

REF: ^{Charter 10/10} CS3/ASM18008279/G1243-1

From (Person): Xin Yi of Sec Hong Date/Time: 4/2/2019

Third Party:
Claimant:
Surveyor:
Workshop: VFIX AUTO

OI: TP Re-inspection Evaluation
To inspect vehicle No: SLA 9481M Insured: YP3970A
at Workshop no: VFIX AUTO Tel: 64552957
of: 60 kaki Blk Ave 6 SJE
Policy No: Claim No: 18-25904 APD-0
Sum Insured: Excess:
Make of Veh: D.O.A: 3/05/2018
(Client's Record)

Date/Time: Person Contacted: Vehicle IN / OUT
Date/Time: Confirmed with Final Fig _____ days (Red \$ _____ / _____ %; Original _____ days)
Date/Time: 10/1 Submit Final Fig 8350, 6 days (Red \$ 39913.23 %; Original 5 days)

Date/Time	Action/Instruction
	SLA 9481M - CS3/ASM18008279/G1243-2 D.O.A: 2/5/2018
	YP3970A - CS3/ASM18008279/G243-2 D.O.A: 3/5/18
<u>2/11/18</u>	<u>mess didn't engage independent surveyor</u>
	Wang sent.

[Signature]
10/1/2020

Do Not Finalise

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

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

RECEIVED 10 JAN 2020

Para(3) : Nett Value

Market Value : _____	Inspected/ Evaluated by: _____	Fee Charged:	Date:
Salvage Value : _____		Basic & Add	<u>190</u>
Nett Value : _____		Transport	
		Photos	
		Others	
		Total	<u>190</u>

- 1) Date/Time _____ File Pass to _____
- 2) Date/Time _____ File Return to _____
- 3) Date/Time _____ File Pass to _____
- 4) Date/Time _____ File Return to _____
- 5) Date/Time _____ File Pass to _____
- 6) Date/Time _____ File Return to _____

AND REP. DIV. | **CS5 / RSM1 800 8279 / G24657** (Signed Name) | **ASSIGNMENT (OFFICE)**
 From (Person): **Jos Tam** | **RSM** | Date/Time: **04052018 4:53pm**

Estimated Cost: _____ Toll #: _____

OD / (TP) WS / TP RES / OD RES / IN A / RES / MY / CS

To Inspect Vehicle No: **SIA 9481M** | Insured: **YP 3970A**

at Workshop ref: **Yfix Auto** | Tel: **6448 9268**

of **60 Keki Buloh Ave 6**

Policy No: _____ Claim No: **SB100617**

Sum Insured: _____ Excess: _____

Make of Vehicle: _____ D.O.A. **03052018**

(Client's Record)

CA / REV / REP. / REV 24 HRS (W9) | R.O.D. Endorsement: _____

Date/Time: **04052018 10:57am** | Primary Insured: **EMAE** | Vehicle: **IN/OUT**

Date/Time	Action/Instruction	X	Vehicle
	SIA 9481M		
	YP 3970A		
20/17	Met Koen said vehicle was repaired first.		

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Monday, 4 February 2019 6:16 PM
To: 'Admin-D (LKKAuto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg
Subject: SLA 9481M [Our file ref: 18.25904A PD-O]
Attachments: TPPD LITIGATION LOD - BENJAMIN TRANSPORT SERVICES.pdf

Dear Catherine,

CLAIMANT :	BENJAMIN TRANSPORT SERVICES
VEHICLE NUMBER :	SLA 9481M
ALLEGED ACCIDENT DATE :	03 MAY 2018
AXA VEHICLE NUMBER :	YP 3970A

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. A copy is enclosed. They appear to have agreed to you as the SJE or your recommended repair cost.

We have requested for OI's GIA from AXA and will forward once we receive the same.,

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 arrange for post repair inspection with the claimant's solicitor and let us have your survey report thereafter.

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: Monday, 4 November 2019 4:59 PM
To: 'Admin-D (LKKAuto)'; 'assignments'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; gideon@seahong.com.sg
Subject: survey report & invoice | SOP file ref: 18.25904 A PD-O | SLA 9481M
Attachments: GIA report - SGU 7805E TP.PDF; GIA report - SLA 9481M.pdf; GIA report - YP 3970A 01.pdf; LKKPreRepairInspection[1].pdf; repair bill-SLA9481M-18.25904B.pdf

Dear Summer,

CLAIMANT : BENJAMIN TRANSPORT SERVICES
VEHICLE NUMBER : SLA 9481M
ALLEGED ACCIDENT DATE : 03 MAY 2018
AXA VEHICLE NUMBER : YP 3970A

1. We refer to the above and to the tele-conversation between our goodselves this afternoon.
2. The Plaintiff's solicitors informed us that the Plaintiff's vehicle has been sold.
3. Please let us have your survey report and invoice based on the available documents. Thanks!

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
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From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Thursday, 7 February, 2019 12:18 PM
To: 'Xin Yi' <xinyi@seahong.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Chee Kiong' <cheekiong@seahong.com.sg>; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg
Subject: RE: SLA 9481M [Our file ref: 18.25904A PD-O]

Dear Xinyi,

Please be informed that no post-repair inspection done for SLA 9481M.

Kindly assist arrange Re-Inspection appointment.



BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



From: Xin Yi [<mailto:xinyi@seahong.com.sg>]

Sent: Monday, 4 February 2019 6:16 PM

To: 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>

Cc: 'Chee Kiong' <cheekiong@seahong.com.sg>; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg

Subject: SLA 9481M [Our file ref: 18.25904A PD-O]

Dear Catherine,

CLAIMANT :	BENJAMIN TRANSPORT SERVICES
VEHICLE NUMBER :	SLA 9481M
ALLEGED ACCIDENT DATE :	03 MAY 2018
AXA VEHICLE NUMBER :	YP 3970A

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

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- b. If you have not conducted post-repair inspection, please arrange for post repair inspection with the claimant's solicitor and let us have your survey report thereafter.

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

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CATHERINE LIM LLC

林 ADVOCATES & SOLICITORS
畢 NOTARY PUBLIC - 公証官
玲 COMMISSIONER FOR OATHS - 宣誓官
律
師 CATHERINE C.L.LIM
館 DIRECTOR
LL.B (HONS) SINGAPORE - 法律系 - 律師
M.B.A. (BUSINESS LAW) - 商業系 - 碩士

20 Havelock Road #03-01
Central Square Singapore 059765
UEN No. 201310922K

Tel: (65) 6438 5530
Fax: (65) 6438 0111
www.catherinelimllc.com
Email: info@catherinelimllc.com
CATHERINE LIM LLC is a law
corporation with limited liability

60128685



Our Ref: CL/190112/T/VF.sg

07 January 2019

M/s AXA Insurance Singapore Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Singapore 068811
Attn: Motor Claims Dept

WITHOUT PREJUDICE
(TO THE PERSONAL INJURY CLAIM)
BY HAND

Vijaya Kumar S/o Rajendran
14 Joo Seng Road
#08-105
Singapore 360014

CERTIFICATE OF POSTING
(Please be informed that all supporting documents
have been forwarded to your insurer.)

Dear Sir

ACCIDENT INVOLVING SLA 9481M / YP 3970A AND SGU 7805E ON 3.5.2018 ALONG SELETAR WEST LINK TOWARDS YISHUN

We act for **BENJAMIN TRANSPORT SERVICES**, the owner of motor vehicle No. SLA 9481M, which was involved in the above accident.

Our client has suffered loss and damage as a result of your Insured's negligence in the driving of motor vehicle No. YP 3970A.

We quantify our client's claim as follows:-

1. Cost of repairs	\$12,447.14
2. Loss of use	\$ 600.00
3. LTA/GIA search	\$ 10.00
4. Incidentals, transport & photocopying etc	\$ 53.50
5. Cost contribution	\$ 963.00

\$14,073.64

We enclose herewith photocopies of our client's accident report, certificate of insurance, LTA/GIA search and final repair bill for your immediate attention.

Please let us know within the next 14 days from the receipt of this letter, whether you are prepared to admit liability and revert with a settlement proposal, failing which our clients shall have no alternative but to commence legal proceedings against your insured.

Yours faithfully

Encs
cc: clients

(Please note that if your motor vehicle was not driven by you, there is a presumption in law that the said driver was driving as your agent/ servant unless you let us know the particulars of your driver if your motor vehicle was not driven by you.)

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	3341C
Vehicle Details	
Vehicle No.:	SLA9481M
Vehicle to be Exported:	No
Intended De-registration Date:	20 Jul 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VELLFIRE 2.5Z CVT 2WD
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	2ARH593820
Chassis No.:	AGH300030484
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	\$33,996.00
Original Registration Date:	22 Mar 2016
First Registration Date:	22 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$39,595.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Mar 2026
PARF Rebate Amount:	\$29,696.00
Intended COE Rebate Details	
COE Expiry Date:	21 Mar 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,089.00
COE Rebate Amount:	\$38,415.00
Total Rebate Amount:	\$68,111.00

The information contained herein is correct as at 20 Jul 2018

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	04/05/2018 16:50
Date Of Accident	03/05/2018 19:00
Exact Location Of Accident	SELETAR WEST LINK TOWARDS YISHUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9481M
Insured/Policyholder	
Name Of Registered Owner	BENJAMIN TRANSPORT SERVICES
Co Reg No	53123341C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96349189

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5Z CVT 2WD
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078178449-02 CLASSIC
Cover Note Number	

Driver

Name of Driver	NG SI HIONG
NRIC No	S6910491F
Date Of Birth	02/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	15/12/1987
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96349189
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 895C WOODLANDS DRIVE 50 #09-38
Postcode	732895
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3970A
Vehicle Make/Model/Colour	ISUZU NMR85UH5A
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SYAFIQ BIN AZAHAR
NRIC/Passport Number	S8838693J
Contact Number	85691206
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGU7805E
Vehicle Make/Model/Colour	TOYOTA WISH 1.8X A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NELSON JOSEPH
NRIC/Passport Number	S7781269E
Contact Number	82583147
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG SI HIONG
Approximate Age	49
Injuries Sustain	PAIN ON BACK NECK, SPINAL CODE AND BACK
Injured person in which vehicle?	SLA9481M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 895C WOODLANDS DRIVE 50 #09-38
Postcode	732895

Sketch Plan Pg. 1

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:



