

2304/2019  
 ASS. REC. BY: Manus REF: CS3/III 18018634/Utd3 1st Inspection: \_\_\_\_\_  
 Surveyor Manus ASSIGNMENT (Office)  
 From (Person): Mek d of III Date/Time: 11/03/2019  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_  
 OD/TP/WS/TP RES / OD RES / EVA / INV / MV / CS  
 To Inspect Vehicle No: 81F8490S Insured: SHC 8252B  
 at Workshop no/s Motor Intel Tel: 8838 3318  
 of 13 Kaki Bkt Rd 4 #01-20  
 Policy No: MC0M0015 Claim No: MC113/100219  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Make of Veh: \_\_\_\_\_ D.O.A. 07/10/2018  
 (Client's Record)  
 CA / REV / REP. / REV 24 HRS up H.O.D. Endorsement: \_\_\_\_\_  
 Date/Time: 3:38pm 12/10/18 Person Contacted: Wilson Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate
	81F8490S - X
	SHC8252B - N5HNC17012506 / Gabe 2 DoA: 22/6/2017
20/3/19	Sumat 2/5 4000 40% (Red: 2400, 37%)

RECEIVED 20 MAR 2019

290410 = 260

REF:

III

## ASSIGNMENT

From:

Date:

15/10/2018

Veh No:

SLF8490S

Yr Regn:

5-05

Estimated Cost:

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

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

Truck / Trailer or

To inspect Vehicle No:

SLF 8490S

Make:

Toyota Camry

c.c 1998

at Workshop m/s

Motor Intel

Colour

steek

AC: Insured / Std / NI / NA

of

13 kaki Bkt Rd 4 #01-20

Sp. Reading

315686

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No

C/No:

MA053BK 3106011132

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

N/S	O/S

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

Bal. or Market Value:

14

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

LYA 11258

Vehicle: IN / OUT

Date:

Person Contacted:

30/4/2020

Tyre Size:

F:

R:

215/65R17

BS / OUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

7/10/18

D.O.I.

15/10/18

Survey held at

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

N/S Rd

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

Date / Time

Action / Instruction

No Settlement.  
14rs bal.

N/S body a/c.

3-4K

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

120

Transportation:

S + RS. TR

Photos

Others

10

TOTAL

130

Report Format:

PRG

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

Add Fee:

☐

Site Insp (\$

☐

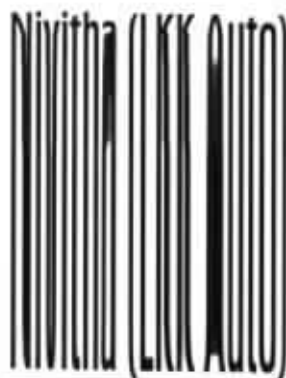
Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$



**From:** Olivia Lau (LKKAuto) <olivialau@lkkauto.com>  
**Sent:** Monday, 11 March 2019 3:16 PM  
**To:** Hsiao Tong (LKKAuto); assignments; Admin A  
**Subject:** FW: MCT18100219  
**Attachments:** MCT18100219.pdf

**From:** Mekavathanan Sarangapani  
**Sent:** Monday, 11 March 2019 3:10:49 PM (UTC+08:00) Kuala Lumpur, Singapore  
**To:** Zuhaidah Samsuri; Gabriel Wee; Pooi Chin Han Daniel; Hsiao Tong (LKKAuto); Olivia Lau (LKKAuto)  
**Cc:** Stanley Lai  
**Subject:** MCT18100219

Aida – Is this a straight fowd case. Should we just deny liability . Shld we do a paper survey Just in case ?

TP's version that insured shifted lane may be incorect.

Please review this case please . May be prudent to fwd docts to LKK.

