

2300/2009

ASS. REC. BY:

REF: CSB / ARM 19000420 / Gcbe2

Special Instruction:

Surveyor:
small claim

ASSIGNMENT (Office)

From (Person):

of ASM

Date/Time: 09012019 904am

Estimating Cost:

Bill to:

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

To Inspect Vehicle No:

SKF 7051U

Insured:

SKW 2847J

at Workshop m/s

Motor Intelligence

Tel:

8838 3518

of

13 Kaki Bukit Rd 4 #01-20

Policy No:

Claim No:

S9M0192N

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 03012019

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time:

08012019 939am

Person Contacted:

Wilson

Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SKF 7051U - X
	SKW 2847J - X
	Dismantle : 9/1/2019

23002000

ASS. REC. BY:

REP: CSB / ARM 19000420 / Gebze

Special Instruction:

Subtype:

small claim

ASSIGNMENT (Office)

From (Person):

of

ASM

Date/Time:

09012019 904am

Estimating Cost:

Bill to:

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

To Inspect Vehicle No:

SKF 7051U

Insured:

SKW 2847J

at Workshop m/s

Motor Intelligence

Tel:

8838 3318

of

13 Koki Bukit Rd 4 #01-20

Policy No:

Claim No:

S9M0192N

Sum Insured:

Excess:

Make of Veh:

D.O.A

03012019

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

I.O.D. Endorsement:

Date/Time:

08012019 969am

Person Contacted:

Wilson

Vehicle:

IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SKF 7051U - X
	SKW 2847J - X
	Dismantle : 9/1/2019

Surveyor

PRS
Xind

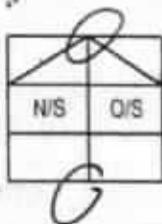
REF: AXA

ASSIGNMENT

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

Veh No: SKF70514 Yr Regn: 27 Jun 2012
 Type: M/Cas / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Ford focus 1.6 c.c 1596
 Colour: Green A/C: Insured / Std / NI / NA
 Sp Reading: 102434 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: wf0LXX6CHLCC01670
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or _____
 Brake: Good / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____

(Policy Condition) _____
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: \$34K
 IDAC Accident Rpt.: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT



Tyre Size: F: 215/55R17
 R: n
 BS / DUN / EXNOVA / GY / FS / LZA / 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. _____ D.O.I. 08-01-19
 Survey held at W/S _____ 4pm
 Des. of Damages: FR / REAR / O/S / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>\$8000 - \$10K</u>
	<u>repair limit \$3652</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report
 Days Of Repair: _____
 Resurvey No. of Trip: 1 Survey Fee: 100
 Date/Time, File Return to? _____
 Add Fee: Site Insp (\$) S-RS (\$)
 Interview (\$) Photo
 Tech. Invs (\$) Other
 Weekend (\$)
 Report Format: PRB
 Lump Sum / I.B.I: (\$)
 TOTAL 100

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Friday, 1 March 2019 10:06 AM
To: 'Admin-D (LKKAuto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg
Subject: SKF 7051U [Our file ref: 19.26510 PD-O]
Attachments: TPPD Litigation LOD RIZAN BIN NOORDIN.pdf; GIA REPORT OF SKF7051U.PDF; GIA REPORT OF SKW2847J (INSD).PDF; GIA REPORT OF SLF4181K.PDF

Dear Nivita,

CLAIMANT :	RIZAN BIN NOORDIN
VEHICLE NUMBER :	SKF 7051U
ALLEGED ACCIDENT DATE :	03.01.19
AXA VEHICLE NUMBER :	SKW 2847J

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 is attached. A copy is enclosed.

Please let us hear from you on the following: -

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

May we hear from you on the above soonest.

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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

Disclaimer: Internet communications are not secure. While every reasonable effort has been made to ensure that this communication has not been tampered with, Seah Ong & Partners LLP cannot be responsible for alterations made to the contents of this message without its express consent. If you wish to receive a hard copy of this message for comparison or should you require any other form of confirmation of the contents of this message, please contact the sender. Opinions, conclusions and other information in this message that do not relate to the official business of the company shall be understood as neither given nor endorsed by Seah Ong & Partners LLP.



01080866431
FROM Allister Lim & Thrumurgan
PDX Box No. 8144

AL&T
ADVOCATES AND SOLICITORS

Your Ref: SKW 2847 J
Our Ref: AL.INS.2019.13070(PDPI).jw

60136463

25 February 2019

WITHOUT PREJUDICE

3 0 1 9 6 1 8 4 8 1 - - -

AXA INSURANCE PTE LTD
8 Shenton Way
#24-01 AXA Tower
Singapore 068811
Attention: Motor Claims Department

BY PDX



LEE PEI LING ANZIE
Blk 757 Yishun Street 72
#02-468
Singapore 760757

CERTIFICATE OF POSTING



Dear Sirs,

CLAIMANT: RIZAN BIN NOORDIN
ACCIDENT INVOLVING SKF 7051 U & SKW 2847 J & (SLF 4181 K) ALONG PIE TOWARDS CHANGI AFTER KALLANG EXIT ON 3 JANUARY 2019 AT ABOUT 1445 HOURS

We act for **RIZAN BIN NOORDIN**, who was the owner of motor vehicle no. **SKF 7051 U**.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident **ALONG PIE TOWARDS CHANGI AFTER KALLANG EXIT** involving our client's vehicle registration number **SKF 7051 U** and vehicle registration number **SKW 2847 J** driven by your insured/you at the material time.

