

Surveyor

REF: CSI/SPF/19004656/D v d357

Special Instruction:
 part by part: \$: 1468.99
 Third Parties:
 Claimant:
 Surveyor:
 Workshop: Motor Image

From (Person): Hafizul Ferhan of SPF Date/Time: 13/03/2019
 Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJA 4068E Insured: QX 587X
 at Workshop m/s: Motor Image Tel: 86113195
 of: 19 Lowry & 709 payoh

Policy No: _____ Claim No: AEMD 1105/009/2006/1007
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A: 18/01/2019
 (Client's Record)

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT
 Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 4 days)
 Date/Time: _____ Submit Final Fig _____, _____ days (Red \$ _____ / _____ %; Original _____ days)

Date/Time	Action/Instruction
	do include the estimate upper range of repair cost. SJA 4068E - X QX 587X - CSI/SPF/18005320/Kybs2 DVA: 19/3/18
	Vehicle already scrapped
	Do Not Finalise
15/3/19	To submit \$ 1067.28 (Red 300, 28%), 4 days upper range \$ 1367.28

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

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

RECEIVED 15 MAR 2019

Para(3) : Nett Value

Market Value : _____	Inspected/ Evaluated by:	Fee Charged:	Date:
Salvage Value : _____		Basic & Add	200
Nett Value : _____		Transport	
		Photos	
		Others	
		Total	

- 1) Date/Time 15/3 - typist File Pass to _____ 2) Date/Time _____ File Return to _____
- 3) Date/Time _____ File Pass to _____ 4) Date/Time _____ File Return to _____
- 5) Date/Time _____ File Pass to _____ 6) Date/Time _____ File Return to _____

Nivitha (LKK Auto)

From: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>
Sent: Wednesday, 13 March 2019 5:21 PM
To: Admin-D (LKKAuto); assignments
Cc: Olivia Lau (LKKAuto); SUR; Frankie THAY (SPF)
Subject: RE: AEMD/105/009/2016/007 Post-Survey for SJA4068E

Hi,

Please conduct paper survey for SJA4068E. Do include the estimated upper range of repair cost in the report.

Thank you.

Best Regards,

*Hafizul Farhan Bin Rahmat
AEMD / PLD
Singapore Police Force
DID: (65) 6478 4840 | FAX: (65) 6478 4850*



HOME TEAM
TRANSFORMATION 2025
One Home, One Team
Building Our Future Together

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From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Wednesday, 13 March 2019 12:08 PM
To: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>; assignments <assignments@lkkauto.com>
Cc: Olivia Lau (LKKAuto) <olivialau@lkkauto.com>; SUR <sur@lkkauto.com>; Frankie THAY (SPF) <Frankie_THAY@spf.gov.sg>
Subject: RE: AEMD/105/009/2016/007 Post-Survey for SJA4068E

Dear Hafizul,

Thank you for the email.

Please be informed that according to the repairer, the vehicle SJA 4068E has already scrapped.

Kindly advise for us to conduct paper survey.

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

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

Nivitha (LKK Auto)

From: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Sent: Friday, 1 March 2019 5:17 PM
To: Hafizul Farhan RAHMAT (SPF); assignments
Cc: Olivia Lau (LKKAuto); SUR; Frankie THAY (SPF)
Subject: FW: AEMD/105/009/2016/007 Post-Survey for SJA4068E
Attachments: Photo 4068.docx; 4371_001.pdf

Dear Farhan,

Thank you for the email.

Dear Assignment Team,

FYNA

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

From: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>
Sent: Friday, 1 March 2019 5:08 PM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Cc: Olivia Lau (LKKAuto) <olivialau@lkkauto.com>; SUR <sur@lkkauto.com>; Frankie THAY (SPF) <Frankie_THAY@spf.gov.sg>
Subject: AEMD/105/009/2016/007 Post-Survey for SJA4068E

Dear Veron,

Kindly conduct a Post-survey for SJA4068E.

The third-party repair cost is \$1468.99. 4 days repair.

Thank you.

Best Regards,

Hafizul Farhan Bin Rahmat

AEMD / PLD

Singapore Police Force

DID: (65) 6478 4840 | FAX: (65) 6478 4850



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JOB CARD

Inv: L453539
31/3/17

BOOKING: YES NO

NAME: MOHAMED AZDAR BIN MOHAMED DAUD
 ADDRESS: APT BLK 602 CLEMENTI WEST STREET 1
 #07-31, S(120602)
 TELEPHONE: 9182 5036 (ID: XXXX613B)
 MODEL: IMPREZA WRX 2.5 AWD 5MT
 CHASSIS NO: JF1GDGKD37G071906

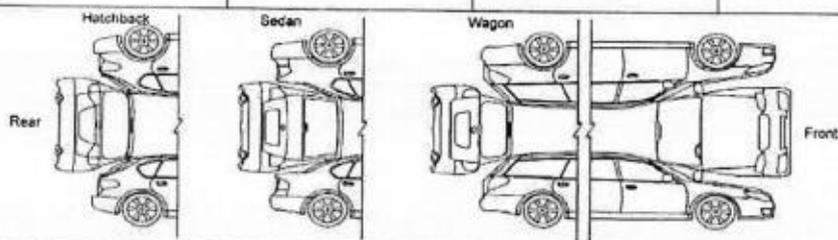
D100355

DATE: 05-DEC-2016
 TIME: 14:19:20
 MILEAGE: 233605
 REQ NO: 479738
 JOB NO: L453539
 E/W: N FUEL TANK LEVEL: 1/2 3/4
 AW: Y
 V/I: Y

