

REF: CS3/ASM18021309/Jvd3-1⁰²

Special Instruction:

Hs: \$: 3500.00

ASSIGNMENT (Office)

From (Person): Xinyi of Sea Hung Date/Time: 20/2/19 @ 9:16pm
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: W.G. Appraisal Services

Workshop: Teamwork Garage

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLA 3329K Insured: SKV 1670M
at Workshop m/s Teamwork Garage Tel: 6844 2475
of 53 ubi Ave 1 #01-25

Policy No: _____ Claim No: 19-26404 PD-0

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) D.O.A. 20/11/18

16/4/19 @ 10:30am

H.O.D. Enrichment/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 17/11/16 Confirmed with 12/16 Final Fig 12/16, 12 days (Red S 12 / 16 %; Original 7 days)

Date/Time: 17/4/19 Submit Final Fig LS 1900, 5 days (Red S 1600 / 46 %; Original days)

[illegible]

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 17 APR 2019

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add	
Transport	
Photos	
Others	
Total	

Date: _____

150

ICD

1) Date/Time 17/4-2020 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

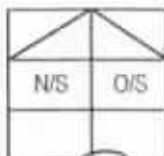
File Return to

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record) _____
 Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLA 3329 K Yr Regt: 26 Feb 2016
 Type: M.Cy / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: Nissan C.C. 1197
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: -
 C/No: SJNEEAS11V1590162

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: Nil / Std / STD A/Rim or _____

Tyre Size: F: 215/60 R17
 R: -

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm
D.O.A.	_____	D.O.I.	<u>16/4/19</u>

Survey held at

TeamworkDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time	Action / Instruction

[Signature]
16/4/2019

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

) \$ + RS. _____

) Photos _____

) Others _____

TOTAL _____

Report Format :

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

2200022001

ASS. REC. BY:

REF:

CS3/ASM18021309/Jcd309

Special Instruction:

Surveyor: Hwee Jie

ASSIGNMENT (Office)

From (Person): Cynthia Loh

of

ASM (AXA)

Date/Time: 28/11/18

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SLA 3329K

Insured:

SKV 1670M

at Workshop m/s

Teamwork Garage

Tel:

6844 2475

of

53 Ubi Ave 1 #01-24

Policy No:

Claim No:

S8M0130C

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 20/11/2018CA / REV / REP. / REV 24 HRS ^{up}

H.O.D. Endorsement:

Date/Time:

28/11/18 @ 10:00am

Person Contacted:

Damen

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (X) Estimate

Dismantle parts: 28.11.18

PRS
Hue Jie

REF: AXA

ASSIGNMENT

From _____ Date _____
Estimated Cost _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop no/s: _____

of _____

Insured _____

Policy No: _____

Claims No: _____

Sum insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date _____ Person Contacted _____

Vehicle IN / OUT

Veh ID: SLA 3329K Reg: 26 Feb 2016

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

Truck / Trailer or

Make: Nissan

CC 1197

Colour: White

A/C Insured / Std / NI / NA

Sp. Reading: 43109

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SJNFEAJ11U1590162

Gen: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Mod: ☒ Nil / ☐ STD A/Rim or

Tyre Size: F: 215/60 R17

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal: 6 mm

R/Bal: 6 mm

L/Bal: 6 mm

L/Bal: 6 mm

D.O.A: 20/11/18

D.O.I: 28/11/18 @ 1014am

Survey held at: Teamwork @ 1020

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

Rear

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

Date / Time _____ Action / Instruction _____

Range: \$3,500 - \$4,500
5 days

29/11/2018

Case/Time File Pass to:

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time File Return to:

Survey Fee

100

2)

Add Fee: ☐ Site Insp: \$

Transportation

Report Format

☐ Interview: \$

Food

Lump Sum / I.B.F. /

☐ Taxi Inv: \$

Other

☐ Workshop: \$

Other

100

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Wednesday, 20 February 2019 4:16 PM
To: 'Admin-D (LKKAuto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg
Subject: SLA 3329K [Our file ref: 19.26404 PD-O]

Dear Nivita,

CLAIMANT :	SOH TIAN SENG WILLIAM
VEHICLE NUMBER :	SLA 3329K
ALLEGED ACCIDENT DATE :	20.11.18
AXA VEHICLE NUMBER :	SKV 1670M

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-oo66hJkWyYtbyKCPRj1vSANA>.

Please let us hear from you on the following: -

- If you have conducted post-repair inspection already, please let us have your survey report urgently.
- 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!

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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**Daniel Poon & Co.**Advocates & Solicitors
Commissioners for Oaths

60133982

Daniel Poon Choon Kow
LL. B. (Hons), LL.M133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413
Tel: +65 6227-2469
Fax: +65 6225-2579
Email: law@dpco.com.sg
(UEN: 53130838C)

Our Ref: DP.sl.10853.19.TG
Your Ref: -----
Please quote our reference number when replying

DATE: 12 FEB 2019

WITHOUT PREJUDICE

M/S AXA INSURANCE (S) PTE LTD
8 SHENTON WAY
#27-01
AXA TOWER
SINGAPORE 038811
ATTN: MOTOR CLAIMS DEPARTMENT

PDX 8176 (by hand)

Dear Sir,

SOH TIAN SENG WILLIAM (OWNER OF SLA 3329K)
BLK 617A PUNGGOL DRIVE
#12-795
SINGAPORE 321617
ACCIDENT ON 20 NOVEMBER 2018 INVOLVING SLA 3329K AND SKV 1670M, SJZ
3429Y ALONG TPE TOWARDS KPE BEFORE KPE TUNNEL

We are instructed by the above named to claim damages (only material damage on our client's vehicle and without prejudice to our client's injuries, if any.) against you/your driver in connection with the above road traffic accident.