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

01. Cost of Repair	\$17,334.00
02. Pre-repair inspection days (\$60 x 2days)	\$ 120.00
03. Loss of Rental	\$ 2,160.00
03. Survey report fees	\$ 1,074.00

We enclose herewith copies of all the supporting documents as follows: -

- (a) GIA report lodged by driver of motor vehicle SKF 7051 U;
- (b) LTA Search of motor vehicle no. SKW 2847 J;
- (c) Certificate of insurance;
- (d) Rental Invoice and agreement;
- (e) Surveyor's invoice & report with **photographs** depicting the damages to motor vehicle SKF 7051 U.

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

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

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

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.

Please note that this demand is made without prejudice to our client's right to claim for personal injury damages arising out of the same accident.

Yours faithfully



ALLISTER LIM

encls

Enquire Vehicle & Owner Information (Vehicle No. SKW2847J As At 03 Jan 2019 / 14:45:00)

Law Firm Search Results

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: ALINS.2019.SK7051U

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S93057891
Owner Name: LEE PEI LING ANZIE
Registered Address Type: HDB / HUDC
Registered Block/House No.: 757
Registered Street Name: YISHUN STREET 72
Registered Unit No.: # 02 - 468
Registered Building Name: -
Registered Postal Code: 760757

Current Vehicle Details

Vehicle No.: SKW2847J
Make Description/Model: TOYOTA / LEXUS IS250 AUTO LUXURY
Insurance Company Name: AXA INSURANCE PTE LTD



Thank you

Lim Wee Sing Alister has successfully logged out.
Your last login date and time was 04 Jan 2019, 17:02:55.
To return to ONE.MOTORING, please click [here](#)
For security reasons, please CLEAR YOUR CACHE after each session.

Session Transaction History

S/N	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Time
1	Vehicle	SKW2847J	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49



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

SEARCH RESULTS

Our Ref No: GR-19-029577
 Date of Request: 25/02/2019

Your Ref No: ALINS.2019.13070(PDP1).JW

ALLISTER LIM & THRMURGAN
 111 North Bridge Road #11-04
 Peninsula Plaza
 Singapore 179098

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 03/01/2019
 Place of Accident: PIE TWD CHANGI AFT KALLANG EX
 Client Vehicle No: SKF7051U

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
2847J	ALONG PIE TOWARDS PAYA LEBAR	03/01/2019 14:40

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



**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-19-029577
Date of Request: 25/02/2019

Your Ref No: AL_INS.2019.13070(PDPI)_JW

ALLISTER LIM & THRUMURGAN
111 North Bridge Road #11-04
Peninsula Plaza
Singapore 179098

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 03/01/2019
Place of Accident: PIE TWD CHANGI AFT KALLANG EX
Client Vehicle No: SF7051U

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	
Amount	14.02
Amount Due (GST Inclusive)	0.98
	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque

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 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	03/01/2019 16:56
Date Of Accident	03/01/2019 14:45
Exact Location Of Accident	PIE > CHANGI AFTER KALLANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF7051U
Insured/Policyholder	
Name Of Registered Owner	RIZAN BIN NOORDIN
NRIC No	S7807665H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91599737
Alternative Phone No	OTHERS-91599737
Vehicle Particulars	
Manufacturer	FORD
Model	FOCUS 1.6 TITANIUM STATION WAGON C346
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B27348463 SVP
Cover Note Number	

Driver

Name of Driver	RIZAN BIN NOORDIN
NRIC No	S7807665H
Date Of Birth	21/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91599737
Fax Number	
Contact Number	OTHERS-91599737
Email Address	NOEMAIL

Address	BLK 466 SEGAR ROAD #12-174
Postcode	670466
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN

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	SKW2847J
Vehicle Make/Model/Colour	TOYOTA LEXUS IS250 AUTO LUXURY
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	SLF4181K
-----------------------------	----------

Vehicle Make/Model/Colour

mitsubishi attrage 1.2 cvt

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

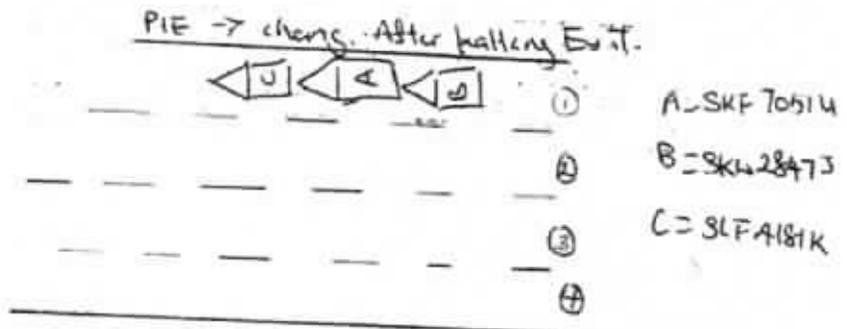
03 JAN 2018

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
 Reporting Centre: **23 KAKI BUKIT LANE 4**
 Name: **Singapore 415933**
 NRIC/TIN No.: **Tel: 67416697**
Fax: 67492305
 Email: **vackb@singnet.com.sg**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As my front vehicle slow down and stop, I follow suit. As my vehicle is still in a stationary position, suddenly I feel a huge impact from my vehicle rear and the impact forces my vehicle to surge forward and hit onto the front car. After the accident, I feel unwell and may consult a doctor later.

