental	\$ 1,170.00
c)	Loss of use (PRI) \$130X2 days	\$ 260.00
d)	Survey report fee	\$ 1,012.00
e)	Colour copies \$1.00X40.00	\$ 40.00
f)	LTA search fee	\$ 7.49
g)	GIA reports fee	\$ 29.00
h)	Costs contribution	\$ 1,000.00
		<u>\$18,068.49</u>

A copy each of the following supporting documents marked [X] is enclosed:-

- [x] GIA reports
- [x] Repairers bill and evidence of payment
- [] Excess bill/receipt
- [] Vehicle Registration Card
- [] COE/PAF Certificate
- [] Names and addresses of witnesses
- [] Photographs of damage to our client's motor vehicle
- [x] Photocopied photographs of damage to our client's motor vehicle
- [] Rental Agreement, Invoice and receipt for rental
- [x] Supporting documents for all other expenses claimed

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

Yours faithfully,



P KAMALA DEWI
CENTRO-LEGAL LAW CORPORATION
Enc.

Centro-Legal Law Corporation

ADVOCATES AND SOLICITORS

151 Chin Swee Road
#02-21 Manhattan House
Singapore 169876
Tel: 6235 0633
Fax: 6235 6939

NB: TRANS-CAB SERVICES PTE LTD

Please note that we have notified your insurers. Please inform them of the claim. If your insurers are not the above-named and if you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

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

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



WIN WIN RENT-A-CAR PTE LTD

Invoice

SKB7225G
WANG AH KAW
BLK 756 YISHUN ST 72
#05-270
S(760756)

Invoice No : WPLIN0002654
Invoice Date : 12/1/2019
Due Date : 12/1/2019
VHA No : 3048
Referral ID : Y011

Description :	Amount
Rental for 9 Day/s @ \$130 per Day \$	1,170.00

Vehicle No : SLJ4754L

Vehicle Description : Honda Shuttle 1.5G

Rental Period : 01/01/2019 to 10/01/2019

Total Amount Payable : \$ 1,170.00

WIN WIN RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875

Tel: 6315 8479 H/P: 9833 0807




VHA No: 3048

Invoice No :

Firm's Vehicle No :

UEN: 201505115E

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS Name: (as in I/C) _____ NRIC / FIN No: _____ Address (Res): _____ Name & Address of Employer: _____ Occupation: _____ Driving Exp: _____ Singapore Driving Licence No: _____ Issue Date: _____ Date of Birth: _____ Tel: (O) _____ (R) _____ HP: _____ ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) _____ NRIC / FIN No: _____ Address (Res): _____ Occupation: _____ Driving Exp: _____ Singapore Driving Licence No: _____ Issue Date: _____ Date of Birth: _____ Tel: (O) _____ (R) _____ H/P: _____ VEHICLE CHECK LIST <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;"> INDICATE: D - DENTS A - ACCIDENTS S - SCRATCHES </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  RIGHT </div> <div style="text-align: center;">  REAR </div> <div style="text-align: center;">  TOP </div> <div style="text-align: center;">  LEFT </div> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  FRONT </div> </div>	Vehicle No: 50147542 Replace Veh No: _____ Mileage Out: 25138 Mileage In: _____ Make & Model: SHU7716 Auto / Manual Out : Date 1/1/19 Time: 15:10 HIRE / PERIOD EXPIRY Time: _____ NON-WAIVER EXCESS=\$ 5000/- <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">CHARGES</th> </tr> <tr> <td>Daily</td> <td>@\$ 130</td> <td>per day</td> </tr> <tr> <td>Weekly</td> <td>@\$</td> <td>per week</td> </tr> <tr> <td>Monthly</td> <td>@\$</td> <td>per month</td> </tr> <tr> <td>Hours</td> <td>@\$</td> <td>per hour</td> </tr> <tr> <td>Extension</td> <td>@\$</td> <td></td> </tr> <tr> <td colspan="3">Delivery/Collection Service</td> </tr> <tr> <td colspan="3" style="text-align: center;">SUB-TOTAL \$</td> </tr> <tr> <td colspan="3">PETROL LEVEL</td> </tr> <tr> <td>Out</td> <td>E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F</td> <td></td> </tr> <tr> <td>In</td> <td>E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F</td> <td></td> </tr> <tr> <td colspan="3">Fuel</td> </tr> <tr> <td colspan="3">Traffic / Parking Fines</td> </tr> <tr> <td colspan="3" style="text-align: center;">TOTAL CHARGES \$</td> </tr> </table> <div style="margin-top: 20px;">  Hirer's Signature _____ Additional Driver's Signature _____ </div>	CHARGES			Daily	@\$ 130	per day	Weekly	@\$	per week	Monthly	@\$	per month	Hours	@\$	per hour	Extension	@\$		Delivery/Collection Service			SUB-TOTAL \$			PETROL LEVEL			Out	E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F		In	E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F		Fuel			Traffic / Parking Fines			TOTAL CHARGES \$		
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TOTAL CHARGES \$																																											


MISSING / FAULTY ACCESSORIES / PARTS
 REMARKS : _____

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN RENT-A-CAR PTE LTD in connection with this agreement is true.

***IMPORTANT**

1. VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
2. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
4. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF COW AND/OR PAI WHERE APPLICABLE.
5. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
6. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN RENT-A-CAR PTE LTD.