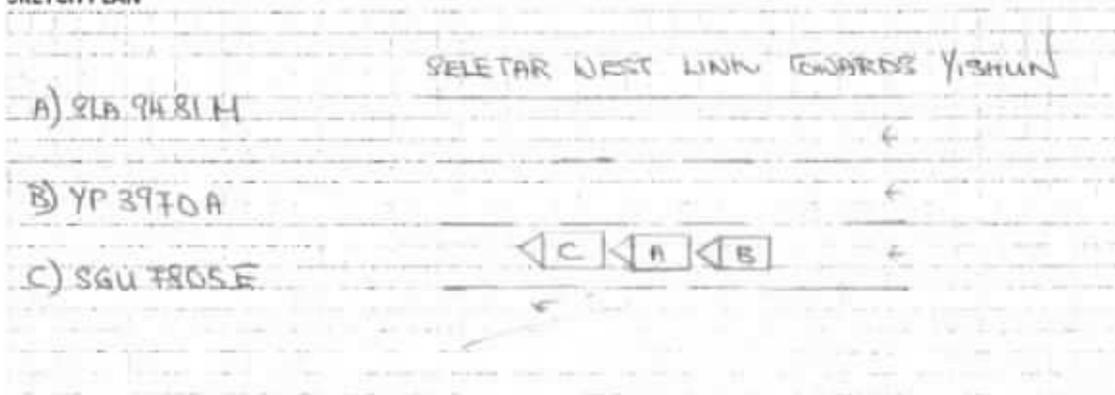
Driver's Signature
(If driver is not the policyholder)
Date & Time: - 4 MAY 2018

DAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: T/20180504/2031.

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:

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: yqckb@singnet.com.sg
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

- 4 MAY 2018

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180504/2031

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 4

Report No. T/20180504/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2018 11:23	Vide Report No.:	Station Diary No.: 48
--	------------------	--------------------------

Informant's Particulars

Name of Informant: NG SI HIONG		Address: APT BLK 895C WOODLANDS DRIVE 50 #09-38 SINGAPORE 732895	
ID Type / ID No.: NRIC NO / S6910491F		Contact No.:	Mobile: 96349189
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 02/04/1969	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/05/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 SELETAR WEST LINK SELETAR WEST LINK TOWARDS YISHUN				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU7805E	Car				Slightly Damaged	0
SLA9481M	Car	TOYOTA	VELLFIRE	Black	Seriously Damaged	0
YP3970A	Lorry				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180504/2031

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

2 of 4

Report No. T/20180504/2031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA9481M	NTUC Income Insurance Co-Operative Limited	5078178449-02	22/03/2018	21/03/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NELSON JOSEPH		ID No.	S7781269E
Related Vehicle	SGU7805E (Car)		Contact No.	82583147
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
Driver				
Name	NG SI HIONG		ID No.	S6910491F
Related Vehicle	SLA9481M (Car)		Contact No.	96349189
Hospital/Clinic	KOO & CHOO MEDICAL CLINIC P.L		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/05/2018		Date Discharge	04/05/2018
No. of Days granted Medical Leave	05		Degree of Injury	Serious
Driver				
Name	SYAFIQ BIN AZAHAR		ID No.	S8838693J
Related Vehicle	YP3970A (Lorry)		Contact No.	85691206
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



SINGAPORE
POLICE FORCE



T/20180504/2031

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 4

Report No. T/20180504/2031

CONTINUATION OF REPORT

Brief Details.

On 03.05.2018 at about 1900hrs, I was travelling in my vehicle of reg: SLA9481M, Toyota in Black along Seletar West Link towards Yishun in lane 3 in the queue to enter the slip road. I came to a stop after the vehicle of reg: SGU7805E in front of mine came to a stop. Suddenly, I heard a loud bang and the impact caused my vehicle to surge forward and hit onto the rear of the vehicle of reg:SGU7805E which was in front of my vehicle. After which, together with the other two drivers, we alighted from our vehicles and we exchanged our particulars. The vehicle which hit onto the rear of my vehicle is reg: YP3970A. Both rear signal lights, back door, the front and back bumpers and both front headlights of my vehicle were damaged. The rear of the vehicle of reg: SGU7805E which was in front of my vehicle, has some dents. I am not sure of the damage to the rear vehicle of reg: YP3970A. At that moment, no one was injured. There no government property damaged. There was no traffic police or ambulance came to the scene. When I reached home, I felt pain on the back of my neck, spinal code and back. On 04.05.2018, I went to see a doctor. I would like to inform that I have front and rear CCTVs installed in my vehicle.

