7/2/03/2002		g a
ASS. REC. BY:	REE CS/VOI19004441/AVd3	Special Instruction.
Summer Adman	ASSIGNMENT (Office)	per setti morro, mit.
From (Person). Juny fu	of UOT	many dilalania
Estimated Cost:	D. D.	Date/Time: 11/3 2019
OD TP WS/TP RES/OD	RES/EVA/INV/MV/CS	
ro mspect Vehicle No:	VN 010011	Insured OIL 25/26
at Workshop m/s	three Mana Popul	Tel: 674858/9
of Ika	M DV + A/A / II Y AI /	7405519
2000	>4491601 Jaim No:	M12D10121903
Sum Insured:	Excess:	11123/0/3/403
Make of Veh: (Client's Record)		D.O.A. 7/8/2019
		1.0.A 418/007
CA / REV / REP. / REV 20 Date/Fime: 12/3)140	HIRS	H.O.D. Endorsement:
Date 1213/1969	Person Contacted: free	Vehicle OUT
Date/Time Action/Instruction	on () Estimate	
YN 8738 H-	1 1111	
SJK 3069-		
	,	
13/12/19 @258nm		•
HILLIA (@328bW)	lin Yi said pending Adrian to	o finalise
	1 0	
1/12/20 Adrigin Con	firmed 13 \$ 8000 (Red	27 124L1 CC

Others

TOTAL

Preli. Report:

Final Report:



United Overseas Insurance Limited 3 Anson Road #28-01 Springleaf Tower Singapore 079909 Tel (65) 6222 7733 Fax (65) 6327 3869 / 6327 3870 Email: ContactUs@uoi.com.sg uoi.com.sg Co. Reg. No. 197100152R

To : Hua Meng Spray Painting Workshop
Attn. June

Fax : 67434896

From : Jenny Lew

Fax : 63273869

Our ref: SJK3069G
(DHOM120024491601)
Yr ref : YN8738H

FACSIMILE MESSAGE

WITHOUT PREJUDICE

REQUEST FOR PRE-REPAIR SURVEY - YN8738H ACCIDENT INVOLVING SJK3069G AND YN8738H ON 7.3.2019

We refer to your email dated 11.3.2019.

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case you have proposed to appoint M/s LKK Auto Consultants Pte Ltd from our list, to conduct the pre-repair survey on without prejudice basis.

Please forward us a copy of the estimated cost of repair and your client's accident report.

Please seek your client's instruction for the repair after the inspection has been completed.

We reserve all our rights in this matter.

Thank you.

Regards

Jenny Lew Claims Dept

cc. LKK Auto Consultants Pte Ltd

Fax: 62564315 Attn : Shiau Chan

For your immediate attention.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	0055L
Webitate Details	
Vehicle No.:	YN8738H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	12 Mar 2019
Vehicle Make:	ISUZU
Vehicle Model:	NHR85AUE4A R1
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	4JJ11Y7329
Chassis No.:	JAANHR85EF7100193
Maximum Power Output:	•
Open Market Value:	\$25,520.00
Original Registration Date:	12 Aug 2015
First Registration Date:	12 Aug 2015
Transfer Count:	1
Actual ARF Paid:	\$1,276.00
Intendation Repare Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	•
PARF Rebate Amount:	\$0.00
Intended COERebate Details	
COE Expiry Date:	11 Aug 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$50,900.00
COE Rebate Amount:	\$32,742.00
Total Rebate Amount:	\$32,742.00

The information contained herein is correct as at 12 Mar 2019

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FREE VALUATION

Let us tell you how much your car can sell for!

No obligations and it's FREE!

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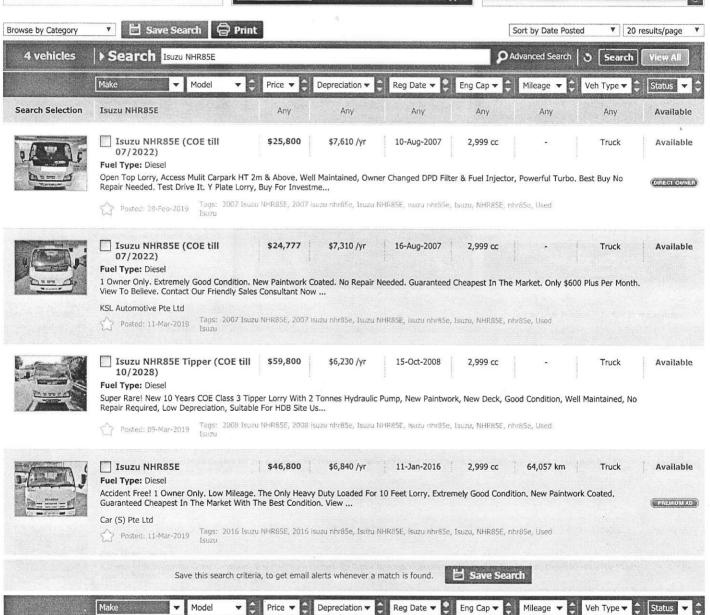




Post an Advertisement Sell it yourself! Advertise it at just \$58 until it's SOLD!