PAYMENT: CASH 7/12/16

ENGINE NO: EJ25D130224
 DATE OF REGN: 07-DEC-2007
 SMS:

ESTIMATED DELIVERY DATE	EST DELIVERY TIME	SERVICE ADVISOR	MECHANIC	QUEUE NO	VEHICLE NO	
05-DEC-2016		GUOXIANG			SJA4068E	
Free Service: <input type="checkbox"/> 1,000 km <input type="checkbox"/> 5,000 km <input type="checkbox"/> 10,000 km						
Maint. Svc.: <input type="checkbox"/> Standard <input type="checkbox"/> Major						
SPMP: <input type="checkbox"/> SPMP 1 <input type="checkbox"/> SPMP 2 <input type="checkbox"/> SPMP 3 <input type="checkbox"/> SPMP 4						
<input type="checkbox"/> ROTATE & BALANCE TYRE <input type="checkbox"/> WHEEL ALIGNMENT <input type="checkbox"/> CHECK & SERVICE ALL 4 BRAKES <input type="checkbox"/> CAR WASH <input type="checkbox"/> REPLACE SPARK PLUG <input type="checkbox"/> REPLACE AIR FILTER <input type="checkbox"/> REPLACE FUEL FILTER						
Item	Code	Job Description				Estimated Charges
1/INS	TPCLAIM	CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM)				
2/INS	INS01	FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338).				
3/INS	INS02	STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.				
4/INS	INS03	INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM THE OWNER IS REQUIRED.				
5/INS	INS04	CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:				
6/INS	INS05	NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO.				
7/INS	INS06	APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED				
8/INS	INS07	TO CONDUCT THIRD PARTY CLAIM - SPF				
9/INS	INS08	ACCIDENT DATE: 18/01/2016 TIME: 0040HRS				
10/INS	REMARK	LOCATION: LOT 105 OPEN CAR PARK POTONG PASIR AVE 1				
11/INS	REMARK	VEHICLE B-QX587X				Estimated Total
ADDITIONAL JOB REQUESTED		AUTHORISED BY	AMOUNT QUOTED	LUBRICANTS QTY		
				ENG OIL	ATF	
				CVT	M/T / DIFF OIL	
Battery Condition Std Sg > 1.240						
1	2	3	4	5	6	



Tested with customer

Tester: _____

Date: _____

Time: _____

ACKNOWLEDGED BY: _____ TEL: _____

KINDLY REMOVE YOUR CASH & VALUABLES FROM VEHICLE.
 THE MANAGEMENT SHALL NOT BE LIABLE FOR ANY LOSS OF CASH, VALUABLE ITEMS OR ANY ARTICLES OF IMPORTANCE FROM THE VEHICLE.

O - Dent X - Scratch

See attachment for detail illustration

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 319255

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : TOA PAYOH
CONTACT NO : 64730333
REFERENCE : INS/IC/CHI/0384/2016
DATE : 05-DEC-2016

SFF ACCIDENT CLAIMS SECTION.AUTOMOTIVE ENGINEERING
1 MOUNT PLEASANT ROAD BLOCK 8 OLD POLICE ACADEMY

S(298333)
TEL : 6478 4832
FAX :
ROSALYN TAN

OWNER'S NAME : MOHAMED AZDAR BIN MOHAMED DAUD
ADDRESS : APT BLK 602 CLEMENTI WEST STREET 1
#07-31
S(120602)
TELEPHONE NO : 9182 5036

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 2100
VEHICLE NO : SJA4068E
MODEL CODE : GDGK8D
MODEL/YEAR : IMPREZA WRX 2.5 AWD 5MT
ENGINE NO : EJ25D130224
CHASSIS NO : JF1GDGKD37G071906
MILEAGE : 1 KM
DATE IN : 05/12/2016
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : WONG GUO XIANG
ACCIDENT DATE : 18/01/2016

Print Date : 05/12/2016
Print Time : 11:48:52

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	27/01/2016 17:52
Date Of Accident	18/01/2016 00:40
Exact Location Of Accident	LOT 105OPEN CAR PARK POTONG PASIR AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA4068E
Insured/Policyholder	
Name Of Registered Owner	MOHAMED AZDAR BIN MOHAMED DAUD
NRIC No	S7823613B
Email Address	mazza400@yahoo.com.sg
Mobile Phone No	(LOCAL) +65-91825036
Alternative Phone No	Others-91825036

Vehicle Particulars

Manufacturer	SUBARU
Model	WRX-2.5 (M)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

No

If No, Please state action to be taken

Third Party

Vehicle Category

Private Car

Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100324411
Cover Note Number	

Driver

Name of Driver	MOHAMED AZDAR BIN MOHAMED DAUD
NRIC No	S7823613B
Date Of Birth	24/08/1978
Occupation	Indoor
Date Of Driving Pass	12/09/1998
Driving Experience	17 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-91825036
Fax Number	
Contact Number	Others-91825036
Email Address	mazza400@yahoo.com.sg

Address
 Postcode
 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 Damaged whilst parked
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station
 Police Station Name Rochor Neighbourhood Police Centre
 Police Station Address ROAD: 11 Kampong Kapur Road , POSTCODE: 208678 , COUNTRY: Singapore
 Police Station Contact TEL NO: 1800-2949999 - FAX NO: 63918583
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACH STATEMENT & SKETCH PLAN