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:

03 JAN 2018

IDAC KAKI BUKIT(VAC)
 23 KAKI BUKIT AVE 4
 Singapore 415933

Reporting Centre
 Name: Tel: 67416697
 Fax: 67492305
 NRIC/TIN No. Email: vackb@singnet.com.sg



MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way #21-01 EGX Centre 2 Singapore 068807
 Tel: (65) 6827 7888 Fax: (65) 6827 7900
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

COPY

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
 Individual Ownership

SIME VANTAGE PRIVATE
Comprehensive

Certificate No. B 27348463 SVP

Excess: SGD400

1. Index Mark and Registration Number of Vehicle
SKP7051U
2. Name of Policyholder
Rizan bin Noordin
3. Effective Date of the Commencement of Insurance for the purposes of the Act
27/06/2018
4. Date of Expiry of Insurance
26/06/2019
5. Persons or Classes of Persons entitled to drive*
Rizan bin Noordin
Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.
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 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 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT VANTAGE AUTOMOTIVE LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.



Signature / Date

Counter-Signatory:

Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers


 Katherine Yeo
 Senior Vice President, Brokers

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XSIBCPY2019010315360786

SE CAR RENTAL

394 Yishun Avenue 6 #02-1090 S(760394)
Tel: 9025 2583 Fax: 6841 3390

RA No. 143

VEHICLE HIRING AGREEMENT

Plate No. M1A

HIRER'S PARTICULARS

Name (as in IC): Rizan Bin Noordin
 NRIC/Passport No: S7807665H Date of Birth: 21/3/1978
 Address: Blok 466 Segar Road Age: 46
#12-174 St: 670466
 Name & Address of Employer: _____
 Occupation: _____ Driving Exp: _____
 Driving Licence No: _____ Passed Date: 15-Jun-2000
 D/L Type: Local/Int/Others: _____
 Tel: (R) _____ HP: 91599737

Hirer's Own Vehicle No: SKF7051U Replace Veh No: _____
 Loan Vehicle No: SJC7819A VR No: _____
 Make & Model: T-Wish 1.8A Auto/Manual Group: _____

CHARGES \$ cts

Daily 5 day @ \$ 185/- Per day 900/-
 Weekly/Monthly week @ \$ _____ Per week/Monthly _____
 Others _____
 CDW/PAI @ \$ _____ Per day/Monthly _____
 Delivery/Collection Svc _____
 GST _____
 OR No: _____ (A) SUB-TOTAL 900/-

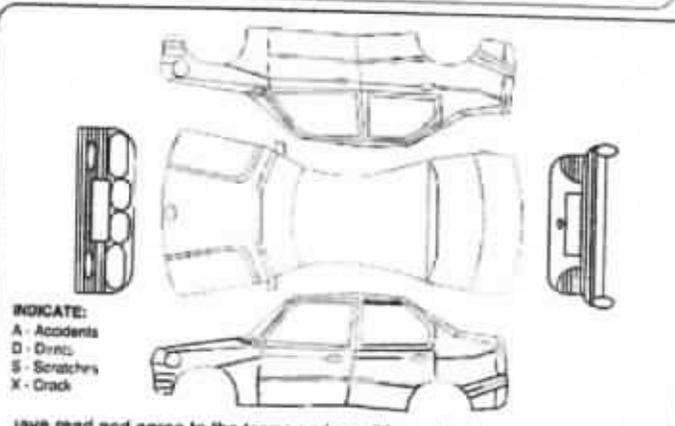
Period	OUT	E	T	1/2	3/4	F
&					✓	
Start	IN					

First _____ km FREE per day
 Excess mileage is chargeable at _____ cents per km
 GST _____
TCTAL CHARGES 900/-

DRIVER'S PARTICULARS

Name (as in IC): _____
 NRIC/Passport No: _____ Date of Birth: _____
 Address: _____ Age: _____
 Occupation: _____ Driving Exp: _____
 Driving Licence No: _____ Passed / Expiry Date: _____
 D/L Type: Local/Int/Others: _____ Contact No: _____

Security Deposit : \$ _____ Bank: _____
 CASH/NETS/VISA/MC/AMEX/CHO No: _____
 Expiry Date: _____ Card ID No: _____
 Name as in Card: _____



NON WAIVER EXCESS (Subject to GST) : _____
ACCESSORIES CHECK
 IU STD Tools Hub Cap Radio / CD Cartridge
 Jack Tyre Opener Petrol Cap Spare Tyre

Hirer's Signature: _____ Additional Driver's Signature: _____

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

- IMPORTANT**
- The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may return all damage costs to be borne by the Non-Authorised Driver.
 - All vehicles are supplied with petrol and should be returned with petrol level equivalent to a service charge of \$5 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
 - No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as a full day rental.
 - Use of the vehicle for illegal purpose (for instance, in connection with theft, drug peddling or trafficking, smuggling), is strictly prohibited.
 - Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of SE CAR RENTAL. The hirer is liable for a penalty fine of \$200 in addition to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
 - The hirer and/or driver shall be responsible for all damages or losses however caused, at traffic violations, fines and penalties imposed on the vehicle for admission or reason in respect of or in connection with its use or operation.
 - The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-leaver excess and cost expenses (including

- legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount have to be paid immediately in the event of an accident. The owner reserve the right not to replace or replacement vehicle if an accident occurred. Any damage to the car will be repair at our authorized workshop.
- Smoking or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair between \$200 - \$400.
- The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's key or locked keys inside of vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24-Hours Emergency Service is called upon to respond to such occurrence, the Hirer shall bear the cost of such response at \$50.00 per trip.
- In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
- The hirer/Driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is still and does not have sufficient water. Any damage to the engine will be borne by the hirer/driver.
- All customers data will be kept strictly confidential and is solely used for the purpose of completing the sales transactions and other related matters.
- I understand and agree to the personal data collection statement.