RETURN OF VEHICLE: THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	
					 SIGNATURE OF HIRER/DRIVER

PERFECT AUTOMOBILE APPRAISAL SERVICES

10 Hougang Street 11 #14-29 The Minton Singapore 534080

Hand phone No. 96683949 Fax No. 63880908

Business Registration Nos. 53103119E

INVOICE

To : Ong Boon Tong
c/o : YSK Auto Workshop
1 Kaki Bukit Avenue 6
#01-49 Autobay @ Kaki Bukit
Singapore 417883

Date : 22nd January 2019

Invoice No. : 09931/19

ITEM	PARTICULARS	AMOUNT
	Services rendered for automobile inspection report : Survey fee : (including transport charges and photographs) Veh. No : SKB 7225 G Model : Kia Cerato Forte 1.6 Our Ref : PA/MI/19/1001/1 Dollars : One thousand and twelve only.	\$ 1,012.00

Perfect Automobile Appraisal Services



PERFECT AUTOMOBILE APPRAISAL SERVICES

10 Hougang Street 11 #14-29 The Minton Singapore 534080
Hand phone No. 96683949 Fax No. 63880908
Company Registration No. 53103119E

THIRD PARTY CLAIM

To : Ong Boon Tong
c/o : 1 Kaki Bukit Avenue 6
#01-49 Autobay @ Kaki Bukit
Singapore 417883

Date : 22nd January 2019

Our Ref : PA/MI/19/1001/1

REFERENCE :

ASSIGNED BY : Owner
ASSIGNED ON : 2nd January 2019

WORKSHOP : YSK Auto Workshop
1 Kaki Bukit Avenue 6
#01-49 Autobay @ Kaki Bukit
Singapore 417883

ACCIDENT DATE : 31st December 2018
SURVEY DATE : 2nd January 2019

VEHICLE DETAILS :

REGN PLATE	: SKB 7225 G	COLOUR	: White
MAKE & MODEL	: Kia Cerato Forte 1.6	GEN BODY WORK	: Good
YEAR REGN	: 2011	AUDIO PLAYER	: Yes
ENG CAPACITY	: 1591cc	AIR CONDITIONER	: Yes
ENGINE NO.	: G4FCBH361680	STEERING	: Serviceable
CHASSIS NO	: KNAFW511MB5465102	HAND BRAKE	: Serviceable
MILEAGE	: 142342Km	FOOT BRAKE	: Serviceable

TYRES SIZE & CONDITION :

FRONT O/S : Michelin 215/45 R 17 approximately 60%
FRONT N/S : Michelin 215/45 R 17 approximately 60%
REAR O/S : Michelin 215/45 R 17 approximately 60%
REAR N/S : Michelin 215/45 R 17 approximately 60%

Note : The above percentage represent the remaining estimated life of the tyre treads.

Our Ref : PA/MI/19/1001/1

Veh. No. : SKB 7225 G

GENERAL DESCRIPTION OF DAMAGES :

At the time of inspection, we noted that this vehicle sustained damages at the front and rear portion.

For more details of the damages, please see schedule and photographs attached.

Attached one hundred and ninety-two (192) photographs taken during our inspections.

CONCLUSIONS & RECOMMENDATIONS :

ORIGINAL QUOTATION : \$ 22,402.31

REVISED QUOTATION : \$ 14,550.00 (Lump Sum)

We have thoroughly inspected each and every item on the estimate against the physical damages found on the vehicle. We have listed the breakdown of our findings and our recommendations as per assessment attached.

In normal circumstances, the repairs would take approximately twelve (12) days to complete.

In accordance to your instruction, we have **NOT AUTHORISED** repair to the vehicle and the survey was conducted strictly on a '**WITHOUT PREJUDICE**' basis. We hope that this report will be of assistance to you in dealing with this matter.

Should you discover any discrepancy in this report, please kindly notify us within two (2) weeks or this report will be treated as valid.

The information contained in these documents is privileged and confidential and is for the exclusive use of the addressee's designation. If you are not the addressee, any enclosure, reproduction, distributions or other dissemination or use of this communication is strictly prohibited. If you have received this document not meant for you, please contact us immediately to arrange for its return.

PERFECT AUTOMOBILE APPRAISAL SERVICES

W/s YSK Auto Workshop
1 Kaki Bukit Avenue 6
#01-49 Autobay @ Kaki Bukit
Singapore 417883

Our Ref : PA/MI/19/1001/1

Veh. No. : SKB 7225 G

QTY	DESCRIPTIONS	COMMENTS/ CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
-----	--------------	------------------------	-----------------------	----------------------