New 5 Years Coe Renewal Honda Stream 1.8A 2.88%P.A Low Interest@Gv Finance. 2 Years Warranty. \$2500 Down Monthly From \$63 GV Credit Pte Ltd StarAd





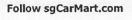
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SINGAPORE ACCIDENT STATEMENT

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 witholding 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

08/03/2019 16:31 07/03/2019 12:50

Exact Location Of Accident

Date Of Accident

LORNIE RD TWDS BRADDELL RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YN8738H

Insured/Policyholder

Name Of Registered Owner

ISLAND RECOVERY SERVICES

Co Reg No

53120055L

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-91828211

Vehicle Particulars

Manufacturer

ISUZU

Model

NHR85AUE4A R1

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

P1916177

Cover Note Number

Driver

Name of Driver

LI ZHONGYU

NRIC No

G7792171R

Date Of Birth

22/04/1987

Occupation

OUTDOOR

Date Of Driving Pass

13/12/2014

Driving Experience

4 YEARS AND 2 MONTHS .

Gender

MALE

Mobile Number

(LOCAL) +65-90217295

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

BLK 131 JALAN BUKIT MERAH #04-1599

Postcode

160131

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

2

Number of vehicles (including own vehicle) involved in the accident

NAT

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

EUNOS NPP

Police Station Address

ROAD: 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: 470629,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190308/2088.

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

SJK3069G

Vehicle Make/Model/Colour Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

Name of Driver

LIM KHEE MING

NRIC/Passport Number

S1182523J

Contact Number

. . .

Address Postcode

Incurana C

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

LI ZHONGYU

Approximate Age

Injuries Sustain

Injured person in which vehicle?

YN8738H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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)

Lunderstand, 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

Sketch Plan #2 Pg. 1

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DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT			
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DECLARATION				
I/We declare the focegoing partic	culars are true in every respect.			
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一旦。	any)			
olicyholder's Signalore Date & Time:	Oriver's Signature	- alder	Reporting Centre Personnel's Signature	:
	(If driver is not the policy. Date & Time:	iotaer)	Name: NRIC/FIN No	

LETTER OF UNDERTAKING

I/We,	Island	Reconny	Senries	, the own	er of vehicle	no. 4~ 873 8H
such a	under my/o claim to M	ur Policy or : /s AXA Insu	against the T	hird Party ar I with all rel	nd if the form evant facts a	decide whether to mer shall submit and documents
My/Ou	ar Third Par	ty claim is h	andle by my	our preferre	d workshop	,tua meny
Signed	and Ackno	wledge by:				
Nric no	o. & signatu	לא ניסטין לא re of policyl		Company s	 tamp	813419 Date





Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999 1 of 3 Report No. T/20190308/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2019 13:24		Vide Report No.:	Station Diary No.: 14				
Informan	rs Partic	ulars					
Name of I			Address:	UKIT MERAH #04-1599 SINGAPORE			
LIZIONO			160131	OKI WEKAN #04-1399 SINGAFORE			
ID Type /	ID No.:		Contact No.:				
FIN NO / 0	G77 <mark>9217</mark> 1	IR .	Home/Office:	Mobile: 90217295			
Nationality CHINESE			Email:				
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	31	22/04/1987	Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupatio	n:		Driving Licence Information	tion:			
•		nd lorry drivers	Class: 3,4	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2019 12:	Type of Location: Straight Road
Location: Along Road 1 LORNIE ROAD TOWARDS BRA	DDELL BOAD			
Weather: Clear	DDELL NOAD	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision Between Moving	: Vehicles - Head To I	Rear		Anyone conveyed by ambulance:

Details of V	ehicle Involved	Harrige 196	V. 75.84 (1865) and			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJK3069G	Car	MERCEDES BENZ	E200K	Grey	Slightly Damaged	0
YN8738H	Lorry	ISUZU	NHR85AUE4 A R1	Blue	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 2 of 3 Report No. T/20190308/2088

CONTINUATION OF REPORT

Driver					West.	
Name	LIM KHEE MING		ID No.		S1182523J	
Related Vehicle	SJK3069G (Car)		Contact No.		NIL	
Hospital/Clinic	NIL			Class of Class: NIL Driving Date of Expiry: NI Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver					uri Jea	
Name	LI ZHONGYU			ID No		G7792171R
Related Vehicle	YN8738H (Lorry)		Contact No.		90217295	
Hospital/Clinic	GALILEE CLINIC			Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL
Date Treatment	08/03/2019 Date Disc					3/2019
No. of Days gran	ted Medical Leave	03	Degree of		Slight	

Brief Details.