We are instructed that the accident was caused by you/your driver's negligent driving and/or management of you/your driver's vehicle no. **SKV 1670M**. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1. Repair costs	\$ 3,745.00
2. Rental	\$ 720.00
3. Loss of use (03 days @ \$100.00/day)	\$ 300.00
4. Survey fee	\$ 367.00
5. Cost at this stage	\$ 500.00
6. GIA/ LTA/ROC/ police search fee &/reports	\$ 36.49
7. Postages, transport and other incidentals	\$ 50.00
	<u>\$ 5,718.49</u>

... 2/-

Date:

18 FEB 2019

A copy each of the following supporting document has been sent to your insurer:

- 1) Our client's GIA report with ten (10) copies of coloured scanned photographs;
- 2) Our client's certificate of insurance;
- 3) LTA search and invoice on vehicle number SKV 1670M;
- 4) Repair bill;
- 5) Rental invoice;
- 6) Survey report + invoice;
- 7) Twenty-seven (27) copies of scanned coloured photographs showing damage to our client's vehicle.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

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

Yours faithfully,



cc. Client (SLA 3329K)

Tokio Marine Insurance Singapore Ltd.

Company Reg. No. 152000000 (657) Reg. No. 152-0000021-4

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0695 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

Tokio Marine Insurance Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MX1

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: MT109164 (Private Car)

- | | | |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLA3329K | Chassis No.: SJNFEAJ11U1590162 |
| 2. Name of Policyholder | SOH TIAN SENG WILLIAM | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 27/10/2018 (00:00:00) | |
| 4. Date of Expiry of Insurance | 26/10/2019 | |
| 5. Persons or Class of Persons entitled to drive* | (a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

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

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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the Insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the Insurance is cancelled for whatever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Insurance Plan:	Comprehensive Approved Workshop Plan	Account No: 2538DDA
mit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600.00
	Additional Excess for Unnamed Driver(s)	SGD 500.00
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00
	WindScreen Excess	SGD 100.00
Financial Interest:	TOKYO CENTURY LEASING (S) PTE LTD	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature

> Back to OneMotoring

Enquire Road Tax Payable / Prerequisite(s) To Fulfil

Please Note :

- The information contained herein is correct as at 20 Nov 2018.

Vehicle Particulars

Vehicle No.:	SLA3329K
Current Road Tax Expiry Date:	25 Feb 2019
New Road Tax Start Date:	26 Feb 2019
New Road Tax Expiry Date:	25 Aug 2019

Prerequisites (Updating of records may take about 3 working days)

Sufficient Insurance Coverage :	Yes
Vehicle Inspection Required :	Yes

Net Road Tax Amount

Road Tax Amount:	Amount (\$\$)
Nett Road Tax Amount:	254.00
Amount Payable	254.00

	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Nett Road Tax Amount:	254.00	-	254.00

Total Amount Payable	254.00
Late Renewal Fees Payable From	

	Late Renewal Fees (\$\$)	Total Amount with Late Renewal Fee (\$\$)
26 Feb 2019	20.00	274.00
26 Mar 2019	70.00	324.00
10 May 2019	90.00	344.00
26 May 2019	240.00	494.00

Previous

OK



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 20 Nov 2018 / 16:57:03

Receipt Date/Time : 20 Nov 2018 / 16:57:03

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181120-001983

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
-------------------------------	------------------------	------------------------------

Result of Insurance Enquiry - SHD148S
As at 20 Oct 2018/11:35:00
Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SHD148S
Enquiry Fee
20181120165555040718

7.00	0.49	7.49
------	------	------

Sub-Total

7.00	0.49	7.49
------	------	------

Result of Insurance Enquiry - SKV1670M
As at 20 Nov 2018/09:35:00
Insurance Co: AXA INSURANCE PTE LTD

2 Insurance Enquiry - SKV1670M
Enquiry Fee
20181120165555072712

7.00	0.49	7.49
------	------	------

Sub-Total

7.00	0.49	7.49
------	------	------

Total Before Rounding

14.00	0.98	14.98
-------	------	-------

Rounding Difference

0.03

Total Amount Payable

14.95

Paid By

xxxxxxxxxxxx2101 Credit Card:
Visa/MasterCard

14.95

Total

14.95

Cash Change

0.00

Tendered Amount

14.95

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF



TeamWork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Spore 408934
Paya Ubi Industrial Park
Tel : 6844 2475 Fax : 6844 2474
E-mail : claims@teamworkgarage.com
GST registered number : 201015366H

PROFOMA INVOICE - PI-1532

SOH TIAN SENG WILLIAM
C/O 53 Ubi Avenue 1 #01-24
Paya Ubi Industrial Park
Singapore 408934

Date : 21-Jan-19
Vehicle number : SLA3329K
Make Model : NISSAN QASHQAI
Accident date : 20-Nov-18
Reference number : 1811-24

Description		Amount SGD\$
Inclusive of supplying parts, labour, panel beating and spray painting		
Lump sum repair	:	3,500.00
7% GST	:	245.00
Grand total	:	3,745.00
Singdollars: THREE THOUSAND SEVEN HUNDRED FORTY FIVE ONLY		



Teamwork Garage Pte Ltd

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-

Veh. No.:	SLA 3329K	Replace Veh. No.:	SKTS440U
Veh. M / M:	Nissan Qashqai	Replace Veh. M / M:	Hyundai Elantra

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name:	Soh Tan Seng William	Name:	
Address:	Blk 617A Punggol Drive #12-795 71821617	Address:	
I/C:	S1373812B	D.O.B:	05/08/1959
Contact:	96630852	Pass Date:	01/02/2008

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	

RENTAL DETAILS			
Mileage Out		REMARKS	
Date Out	26/11	Mileage In	
Time Out	10:30	Date In	30/11
ASSIGNED BY		Time In	17:00
		CHECKED BY	