LIST PARTS

1 pc	Rear bumper	dented	\$ 686.90	\$ 686.90 CUT ✓
1 pc	Rear bumper diffuser	dented	\$ 316.50	\$ 316.50 CUT ✓
2 pcs	Rear bumper reflector @\$89.90	cracked	\$ 179.80	\$ 179.80 CUT ✓
4 pcs	Rear bumper PDC sensor @\$243.60 198	dented/ failed	\$ 974.40	\$ 390 974.40 NNX ✓
1 pc	Rear bumper PDC sensor wire harness	cut	\$ 211.50	\$ 131.46 211.50 CUT ✓
1 pc	Rear bumper inner sponge	cracked	\$ 130.60	\$ 130.60 CRA ✓
1 pc	Rear bumper reinforcement	bent	\$ 471.50	\$ 471.50 BT ✓
1 pc	Rear bumper reinforcement stay @\$135.00	bent	\$ 270.00	\$ 135 270.00 BT ✓
2 pcs	Rear bumper side retainer @\$48.60	bent	\$ 97.20	\$ 97.20 NEC ✓
10 pcs	Rear bumper clip @\$4.50	necessary	\$ 45.00	\$ 30.00 45.00 NEC ✓
1 pc	Rear end panel	dented	\$ 571.60	\$ 453.80 571.60 RD ✓
1 pc	Rear end panel trim	holder snapped	\$ 160.20	\$ 160.20 DL ✓
1 pc	Rear exhaust silencer	repairable	\$ 891.60	\$ 129.50 -
1 pc	Rear exhaust chrome pipe	dented	\$ 140.80	\$ 140.80 NNA
2 pcs	Rear exhaust mounting @\$28.20	serviceable	\$ 56.40	\$ -
1 pc	Rear floor board	dented	\$ 310.60	\$ 310.60 NNX
1 pc	Rear floor panel	dented	\$ 716.90	\$ 716.90 DDXR
2 pcs	Rear fender inner trim @\$291.60	serviceable	\$ 583.20	\$ -
2 pcs	Rear fender inner shield @\$68.50	serviceable	\$ 137.00	\$ -
1 pc	Rear smart keyless antenna	dented/ failed	\$ 142.60	\$ 142.60 NNX
1 pc	Tailgate	dented	\$ 1,265.00	\$ 1038.96 1,265.00 DD ✓
1 pc	Tailgate 'Kia' emblem	necessary	\$ 38.60	\$ 38.60 } NEC ✓
1 pc	Tailgate 'Cerato' emblem	necessary	\$ 38.60	\$ 38.60 } NEC ✓
2 pcs	Tailgate lamp @\$185.60	necessary	\$ 371.20	\$ 371.20 BR ✓
1 pc	Tailgate inner lock	bent	\$ 189.90	\$ 189.90 NNX ✓
1 pc	Tailgate inner trim	serviceable	\$ 286.90	\$ 87.00 -
1 pc	Tailgate weatherstrip	torn	\$ 161.20	\$ 161.20 CUT ✓
2 pcs	Tailgate damper @\$146.10	serviceable	\$ 292.20	\$ -
2 pcs	Taillamp @\$311.60	cracked	\$ 523.20	\$ 623.20 CUT ✓
1 pc	Bonnet	dented	\$ 971.60	\$ 971.60 DD ✓
1 pc	Bonnet inner rubber	torn	\$ 36.20	\$ 36.20 NNX
list parts c/f			\$ 11,368.90	\$ 9,121.60

PERFECT AUTOMOBILE APPRAISAL SERVICES

W/s YSK Auto Workshop
1 Kaki Bukit Avenue 6
#01-49 Autobay @ Kaki Bukit
Singapore 417883

Our Ref : PA/MI/19/1001/1

Veh. No. : SKB 7225 G

QTY	DESCRIPTIONS	COMMENTS/ CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
-----	--------------	------------------------	-----------------------	----------------------

list parts b/f

\$ 11,368.90 \$ 9,121.60

1 pc	Bonnet outer rubber	torn	\$ 58.60	\$ 58.60 NNX
1 pc	Bonnet lock	bent	\$ 130.60	\$ 130.60 BTV
2 pcs	Bonnet hinge @\$55.00	repairable	\$ 110.00	\$ 568.00
1 pc	Front bumper	deformed	\$ 668.00	\$ 668.00 DDV
1 pc	Front bumper centre grille	cracked	\$ 112.60	\$ 112.60 BRV
2 pcs	Front bumper side grille @\$58.60	serviceable	\$ 117.20	\$ -
2 pcs	Front bumper fog lamp @\$241.50	serviceable	\$ 483.00	\$ -
1 pc	Front bumper sponge	cracked	\$ 140.60	\$ 140.60 CRAV
1 pc	Front bumper reinforcement	bent	\$ 471.80	\$ 471.80 BTV
2 pcs	Front bumper side retainer @\$42.60	bent	\$ 85.20	\$ 85.20 NECV
10 pcs	Front bumper clip @\$4.50	necessary	\$ 45.00	\$ 45.00 NECV
1 pc	Front grille	cracked	\$ 281.70	\$ 281.70 CRAV
2 pcs	Headlamp @\$673.50	cracked	\$ 1,347.00	\$ 1,347.00 CRAV
2 pcs	Headlamp lower bracket @\$68.50	bent	\$ 137.00	\$ 137.00 BTV
1 pc	Front licence plate holder	dented	\$ 68.20	\$ 68.20 DDV
1 pc	Front support panel	dented	\$ 765.00	\$ 765.00 BTV
1 pc	Air Con condenser	dented	\$ 703.60	\$ 703.60 BTV
1 pc	Front windscreen glass	cracked	\$ 951.60	\$ 951.60 CRAV
1 pc	Front windscreen glass moulding	necessary	\$ 140.30	\$ 140.30 NECV

\$ 18,185.90 \$ 15,228.40

Less 10%

\$ 1,318.59 \$ 1,522.84

\$ 16,367.31 \$ 13,705.56

S/NETT PARTS

1 set	Tailgate glass sealant	necessary	\$ 80.00	\$ 50.00 NECV
1 set	Tailgate glass foam tape	necessary	\$ 65.00	\$ 40.00 NNX
1 set	Front windscreen glass sealant	necessary	\$ 80.00	\$ 50.00 NECV

s/nett parts c/f

\$ 225.00 \$ 140.00

PERFECT AUTOMOBILE APPRAISAL SERVICES

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#01-49 Autobay @ Kaki Bukit
Singapore 417883

Our Ref : PA/MI/19/1001/1

Veh. No. : SKB 7225 G

QTY	DESCRIPTIONS	COMMENTS/ CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
-----	--------------	------------------------	-----------------------	----------------------

s/nett parts b/f

\$ 225.00 \$ 140.00

1 pc	Front windscreen solar film	necessary	\$ 280.00	\$ 200.00 NNX
1 set	Front licence plate	dented	\$ 60.00	\$ 25.00 45.00 DDV ✓
1 pc	IU bracket	necessary	\$ 30.00	\$ 20.00 30.00 NEC ✓
			\$ 595.00	\$ 415.00

LABOUR CHARGES

To remove and refix tailgate glass to facilitate repairs and perform water test.

\$ 180.00 \$ ~~120.00~~ ^{20.00}

To remove and refix inner trims, garnishes, linings and upholstery to facilitate repairs.