Date Out	Time Out	Mileage	Check By	Remarks
3/1/19	1530 pm			
8/1/19	1255 pm			

Return Of Vehicle: The Hirer/Driver is Required To Sign In The Column 'Signature Of Hirer/Driver Failing Which The Day And Time Inserted Below Shall Be Deemed To Be The Day And Time The Vehicle Is Returned To SE CAR RENTAL And The Same Shall Be Accepted As Conclusive Evidence Of The Same And Shall Not Be Challenged Or Questioned On Any Account Whatsoever And I had cleared my belonging items from the rental vehicle (cashcard, parking coupons, etc)

Hirer/Driver Signature: _____
 Additional Driver's Signature: _____



Motor Intelligence Automo Pte. Ltd.
Regn & GST No. : 201732961N
Bartley Biz Centre, 13 Kaki Bukit Road 4, #01-20
Singapore 417807
Phone: 6281 0087/Fax: 6281 0187/Mobile: 9150 1587
Email: sales@mia.com.sg

Customer: RIZAN BIN NOORDIN C/O MOTOR INTELLIGENCE AUTOMO PTE LTD	Tax Invoice No: PERFORMA INVOICE	Date: 20/Feb/2019
---	--	-----------------------------

Contact Details: BLOCK 466 SEGAR ROAD #12-174 SINGAPORE 670466	Make and Model: FORD FOCUS TITANIUM	Mode/Terms of Payment: Due upon receipt
	Mileage: 102434	Chasis/Car Plate No: SKF 7051 U

S/No:	Product	Description	Qty	Unit	Priced (SGD)	Amount (SGD)
1	COST OF REPAIR	LUMP SUM REPAIR OF ACCIDENT PORTION	1	JOB	16200.00	16200.00

Sub Total (SGD)						16200.00
GST 7%						1134.00
Total (SGD)						17334.00

Amount in words:
DOLLARS SEVENTEEN THOUSAND THREE HUNDRED AND THIRTY FOUR ONLY.

Declaration:
We declare that this Tax Invoice shows the actual price of the goods described and that all particulars are true and correct.

For Motor Intelligence Automo Pte. Ltd.

Authorized Signatory

Remarks :

Receiver Chop & Sign

CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

Rizan Bin Noordin
C/o: Motor Intelligence Automo Pte Ltd
13 Kaki Bukit Road 4, #01-20
Bartley Biz Centre, Singapore 417807

Invoice No: CL/190188
Ref No: MITA/01/1908/TP
Date: 19 February 2019

DESCRIPTION	AMOUNT
OUR SERVICE FEE CHARGES:	
<ul style="list-style-type: none">SURVEY INSPECTION FOR VEHICLE NO. <u>SKF 7051 U</u>RESURVEY INSPECTIONDIGITAL PHOTOGRAPHS SERVICES <i>(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)</i>TRANSPORTATION	
GRAND TOTAL	SS1,074.00

E & O. E

All cheque payment should be "Crossed" and made payable to " C L APPRAISER PTE LTD "

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd

CL APPRAISER PTE LTD

24 Penshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Rizan Bin Noordin
C/o: Motor Intelligence Automo Pte Ltd
13 Kaki Bukit Road 4, #01-20
Bartley Biz Centre, Singapore 417807

Date : 19 February 2019
Our ref : MITA/01/1908/TP

Accident Date : 03 January 2019
Inspection Date : 04 January 2019
Repairer Name : Motor Intelligence Automo Pte Ltd
13 Kaki Bukit Road 4, #01-20
Bartley Biz Centre, Singapore 417807

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : SKF 7051 U
Make / Model : Ford Focus Titanium
Chassis No : WF0LXXGCBLCC01670
Engine No : CC01670

Year / Capacity : 2012 / 1596 cc
Colour : Grey
Mileage : 102434

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Michelin	215/55 R17	5 mm	Sport
Front Offside	: Michelin	215/55 R17	5 mm	Sport
Rear Nearside	: Michelin	215/55 R17	5 mm	Sport
Rear Offside	: Michelin	215/55 R17	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear and front portion.
(Details refer to the photographs attached)

Enclosed number of photographs: **154** copies

REMARKS

This inspection was conducted entirely on a "**WITHOUT PREJUDICE**" basis and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 16,200.00** on a contractual basis.

Under normal circumstances, the repair period would be about 10 (Ten) working days.

SL APPRAISER PTE LTD

Vehicle Registration No: SKF 7051 U

Our Ref No: MITA/01/1908/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
-----	-------------	------------	---------------------	----------------