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number QX587X
 Vehicle Make/Model/Colour POLICE CAR
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

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 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.
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

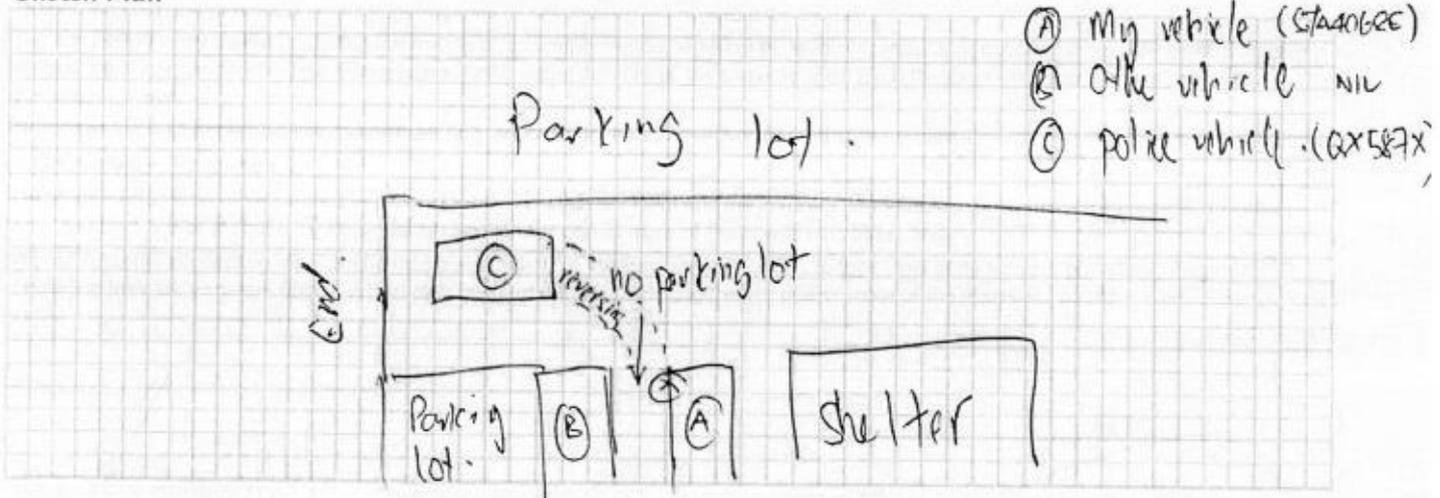
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
27/1/16

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

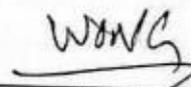
* REFER TO POLICE REPORT WITH REPORT NO E/20160118/0013.

Declaration

We declare the foregoing particulars are true in every respect.

 27/1/16
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

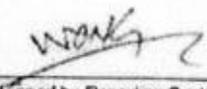
Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

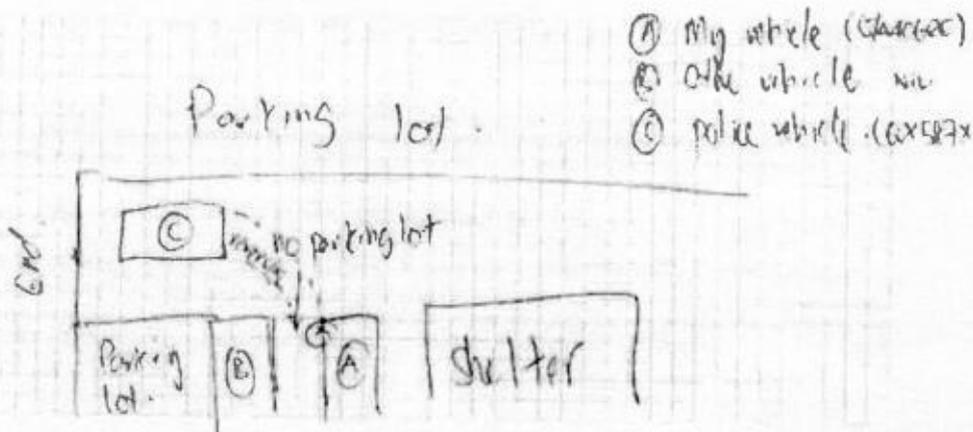
1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may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


Policyholder's Signature / Date & Time
27/1/16


Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

* REFER TO POLICE REPORT WITH REPORT NO E/20160118/00123

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 18/1/2016 0040	2 Exact location of accident Lot 105, open car park Potong Pasir Ave 1	To be signed by BOTH drivers 3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input type="checkbox"/> *	To objects other than vehicles No <input type="checkbox"/> Yes <input type="checkbox"/> *	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)

Registration No. (VEHICLE A) SSA 4068E

6 Insured / policyholder (see insurance cert.)
 Name **MOHAMED AZDAR BIN MOHAMED DAUD**
 Address **BLK 105 POTONG PASIR AVE 1 #04-426(S) 350105**
 NRIC / Passport no. **S7823613B**
 Tel no. (from 9am till 5pm)
 HP **91825036**

7 Vehicle
 Make, type **Subaru WRX 2.5**

8 Insurance company
AIU
 Does the policy cover damage to vehicle A?
 No Yes
 Policy No. (if available) **210832411**

9 Driver (See driving licence) (if different from Insured A above)
 Name **As above**
 NRIC / Passport no.
 Class of licence