\$ 150.00 \$ ~~80.00~~ ^{60.00}

To disconnect and check both front and rear electrical wiring harness, wire sockets, etc.
To remove and reinstall damaged parts, test and rectify for proper functioning.

\$ 80.00 \$ 50.00

To remove, repair & refix rear exhaust pipe system to facilitate repairs.

\$ 120.00 \$ ~~80.00~~ ~~NNX~~

To apply rustproofing, reseal tuff-coating treatment to both front and rear replaced/ repaired parts and panels.

\$ 150.00 \$ ~~120.00~~ ^{60.00}

PERFECT AUTOMOBILE APPRAISAL SERVICES

W/s YSK Auto Workshop
1 Kaki Bukit Avenue 6
#01-49 Autobay @ Kaki Bukit
Singapore 417883

Our Ref: PA/MI/19/1001/1

Veh. No.: SKB 7225 G

QTY	DESCRIPTIONS	COMMENTS/ CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
-----	--------------	------------------------	-----------------------	----------------------

LABOUR CHARGES

To remove and replace air con condenser,
vacuum, refill gas and test for leakages.

\$ 180.00 \$ ^{120.00}
~~120.00~~

To remove and replace front windscreen
glass to facilitate repairs and perform water
test.

\$ 180.00 \$ ^{80.00}
~~120.00~~

To putty and spray painting on both front
and rear portion including touch up paint on
accident affected areas.

\$ 2,000.00 \$ ^{1,600.00}
~~1,600.00~~

To remove and replace both frontal and rear
damaged parts as listed above including
reinstatement of the necessary attachments
and fittings to facilitate repairs. Jack up,
straighten and panel beat and reshape the
affected parts and components, correct and
realign the necessary parts.

\$ 2,400.00 \$ ^{1,400.00}
~~1,800.00~~
\$ 22,402.31 \$ 18,210.56

10 days

The repairer has agreed to undertake repairs on a contractual basis at **Lump Sum**
\$ 14,550.00 corresponding to supply of parts, labour and spray painting charges.



CHUAH POH SIONG GARY
CAE, MIMI, AMSOE,
AMIRTE, AMSAE-AUS, MSAAA

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	02/01/2019 12:01
Date Of Accident	31/12/2018 11:00
Exact Location Of Accident	ALONG CTE TWDS CITY BEF PIE (JURONG EXIT)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB7225G
Insured/Policyholder	
Name Of Registered Owner	ONG BOON TONG
NRIC No	S2513340D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96908714
Alternative Phone No	OFFICE-96908714
Vehicle Particulars	
Manufacturer	KIA
Model	CARETO
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B28959331QMX
Cover Note Number	
Driver	
Name of Driver	ONG WEI HAN
NRIC No	S8913949Z
Date Of Birth	21/04/1989
Occupation	INDOOR
Date Of Driving Pass	27/05/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96908714
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 756 YISHUN ST 72 #05-270
Postcode	760756
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SHC3792S
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC5512X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 97242802
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHD5966P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 98246908
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG WEI HAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKB7225G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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:


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


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

Sketch Plan #2

SKETCH PLAN

A grid-based sketch plan with handwritten labels and numbers. The labels are arranged vertically in a column on the left side of the grid, with corresponding numbers to their right. The labels are: C, A, B. The numbers are: SH05966P, QK57225G, SH05412*.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large grid area for describing the circumstances of the accident. The grid is mostly empty, with the handwritten text "Refer to Police Report" written diagonally across the middle section.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190101/2055

3 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No: T/20190101/2055

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

L /

Sgt 2 BRYAN TAY WEI CHUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/01/2019 14:10

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No : 65476216

Classification Of Case:

Authentication Stamp

NP158

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190101/2055

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No: T/20190101/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2019 14:10	Video Report No.: E/20181231/0063	Station Diary No.: 103
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Informant's Particulars

Name of Informant: ONG WEI HAN			Address APT BLK 756 YISHUN STREET 72 #05-270 SINGAPORE 760756		
ID Type / ID No. NRIC NO / S8913949Z			Contact No. Home/Office: Mobile: 96908714		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 21/04/1989	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Buyer			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2018 11:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY PAN-ISLAND EXPRESSWAY Travelling along CTE towards City before PIE(Jurong Exit)				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHC3792S	Car				No Damage	0
SHC5512X	Car				Seriously Damaged	1
SHD5966P	Car				Slightly Damaged	0
SKB7225G	Car				Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190101/2055

2 of 3

Police Station Of Origin
Sembawang N P C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No: T/20190101/2055