Individual Statement Pg. 1



SINGAPORE
POLICE FORCE



T/20180504/2031

Police Station Of Origin:
Bukit Batok N.P.C
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659840
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4 of 4

Report No. T/20180504/2031

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: J / Sr Staff Sgt MARY CHYE SIEW PING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2018 11:23
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
Authentication Stamp MP168	

Singapore Police Force

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 willful 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	04/05/2018 16:50
Date Of Accident	03/05/2018 19:00
Exact Location Of Accident	SELETAR WEST LINK TOWARDS YISHUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9481M
Insured/Policyholder	
Name Of Registered Owner	BENJAMIN TRANSPORT SERVICES
Co Reg No	53123341C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96349189
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE 2.5Z CVT 2WD
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076176449-02 CLASSIC
Cover Note Number	
Driver	
Name of Driver	NG SI HIONG
NRIC No	S6910491F
Date Of Birth	02/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	15/12/1987
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96349189
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 895C WOODLANDS DRIVE 50 #09-38
 Postcode 732895
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

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

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP3970A
 Vehicle Make/Model/Colour ISUZU NMR85UH5A
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver SYAFIQ BIN AZAHAR
 NRIC/Passport Number S8838693J
 Contact Number 85691206
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGU7805E
Vehicle Make/Model/Colour TOYOTA WISH 1.8X A
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NELSON JOSEPH
NRIC/Passport Number S7781269E
Contact Number 82583147

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG SI HIONG
Approximate Age 49
Injuries Sustain PAIN ON BACK NECK, SPINAL CODE AND BACK
Injured person in which vehicle? SLA9481M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address BLK 895C WOODLANDS DRIVE 50 #09-38
Postcode 732895

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 sitad 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:

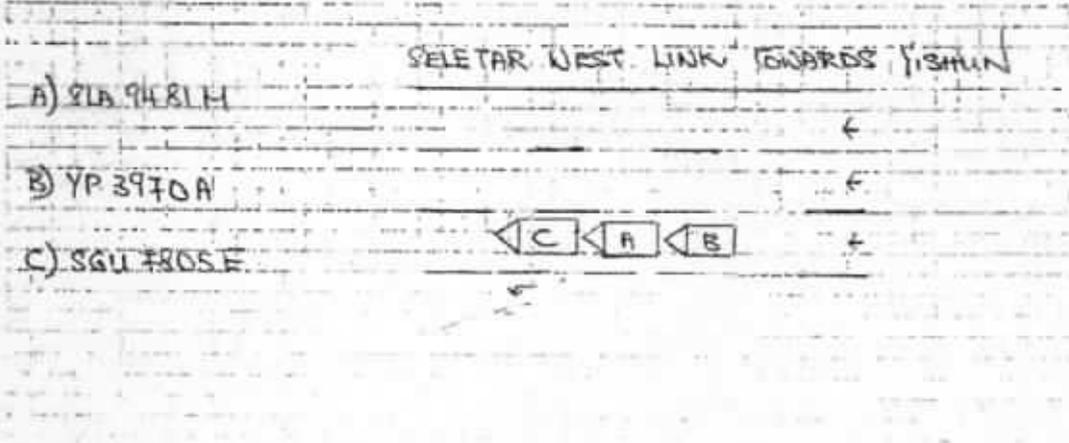


Driver's Signature
(if driver is not the policyholder)
Date & Time: - 4 MAY 2018

LDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No.: T/00180504/2031.

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:

EDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@singnet.com.sg

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

- 4 MAY 2018



Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA9481M	NTUC Income Insurance Co-Operative Limited	5078178449-02	22/03/2018	21/03/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NELSON JOSEPH		ID No.	S7781269E
Related Vehicle	SGU7805E (Car)		Contact No.	82583147
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
Driver				
Name	NG SI HIONG		ID No.	S6910491F
Related Vehicle	SLA9481M (Car)		Contact No.	96349189
Hospital/Clinic	KOO & CHOO MEDICAL CLINIC P.L		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/05/2018		Date Discharge	04/05/2018
No. of Days granted Medical Leave	05		Degree of Injury	Serious
Driver				
Name	SYAFIQ BIN AZAHAR		ID No.	S8838693J
Related Vehicle	YP3970A (Lorry)		Contact No.	85691206
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



SINGAPORE
POLICE FORCE



T/20180504/2031

Police Station Of Origin:
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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 4

Report No. T/20180504/2031

CONTINUATION OF REPORT

Brief Details.

On 03.05.2018 at about 1900hrs, I was travelling in my vehicle of reg: SLA9481M, Toyota in Black along Seletar West Link towards Yishun in lane 3 in the queue to enter the slip road. I came to a stop after the vehicle of reg: SGU7805E in front of mine came to a stop. Suddenly, I heard a loud bang and the impact caused my vehicle to surge forward and hit onto the rear of the vehicle of reg:SGU7805E which was in front of my vehicle. After which, together with the other two drivers, we alighted from our vehicles and we exchanged our particulars. The vehicle which hit onto the rear of my vehicle is reg: YP3970A. Both rear signal lights, back door, the front and back bumpers and both front headlights of my vehicle were damaged. The rear of the vehicle of reg: SGU7805E which was in front of my vehicle, has some dents. I am not sure of the damage to the rear vehicle of reg: YP3970A. At that moment, no one was injured. There no government property damaged. There was no traffic police or ambulance came to the scene. When I reached home, I felt pain on the back of my neck, spinal code and back. On 04.05.2018, I went to see a doctor. I would like to inform that I have front and rear CCTVs installed in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180504/2031

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6E59999

4 of 4

Report No. T/20180504/2031

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: J/ Sr Staff Sgt MARY CHYE SIEW PING	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case TP / AEIT / Sgt 2 YEO KIA HUAT Contact No: 65476325	SN 114
Authentication Stamp NP168	
Singapore Police Force	

Signature Of Informant:	
Date/Time: 04/05/2018 11:23	
Classification Of Case:	



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5078178449-02 **Cover :** drive CLASSIC