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	180	A Days @ \$ 720	OUT	E	1/4	1/2	3/4	F
Weekly	@ \$		Wks @ \$						
Monthly	@ \$		Mth @ \$	IN	E	1/4	1/2	3/4	F
Hours	@ \$		Hrs @ \$						
*Inclusive of additional charges (if any)				Petrol Charges YES NO AMT: _____ CDW YES NO AMT: _____ Security Deposit YES NO AMT: _____ Advance Payment YES NO AMT: _____					
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST Bank / Cheque No.: _____									

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

- IMPORTANT INFORMATION:** To be go through by the personnel at K & t CARS to the hirer and/or driver upon taking of vehicle
- Only persons above 16 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
 - Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
 - Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
 - Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
 - The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
 - In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
 - In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer / driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934
Tel: 6844 5838 Fax: 6285 5228 Email: kntcars@gmail.com
Br Reg. No.: 53209965X

No.: 2721

OFFICIAL RECEIPT

Date: 04/12/18

Received from Soh Tian Seng William

The Sum of Dollars Seven Hundred Twenty Dollars

Being payment of SKT5440U 26/11/18 to 30/11/18

\$7201.00

K & t Cars

Cheque No.: _____

Authorised Signature

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: Winsongkk@hotmail.com Contact: 9747 0083
Company Register No. 53326249J

Our Ref: WG/TP/2019-23
Invoice No: TP/TWG/2019-23
Vehicle No: SLK3329K
Attn: SOH TIAN SENG WILLIAM
Company: TEAMWORK GARAGE PTE LTD
Address: 53 Ubi Ave 1, #01-24, Paya Ubi Industria Park . Singapore 408934

Date 15 January 2019

Invoice

1811-76

Surveyor Fee:	S\$240	\$350
Re-inspection Fee:	S\$50	
Transport:	S\$50	
Photographs:	S\$27/- (@ \$1 per photo, total 27 photos)	
Total:	S\$367	

Surveyor:
Signature:
Date:



WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: wtsungkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S: SOH TIAN SENG WILLIAM
C/O TEAMWORK GARAGE PTE LTD
53 Ubi Ave 1, #01-24, Paya Ubi Industrial Park
Singapore 408934

Date : 15 January 2019
Our Ref : WG/TP/2019-23

REFERENCE PARTICULARS

Date of Accident : 20 November 2018
Date of Inspection : 28 November 2018

Type of Inspection : Third Party Claim
Date of Re-insp : 28 November 2018

VEHICLE PARTICULARS

Registration No : SLK3329K
Make : NISSAN
Model : QASHQAI 1.2 DIG-T CVT ABS 2WD
Year : 2015

Engine No : HRA2239077A
Chassis No : 3JNFEAJ11U1590162
Odometer : 43109km
Colour : White

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	Make	Size	Thread Balance
Front Near side	: Goodyear	225/45R17	5 mm
Front Off Side	: Goodyear	225/45R17	5 mm
Rear Near Side	: Goodyear	225/45R17	5 mm
Rear off Side	: Goodyear	225/45R17	5 mm

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the rear portion.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was S\$3,500.00 nett at lump sum basis. (Subject to GST if applicable)
Under normal circumstances, estimated period required for repairs : Seven (07) working days.

Enclosed Twenty-seven (27) photographs depicting damage to the vehicle.

Inspection conducted at : TEAMWORK GARAGE PTE LTD
53 Ubi Ave 1, #01-24, Paya Ubi Industrial Park, Singapore 408934

In accordance to your instruction, we have not authorise repairs and inspection
was conducted strictly on a "WITHOUT PREJUDICE BASIS".

VEHICLE NO : SLK3329K
MODEL : QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

Our Ref : WG/TP/2019-23

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

SPARE PARTS	QTY	PC/SET	ASSESSED CONDITION	ORIGINAL	
				QUOTATION	REVISED QUOTATION
1 REAR BUMPER			DEFORMED	\$ 955.40	\$ 955.40
2 REAR BUMPER LOWER GARNISH	1		DEFORMED	\$ 491.30	\$ 491.30
4 REAR BUMPER REINFORCEMENT	1		DENTED	\$ 457.60	\$ 457.60
5 REAR END PANEL	1		DENTED	\$ 640.90	\$ 640.90
				\$ 2,545.20	\$ 2,545.20
			Less 30%	\$ 763.56	\$ 763.56
				\$ 1,781.64	\$ 1,781.64
6 REAR BUMPER RETAINER	2		NECESSARY	\$ 70.40	\$ 70.40
7 REAR BUMPER SPONGE	1		CRACKED	\$ 153.80	\$ 153.80
8 TOW COVER	1		DEFORMED	\$ 35.40	\$ 35.40
9 REAR LH BUMPER REFLECTOR	1		NOT NECESSARY	\$ 42.00	\$ -
10 REAR RH BUMPER REFLECTOR	1		CRACKED	\$ 42.00	\$ 42.00
				\$ 343.60	\$ 301.60
			Less 10%	\$ 34.36	\$ 30.16
				\$ 309.24	\$ 271.44
B) <u>SMALL ITEM</u>					
11 REAR BUMPER CLIP	1 SET		NECESSARY	\$ 50.00	\$ 40.00
12 REAR REVERSE SENSOR	1 SET		MALFUNCTION	\$ 400.00	\$ 300.00
13 JOINT SEALANT	1		NECESSARY	\$ 150.00	\$ 130.00
				\$ 600.00	\$ 470.00
			Parts Total :	\$ 2,690.88	\$ 2,523.08
C) <u>LABOUR CHARGES & MISC</u>					
14 CHECK REAR WIRING AND LIGHTING SYSTEM				\$ 60.00	\$ 50.00
15 REMOVE AND REFIT REAR LINING, TRIM AND GARNISH				\$ 150.00	\$ 130.00
16 REMOVE AND RENEW REAR REVERSE SENSOR				\$ 120.00	\$ 100.00
17 REMOVE AND STRAIGHTEN REAR EXHAUST ASSY				\$ 150.00	\$ 130.00
18 PANEL BEATING ON AFFECTED AREAS				\$ 800.00	\$ 500.00
19 SPRAY PAINTING ON AFFECTED AREAS				\$ 700.00	\$ 600.00
20 APPLY ANTI RUST ON AFFECTED AREAS				\$ 150.00	\$ 130.00
			Labour Total :	\$ 2,130.00	\$ 1,840.00
			Total Parts and Labour :	\$ 4,820.88	\$ 4,363.08
					\$ 3,500.00