SPARE PARTS - LIST ITEMS

1	Front bonnet	Damage	\$ 1,322.50	\$ 1,322.50 ✓
2	Front bonnet hinges	Intact	\$ 274.50	
2	Front head.amps	Damage	\$ 5,000.70	\$ 5,000.70 ✓ 1700
1	Front grille	Damage	\$ 688.80	\$ 688.80 ✓ 589.6
1	Front grille chrome moulding	Damage	\$ 366.80	\$ 366.80 ✓ 291.3
1	Front grille logo	Necessary	\$ 140.20	\$ 140.20 ✓ 28.4
1	Front bumper	Damage	\$ 1,377.50	\$ 1,377.50 ✓
2	Front bumper side grilles	Damage	\$ 201.50	\$ 201.50 ✓ 145
2	Front bumper fog lamps	Intact	\$ 467.30	
2	Front bumper fog lamp garnishes	Intact	\$ 377.20	
1	Front bumper lower grille	Damage	\$ 300.80	\$ 300.80 ✓ 188.2
1	Front bumper reinforcement	Damage	\$ 488.80	\$ 488.80 ✓
2	Front bumper side retainers	Necessary	\$ 181.90	\$ 181.90 X NN
1	Front support panel	Damage	\$ 674.60	\$ 674.60 ✓
1	Front support panel top garnish	Damage	\$ 188.20	\$ 188.20 ✓
2	Radiator side garnishes	Necessary	\$ 181.90	\$ 181.90 ✓
1	Rear windscreen moulding	Necessary	\$ 217.70	\$ 217.70 X NN
1	Rear tailgate	Damage	\$ 1,877.30	\$ 1,877.30 ✓
2	Rear tailgate dampers	Intact	\$ 533.50	
2	Rear tailgate lamps	Intact	\$ 1,510.60	
1	Rear tailgate lock	Damage	\$ 300.20	\$ 300.20 ✓
1	Rear tailgate logo	Necessary	\$ 188.20	\$ 188.20 X NN
1	Rear tailgate outer garnish	Damage	\$ 386.70	\$ 386.70 X
1	Rear tailgate rubber	Necessary	\$ 366.80	\$ 366.80 ✓ 285
1	Rear tailgate "FOCUS" emblem	Necessary	\$ 117.40	\$ 117.40 ✓ 55.6
1	Rear tailgate "TITANIUM" emblem	Necessary	\$ 120.40	\$ 120.40 ✓ 65
2	Rear taillamps	Intact	\$ 1,801.90	
1	Rear end panel	Damage	\$ 1,230.50	\$ 1,230.50 X Repair
1	Rear end panel inner garnish	Damage	\$ 288.90	\$ 288.90 X NN
1	Rear bumper	Damage	\$ 1,008.80	\$ 1,008.80 ✓
1	Rear bumper -side	Damage	\$ 200.20	\$ 200.20 ✓
1	Rear bumper clip (1 set)	Necessary	\$ 91.00	\$ 91.00 ✓
1	Rear bumper inner frame pad	Damage	\$ 300.80	\$ 300.80 ✓
2	Rear bumper reflectors	Damage	\$ 335.30	\$ 335.30 X NN
1	Rear bumper reinforcement	Damage	\$ 488.50	\$ 488.50 ✓
2	Rear bumper side retainers	Necessary	\$ 197.50	\$ 197.50 X NN
2	Rear bumper PDC sensors	Damage	\$ 755.50	\$ 755.50 ✓ 377.75
			\$ 24,550.90	\$ 19,585.90

SCL APPRAISER PTE LTD

Vehicle Registration No: SKF 7051 U

Our Ref No: MITA/01/1908/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
List Items Sub Total c/f			\$ 24,550.90	\$ 19,585.90

SPARE PARTS - LIST ITEMS

1	Rear exhaust silencer	Damage	\$ 901.00	\$ 901.00	X repair
2	Rear exhaust mountings	Necessary	\$ 112.00	\$ 112.00	X NV
			\$ 25,563.90	\$ 20,598.90	12226.5
			<i>Less 20%</i>	<i>\$ 5,112.78</i>	
Total Cost - List Items			\$ 20,451.12	\$ 16,479.12	9780.92

SPECIAL NETT ITEMS

1	Front number plate with holder	Damage	\$ 50.00	\$ 50.00	40
1	Rear windscreen sealant	Necessary	\$ 80.00	\$ 50.00	40
Total Cost - Special Nett items			\$ 130.00	\$ 100.00	80

Total cost of parts

\$ 20,581.12 \$ 16,579.12

SCL APPRAISER PTE LTD

Vehicle Registration No: SKF 7051 U

Our Ref No: MITA/01/1908/TP

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 20,581.12	\$ 16,579.12

LABOUR

1	To check wiring, lighting and resetting headlamps focussing.	\$ 80.00	\$ 50.00 <i>30</i>
2	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 50.00 <i>NN</i>
3	To remove and refit inner garnishes, inner trim to assist repair.	\$ 150.00	\$ 120.00 <i>60</i>
4	To remove and refit rear reverse sensor.	\$ 150.00	\$ 120.00 <i>40</i>
5	To transfer rear tailgate mechanism and wiring assembly to assist repair.	\$ 80.00	\$ 60.00 <i>/</i>
6	To remove and refit air-con condenser, vacuum, refill gas and conduct leakage test.	\$ 180.00	\$ 120.00 <i>NN</i>
7	To remove and refit rear windscreen glass.	\$ 180.00	\$ 120.00 <i>100</i>
8	To remove, refit and replace exhaust silencer and mountings.	\$ 150.00	\$ 120.00 <i>60</i>
9	To apply undercoating on repaired and replaced panel.	\$ 180.00	\$ 120.00 <i>60</i>
10	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld; re-align body structure and damaged consistent to the accident.	\$ 1,800.00	\$ 1,500.00 <i>1000</i>
11	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,600.00	\$ 1,320.00 <i>900</i>

GRAND TOTAL

12170.92
2090.9700

\$ 25,211.12 **\$ 20,279.12**

2310

C L APPRAISER PTE LTD

Vehicle Registration No: SKF 7051 U

Our Ref No: MITA/01/1908/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : S 16,200.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser

100

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7665H
Vehicle Details	
Vehicle No.:	SKF7051U
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jan 2019
Vehicle Make:	FORD
Vehicle Model:	FOCUS 1.6 TITANIUM STATION WAGON C346
Primary Colour:	Brown
Manufacturing Year:	2012
Engine No.:	CC01670
Chassis No.:	WF0LXXGCBLC01670
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$16,286.00
Original Registration Date:	27 Jun 2012
First Registration Date:	27 Jun 2012
Transfer Count:	0
Actual ARF Paid:	\$16,286.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jun 2022
PARF Rebate Amount:	\$10,585.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jun 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$57,009.00
COE Rebate Amount:	\$19,763.00
Total Rebate Amount:	\$30,348.00

The information contained herein is correct as at 08 Jan 2019

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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	03/01/2019 16:56
Date Of Accident	03/01/2019 14:45
Exact Location Of Accident	PIE > CHANGI AFTER KALLANG EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF7051U
Insured/Policyholder	
Name Of Registered Owner	RIZAN BIN NOORDIN
NRIC No	S7807665H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91599737
Alternative Phone No	OTHERS-91599737
Vehicle Particulars	
Manufacturer	FORD
Model	FOCUS 1.6 TITANIUM STATION WAGON C346
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B27348463 SVP
Cover Note Number	
Driver	
Name of Driver	RIZAN BIN NOORDIN
NRIC No	S7807665H
Date Of Birth	21/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91599737
Fax Number	
Contact Number	OTHERS-91599737
EEmail Address	NOEMAIL

Address	BLK 466 SEGAR ROAD #12-174
Postcode	670466
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN

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	SKW2847J
Vehicle Make/Model/Colour	TOYOTA LEXUS IS250 AUTO LUXURY
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	SLF4181K
-----------------------------	----------

Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE 1.2 CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 (a) 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:

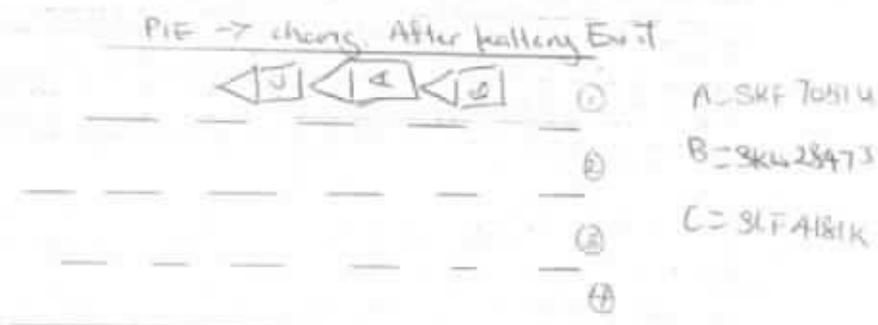
Driver's Signature
(If driver is not the policyholder)
Date & Time:

03 JAN 2018

IDAC KAKI BUKIT (VAC)

Reporting Centre: **23, KAKI BUKIT AVE 4**
Name: **Singapore 415933**
NRIC/FIN No.: **Tel: 67416697**
Fax: 67492305
Email: **vackb@singnet.com.sg**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As my front vehicle slow down and stop, I follow suit. As my vehicle is still in a stationary position, suddenly I feel a huge impact from my vehicle rear and the impact forces my vehicle to surge forward and hit onto the front car. After the accident, I feel unwell and may consult a doctor later.

DECLARATION

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

03 JAN 2010


 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
 Reporting Centre
 Name: Tel: 67416697
 Fax: 67492305
 Email: vackb@singnet.com.sg

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 willful 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	04/01/2019 10:45
Date Of Accident	03/01/2019 14:40
Exact Location Of Accident	ALONG PIE TOWARDS PAYA LEBAR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW2847J
Insured/Policyholder	
Name Of Registered Owner	LEE PEI LING, ANZIE
NRIC No	S9305789I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98768996
Alternative Phone No	OFFICE-98768996
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS IS250 AUTO LUXURY
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA284028/1
Cover Note Number	
Driver	
Name of Driver	LEE PEI LING, ANZIE
NRIC No	S9305789I
Date Of Birth	10/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98768996
Fax Number	
Contact Number	OFFICE-98768996
EEmail Address	NOEMAIL

Address	APT BLK 757 YISHUN STREET 72 #02-468
Postcode	760757
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER SKETCH PLAN

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	SKF7051U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RIZON
NRIC/Passport Number	S7807665H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF4181K
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEAW WILLIAM