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLA9481M |
| Chassis Number | : AGH300030484 |
| 2. Name of Policyholder | : BENJAMIN TRANSPORT SERVICES |
| 3. Effective Date of Insurance | : 22 Mar 2018 |
| 4. Expiry Date of Insurance | : 21 Mar 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: AUTO LEASE (PTE) LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : NLE INSURANCE AGENCIES PTE LTD (00000614580)
 Date of Issue : 19 Mar 2018 09:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

 Authorised Officer

 Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	3341C
Vehicle Details	
Vehicle No.:	SLA9481M
Vehicle to be Exported:	No
Intended De-registration Date:	20 Jul 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VELLFIRE 2.5Z CVT 2WD
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	2ARH593820
Chassis No.:	AGH300030484
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	\$33,996.00
Original Registration Date:	22 Mar 2016
First Registration Date:	22 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$39,595.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Mar 2026
PARF Rebate Amount:	\$29,696.00
Intended COE Rebate Details	
COE Expiry Date:	21 Mar 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,089.00
COE Rebate Amount:	\$38,415.00
Total Rebate Amount:	\$68,111.00

The information contained herein is correct as at 20 Jul 2018

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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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	04/05/2018 11:39
Date Of Accident	03/05/2018 19:15
Exact Location Of Accident	ALONG SELETAR WEST LINK BEFORE SELETAR AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU7805E
Insured/Policyholder	
Name Of Registered Owner	MARK ISAAC
Co Reg No	53361749M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82583147
Alternative Phone No	OFFICE-82583147

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORK 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091102274
Cover Note Number	

Driver

Name of Driver	NELSON JOSEPH
NRIC No	S7781269E
Date Of Birth	05/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82583147
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	APT BLK 484 ADMIRALTY LINK #03-59
Postcode	750484
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

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

Circumstances of Accident

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	SLA9481M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG SI HIONG
NRIC/Passport Number	S6910491F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP3970A
-----------------------------	---------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SYAFIQ BIN AZAHAR

NRIC/Passport Number

S8838693J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NELSON JOSEPH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

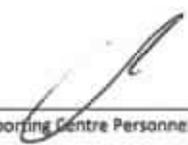
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 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with 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.
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 - (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:



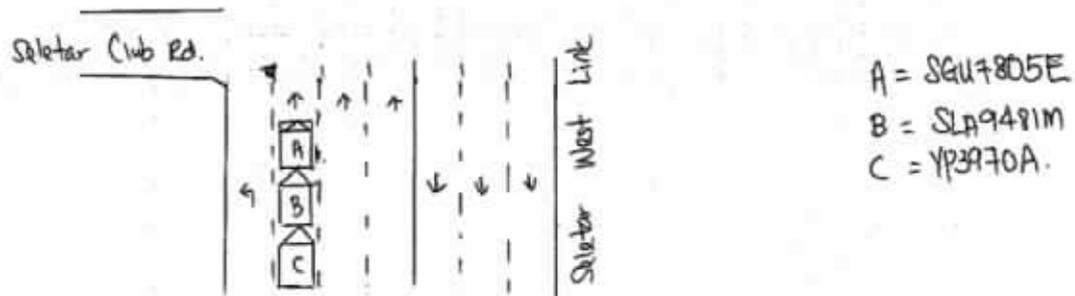
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

MARK ISAAC
Co Reg No: 53381749M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/5/2018, I was travelling straight along Seletar West Link. I drive slowly as there was moderate traffic jam. Suddenly, I felt an impact on my rear and realised that vehicle B (SLA 9481M) has collided on my vehicle. As a result, my car sustained damages on the rear portion. After the incident, I felt neck pain and back pain.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

MARK ISAAC
Co Reg No: 53361749M

[Signature]

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

[Signature]

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

Accident Photo



Driving License



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Vfix Auto Service Pte Ltd
60 Kaki Bukit Ave 6 Ark@KB
Singapore 417892
Email: contact@vfixauto.com.sg
Tel: 64552957 Fax: 64452368
UEN/GST Reg No. : 201602964H

AXA INSURANCE (S'PORE) PTE LTD
8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE 068811

FINAL REPAIR BILL

DATE : 15/10/2018
VEHICLE NO : SLA9481M
MAKE/MODEL : TOYOTA VELLFIRE 2.5Z
ACC DATE : 03/05/2018
CLAIM NO : VFIX-TP20180465
POLICY NO :

AMOUNT S\$

LUMP SUM REPAIR COST

Repair Amount	11,632.84
7% GST	814.30
Total	<u>12,447.14</u>

SINGAPORE DOLLARS: TWELVE THOUSAND FOUR
HUNDRED FORTY SEVEN & CENTS FOURTEEN ONLY

VFIX AUTO SERVICE PTE LTD

Ken Tan



Ken Tan



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60 Kaki Bukit Ave 6 Ark@KB
Singapore 417892
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AMOUNT S\$

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SINGAPORE DOLLARS : TWELVE THOUSAND FOUR
HUNDRED FORTY SEVEN & CENTS FOURTEEN ONLY

VFIX AUTO SERVICE PTE LTD



Ken Tan



**GENERAL
INSURANCE
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-067470

Date of Request: 04/05/2018

Your Ref No:

Online Purchase

Vfix Auto Service Pte Ltd
60 Kaki Bukit Ave 6
ARK@KB
Singapore 417892

SLA 4981 M - TP465

Dear Sir/Madam,

Enquiry Date 04/05/2018
Enquiry By Kelvin Poh Leong Hock
Vehicle No. YP3970A
Accident Date 03/05/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

 6 Raffles Quay #18-00, Singapore 048580
 Phone: +65 6224 0010 Fax: +65 6224 0030
 Operating Hours: Monday to Friday 9am to 5pm
 GST Registration No: M400017735

Third Party Insurer Enquiry

 Our Ref No: GR-18-067470
 Date of Request: 04/05/2018

Your Ref No: Online Purchase

 Vfix Auto Service Pte Ltd
 60 Kaki Bukit Ave 6
 ARK@KB
 Singapore 417892

SLA 9481 A - TP465

Dear Sir/Madam,

 Enquiry Date 04/05/2018
 Enquiry By Kelvin Poh Leong Hock
 * Vehicle No. YP3970A
 Accident Date 03/05/2018
Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YP3970A	AXA Insurance Pte Ltd	10/08/2017-09/08/2018	6338 7288

Thank You.

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Enquire Vehicle & Owner Information (Vehicle No. YP3970A As At 03 May 2018 / 19:00:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: 190112

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S7716400F
Owner Name: VIJAYA KUMAR S/O RAJENDRAN
Registered Address Type: HDB / HUDC
Registered Block/House No.: 14
Registered Street Name: JOO SENG ROAD
Registered Unit No.: # 08 - 105
Registered Building Name: -
Registered Postal Code: 360014

Vehicle Details

Vehicle No.: YP3970A
Make Description/Model: ISUZU / NMR85UH5A
Insurance Company Name: AXA INSURANCE PTE LTD

Print OK



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT			
AXA INSURANCE PTE LTD		Ref: CS3/ASM18008279/Gz4bs2	
8 SHENTON WAY #24-01		Date: 23-07-2018	
AXA TOWERSINGAPORE 068811			
ATTN: JAS TAN		Code: ASM	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	YP 3970A	Veh. Inspected	SLA 9481M
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00G1Y	Excess (\$)	0.00
Assign From	SMART CLAIM (JAS TAN)	Assign Date	04/05/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VELLFIRE 25Z	c.c	2493
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	AGH300030484	Colour	BLACK
Odometer	94504 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	235/50ZR18	ABILEAD	6 mm
L/H Front Tyre	235/50ZR18	ABILEAD	6 mm
R/H Rear Tyre	235/50ZR18	ABILEAD	6 mm
L/H Rear Tyre	235/50ZR18	ABILEAD	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.			
5. General Information			
Accident Date	03/05/2018	Inspect Date / Time	07/05/2018 (01:39 PM)
Survey held at	VFIX AUTO SERVICE PTE LTD 60 KAKI BUKIT AVE 6, ARK@KB, 417892 KAKI BUKIT SINGAPORE 417892		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.			

Report Ref No. CS3/ASM18008279/Gz4bs2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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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. 199607199R GST Reg. No. 19-0607196-R

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT

AXA INSURANCE PTE LTD 8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN: JAS TAN		Ref: CS3/ASM18008279/Gz4bs2 Date: 23-07-2018 Code: ASM	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	YP 3970A	Veh. Inspected	SLA 9481M
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00G1Y	Excess (\$)	0.00
Assign From	SMART CLAIM (JAS TAN)	Assign Date	04/05/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VELLFIRE 25Z	c.c	2493
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	AGH300030484	Colour	BLACK
Odometer	94504 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	235/50ZR18	ABILEAD	6 mm
L/H Front Tyre	235/50ZR18	ABILEAD	6 mm
R/H Rear Tyre	235/50ZR18	ABILEAD	6 mm
L/H Rear Tyre	235/50ZR18	ABILEAD	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.			
5. General Information			
Accident Date	03/05/2018	Inspect Date / Time	07/05/2018 (01:39 PM)
Survey held at	VFIX AUTO SERVICE PTE LTD 60 KAKI BUKIT AVE 5, ARK@KB. 417892 KAKI BUKIT SINGAPORE 417892		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.			

Report Ref No. CS3/ASM18008279/Gz4bs2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

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

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Vfix Auto Service Pte Ltd
 60 Kaki Bukit Ave 6
 Ark@KB Singapore 417892
 Email: vfixauto@gmail.com
 Tel: 64489268 Fax: 64452368

M/S AXA INS (S'PORE) PTE LTD
 8 SHENTON WAY
 #27-01 AXA TOWER
 SINGAPORE 068811

ESTIMATE

DATE : 07/05/2018
 ACC DATE : 03/05/2018
 REF NO. : VFIX-TP20180465
 POLICY NO :