L/S \$1900/- 5 days.

POINT OF IMPACT

The impact was confined to the rear portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of \$3,560.00 nett corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully
WG APPRAISAL SERVICES



Winston Goh
Automotive Appraiser

Date:

04 FEB 2020

A copy each of the following supporting document has been sent to your insurer:

- 1) Our client's GIA report with ten (10) copies of coloured scanned photographs;
- 2) Our client's certificate of insurance;
- 3) LTA search and invoice on vehicle number SKV 1670M;
- 4) Repair bill;
- 5) Rental invoice;
- 6) Survey report + invoice;
- 7) Twenty-seven (27) copies of scanned coloured photographs showing damage to our client's vehicle.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

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

Yours faithfully,



cc. Client (SLA 3329K)

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	21/11/2018 16:33
Date Of Accident	20/11/2018 09:35
Exact Location Of Accident	TPE TWDS KPE BEFORE KPE TUNNEL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA3329K
Insured/Policyholder	
Name Of Registered Owner	SOH TIAN SENG WILLIAM
NRIC No	S1373812B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96630852
Alternative Phone No	OFFICE-96630852
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT109164
Cover Note Number	
Driver	
Name of Driver	SOH TIAN SENG WILLIAM
NRIC No	S1373812B
Date Of Birth	05/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	01/02/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96630852
Fax Number	
Contact Number	OFFICE-96630852
EMail Address	NOEMAIL

Address	BLK 617A PUNGGOL DRIVE #12-795
Postcode	821617
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : FEMALE

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 STATEMENT.

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	SKV1670M
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	SJZ3429Y
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)	

Accident Sketch Plan

IMPORTANT NOTES

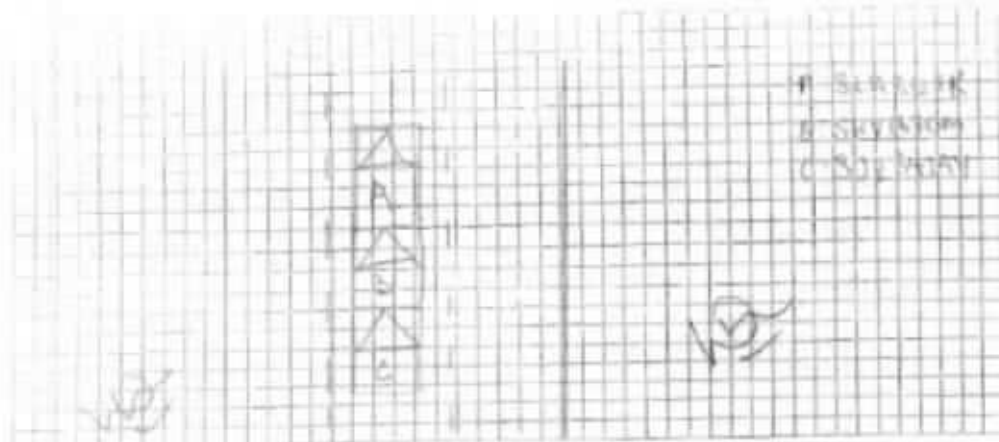
1. This report regarding the details of the accident is spread up the claim process.
2. It is to be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow Insurers' companies to repudiate under liability.
4. The name and company of the firms by Insurers' companies is not an admission of policy liability on the part of the Insurers' companies.
5. The report must be returned to the Police for knowledge.
6. The report will be forwarded by the Insurers of the GIA Security 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. The lodgement of this report to the Insurers, and hereby consent to the archiving of this report at the centre and to copies of the report being made available elsewhere.
8. I 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 processed 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 Ministry of Transport 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");
 - (ii) 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
 - (iii) my Personal Information may/are 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;
 - (iv) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (v) the information so collected under (i) above may be shared / disclosed:
 - (a) 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
 - (b) 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/ID No.:

Accident Sketch Plan



INCIDENT CIRCUMSTANCES OF THE ACCIDENT

I was travelling along TPE towards KPE(City) before Kpe Tunnel on the 2nd lane. The car in front of me came to a stop and I stopped at a safe distance. Suddenly I felt a huge impact from the rear portion of my vehicle. When I came down the car I realised it was a chain collision.

DECLARATION

(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/ID No.:

Updated: 2020/04/01, v1.0

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	20/11/2018 16:20
Date Of Accident	20/11/2018 09:30
Exact Location Of Accident	KPE TOWARDS MCE, BEFORE KPE TUNNEL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV1670M
Insured/Policyholder	
Name Of Registered Owner	LIM CHOON KHAI
NRIC No	S8578079D
Email Address	KELVINLCK17@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96376459
Alternative Phone No	OFFICE-96376459
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA256097/1
Cover Note Number	
Driver	
Name of Driver	LIM CHOON KHAI
NRIC No	S8578079D
Date Of Birth	17/04/1985
Occupation	INDOOR
Date Of Driving Pass	26/11/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-96376459
Fax Number	
Contact Number	OFFICE-96376459
EMail Address	KELVINLCK17@HOTMAIL.COM

Address	405A FERNVALE LANE #16-119
Postcode	S(791405)
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DAMP & SLIPPERY

Other Information

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

Details of Police Action

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

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN DETAILS

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	SJZ3429Y
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	KAVINTHIRAN
NRIC/Passport Number	S8435497Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA3329K
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)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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 lodging 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.