12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)	<input type="checkbox"/>
2	leaving a parking space / opening the door (at the roadside)	<input type="checkbox"/>
3	entering a parking space (at the roadside)	<input type="checkbox"/>
4	emerging from a car park, from private grounds, from a minor road	<input type="checkbox"/>
5	entering a car park, private grounds, a minor road	<input type="checkbox"/>
6	entering a roundabout or similar traffic system	<input type="checkbox"/>
7	circulating in a roundabout or similar traffic system	<input type="checkbox"/>
8	striking the rear of the other vehicle while going in the same direction and in the same lane	<input type="checkbox"/>
9	going in the same direction but different lane	<input type="checkbox"/>
10	changing lanes	<input type="checkbox"/>
11	overtaking	<input type="checkbox"/>
12	turning to the right, making a U-turn (official U-turn)	<input type="checkbox"/>
13	turning to the left	<input type="checkbox"/>
14	reversing	<input type="checkbox"/>
15	encroaching in the opposite traffic lane	<input type="checkbox"/>
16	coming from the right (at road junctions)	<input type="checkbox"/>
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)	<input type="checkbox"/>

← State TOTAL number of boxes marked with a cross →

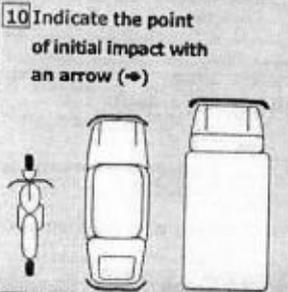
Registration No. (VEHICLE B) QX587X

6 Insured / policyholder (see insurance cert.)
 Name _____
 (capital letters)
 Address _____
 NRIC / Passport no. _____
 Tel no. (from 9am till 5pm) _____
 HP _____

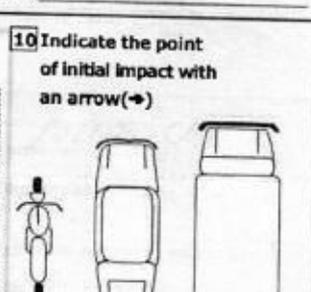
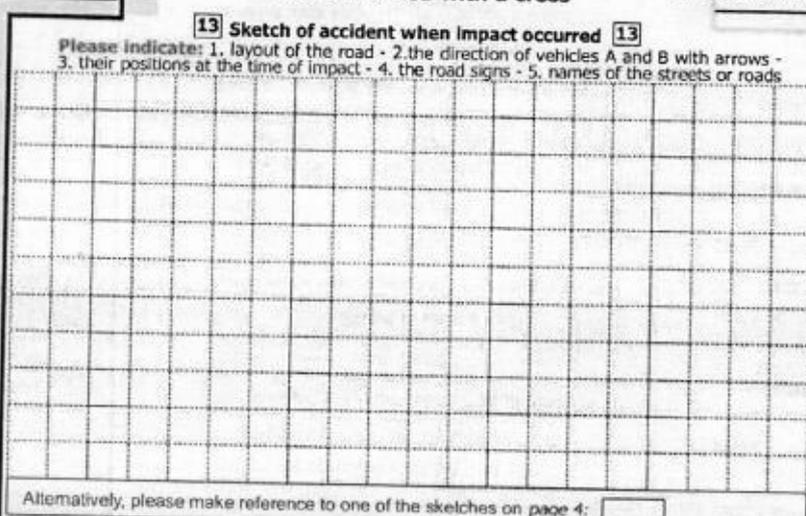
7 Vehicle
 Make, type **POLICE CAR**

8 Insurance company
 Does the policy cover damage to vehicle B?
 No Yes
 Policy No. (if available) _____

9 Driver (See driving licence) (if different from Insured B above)
 Name _____
 (capital letters)
 NRIC / Passport no. _____
 Class of licence _____



11 Visible damage to vehicle A



11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →



**SINGAPORE
POLICE FORCE**



T/20160119/2002

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20160119/2002

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:

A /
WONG CHIAM WOO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/01/2016 00:14

Officer In Charge Of Case:
TP / GIT /
DZUL HAIRIE RAMLI
Contact No.: 65476904

Classification Of Case:

Authentication Stamp

SN 12



Signature: _____

Singapore Police Force



CERTIFICATE OF INSURANCE

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

M.X.1

SUBARU AUTO PROTECTOR

OWN DAMAGE EXCESS S\$2000.00 (1)
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)

CERTIFICATE NO. 2100324411-03000

SUM INSURED Market Value
INSURING WITH COE/PARF Yes
SJA4068E

- 1) **VEHICLE REGISTRATION NO.** SJA4068E
 - 2) **NAME OF INSURED** Mohamed Azdar Bin Mohamed Daud
 - 3) **EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT** 7 Dec 2015
 - 4) **DATE OF EXPIRY OF INSURANCE** 6 Dec 2016
 - 5) **PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :35 years old and above**
 - a) The Insured.
 - b) Any other person who is driving on the Insured's order or with his permission.
- A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6) **LIMITATION AS TO USE ***
Use only for social, domestic and pleasure purposes and for the Insured's business.
The Policy does not cover use for hire or rewards, tuition, driving test, 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.