NRIC/Passport Number

S7441302A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

4.1.19



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

4.1.19



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

Accident Photo



Accident Photo



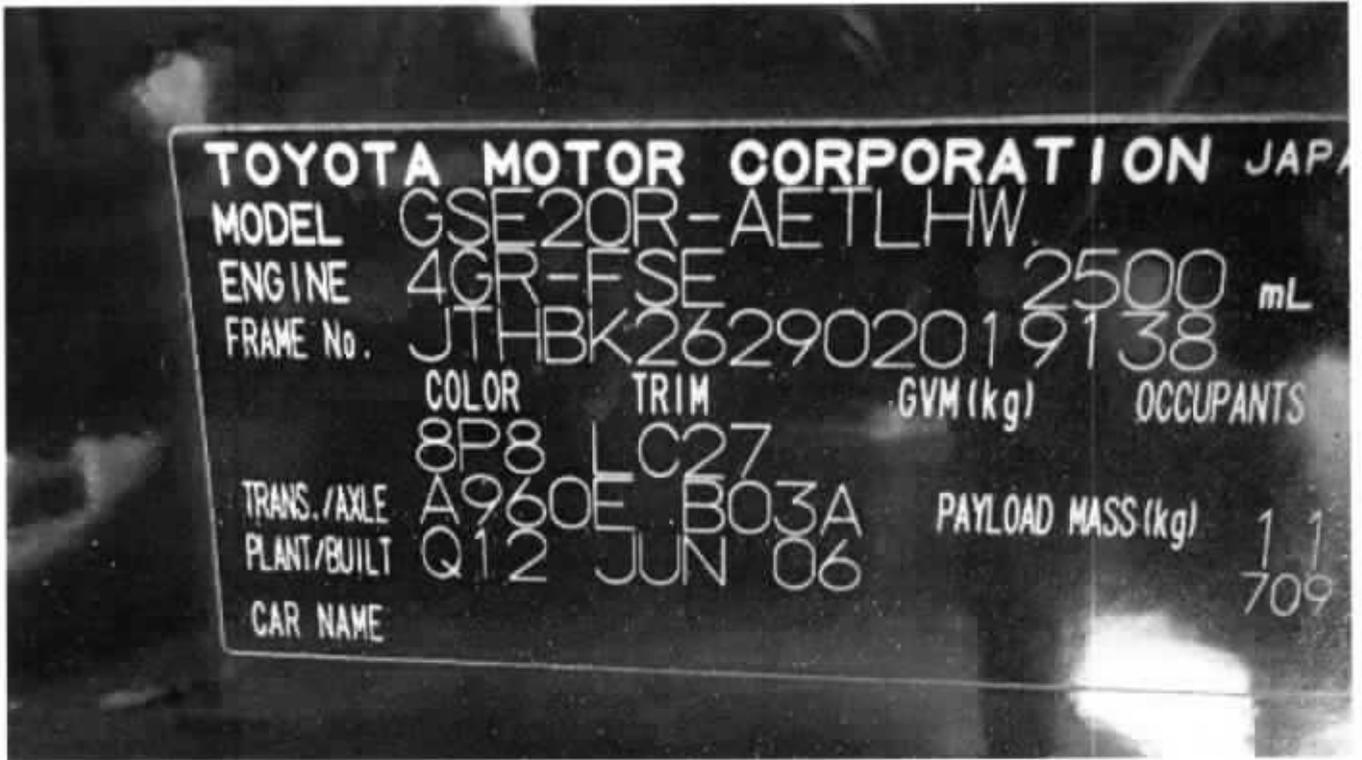
Accident Photo



Accident Photo



Accident Photo



TOYOTA MOTOR CORPORATION JAPAN
MODEL GSE20R-AETLHW
ENGINE 4GR-FSE 2500 mL
FRAME No. JTHBK262902019138
COLOR 8P8 TRIM LC27 GVM (kg) OCCUPANTS
TRANS./AXLE A960E B03A PAYLOAD MASS (kg) 11
PLANT/BUILT Q12 JUN 06 709
CAR NAME

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	03/01/2019 16:03
Date Of Accident	03/01/2019 14:50
Exact Location Of Accident	ALONG PIE TWDS CHANGI AIRPORT AFT SIMS AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4181K
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31572626

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995054
Cover Note Number	

Driver

Name of Driver	LEAW WILLIAM
NRIC No	S7441302A
Date Of Birth	17/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/08/1995
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87791758
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 51 MARINE TERRACE #15-149
Postcode	440051
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	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: : NA GENDER: : MALE

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

ON 3/1/2019 AROUND 1450HRS . I WAS TRAVELLING ALONG PIE TWDS CHANGI AIRPORT AFTER SIMS AVE EXIT . THE VEHICLE IN FRONT OF ME SLOWING DOWN AND CAME TO A STOP . I THEREFORE FOLLOWED SUIT AND CAME TO A STOP WITH A SAFETY DISTANCE . SUDDENLY VEHICLE B HIT ME FROM THE REAR . I ALIGHTED AND REALIZED IT WAS A CHAIN COLLISION .

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF7051U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RIZAN BIN NOORDIN
NRIC/Passport Number	S7807665H
Contact Number	91599737
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW2847J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE PEI LING
NRIC/Passport Number	S9305789I
Contact Number	98768996
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 reassess 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 judgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and its 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 sites 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 (c) 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: 02/01/2019 16:01


Reporting Centre Personnel's Signature
Name: _____
MNC/PR No. _____

Sketch Plan #2

SKETCH PLAN

Along PIE track change Report All same the dir



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/01/2019 around 16:00. I was travelling along PIE track
 change Report after some time the vehicle in front of me
 slowing down and could not stop. I therefore followed suit and came to a
 stop with a safety distance. Suddenly vehicle B hit me from the rear
 I stopped and 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:  23/01/2019 1600

Reporting Centre Personnel's Signature
 Name: 
 NRC/Trk No.:

Sketch Plan #3



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 570771.

Type	Description	Issue Date
13	PRIVATE HIRE CAR V1	15/01/2018
03	SVS V1	12/08/2008
04	BUS ATTENDANT	12/08/2008



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Your Ref: 19.26510 PD-O

Date: 24th Jun 2019

Our Ref : CS3/ASM19000420/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: SKF 7051U
INSURED VEHICLE: SKW 2847J
ACCIDENT DATE: 03/01/2019

We thank you for your instruction on 01/03/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SKF 7051U from M/s C L Appraiser Pte Ltd.
- b) Singapore Accident Statement of Vehicle SKF 7051U, SKW 2847J and SLF 4181K.
- c) Final Repair Bill of SKF 7051U from M/s Motor Intelligence Automo Pte Ltd.
- d) Colour damaged vehicle photographs of SKF 7051U.