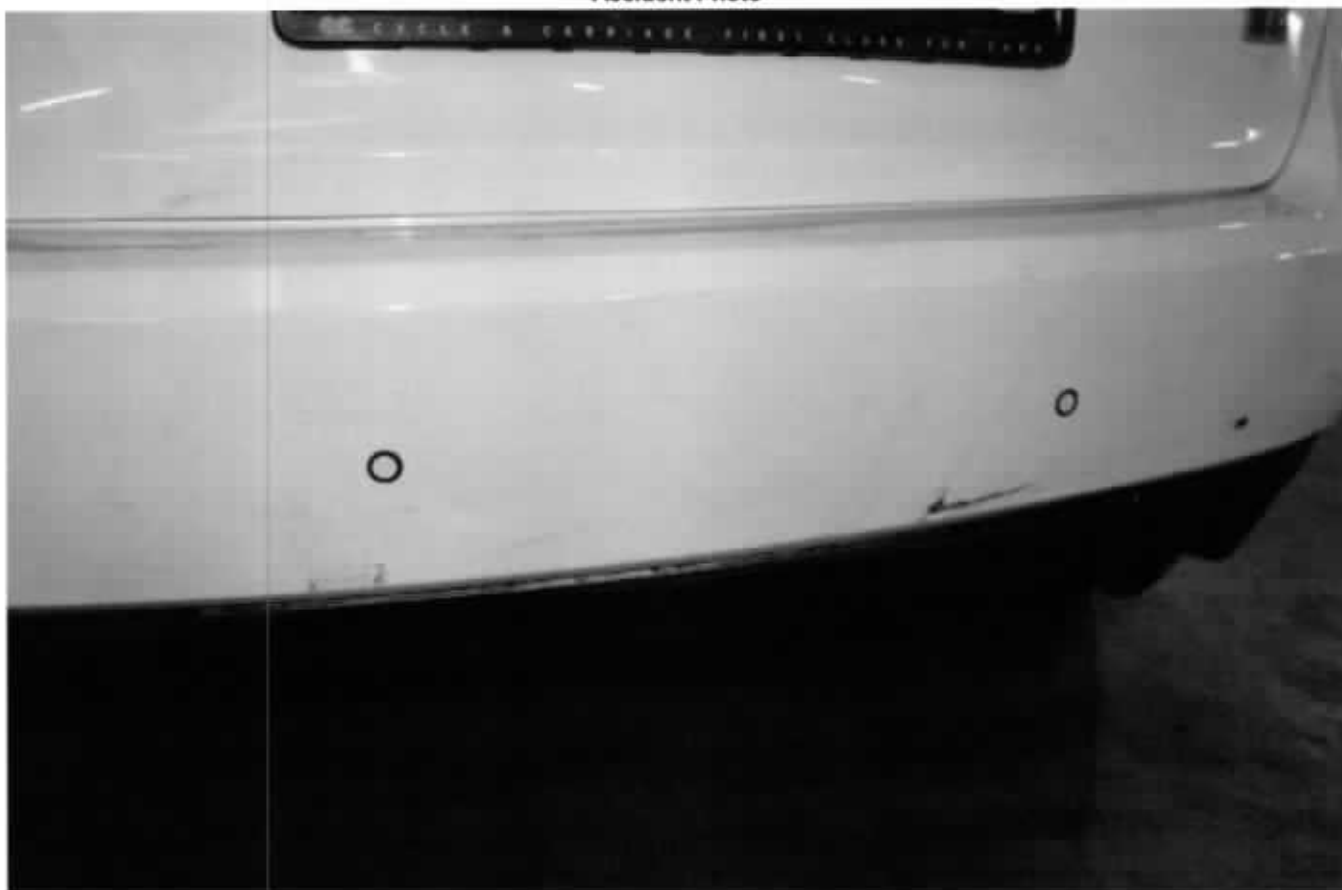
CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG WEI HAN	ID No	S8913949Z
Related Vehicle	SKB7225G (Car)	Contact No	96908714
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	31/12/2018	Date Discharge	01/01/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On the 31/12/2018 at about 1115hrs, I am driving my vehicle(white KIA) bearing registration no. SKB7225G at along CTE towards City before PIE(Jurong Exit). I was at the first lane together with registration plate no. SHC3792S, SHD5966P, HP:98246908 and SHC5512X, HP:97242802. During that point of time, I saw traffic jam at CTE towards City area. Afterwhich, I saw the vehicle no. SHD5966P e-brake immediately which I stop in time. Subsequently, a vehicle SHC5512X which was driving behind me did not stop in time. As such, the vehicle hit onto my rear bumper which cause my vehicle to move forward and hit onto SHD5966P causing a slight bump. At that point of time, the impact made my forehead hit onto the wind screen and my nose onto the steering wheel which causes nose bleeding. Ambulance was at scene and conveyed me to Gleneagles Hospital. Cisco and EMAS was at scene.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	02/01/2019 12:01
Date Of Accident	31/12/2018 11:15
Exact Location Of Accident	CTE TOWARDS AYE (9KM)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD5966P
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	TAXI
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	WAI FAI WONG
NRIC No	S2631841F
Date Of Birth	05/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	22/05/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98246908
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 609 ANG MO KIO AVENUE 4 #09-1165
Postcode	560609
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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 SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20181231/2099

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	SKB7225G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG
NRIC/Passport Number	
Contact Number	96908714

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC5512X
Vehicle Make/Model/Colour TRANSCAB TAXI
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKB7225G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name WAI FAI WONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD5966P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

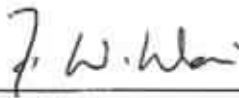
IMPORTANT NOTICE

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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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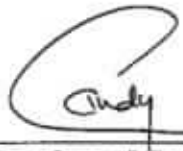
I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