- APPROVED REPORTING CENTRES / SUBARU AUTHORISED REPAIRERS**
- 1. Motor Image Enterprises Pte Ltd - 19 Lor 8 Toa Payoh (Tel: 6417 0100)
- APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)**
- 2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)
 - 4. Ethoz - 30 Bukit Batok Cres(Tel:66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
 - 6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
 - 8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
 - 10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY / EMPLOYER'S LOAN DBS BANK LTD

* 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.

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).

Issued At Singapore 11 Nov 2015

AIG Asia Pacific Insurance Pte. Ltd.

500619-010
TAN CHONG CREDIT - SUBARU PA
911 BUKIT TIMAH ROAD
SINGAPORE 589622

ANSP-MOTOR

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPQCC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7823613B



Name
MOHAMED AZDAR BIN MOHAMED
DAUD

محمد عزير بن محمد داور

Race
MALAY

Date of birth
24-08-1978

Sex
M

Country/Place of birth
SINGAPORE



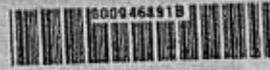
REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7823613B
Name



MOHAMED AZDAR BIN
MOHAMED DAUD

Birth Date: 24 Aug 1978
Issue Date: 22 Oct 2003



5438701



NRIC No. S7823613B



Date of issue
28-02-2015

Address
APT BLK 105 POTONG PASIR AVENUE 1
#04-420
SINGAPORE 350108

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	12 May 1995
Class 2A Motorcycles between 201 cc and 400 cc	13 Jan 1998
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Sep 1998

NP 428A





To Whom It May Concern

ACCIDENT INVOLVING SPF VEHICLE AND PRIVATE VEHICLE

If you wish to make any claim against the Singapore Police Force resulting from a motor vehicle accident, you can write to:-

SPF Accident Claims Section
Automotive Engineering & Management Division
Police Logistics Department
1 Mount Pleasant Road
Block 8 Old Police Academy
Singapore 298333

2 Before you send your vehicle for repair, you can have your vehicle inspected by an appraiser appointed by the Singapore Police Force. If you wish to do so, you can contact the Officer-In-Charge of accident matters (Tel No:64784840 , Fax No: 64784848) to make the necessary arrangements.

3 When submitting your claim, please ensure that the following are enclosed:

- a) Police report (E/20160118/0013)
- b) Survey report (if any)
- c) Repair Bill
- d) Original Photographs of damage

QX587X , 12.40 am
on
18/01/16

4 Nothing in this notice shall be treated as acceptance by the Singapore Police Force of any liability whatsoever for any damage sustained as the result of the accident in which your vehicle and the Police vehicle are involved.

5 If your claim relates to personal injuries, please send your claim to:

The Attorney General
Attorney General's Chambers
1 Upper Pickering Street
Singapore 058288.

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 319255

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SJA4068E

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	22/001	REPLACE OR REPAIR FRT LHS FENDER, FRT BUMPER	900.00	560
2	22/002	RESPRAY FRT LHS FENDER, FRT BUMPER	900.00	420
3	22/003	CONDUCT FRT LIGHTING TEST	100.00	50
4	22/004	TO APPLY FRT PORTION PAINT FINISHING SYSTEM	350.00	300
5	22/005	TO APPLY FRT PORTION PANEL PROTECTIVE COATING	350.00	
6	22/006	SUNDRIES	100.00	20
TOTAL LABOUR CHARGES			2700.00	

P/P 3 days
BAC & after painting photos
Vic - Fork - 83225616
forkpy@vicom.com.sg
05/12/2016
1400pm

MOTORIMAGE ENTERPRISES PTE. LTD.
 19 LORONG 8, TOA PAYOH
 SINGAPORE 319255

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SJA4068E

S/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES		
		NETT	LIST	S/NETT REMARKS
1 BUMPER F SD - ?	55504PE020	540.00		
2 FRT BUMPER CORNER BRACKET LH - ?	55507PE050	57.60		
3 SLIDER SD F LH /	55565PE030	21.60		
4 FENDER FRT LH /	57110PE190	237.60		
SUB TOTAL		856.80	0.00	0.00
LESS DISCOUNT (NETT-20 %)		171.36	0.00	0.00
GRAND TOTAL		685.44	0.00	0.00
OVERALL TOTAL		685.44		

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 319255

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SJA4068E

TOTAL LABOUR CHARGES	2700.00
TOTAL SPARE PARTS CHARGES	685.44
GRAND TOTAL	3385.44 *

* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.



SUBARU

Motor Image Enterprises Pte Ltd
19 Larong & Toa Payoh
Singapore 319255
Tel (65) 6703 8101/8102
Fax (65) 6253 5535
www.motorimage.net
Co Reg No 198702032R

Insurance Co: _____

Survey Date: _____

SUPPLEMENTARY PARTS FOR VEHICLE REGISTRATION NO _____

Surveyor: _____

<u>DESCRIPTION</u>	<u>PART NO</u>	<u>AMOUNT</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____
16 _____	_____	_____
17 _____	_____	_____
18 _____	_____	_____
19 _____	_____	_____
20 _____	_____	_____
21 _____	_____	_____
22 _____	_____	_____
23 _____	_____	_____
24 _____	_____	_____
25 _____	_____	_____



SUBARU

Motor Image Enterprises Pte Ltd
19 Lorong 8 Tua Payoh
Singapore 319255
Tel (65) 6703 8101/8102
Fax (65) 6253 5535
www.motorimg.net
Co Reg No 198702032R