LKK please do up paper survey please

Meka

Main		Offer Processing		Claim Details		Adjuster's Details	
<b>CLAIM SUBFOLDER DETAILS</b>						[Created by a]	
Insured:	-, Co. Reg. No.: -						
Main Claimant:	-						
Vehicle Reg. No.:	SLF8490S			Date of Loss:	07/10/2018 00		
Claim Type:	TP / MCT18100219			Policy/Cover Note No.:	MCOM0015		
Vehicle Reg. No. (Insured):	SHC8252B			Policy No. (Claimant):			
Repairer:	Motor Intel Automo Pte Ltd (HQ) <b>PROFILE</b>			Excess:			
Handling Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100 ... [Handled by Sherini Pillai]						
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MARCUS CHUA] ... [Final Rpt						
<b>CLAIM REGISTERED</b>							
Clm. No (Cln Reg Date)	MCT18100219 (02/01/2019)			Intimation (Notify Date)			
Registration Type	[Manually registered]			Claim Status			

Meka

MCT/18100219

	RESERVES			
	TPPD	PRESERVE	Zen	
	TPPI	PRESERVE		
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	INVESTIGATION FEE			
	SURVEY FEES			
	LEGAL FEES			
	OTHERS			
	FRAUD CHECK			
	UPLOAD TO MERIMEN			
	GRANT RIGHTS			

Zen

For SM  
with Mer  
3/2/19

Sol Per

1.5K

3000

\*\*\*\*\*  
\*\*\* FAX TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

FAXED  
27 FEB 2019  
MOTCLM DEPT.

JOB NO. 0169  
DESTINATION ADDRESS 964381211  
SUBADDRESS  
DESTINATION ID  
ST. TIME 27/02 11:06  
TX/RX TIME 00' 26  
PGS. 2  
RESULT OK

PDX Intercompany Exchange Pte Ltd



010808842832  
FROM Allister Lim & Thrumugan  
PDX Box No. 8144

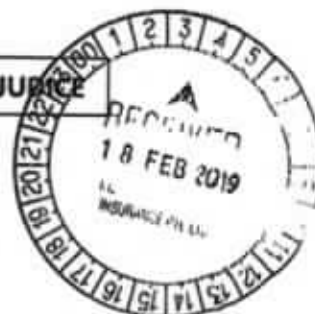
AL&T  
ADVOCATES AND SOLICITORS

Your Ref: SHC 8252 B  
Our Ref: AL.INS.2018.12539(PD).jw

13 February 2019

WITHOUT PREJUDICE

BY PDX



India International Insurance Pte Ltd  
64 Cecil Street  
#04/#05 IOB Building  
Singapore 049711  
Attention: Motor Claims Department

COMFORT TRANSPORTATION PTE LTD

383 Sin Ming Drive  
GAS Building  
Singapore 575717

WONG KIM HONG

Blk 25 Ang Mo Kio Avenue 9  
#13-15  
Singapore 569788

CERTIFICATE OF POSTING

We warrant to you that the information provided is true and correct to the best of our knowledge and belief.

Our Ref: MC7/18100219

Name: Stanley / Sherry

Date: 18/2/19

India International Insurance P.L.

CERTIFICATE OF POSTING

Dear Sirs,

**CLAIMANT: SEVEN SEA LOGISTICS & LIMO SERVICES**  
**ACCIDENT INVOLVING SLF 8490 S & SHC 8252 B ALONG HOUGANG AVENUE 1 TOWARDS LORONG AH SOO ON 7 OCTOBER 2018 AT ABOUT 1000 HOURS**

We act for **SEVEN SEA LOGISTICS & LIMO SERVICES**, who was the owner of motor vehicle no. **SLF 8490 S**.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident **ALONG HOUGANG AVENUE 1 TOWARDS LORONG AH SOO** involving our client's vehicle registration number **SLF 8490 S** and vehicle registration number **SHC 8252 B** 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