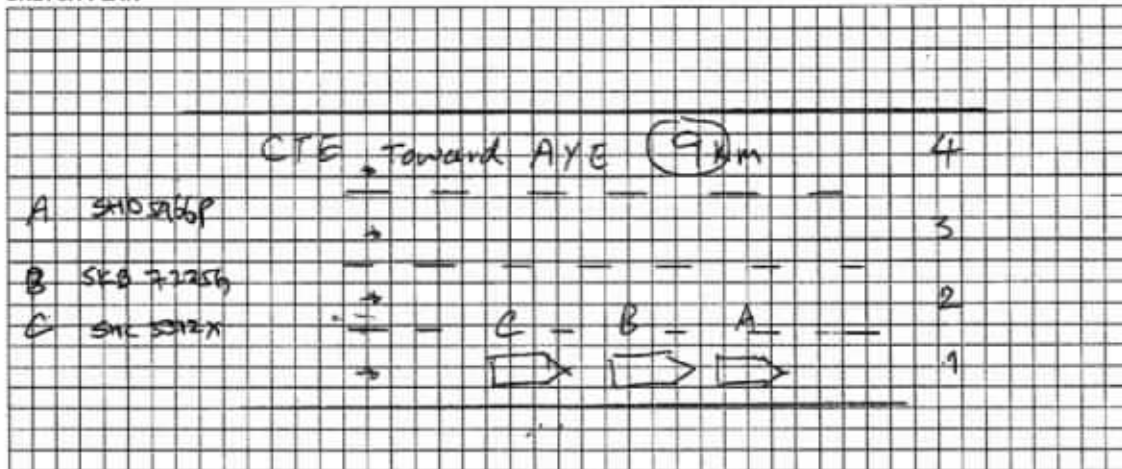


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20181231/2099

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20181231/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2018 15:59		Vide Report No.:		Station Diary No.: 101	
Informant Information					
Name of Informant: WAI FAI WONG			Address: APT BLK 609 ANG MO KIO AVENUE 4 #09-1165 SINGAPORE 560609		
ID Type / ID No.: NRIC NO / S2631841F			Contact No.: Home/Office: Mobile: 98246908		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 05/09/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

Scene Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/12/2018 11:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards AYE 9KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	Number of Passengers
SHC5512X	Car					1
SHD5966P	Car				Slightly Damaged	0
SKB7225G	Car					0



**SINGAPORE
POLICE FORCE**



T/20181231/2099

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20181231/2099

CONTINUATION OF REPORT

EXP III - Pedestrian Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
DRIVER			
Name	WAI FAI WONG	ID No.	S2631841F
Related Vehicle	SHD5966P (Car)	Contact No.	98246908
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
DRIVER			
Name	Ong	ID No.	NIL
Related Vehicle	SKB7225G (Car)	Contact No.	96908714
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/12/2018 at about 1115hrs I was driving my Taxi SHD5966P along CTE towards AYE. I was on lane one the front vehicle came to abrupt stop and I immediately applied my brake and I managed to stop in time.

After which I felt a hit from the back by the vehicle SKB7225G from the rear and it was hit by SHC5512X. My vehicle suffer slight dents on the rear bumper. I am not injured. Vehicle SKB7225G suffer damage on the front and rear of the vehicle. I saw that the driver nose was bleeding but he was conscious and he is able to walk out of the vehicle. He was conveyed by ambulance. Vehicle SHC5512X suffer damage on the front of the vehicle. Driver did not report of any injury at the point of accident.



**SINGAPORE
POLICE FORCE**



T/20181231/2099

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

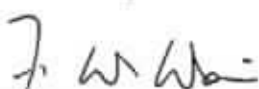
Report No. T/20181231/2099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: F / Sgt 2 YAP PENG TING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2018 15:59
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case: SN 085
Authentication Stamp NP188	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S683500290 / GST Reg. No.: M409017735

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 : 1901-013 Vehicle Registration No: SND 5966P
 Name (as shown in NRIC) : Wai Fai Wong NRIC/FIN/Passport No : S2631841F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : Blk 609 Ang Mo Kio Ave 4 # 09-165 Singapore (560609)
 Contact (Tel) : — Mobile No. : 98246908
 Email Address : —
 Date of Accident : 31.12.18 Time of Accident : 1115H5
 Place of Accident : CR towards A/E (acc)
 Insurance Company : AXA

(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:

Amend - add passenger.

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 02 JAN 2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	02/01/2019 15:07
Date Of Accident	31/12/2018 11:15
Exact Location Of Accident	CTE TOWARDS AYE (9KM)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC5512X
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	TAXI
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	TAN TONG LENG
NRIC No	S7720513F
Date Of Birth	29/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97242802
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 180B MARSILING ROAD #08-2226
Postcode	732180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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 NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190102/2083

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	SKB7225G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG
NRIC/Passport Number	
Contact Number	96908714

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD5966P
Vehicle Make/Model/Colour TRANSCAB TAXI
Details Of Properties
Vehicle Category TAXI
Name of Driver WAI FAI WONG
NRIC/Passport Number S2631841F
Contact Number 98246908

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKB7225G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name WAI FAI WONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD5966P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

51155011 38502210 100 100000

A= SHC 5512X
B= SKB 7425K
C= GHO 5906P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20190102/2083

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20190102/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2019 14:53		Vide Report No.: E/20181231/0063		Station Diary No.: 70	
Informant's Particulars					
Name of Informant: TAN TONG LENG			Address: APT BLK 180B MARSILING ROAD #08-2226 SINGAPORE 732180		
ID Type / ID No.: NRIC NO / S7720513F			Contact No.: Home/Office: Mobile: 97242802		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 29/07/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/12/2018 11:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards AYE, 9 KM. (Before Balestier exit)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicles Involved						
Vehicle No.	Type	MPV	Model	Color	Damage	No. of Passengers
SHC5512X	Taxi				Slightly Damaged	1
SHD5966P	Taxi					0
SKB7225G	Car					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190102/2083

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20190102/2083

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN TONG LENG	ID No.	S7720513F
Related Vehicle	SHC5512X (Taxi)	Contact No.	97242802
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/12/2018 at about 1115hrs, I was driving Transcab of plate number SHC5512X with one passenger on board at CTE towards AYE, 9 KM. I was travelling at the first lane when suddenly the vehicle in front me jammed brake, as it was too sudden, I did not managed to brake on time and crashed onto the vehicle (SKB7225G) in front of me. I got down to make a check and discovered that the vehicle (SKB7225G) knocked onto the vehicle (SHD5966P) in front of him. The driver of SHD5966P informed that there was a comfort taxi in front of him jammed brake, therefore he jammed brake too. That said comfort taxi has left the scene. The vehicle (SKB7225G) driver suffered minor injury and was conveyed by the ambulance at scene. Traffic officer gave me a case card under IO Rashidah, 65476216.