Insurance Co: _____

Survey Date: _____

SUPPLEMENTARY LABOUR FOR VEHICLE REGISTRATION NO _____

Surveyor: _____

LABOUR DESCRIPTION

AMOUNT

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 319255

FINALIZED : ACCIDENT/BODY REPAIRS
WORKSHOP : TOA PAYOH
CONTACT NO : 64730333
REFERENCE : INS/IC/CHI/0384/2016
DATE : 05-DEC-2016

SPP ACCIDENT CLAIMS SECTION.AUTOMOTIVE ENGINEERING
1 MOUNT PLEASANT ROAD BLOCK 8 OLD POLICE ACADEMY

S(298333)
TEL : 6478 4832
FAX :
ROSALYN TAN

OWNER'S NAME : MOHAMED AZDAR BIN MOHAMED DAUD
ADDRESS : APT BLK 602 CLEMENTI WEST STREET 1
#07-31
S(120602)
TELEPHONE NO : 9182 5036

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : 2100
VEHICLE NO : SJA4068E
MODEL CODE : GDGGKBD
MODEL/YEAR : IMPREZA WRX 2.5 AWD 5MT
ENGINE NO : EJ25D130224
CHASSIS NO : JF1GDGKD37G071906
MILEAGE : 233605 KM
DATE IN : 05/12/2016
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : WONG GUO XIANG
ACCIDENT DATE : 18/01/2016

Print Date : 23/03/2017
Print Time : 17:25:25

Fock - Vicom
27/3/17

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 319255

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SJA4068E

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	22/001	REPLACE OR REPAIR FRT LHS FENDER, FRT BUMPER	900.00	560.00 ✓
2	22/002	RESPRAY FRT LHS FENDER, FRT BUMPER	900.00	420.00 ✓
3	22/003	CONDUCT FRT LIGHTING TEST	100.00	50.00 ✓
4	22/004	TO APPLY FRT PORTION PAINT FINISHING SYSTEM	350.00	300.00 N/A
5	22/005	TO APPLY FRT PORTION PANEL PROTECTIVE COATING	350.00	.00 N/A
6	22/006	SUNDRIES	<i>will</i> 100.00	20.00 ✓
TOTAL LABOUR CHARGES			2700.00	1350.00

4 days.

MOTORIMAGE ENTERPRISES PTE. LTD.
 19 LORONG 8, TOA PAYOH
 SINGAPORE 319255

MATERIAL LIST FOR ACCIDENT VEHICLE REGM NO SJA4068E

S/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES		
		NETT	LIST	S/NETT REMARKS
1 BUMPER F SD <i>ven</i>	55504FE020	540.00		X
2 FRT BUMPER CORNER BRACKET LH <i>HH</i>	55507FE050	57.60		X
3 SLIDER SD F LH <i>HG</i>	55565FE030	21.60		OK
4 FENDER FRT LH <i>ven</i>	57110FE190	237.60		X
SUB TOTAL		21.60	0.00	0.00
LESS DISCOUNT (NETT-20 %)		4.32	0.00	0.00
GRAND TOTAL		17.28	0.00	0.00
OVERALL TOTAL		17.28		
		<i>685.44</i>		

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

MOTORIMAGE ENTERPRISES PTE. LTD.
19 LORONG 8, TOA PAYOH
SINGAPORE 319255

SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SJA4068E

NETT ITEM	21.60
LESS 20 %	-4.32
NETT AMOUNT	17.28
LIST ITEM	0.00
LESS 50 %	0.00
LIST AMOUNT	0.00
SPECIAL NETT AMOUNT	0.00
TOTAL LABOUR CHARGES	1350.00
TOTAL SPARE PARTS CHARGES	17.28
TOTAL CHARGES	1367.28
ADD 7 % GST	95.71
GRAND TOTAL	1462.99

3385.44



Motor Image Enterprises Pte Ltd
 19 Lorong 8 Toa Payoh
 Singapore 319255
 Tel : (65) 6417 0333
 Fax : (65) 6252 5655
 BRN 198702032R

BREAKDOWN OF PAYMENT

VEHICLE NO : SJA 4068E

ACCIDENT ON 18/01/2016 AT LOT 105, Open car park
Potong Pasir Ave 1

INVOLVING VEHICLE/S QX587X

- 1) Repair cost \$ 1462.99 Payable to Motor Image Enterprises Pte Ltd
- 2) GIA or LTA
 Search fees \$ - Payable to Motor Image Enterprises Pte Ltd
- 3) Medical fees \$ - Payable to
- 4) Loss Of Use or ^{\$100 x 4 days}
Rental Car \$ 400 Payable to MOHAMED AZDAR BIN MOHAMED DAUD
- 5) Total Claim Amount \$ 1862.99

* KINDLY SEPARATE THE PAYMENT IN 2 CHEQUES

*Contact person : Sayed - 6703 8109
 sayedinah@motorimage.net



Motor Image Enterprises Pte Ltd
 19 Lorong 8 Toa Payoh Singapore 319255
 Service Centre Tel: (65) 6703 8101 / 102 Fax: (65) 6253 5535
 25 Leng Kee Road Singapore 159097
 Service Centre Tel: (65) 6703 8163 Fax : (65) 6479 1137
 Website: www.motorimage.net



TAX INVOICE

GST Reg No. M2-0076975-9
 Co. Reg No. 198702032R

Sales: INSURANCE CUSTOMER

Invoice No: L455259

For cash sales, payment will be endorsed on this invoice and no separate receipt will be issued.