Attention: Motor Claim Department
 RE : VEHICLE NO. SLA9481M TOYOTA VELLFIRE

DESCRIPTION	AMOUNT S\$
1 1 TAIL GATE / bmc / BT	1988.60
2 1 TAIL GATE LOCK / NN	526.30
3 1 TAIL GATE LOCK CATCH / NN	58.00
4 1 TAIL GATE INNER TRIM / RE	658.30
5 2 TAIL GATE REFLECTOR R+L / CRA	578.50 / 1,157.00
6 1 TAIL GATE LOGO / mcl	105.00
7 1 TAIL GATE (VELLFIRE) EMBLEM / mcl	102.00
8 1 TAIL GATE CHROME / cut	452.30
9 2 TAIL GATE DAMPER R+L / X NN	325.30 / 650.60
10 1 TAIL GATE WEATHERSTRIP / LTN	385.20
11 1 REAR NUMBER PLATE GARNISH / X NN	258.50
12 1 REAR CORNER PANEL RETAINER LH / mcl	128.00
13 1 REAR CORNER PANEL LH / re	356.50
14 1 REAR BUMPER / re	1426 / 1525 / 1,825.10
15 1 REAR BUMPER SIDE RETAINER (LONG) / mcl	98.00
16 1 REAR BUMPER SIDE RETAINER (SHORT) / mcl	85.00
17 1 REAR BUMPER TOW COVER / mcs	25 / 95.00
18 1 REAR BUMPER REFLECTOR / X NN	115.60
19 1 FRONT BUMPER / re	1380 / 1648 / 1,875.10
20 2 FRONT BUMPER CHROME R+L / CRA	298.60 / 220 / 597.20
	\$ 11,514.30
	LESS 25% \$ 2,878.58
	\$ 8,635.73

Handwritten calculations:
~~7546.8~~ 8285.3
 -25% : ~~5660.7~~ 6213.97

DESCRIPTION	SPECIAL NETT	AMOUNT S\$
1 1 REVERSE SENSOR / DM		200 / 450.00 SN
2 8 REAR BUMPER CLIP / mcl		6.00 / 48.00 SN
3 1 REAR WINDSCREEN GLASS MOULDING / mcl		115.90 SN
4 1 REAR WINDSCREEN GLASS SEALANT / mcl		50 / 90.00 SN
No. plate / BT	\$35	\$ 703.90

Handwritten calculations:
 427.9
 448.9

LABOUR & MISCELLANEOUS:

1	To remove damaged body parts with all necessary components/ attachment apply hot-works where necessary repair/reshape dented panel in accordance to factory specifications, replace new parts align into position refit all necessary components/attachments	500	1,200.00
2	To spray paint replaced/repared body panels inclusive of preparatory works and painting materials	700	1,000.00
3	To remove, refit rear windscreen glass and water test	100	200.00
4	To install reverse sensor and check funtion	40	100.00
		\$	2,500.00

Transfer Tailgate components. \$100 @ 60. 1400

GRAND TOTAL : \$ 11,839.63

16763-070

SINGAPORE DOLLARS : ELEVEN THOUSAND EIGHT HUNDRED THIRTY NINE & CENTS
SIXTY THREE ONLY

Vfix Auto Service Pte Ltd



5 Days.
lumpsum repair.

After repair photos.

Guo Qiang - 82880282

07/5/18.

~~10461.09~~
reg. ~~5950~~. 8350



8684 0506
Allan

Vfix Auto Service Pte Ltd
60 Kaki Bukit Ave 6
Ark@KB Singapore 417892
Email: vfixauto@gmail.com
Tel: 64489268 Fax: 64452368

M/S AXA INS (S'PORE) PTE LTD
8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE 068811

ESTIMATE

DATE : 07/05/2018
ACC DATE : 03/05/2018
REF NO. : VFIX-TP20180465
POLICY NO :
SUPPLEMENTARY ✓

Attention: Motor Claim Department

RE : VEHICLE NO.SLA9481M TOYOTA VELLFIRE

DESCRIPTION	AMOUNT \$
1 1 REAR END PANEL / BUC re	798.50 ✓
2 1 REAR END PANEL TOP GARNISH / 267	428.90 ✓
3 1 REAR FLOOR PANEL X Repair TV	1,258.00 X
4 1 REAR FLOOR PANEL GARNISH /	435.60 ✓
5 1 FRONT BUMPER SPONGE / CRA	185.20 ✓
6 1 BRACE PANEL / BT	198.50 ✓
7 1 REAR FENDER GARNISH LH / CRA	755.50 ✓
	\$ 4,060.20 2640.3
LESS 25%	\$ 1,015.05
	\$ 3,045.15 1980.22

DESCRIPTION	SPECIAL NETT	AMOUNT \$
1 4 REAR END PANEL GARNISH CLIP / 06C	4.50	18.00 ✓
2 1 REMOTE SENSOR BEHIND END PANEL X MV		325.30 X
		\$ 343.30

LABOUR & MISCELLANEOUS:

1 To remove damaged body parts with all necessary components/ attachment apply hot-works where necessary repair/reshape dented panel in accordance to factory specifications, replace new parts align into position refit all necessary components/attachments	800.00 200
2 To spray paint replaced/repaired body panels inclusive of preparatory works and painting materials	600.00 200
	\$ 1,400.00
GRAND TOTAL	\$ 4,788.45 1980.22

SINGAPORE DOLLARS : FOUR THOUSAND SEVEN HUNDRED EIGHTY EIGHT & CENTS 2398.22
FORTY FIVE ONLY

Vfix Auto Service Pte Ltd





Your Ref: 18.25904A PD-O

Date: 13th January 2020

Our Ref : CS3/ASM18008279/Gtd3e2-1

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: SLA 9481M
INSURED VEHICLE: YP 3970A
ACCIDENT DATE: 03/05/2018

We thank you for your instruction on 04/02/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SLA 9481M from M/s Vfix Auto Service Pte Ltd.
- b) Singapore Accident Statement of Vehicles SLA 9481M and SGU 7805E.
- c) Police Report of Vehicles SLA 9481M.
- d) Final Repair Bill of SLA 9481M from M/s Vfix Auto Service Pte Ltd.