I wish to state that at that point of time, my speed was not fast but it was too sudden for me to brake on time when the vehicle in front jammed brake. My passenger and I did not suffered any injury. The vehicle SKB7225G has already crashed onto SHD5966P before my taxi crashed onto him (SKB7225G) when I have already tried to e-brake.

I am lodging this traffic report for assistance.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20190102/2083

3 of 3

Report No. T/20190102/2083

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

F /

Sgt 2 TAN CHING LIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Signature Of Informant:

Date/Time:

02/01/2019 14:53

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



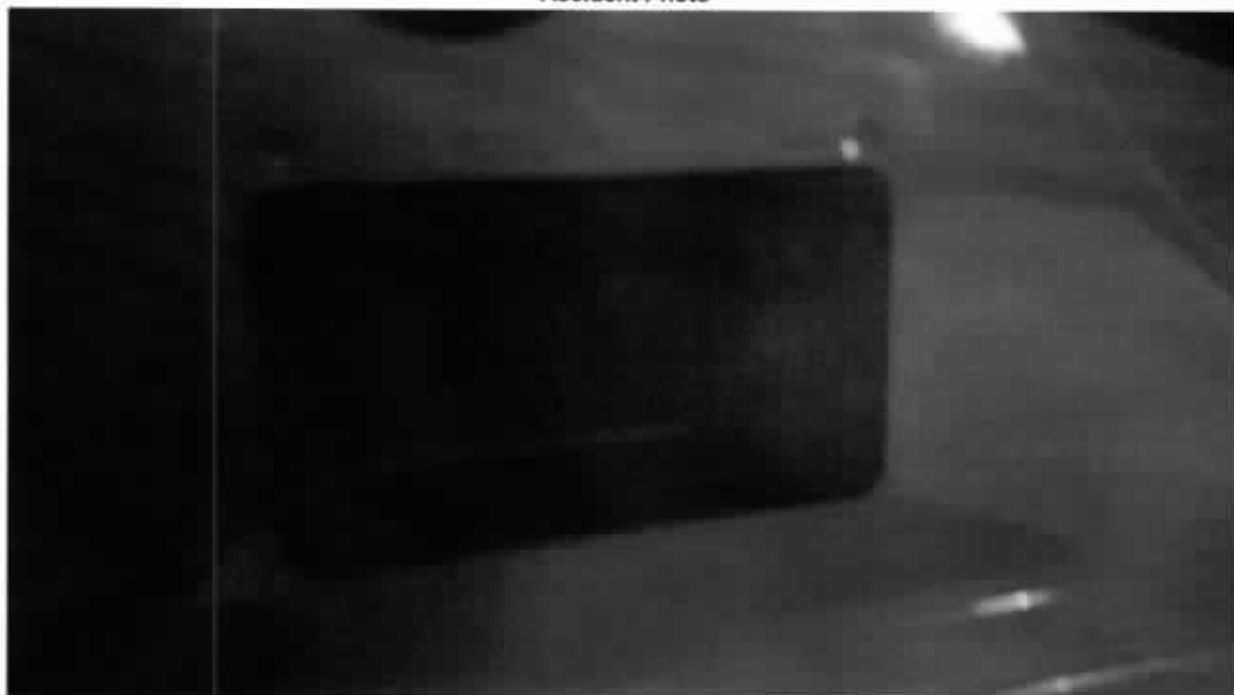
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Your Ref: 19.26449PD-O

Date: 15th Mar 2019

Our Ref : CS3/ASM19000119/Bsd3e2-1

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

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SKB 7225G
INSURED VEHICLE: SHC 5512X
ACCIDENT DATE: 31/12/2018

We thank you for your instruction on 21/02/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SKB 7225G from M/s Perfect Automobile Appraisal Services.
- b) Singapore Accident Statement and Police Report of Vehicle SKB 7225G, SHD 5966P and SHC 5512X.
- c) Colour damaged vehicle photographs of SKB 7225G.

Pre-Repair Inspection Date : 03/01/2019 at M/s Y S K Auto Workshop, 1 Kaki Bukit Ave 6, Autobay #01-71, Singapore 417883.

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

1. Information Recorded:-

Registration Number	: SKB 7225G
Make & Model	: Kia Cerato Forte 1.6 SX 6AT ABS D/AB 2WD 5DR
Year of Registration	: 2011
Chassis Number	: KNAFW511MB5465102
Engine Capacity	: 1591 cc
2. We recommend that the repairs of the entire damage require about 10 (Ten) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKB 7225G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CUT	686.90	686.90
1	REAR BUMPER DIFFUSER	CUT	316.50	316.50
2	REAR BUMPER REFLECTOR @\$89.90	CUT	179.80	179.80
4	REAR BUMPER PDC SENSOR @\$243.60	DENTED / FAILED	974.40	396.00
1	REAR BUMPER PDC SENSOR WIRE HARNESS	CUT	211.50	191.40
1	REAR BUMPER INNER SPONGE	CRACKED	130.60	130.60
1	REAR BUMPER REINFORCEMENT	BENT	471.50	471.50
2	REAR BUMPER REINFORCEMENT STAY @\$135.00	BENT-1PC ONLY	270.00	135.00
2	REAR BUMPER SIDE RETAINER @\$48.60	NECESSARY	97.20	97.20
10	REAR BUMPER CLIP @\$4.50	NECESSARY	45.00	30.00
1	REAR END PANEL	DENTED	571.60	453.00
1	REAR END PANEL TRIM	DISLODGE	160.20	129.50
1	REAR EXHAUST SILENCER	TO REPAIR SEE LABOUR	891.60	-
1	REAR EXHAUST CHROME PIPE	NOT NECESSARY	140.80	-
2	REAR EXHAUST MOUNTING @\$28.20	SERVICEABLE	56.40	-
1	REAR FLOOR BOARD	NOT NECESSARY	310.60	-
1	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	716.90	-
2	REAR FENDER INNER TRIM @\$291.60	SERVICEABLE	583.20	-
2	REAR FENDER INNER SHIELD @\$68.50	SERVICEABLE	137.00	-
1	REAR SMART KEYLESS ANTENNA	NOT NECESSARY	142.60	-
1	TAILGATE	DENTED	1,265.00	1,088.00
1	TAILGATE 'KIA' EMBLEM	NECESSARY	38.60	38.60
1	TAILGATE 'CERATO' EMBLEM	NECESSARY	38.60	38.60
2	TAILGATE LAMP @\$185.60	BROKEN	371.20	371.20
1	TAILGATE INNER LOCK	BENT	189.90	189.90
1	TAILGATE INNER TRIM	SERVICEABLE	286.90	-
1	TAILGATE WEATHERSTRIP	CUT	161.20	87.00
2	TAILGATE DAMPER @\$146.10	SERVICEABLE	292.20	-
2	TAILLAMP @\$311.60	CUT	623.20	623.20
1	BONNET	DENTED	971.60	971.60
1	BONNET INNER RUBBER	NOT NECESSARY	36.20	-
1	BONNET OUTER RUBBER	NOT NECESSARY	58.60	-