010808642932

FROM Allister Lim & Thrumurgan  
PDX Box No. 8144

Your Ref: SHC 8252 B

Our Ref: AL.INS.2018.12539(PD).jw

13 February 2019

WITHOUT PREJUDICE

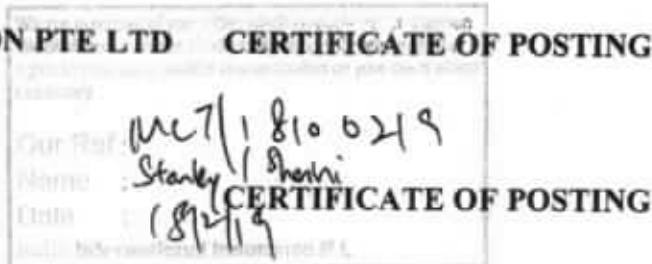
BY PDX



**India International Insurance Pte Ltd**  
 64 Cecil Street  
 #04/#05 IOB Building  
 Singapore 049711  
Attention: Motor Claims Department

**COMFORT TRANSPORTATION PTE LTD** **CERTIFICATE OF POSTING**  
 383 Sin Ming Drive  
 GAS Building  
 Singapore 575717

**WONG KIM HONG**  
 Blk 25 Ang Mo Kio Avenue 9  
 #13-15  
 Singapore 569788



Dear Sirs,

**CLAIMANT: SEVEN SEA LOGISTICS & LIMO SERVICES**  
**ACCIDENT INVOLVING SLF 8490 S & SHC 8252 B ALONG HOUGANG AVENUE 1 TOWARDS LORONG AH SOO ON 7 OCTOBER 2018 AT ABOUT 1000 HOURS**

We act for **SEVEN SEA LOGISTICS & LIMO SERVICES**, who was the owner of motor vehicle no. SLF 8490 S.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident **ALONG HOUGANG AVENUE 1 TOWARDS LORONG AH SOO** involving our client's vehicle registration number **SLF 8490 S** and vehicle registration number **SHC 8252 B** 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	\$ 6,848.00
02. Pre-repair inspection days ( \$100 x 2days)	\$ 200.00
03. Rental fee	\$ 2,100.00
03. Survey report fees	\$ 645.00
04. LTA search fees	\$ 36.49
05. Cost Contribution (at this stage) (inclusive of GST)	\$ 1,070.00
06. Incidentals (at this stage) (inclusive of GST)	\$ 107.00
	<b><u>\$11,006.49</u></b>

**ALLISTER LIM & THRUMURGAN**

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

- (a) GIA report lodged by driver of motor vehicle SLF 8490 S / SHC 8252 B;
- (b) LTA Search of motor vehicle no. SHC 8252 B;
- (c) Certificate of insurance;
- (d) Rental Invoice;
- (e) Surveyor's invoice & report with **photographs** depicting the damages to motor vehicle SLF 8490 S.

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. SHC8252B As At 07 Oct 2018 / 10:00:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: ALN5.2018.SLF84905

**Current Owner Details**

Owner ID Type: Company  
Owner ID: 199303821R  
Owner Name: COMFORT TRANSPORTATION PTE LTD  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 383  
Registered Street Name: SIN MING DRIVE  
Registered Unit No.: -  
Registered Building Name: GAS BUILDING  
Registered Postal Code: 575717  
**Current Vehicle Details**

Vehicle No.: SHC8252B  
Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR  
Insurance Company Name: INDIA INT'L INS PTE LTD

Print

OK





Thank you

Lim Wee Sing Allister has successfully logged out.  
Your last login date and time was 10 Oct 2018, 10:34:48.  
To return to ONE.MOTORING, please click [here](#)  
For security reasons, please CLEAR YOUR CACHE after each session.