On 07/03/2019 at around 1252hrs, I was driving along Lornie Road towards Bradell road as I was transporting vehicles to the Traffic Police Compound on the third lane when I suddenly felt an impact from the rear. Due to the impact, my lorry was pushed to my right in lane 2 before I steer it back into lane 3 and that's when I saw one Grey vehicle passing by me on lane 3 and stopping at the road shoulder ahead. The driver of the car then alighted and apologized saying he lost control of the car. We then exchanged particulars and took photos of the scene before I reported the incident to my company. On 08/03/2019, I then visited the doctor as I felt unwell and was given 3 days MC. The insurance company then advised me to lodge a Police report. The vehicle that I am driving was damaged on the rear left portion and the nut controlling the movable platform is spoilt thus making it unusable now.

Sketch Plan #6 Pg. 1





3 of 3

Report No. T/20190308/2088

Police Station Of Origin: **Eunos NPP** 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

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: G / Sgt 2 LIEW CHONG XIANG, VINCENT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2019 13:24
Officer In Charge Of Case:	Classification Of Case:
SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	
Authentication Stamp NP168	•

HUA MENG SPRAY PAINTING WORKSHOP

1, Kaki Bukit Avenue 6, Blk C #01-61 / 01-34, Singapore 417883 Autobay @ Kaki Bukit Tel: 6747 8064, 6746 5519 / 9666 9680 Fax: 6743 4896

ESTIMATE

ISLAND RECOVERY SERVICES

Truo!

Vehicle No
:YN 8738 H

59 UBI AVE 1

#07-08 BIZLINK CENTRE

\$ 408938

Vehicle No
:YN 8738 H

Make/Model
:ISUZU NHR85AUE4A

Accident date
:07.03.2019

No Me DESCRIPTION	rit-48 Qtÿth 44	4.4.4.	Amount (S\$)
Special Nett Items			
1 Kear number plate	1	\$	69.00 × 30
2 Tailgate LH breedet Crach	1	\$	287.50
3 Reverse sensor Dong	1	\$	322.00 200(.
4 Aluminium flat bed Exac	1	\$ \$	5.175.00
5 Aluminium flat bed stickers we-	1	\$	172.50 100/5
6 Aluminium flat bed lower adjoining beam 🛮 🐉	Ĩ.	\$ \$	1.380:00 850(1
7 Aluminium flat bed lower adjoining beam sticker Nec	. 1	\$	115.00 80(5
8 Rear under rider Rys	1	\$	920.00 ×
9 Rear under rider sticker	1	\$	115.00
10 Rear Hydralic pump (outer) @ \$4,025.00	LH 2	\$	8,050.00 200
11 Rear Hydralic pump (inner) @ \$2,875.00	2	\$	5,750.00 19
12 Rear LH Hydralic pump (outer) bracket ?	1	\$	172.50
13 Rear LH Hydralic pump (inner) bracket	1	\$	172.50
14 Rear LH side gate advertisement sticker Hu	1992.501	\$	345.00 ISa(1
15 LH tailgate 15th American	(SM) 1	\$	290.00
16 Rear LH side gate legs	2	\$	2,155.10
17 Rear LH side gate hinge Me Mu	1	ć	63.30
18 Rear LH side gate lower panel Device	1	ب خ	1,029.30 7 04
To year this side Bate tower batter Sewico	Total		26,574.70
Labour Cost			
1 To check wiring		¢	50.00 ३०
2 Remove & reinstall reverse sensor		¢	100:00 52
	2020	ې د	800.00 4 90
3 Remove & reinstall flat bed assy	2030	٠	
4 Remove & reinstall hydralic pump system		Ş	800.00 4 50
5 Remove ,replace & repair consistent to the accident		\$	_1000:00 650
6 Respray painting	·		800:00 4 J
	Total	\$	3550.00
New Assessment Control	Grand Total	\$	30124.70
LKK Auto Consultants hence notify the Repairer of the following:	•	1 0	
To resurvey before after spray painting		かし	1002250
 To display damaged partis) during resurvey 		, - (**
Parts prices are subject to confurnation		: 1 e -	
Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed		~ (>	
a Cumplementary item/s) must be resurveyed and		*	07 Days
is subject to final approval from Insurance Company			
Automobility Danastar	Call		,
Acknowledged by Repairer Signature:	(8k)		
Synamic.			