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	BONNET LOCK	BENT	130.60	130.60
2	BONNET HINGE @\$55.00	TO REPAIR SEE LABOUR	110.00	-
1	FRONT BUMPER	DENTED	668.00	568.00
1	FRONT BUMPER CENTRE GRILLE	BROKEN	112.60	112.60
2	FRONT BUMPER SIDE GRILLE @\$58.60	SERVICEABLE	117.20	-
2	FRONT BUMPER FOG LAMP @\$241.50	SERVICEABLE	483.00	-
1	FRONT BUMPER SPONGE	CRACKED	140.60	94.00
1	FRONT BUMPER REINFORCEMENT	BENT	471.80	328.00
2	FRONT BUMPER SIDE RETAINER @\$42.60	NECESSARY	85.20	85.20
10	FRONT BUMPER CLIP @\$4.50	NECESSARY	45.00	25.00
1	FRONT GRILLE	CRACKED	281.70	281.70
2	HEADLAMP @\$673.50	CRACKED	1,347.00	1,028.00
2	HEADLAMP LOWER BRACKET @\$68.50	BENT	137.00	137.00
1	FRONT LICENCE PLATE HOLDER	DENTED	88.20	25.00
1	FRONT SUPPORT PANEL	BENT	765.00	645.00
1	AIR CON CONDENSER	BENT	703.60	703.60
1	FRONT WINDSCREEN GLASS	CRACKED	951.60	801.00
1	FRONT WINDSCREEN GLASS MOULDING	NECESSARY	140.30	118.00
	LESS 10% DISCOUNT		-1,818.59	-1,170.82
			16,367.31	10,537.38
	SPECIAL NETT ITEMS			
1	SET TAILGATE GLASS SEALANT (SN)	NECESSARY	80.00	50.00
1	SET TAILGATE GLASS FOAM TAPE (SN)	NOT NECESSARY	65.00	-
1	SET FRONT WINDSCREEN GLASS SEALANT (SN)	NECESSARY	80.00	50.00
1	FRONT WINDSCREEN SOLAR FILM (SN)	NOT NECESSARY	280.00	-
1	SET FRONT LICENCE PLATE (SN)	DENTED	60.00	25.00
1	IU BRACKET (SN)	NECESSARY	30.00	20.00
			595.00	145.00
	LABOUR			
	TO REMOVE AND REFIX TAILGATE GLASS TO FACILITATE REPAIRS AND PERFORM WATER TEST.		180.00	80.00
	TO REMOVE AND REFIX INNER TRIMS, GARNISHES, LININGS AND UPHOLSTERY TO FACILITATE REPAIRS.		150.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO DISCONNECT AND CHECK BOTH FRONT AND REAR ELECTRICAL WIRING HARNESS, WIRE SOCKETS, ETC. TO REMOVE AND REINSTALL DAMAGED PARTS, TEST AND RECTIFY FOR PROPER FUNCTIONING.	NOT NECESSARY	80.00	50.00
	TO REMOVE, REPAIR & REFIX REAR EXHAUST PIPE SYSTEM TO FACILITATE REPAIRS.		120.00	-
	TO APPLY RUSTPROOFING, RESEAL TUFF-COATING TREATMENT TO BOTH FRONT AND REAR REPLACED / REPAIRED PARTS AND PANELS.		150.00	60.00
	TO REMOVE AND REPLACE AIR CON CONDENSER, VACUUM, REFILL GAS AND TEST FOR LEAKAGES.		180.00	100.00
	TO REMOVE AND REPLACE FRONT WINDSCREEN GLASS TO FACILITATE REPAIRS AND PERFORM WATER TEST.		180.00	80.00
	TO PUTTY AND SPRAY PAINTING ON BOTH FRONT AND REAR PORTION INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED AREAS.		2,000.00	1,000.00
	TO REMOVE AND REPLACE BOTH FRONTAL AND REAR DAMAGED PARTS AS LISTED ABOVE INCLUDING REINSTATEMENT OF THE NECESSARY ATTACHMENTS AND FITTINGS TO FACILITATE REPAIRS. JACK UP, STRAIGHTEN AND PANEL BEAT AND RESHAPE THE AFFECTED PARTS AND COMPONENTS, CORRECT AND REALIGN THE NECESSARY PARTS. INCLUSIVE OF THE REPAIR OF REAR EXHAUST SILENCER, REAR FLOOR PANEL AND BONNET HINGE.		2,400.00	1,400.00
			5,440.00	2,830.00
GRAND TOTAL			22,402.31	13,512.38
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				10,800.00

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LIM TEOW GUAN

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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