DATE REC'D: 05-Dec-2016

SERVICE ADVISOR: GUOXIANG

JOB No.: L453539

MILEAGE: 233605

ID:

NAME: SPF ACCIDENT CLAIMS SECTION.AUTOMOTIVE ENGINEERING
ADDRESS: 1 MOUNT PLEASANT ROAD BLOCK 8 OLD POLICE ACADEMY
 S(298333)
TELEPHONE: 6478 4832
MODEL: IMPREZA WRX 2.5 AWD 5MT
ENGINE No.: EJ25D130224
CHASSIS No.: JF1GDGKD37G071906
REGISTRATION No.: SJA4068E

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM)	
2	INS01 FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
3	INS02 IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338).	
4	INS03 STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
5	INS04 SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
6	INS05 INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
7	INS06 THE OWNER IS REQUIRED.	
8	INS07 CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
9	INS08 NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
10	REMARK TO CONDUCT THIRD PARTY CLAIM - SPF ACCIDENT DATE:18/01/2016 TIME:0040HRS	
11	REMARK LOCATION:LOT 105OPEN CAR PARK POTONG PASIR AVE 1 VEHICLE B:QX587X	
12	REMARK REPLACE OR REPAIR FRT LHS FENDER,FRT BUMPER	560.00
13	REMARK RESPRAY FRT LHS FENDER,FRT BUMPER	420.00
14	REMARK CONDUCT FRT LIGHTING TEST	50.00
15	REMARK TO APPLY FRT PORTION PAINT FINISHING SYSTEM	300.00
16	REMARK SUNDRIES	20.00
	TOTAL(LABOUR)	1,350.00
1	SLIDER SD F LH 55565FE030(Qty : 1 @ 21.60 each(Discount 20.00%))	17.28

Certified True Copy



Motor Image Enterprises Pte Ltd
 19 Lorong 8 Toa Payoh Singapore 319255
 Service Centre Tel (65) 64170100/101 Fax (65) 62535535
 25 Leng Kee Road Singapore 159097
 Service Centre Tel (65) 64764776 Fax (65) 64791137
 Website: www.motorimage.net



TAX INVOICE

GST Reg No. M2-0076975-9
 Co. Reg No. 198702032R

Sales: INSURANCE CUSTOMER
Invoice No: L455259

For cash sales, payment will be endorsed on this invoice and no separate receipt will be issued.

DATE REC'D: 05-Dec-2016
SERVICE ADVISOR: GUOXIANG
JOB No.: L453539
MILEAGE: 233605
ID:

NAME: SPF ACCIDENT CLAIMS SECTION.AUTOMOTIVE ENGINEERING
ADDRESS: 1 MOUNT PLEASANT ROAD BLOCK 8 OLD POLICE ACADEMY
 S(298333)
TELEPHONE: 6478 4832
MODEL: IMPREZA WRX 2.5 AWD 5MT
ENGINE No.: EJ25D130224
CHASSIS No.: JF1GDGKD37G071906
REGISTRATION No.: SJA4068E

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
	TOTAL(SPARE PARTS)	17.28

Subtotal	1,367.28
GST(7%)	95.71
TOTAL	\$1,462.99

DATE : 31-Mar-2017

CUSTOMER

MANAGER

The customer acknowledges and confirms by taking delivery of the vehicle and/or upon receipt of this invoice, either personally or by an agent that his/her complaints relating to the vehicle have been rectified to his/her satisfaction and that the Company's liability for defective work and/or materials will be limited to rectification works and/or replacement of parts without charge or at discounted charge, at the Company's option. The customer further acknowledges that any discrepancy in this invoice (with the exception of errors and omissions) must be brought to the Company's attention in writing within three(3) days from the date of this invoice failing which it will be deemed correct.

CUSTOMER

Not yet a DUO Member? Join us now at www.DUO.com.sg and start accumulating your points for your invoice today!

Certified True Copy

LETTER OF AUTHORITY & INDEMNITY

To: Motor Image Enterprises Pte Ltd
19 Lorong 8 Toa Payoh
Singapore 319255

ACCIDENT INVOLVING VEHICLE NO. SJA4068E & QX587X ON 18/01/2016
AT LOT 105 OPEN CAR PARK POTONG PASIR AVE 1

1. I/We, the owner of vehicle no. SJA4068E hereby instruct and authorise you to commence repairs to the said vehicle. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$ 1362.99 being refundable deposit of the repair costs to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and give the solicitors full instructions as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit.
4. Upon resolving my/our claim, you are authorised to agree with my/our solicitors on the amount of their professional costs and disbursements for acting for me/us and to receive payment of the balance of the settlement sum on my/our behalf directly into your account. In the event that my/our claim or legal suit is not successful or is dismissed for whatever reason, I/understand and agree that I/we shall be personally liable to bear the legal costs of the third party as well as the professional costs and disbursements of my/our solicitors notwithstanding that my/our solicitors were appointed by you on our behalf.
5. I/we hereby also instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely, the balance of repair costs and rental of substitute vehicle.
6. In the event that I/we am/are required to attend at my/our solicitors' office or to attend Court in connection with my/our claim, I/we shall render full co-operation.
7. In the event that my/our claim against the third party and/or his insurers is not successful or cannot be proceeded with and/or if any Judgment or settlement is not honoured or satisfied by the third party, I/we authorise you to revert the claim against my/our own insurers for the cost of repairs and any other losses recoverable under my/our policy of insurance. In this respect, I/we understand and accept that the excess amount applicable under the policy of insurance shall be borne by me/us
8. If for whatever reason, my/our insurers reject my/our claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred on my/our behalf or to pay you the difference in amount, as the case may be.
9. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action before agreeing to pay or receive any monies due to this claim.