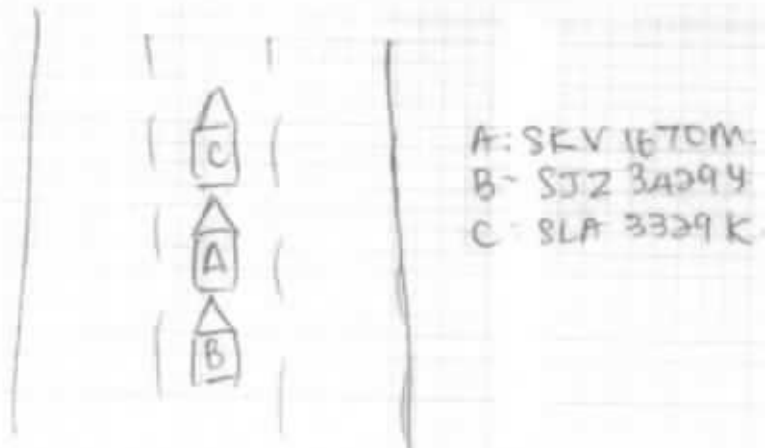
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight from KPI, when the car in front me
stopped, I applied the brake and stopped my car. Then, the back
car bumped into me and my car bumped into the car in front of me.
There are no injuries.

DECLARATION

(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/ID No.:

Individual Statement



AAA Insurance Pte Ltd
1200 880 8888 (Within Singapore)
(65) 6880 8888 (International)
101 6880 8740
customer.care@aaa.asia.sg
www.aaa.asia.sg

Certificate of Insurance

1977

Policy details

[illegible]

Persons or classes of persons entitled to drive:

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Journal compilation © 2005 Blackwell Publishing Ltd, *Journal of Internal Medicine* 258: 105–112

EXCESS	State Debt Storage Excess	\$100,000.00
	Minimum Excess	\$100,000.00

Additional clauses & endorsements to your policy

AXA Insurance Pte Ltd



important note

TSP Engineering Pte Ltd. (1000026129)
 6 Serangoon Road, #24-01, AXA Tower
 Singapore 556011
 Contact: Carlos, #9101

Letter

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8578079D



Name

LIM CHOON KHAI

林俊凱

Race

CHINESE

Date of birth

17-04-1985

Sex

M

S8578079D

Country/Place of birth

MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8578079D

Name:

LIM CHOON KHAI

Birth Date: 17 Apr 1985

Issue Date: 26 Nov 2013



Common Statement

5931431



NRIC No. S8578079D



Date of issue
07-05-2018

APT BLK 405A FERNVALE LANE #18-119
SINGAPORE 791405


NRIC No: S8578079D Date: 10/11/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	26 Nov 2013
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	26 Nov 2013