Pre-Repair Inspection Date : 07/05/2018 at M/s Vfix Auto Service Pte Ltd, 60 Kaki Bukit Ave 6, Ark@KB, Singapore 417892.

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	: SLA 9481M
Make & Model	: Toyota Vellfire 2.5Z CVT 2WD
Year of Registration	: 2016
Chassis Number	: AGH300030484
Engine Capacity	: 2493 cc
2. We recommend that the repairs of the entire damage require about 6 (Six) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLA 9481M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR END PANEL	BUCKLED	798.50	798.50
1	REAR END PANEL TOP GARNISH	DEFORMED	428.90	267.00
1	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	1,258.00	-
1	REAR FLOOR PANEL GARNISH	TORN	435.60	435.60
1	FRONT BUMPER SPONGE	CRACKED	185.20	185.20
1	BRACE PANEL	BENT	198.50	198.50
1	REAR FENDER GARNISH LH	CRACKED	755.50	755.50
1	TAIL GATE	BUCKLED	1,988.60	1,809.00
1	TAIL GATE LOCK	BENT	526.30	313.00
1	TAIL GATE LOCK CATCH	NOT NECESSARY	58.00	-
1	TAIL GATE INNER TRIM	DEFORMED	658.30	526.00
2	TAIL GATE REFLECTOR R+L @ \$578.50	CRACKED	1,157.00	1,157.00
1	TAIL GATE LOGO	NECESSARY	105.00	105.00
1	TAIL GATE (VELLFIRE) EMBLEM	NECESSARY	102.00	66.00
1	TAIL GATE CHROME	CUT	452.30	452.30
2	TAIL GATE DAMPER R+L @ \$325.30	NOT NECESSARY	650.60	-
1	TAIL GATE WEATHERSTRIP	TORN	385.20	218.00
1	REAR NUMBER PLATE GARNISH	NOT NECESSARY	258.50	-
1	REAR CORNER PANEL RETAINER LH	NECESSARY	125.00	48.50
1	REAR CORNER PANEL LH	DEFORMED	356.50	356.50
1	REAR BUMPER	DEFORMED	1,825.10	1,426.00
1	REAR BUMPER SIDE RETAINER (LONG)	NECESSARY	98.00	98.00
1	REAR BUMPER SIDE RETAINER (SHORT)	NECESSARY	85.00	85.00
1	REAR BUMPER TOW COVER	MISSING	95.00	25.00
1	REAR BUMPER REFLECTOR	NOT NECESSARY	115.60	-
1	FRONT BUMPER	DEFORMED	1,875.10	1,380.00
2	FRONT BUMPER CHROME R+L @ \$298.60	CRACKED	597.20	220.00
	LESS 25% DISCOUNT		-3,893.63	-2,731.41
			11,680.87	8,194.19
<u>SPECIAL NETT ITEMS</u>				
4	REAR END PANEL GARNISH CLIP @ \$4.50 (SN)	NECESSARY	18.00	18.00
1	REMOTE SENSOR BEHIND END PANEL (SN)	NOT NECESSARY	325.30	-
1	REVERSE SENSOR (SN)	DAMAGED	450.00	200.00

Report Ref No. CS3/ASM18008279/Gtd3e2-1



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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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
8	REAR BUMPER CLIP @ \$6.00 (SN)	NECESSARY	48.00	48.00
1	REAR WINDSCREEN GLASS MOULDING (SN)	NECESSARY	115.90	115.90
1	REAR WINDSCREEN GLASS SEALANT (SN)	NECESSARY	90.00	50.00
1	NO. PLATE (SN)	BENT	35.00	35.00
			1,082.20	466.90
	LABOUR			
	TO REMOVE DAMAGED BODY PARTS WITH ALL NECESSARY COMPONENTS / ATTACHMENT APPLY HOT-WORKS WHERE NECESSARY REPAIR / RESHAPE DENTED PANEL IN ACCORDANCE TO FACTORY SPECIFICATIONS, REPLACE NEW PARTS ALIGN INTO POSITION REFIT ALL NECESSARY COMPONENTS / ATTACHMENTS. INCLUSIVE OF THE REPAIR OF REAR FLOOR PANEL.		2,000.00	700.00
	TO SPRAY PAINT REPLACED / REPAIRED BODY PANELS INCLUSIVE OF PREPARATORY WORKS AND PAINTING MATERIALS.		1,600.00	900.00
	TO REMOVE, REFIT REAR WINDSCREEN GLASS AND WATER TEST.		200.00	100.00
	TO INSTALL REVERSE SENSOR AND CHECK FUNCTION.		100.00	40.00
	TRANSFER TAILGATE COMPONENTS.		100.00	60.00
			4,000.00	1,800.00
GRAND TOTAL			16,763.07	10,461.09
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				8,350.00

Report Ref No. CS3/ASM18008279/Gtd3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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