Dated this 08 day of DECEMBER 20 16


Customer's Signature

Name: MOHAMED AZDAR BIN MOHAMED DAUD

(Company stamp, if applicable)

Address: BLK 602 CLEMENTI WEST ST 1

07 - 31 (S) 120602

Name of Insurers: AIG ASIA PACIFIC INS P/L

Policy No.: 2100324411

Excess:



Motor Image Enterprises Pte Ltd
 19 Lorong 8 Toa Payoh Singapore 319255
 T (65) 6417 0333 F (65) 6252 5655
 W www.motorimage.net

Co Reg No: 198702032R

DISCHARGE VOUCHER

Name of Insured: MOHAMED AZDAR BIN MOHAMED DAUD
 Address of Insured: BLK 105 POTONG PASIR AVENUE 1 # 04 - 420 (S) 350105
 Name of Repairs: MOTOR IMAGE ENTERPRISES PTE LTD / WORKSHOP
 Address of Repairs: NO. 19 LORONG 8 TOA PAYOH SINGAPORE 319225
 Place of Accident: LOT 105 OPEN CAR PARK POTONG PASIR AVE 1
 Date of Accident: 18/01/2016 Vehicle No: SJA4068E
 Policy No: 2100324411 Claim No: _____

I/We hereby declare that I/We have received from the aforesaid repairers my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of **SPF ACCIDENT CLAIM SECTION** settling the repair costs stated above with the said repairers, I/We hereby release and discharge the said insurers from all further obligations and liabilities under the aforesaid policy in respect on and accident involving my/our said motor vehicle on or about the abovementioned date and place.

I/We agree that by virtue of such payment, all my/our rights and remedies in respect of the damages to the said Motor Vehicle are subrogated to the said Insurers in accordance with the laws governing such matters.

I/We hereby grant the said insurers the authority to use my/our name to the extent necessary to effectively exercise all or any of such rights and remedies including the right to give discharge and receipts therefore. I/We further agree to furnish the said Insurers with any assistance that they may reasonably require of me/us when exercising such rights and remedies whilst on their parts they agree to indemnify me/us against liability for costs charges and expenses arising in connection with any proceedings which they may take in my/our name in the exercise of such rights and remedies.

REPAIRERS:



 Company's Chop & Signature

WONG GUO XIANG

Name

08/12/2016

Date

INSURED:

S7823613B

 IC No. & Signature/Company's Chop

MOHAMED AZDAR BIN MOHAMED DAUD

Name

08/12/2016

Date



Your Ref: AEMD/105/009/2016/007

Date: 15th March 2019

Our Ref: CS1/SPF19004656/Dvd3s2

M/s Automotive Engineering & MGT Division

Accident Claim Section (Singapore Police Force)

1 Mount Pleasant Road

Blk 8 Old Police Academy

Singapore 298333

Attn: Hafizul Farhan

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SJA 4068E
INSURED VEHICLE: QX 587X ACCIDENT DATE: 18/01/2019**

We thank you for your instruction on 13/03/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SJA 4068E from M/s Motor Image Enterprises Pte Ltd.
- b) Final Repair Bill of SJA 4068E from M/s Motor Image Enterprises Pte Ltd.
- c) Singapore Accident Statement of Vehicles SJA 4068E.
- d) Colour damaged vehicle photographs of SJA 4068E.

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	: SJA 4068E
Make & Model	: Subaru 2.5 WRX
Year of Registration	: 2007
Chassis Number	: JF1GDGKD37G071906
Engine Capacity	: 2457 cc

2. We recommend that the repairs of the entire damage require about 4 (Four) 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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJA 4068E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER F SD (N)	TO REPAIR SEE LABOUR	540.00	-
1	FRT BUMPER CORNER BRACKET LH (N)	NOT NECESSARY	57.60	-
1	SLIDER SD F LH (N)	NECESSARY	21.60	21.60
1	FENDER FRT LH (N)	TO REPAIR SEE LABOUR	237.60	-
	LESS 20% DISCOUNT		-171.36	-4.32
			685.44	17.28
SPECIAL NETT ITEMS				
1	SUNDRIES (SN)	NECESSARY	100.00	20.00
			100.00	20.00
LABOUR				
	REPLACE OR REPAIR FRT LHS FENDER, FRT BUMPER. INCLUSIVE OF THE REPAIR OF BUMPER F SD AND FENDER FRT LH.		900.00	560.00
	RESPRAY FRT LHS FENDER, FRT BUMPER.		900.00	420.00
	CONDUCT FRT LIGHTING TEST.		100.00	50.00
	TO APPLY FRT PORTION PAINT FINISHING SYSTEM.	NOT NECESSARY	350.00	-
	TO APPLY FRT PORTION PANEL PROTECTIVE COATING.	NOT NECESSARY	350.00	-
			2,600.00	1,030.00
GRAND TOTAL			3,385.44	1,067.28
RECOMMENDED COST OF REPAIRS				1,067.28

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THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$1,367.28

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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