Pre-Repair Inspection Date : 08/01/2019 at M/s Motor Intelligence Automo Pte Ltd, Bartley Biz Centre, 13 Kaki Bukit Road 4, #01-20, Singapore 417807.

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 : SKF 7051U
Make & Model : Ford Focus 1.6 Titanium Station
Year of Registration : 2012
Chassis Number : WF0LXXGCBLCC01670
Engine Capacity : 1596 cc

2. We recommend that the repairs of the entire damage require about 8 (Eight) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKF 7051U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BONNET	DAMAGED	1,322.50	1,322.50
2	FRONT BONNET HINGES	INTACT	274.50	-
2	FRONT HEADLAMPS	DAMAGED	5,000.70	1,700.00
1	FRONT GRILLE	DAMAGED	688.80	589.60
1	FRONT GRILLE CHROME MOULDING	DAMAGED	366.80	291.30
1	FRONT GRILLE LOGO	NECESSARY	140.20	28.40
1	FRONT BUMPER	DAMAGED	1,377.50	1,377.50
2	FRONT BUMPER SIDE GRILLES	DAMAGED	201.50	145.00
2	FRONT BUMPER FOG LAMPS	INTACT	467.30	-
2	FRONT BUMPER FOG LAMP GARNISHES	INTACT	377.20	-
1	FRONT BUMPER LOWER GRILLE	DAMAGED	300.80	188.20
1	FRONT BUMPER REINFORCEMENT	DAMAGED	488.80	488.80
2	FRONT BUMPER SIDE RETAINERS	NOT NECESSARY	181.90	-
1	FRONT SUPPORT PANEL	DAMAGED	674.60	674.60
1	FRONT SUPPORT PANEL TOP GARNISH	DAMAGED	188.20	188.20
2	RADIATOR SIDE GARNISHES	NECESSARY	181.90	181.90
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	217.70	-
1	REAR TAILGATE	DAMAGED	1,877.30	1,877.30
2	REAR TAILGATE DAMPERS	NOT NECESSARY	533.50	-
2	REAR TAILGATE LAMPS	NOT NECESSARY	1,510.60	-
1	REAR TAILGATE LOCK	DAMAGED	300.20	300.20
1	REAR TAILGATE LOGO	NOT NECESSARY	188.20	-
1	REAR TAILGATE OUTER GARNISH	NOT NECESSARY	386.70	-
1	REAR TAILGATE RUBBER	NECESSARY	366.80	285.00
1	REAR TAILGATE "FOCUS" EMBLEM	NECESSARY	117.40	55.60
1	REAR TAILGATE "TITANIUM" EMBLEM	NECESSARY	120.40	65.00
2	REAR TAILLAMPS	INTACT	1,801.90	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	1,230.50	-
1	REAR END PANEL INNER GARNISH	NOT NECESSARY	288.90	-
1	REAR BUMPER	DAMAGED	1,008.80	1,008.80
1	REAR BUMPER SIDE	DAMAGED	200.20	200.20
1	SET REAR BUMPER CLIP	NECESSARY	91.00	91.00
1	REAR BUMPER INNER FRAME PAD	DAMAGED	300.80	300.80

Report Ref No. CS3/ASM19000420/Gtd3e2-1



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3581 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607196-R

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	REAR BUMPER REFLECTORS	NOT NECESSARY	335.30	-
1	REAR BUMPER REINFORCEMENT	DAMAGED	488.50	488.50
2	REAR BUMPER SIDE RETAINERS	NOT NECESSARY	197.50	-
4	REAR BUMPER PDC SENSORS	DAMAGED	755.50	377.75
1	REAR EXHAUST SILENCER	TO REPAIR SEE LABOUR	901.00	-
2	REAR EXHAUST MOUNTINGS	NOT NECESSARY	112.00	-
	LESS 20% DISCOUNT		-5,112.78	-2,445.23
			20,451.12	9,780.92
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT NUMBER PLATE WITH HOLDER (SN)	DAMAGED	50.00	40.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	80.00	40.00
			130.00	80.00
	<u>LABOUR</u>			
	TO CHECK WIRING, LIGHTING AND RESETTING HEADLAMPS FOCUSING.		80.00	30.00
	TO REMOVE, REFIT, REPLACED DAMAGED LAMPS AND CHECK UP REAR ELECTRICAL WIRING.	NOT NECESSARY	80.00	-
	TO REMOVE AND REFIT INNER GARNISHES, INNER TRIM TO ASSIST REPAIR.		150.00	60.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR.		150.00	40.00
	TO TRANSFER REAR TAILGATE MECHANISM AND WIRING ASSEMBLY TO ASSIST REPAIR.		80.00	60.00
	TO REMOVE AND REFIT AIR-CON CONDENSER, VACUUM, REFILL GAS AND CONDUCT LEAKAGE TEST.	NOT NECESSARY	180.00	-
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS.		180.00	100.00
	TO REMOVE, REFIT AND REPLACE EXHAUST SILENCER AND MOUNTINGS.		150.00	60.00
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		180.00	60.00
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE IF THE REPAIR OF REAR END PANEL AND REAR EXHAUST SILENCER.		1,800.00	1,000.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,600.00	900.00
			4,630.00	2,310.00



GRAND TOTAL		25,211.12	12,170.92
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			9,700.00

Report Ref No. CS3/ASM19000420/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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.