NP 428A

Licence No: S8578079D



Accident Photo



Accident Photo



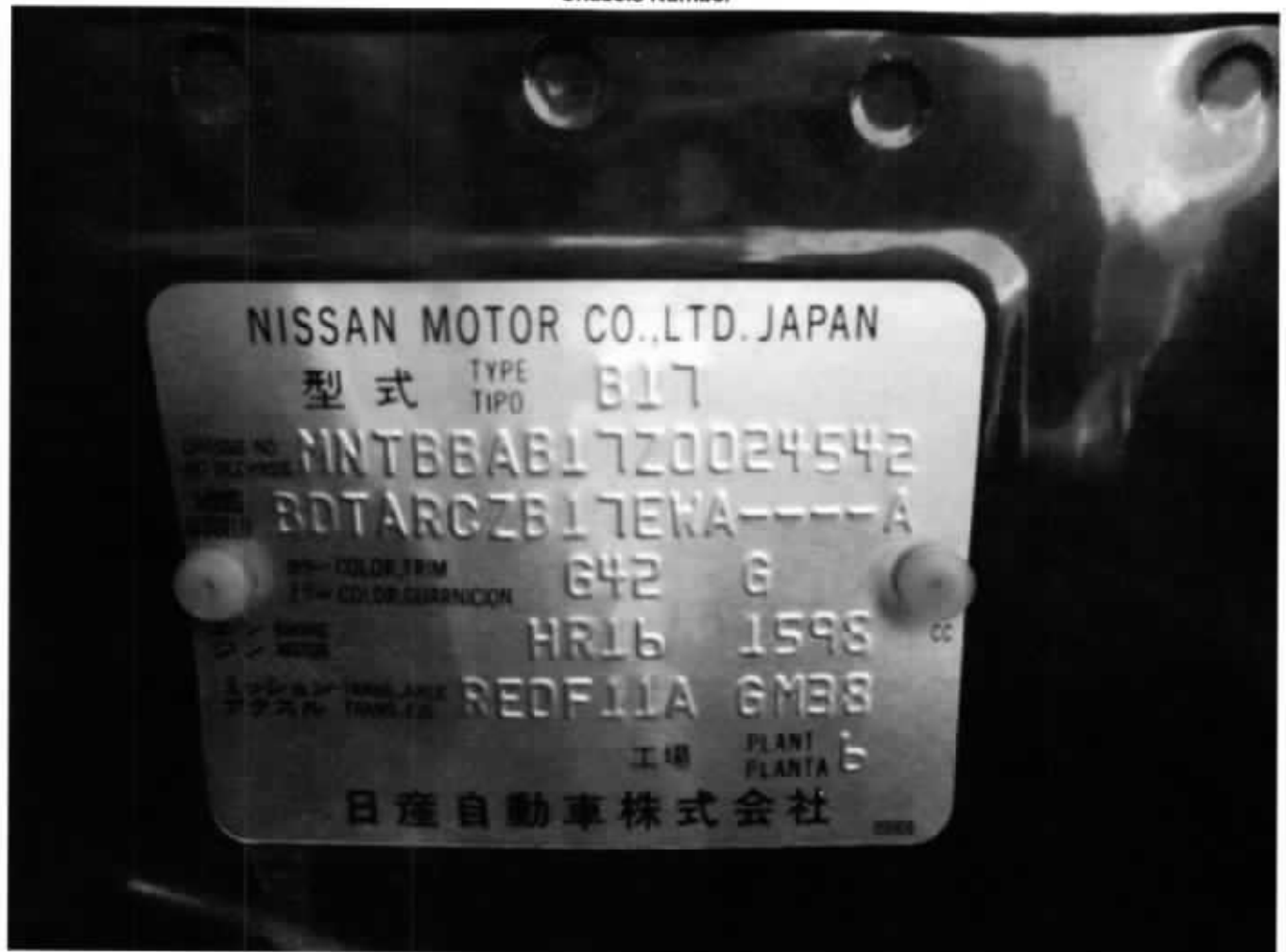
Accident Photo



Accident Photo



Chassis Number



Odometer Reading



Damage 1



Damage 2



Damage 3



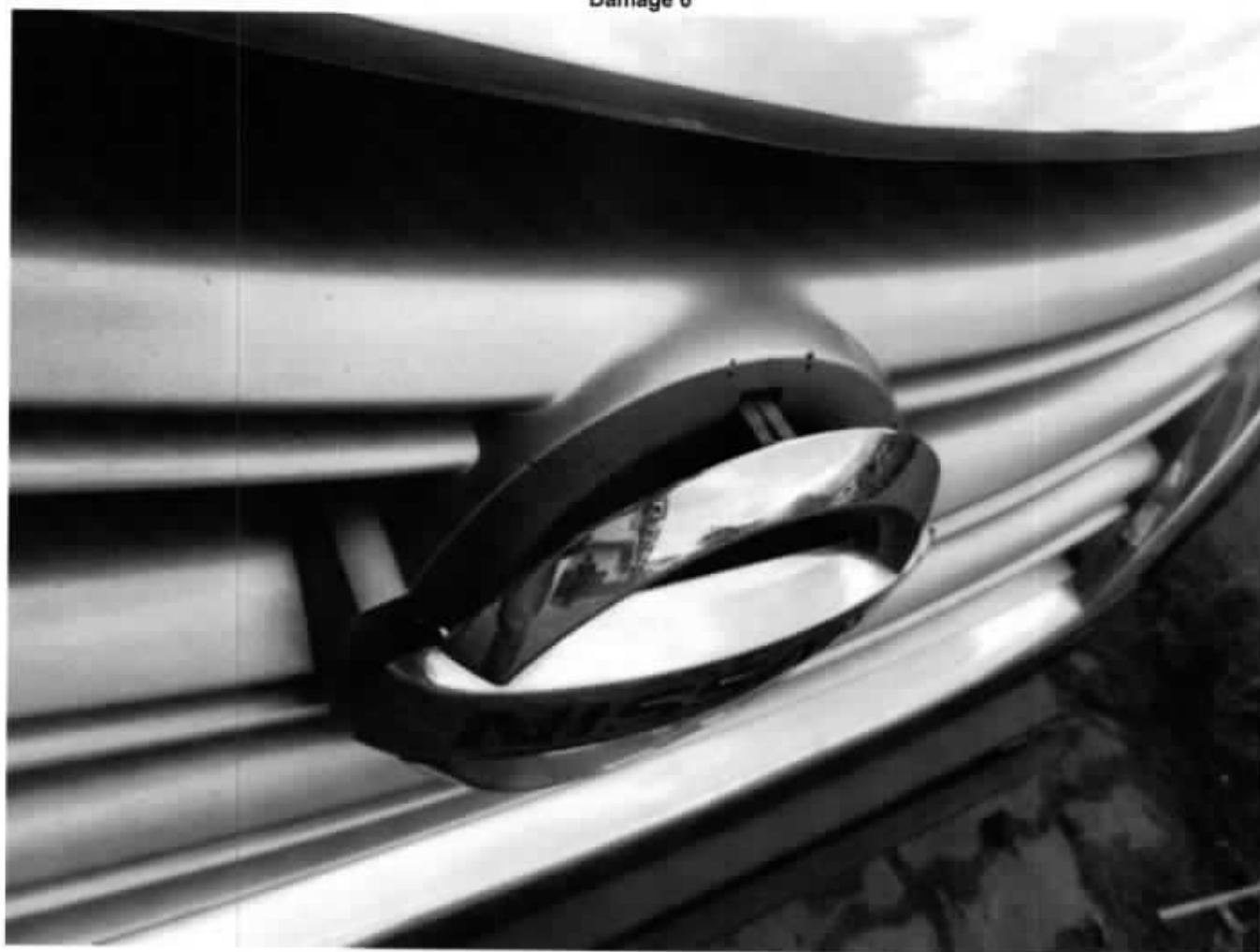
Damage 4



Damage 5



Damage 6



Damage 7



Damage 8



Damage 9



Damage 10



Damage 11



Damage 12



Damage 13



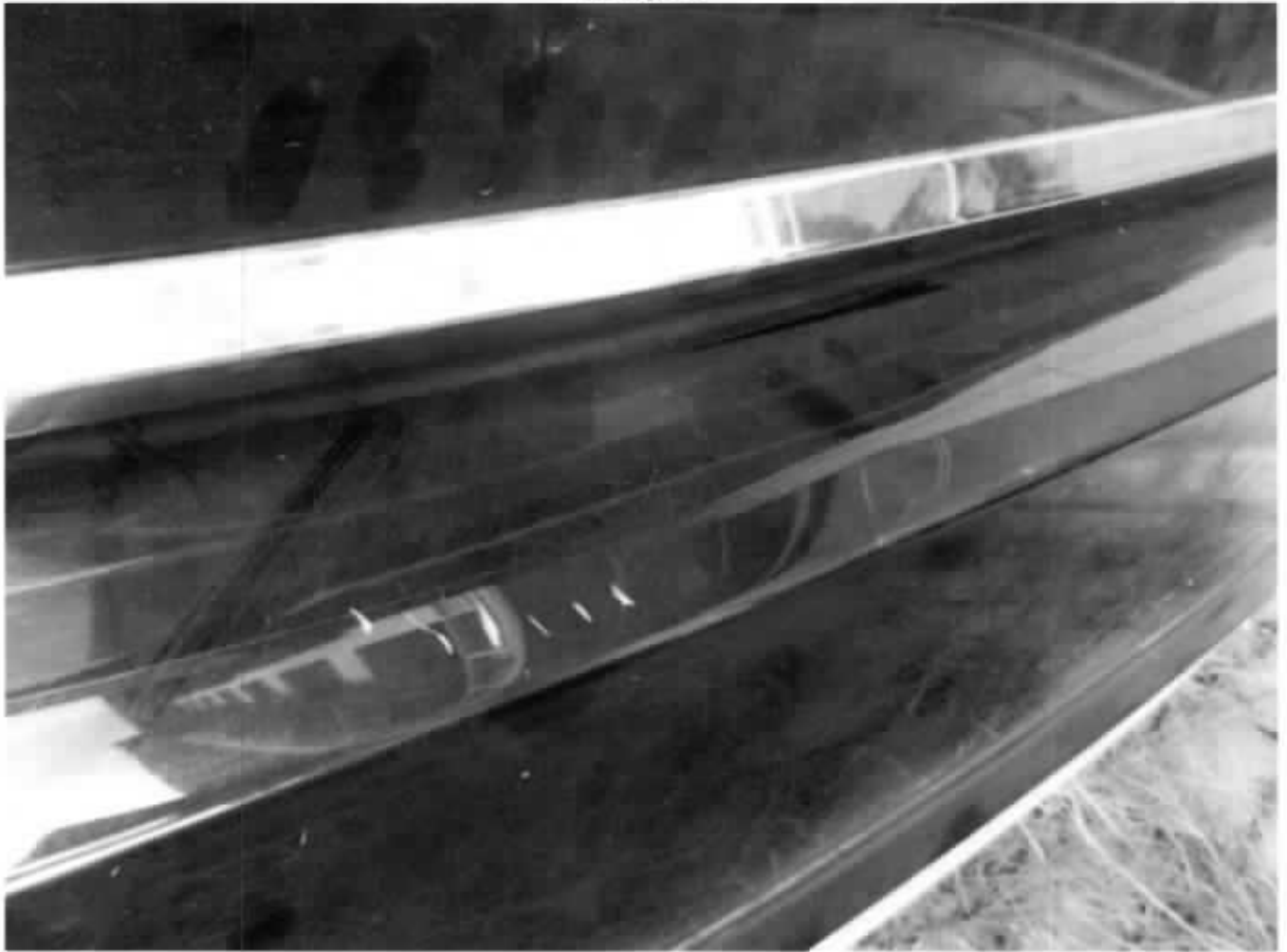
Damage 14



Damage 15



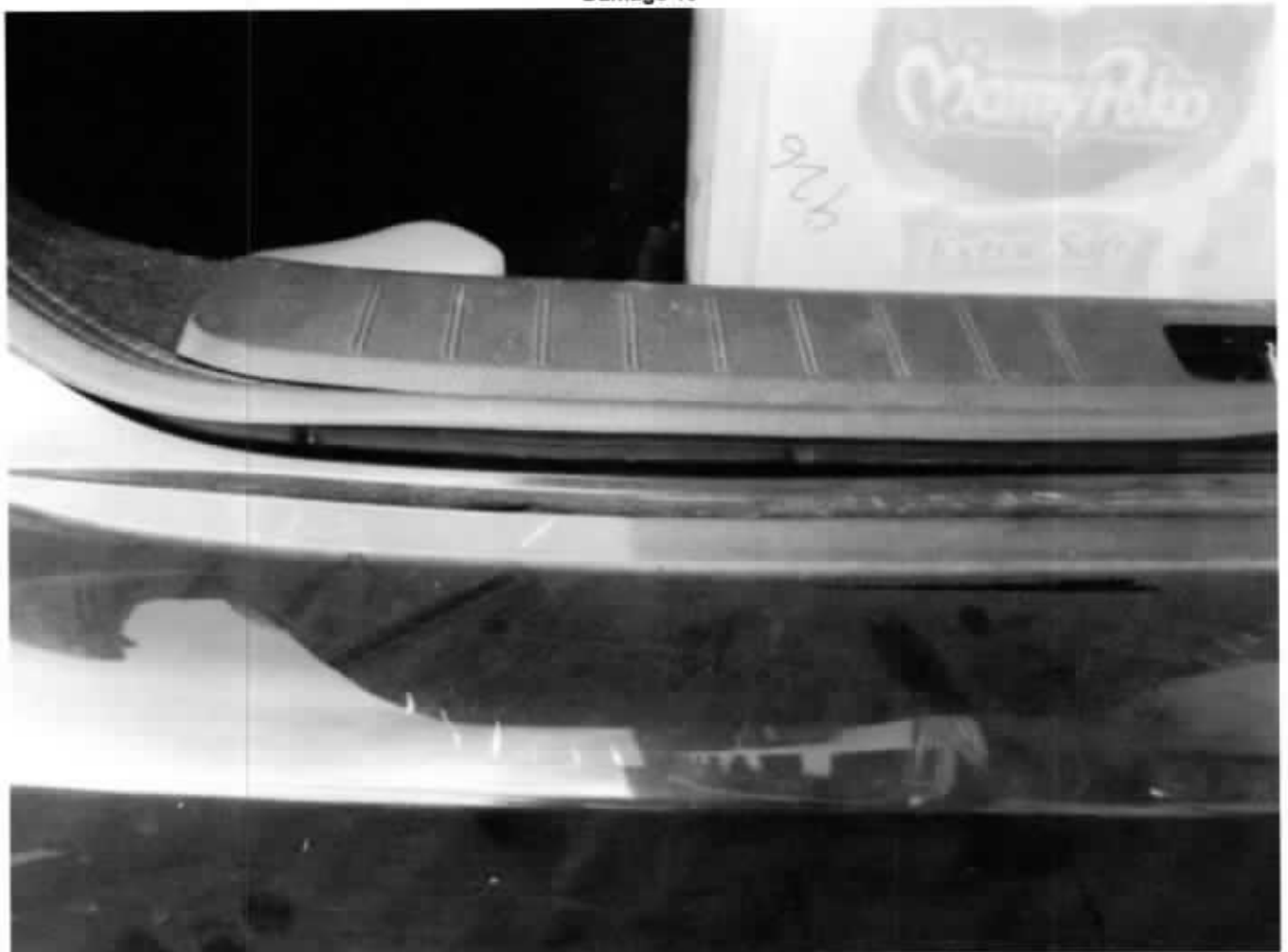
Damage 16



Damage 17



Damage 18



Damage 19



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 8 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S68350290 / GST Reg. No.: M400017721

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. MEAM18150361 Vehicle Registration No. SKV 1670M
 Name as shown on NRIC: LIM CHOON KHAI NRIC/FIN/Passport No. S85780790
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: 405A FERNVALE LANE, # 16-119 Singapore T91405
 Contact (Tel): _____ Mobile No. 96376459
 Email Address: kalvinlck11@hotmail.com
 Date of Accident: 20/11/2018 Time of Accident: 0930 HS
 Place of Accident: KPE TOWARDS MCE, BEFORE KPE TUNNEL
 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:

VEHICLE PROPERTY 1 SHOULD BE SJ2 34294

VEHICLE PROPERTY 2 SHOULD BE SLA 3329K

Policyholder / Driver's Signature
 Date


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



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
AXA INSURANCE PTE LTD			Ref : CS3/ASM18021309/Jvd3e2-1	
C/O: SEAH ONG & PARTNERS LLP 36 ROBINSON ROAD #12-03 CITY HOUSESINGAPORE 068877			Date : 17-04-2019	
				
			Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)				
Insured Veh.	SKV 1670M	Veh. Inspected	SLA 3329K	
Policy No.	GA256097/1	Coverage (\$)	0.00	
Claim No.	19.26404 PD-O	Excess (\$)	0.00	
Assign From	XIN YI	Assign Date	20/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN QASHQAI	c.c	1197	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	SJNFEAJ11U1590162	Colour	WHITE	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R17	GOODYEAR	6 mm	
L/H Front Tyre	215/60 R17	GOODYEAR	6 mm	
R/H Rear Tyre	215/60 R17	GOODYEAR	6 mm	
L/H Rear Tyre	215/60 R17	GOODYEAR	6 mm	
4. Description of Damages				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.				
REPAIR CONDITION SEE DETAILS.				
5. General Information				
Accident Date	20/11/2018	Inspection Date	16/04/2019	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLA 3329K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	REPAIRED SEE LABOUR	955.40	-
1	REAR BUMPER LOWER GARNISH	REPLACED	491.30	491.30
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	457.60	-
1	REAR END PANEL	REPLACED	640.90	640.90
	LESS 30% DISCOUNT		-763.56	-339.66
			1,781.64	792.54
<u>NETT ITEMS</u>				
2	REAR BUMPER RETAINER (N)	REPLACED	70.40	70.40
1	REAR BUMPER SPONGE (N)	REPLACED	153.80	153.80
1	TOW COVER (N)	REPLACED	35.40	35.40
1	REAR LH BUMPER REFLECTOR (N)	NOT NECESSARY	42.00	-
1	REAR RH BUMPER REFLECTOR (N)	REPLACED	42.00	42.00
	LESS 10% DISCOUNT		-34.36	-30.16
			309.24	271.44
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIP (SN)	REPLACED	50.00	30.00
1	SET REAR REVERSE SENSOR (SN)	REPLACED	400.00	200.00
1	JOINT SEALANT (SN)	REPLACED	150.00	60.00
			600.00	290.00
<u>LABOUR</u>				
	CHECK REAR WIRING AND LIGHTNING SYSTEM.		60.00	30.00
	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH.		150.00	30.00
	REMOVE AND RENEW REAR REVERSE SENSOR.		120.00	30.00
	REMOVE AND STRAIGHTEN REAR EXHAUST ASSY.	NOT NECESSARY	150.00	-
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		800.00	500.00
	SPRAY PAINTING ON AFFECTED AREAS.		700.00	400.00
	APPLY ANTI RUST ON AFFECTED AREAS.		150.00	40.00
			2,130.00	1,030.00
GRAND TOTAL			4,820.88	2,383.98
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,900.00

Report Ref No. CS3/ASM18021309/Jvd3e2-1



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ONG HWEE JIE
Automotive Assessor

ADRIAN LING WAI PING
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI
Licensed Appraiser

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