Session Transaction History

SIN#	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount
1	Vehicle	SHCR2528	-	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

**TAX INVOICE**

Our Ref No: GR-18-158421  
Date of Request: 12/10/2018

Your Ref No: AL.INS.2018.SLF8490S

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

Dear Sir/Madam,

Date of Accident: 07/10/2018  
Vehicle No: SLF8490S  
Place of Accident: LOR AH SOO  
Involving Vehicle No: SHC8252B

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
8252B	LOR AH SOO	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

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 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 08/10/2018 16:45  
 Date Of Accident 07/10/2018 10:05  
 Exact Location Of Accident LOR AH SOO  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8252B  
**Insured/Policyholder**  
 Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD  
**Vehicle Particulars**  
 Manufacturer HYUNDAI  
 Model I40  
 Vehicle Category TAXI  
**Insurance Company**  
 Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD  
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT  
 Fleet Policy YES  
 Policy Number MCOM0015  
 Cover Note Number

**Driver**  
 Name of Driver WONG KIM HONG  
 NRIC No S1703712I  
 Address BLK 25 ANG MO KIO AVENUE 9 #13-15

### General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION  
 Weather Conditions CLEAR

### 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  
 Number of Passengers (Including Driver) 3

### Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident: HEAD TO SIDE

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLF8490S

Vehicle Make/Model/Colour

Name of Driver

MOHAMMAD RAFEEZ BIN HUSNI

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

**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.

CONFIDENT TRANSPORTATION PTE LTD  
CO REG. NO. 199203821R

Policyholder's Signature  
Date & Time:

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

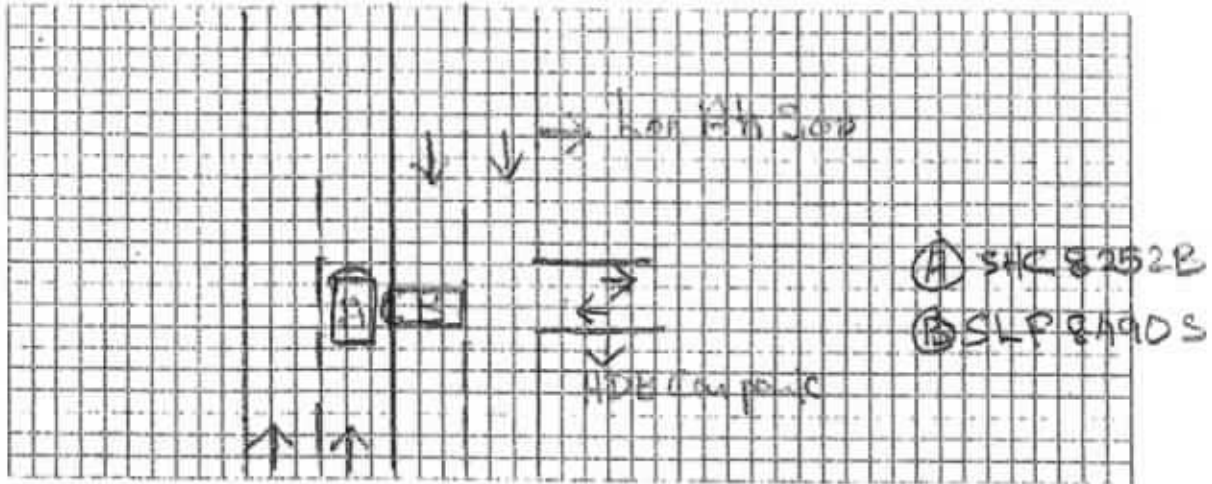
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIAIAC SketchPlanForm\_V3



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 7/10/2018 at about 1005 hrs, I vehicle A was travelling straight at hor Ah Soo. Vehicle B was coming from HDB Company and collided onto my vehicle A right side position.

## DECLARATION

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

JUMFOT TRANSPORTATION PTE LTD  
CO. REG. NO. 19263321R

Policyholder's Signature  
Date & Time:

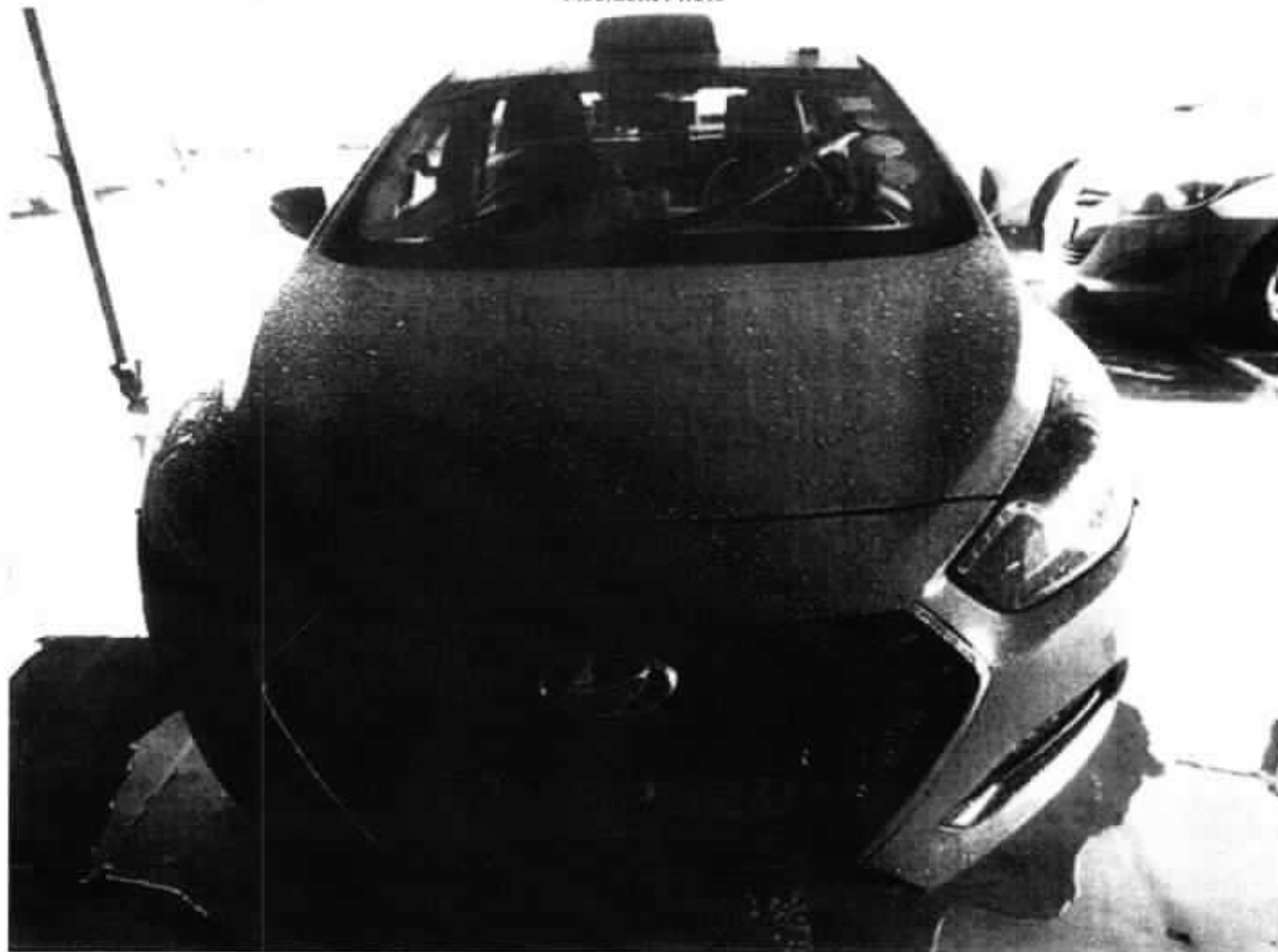
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GIATMC SketchPlanForm\_V3

7/10/18  
Jackson Hong  
CSO

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo







RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE6 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-18-158400  
Date of Request: 12/10/2018

Your Ref No: AL.INS.2018.SLF8490S

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

Dear Sir/Madam,

Your Search Criteria:Date of Accident: 07/10/2018  
Place of Accident: HOUGANG AVE 1 TWD LOR AH SOO  
Client Vehicle No: SLF8490S

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
3252B	LOR AH SOO	07/10/2018 10:05

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 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

RECORDS MANAGEMENT CENTRE

**TAX INVOICE**

Our Ref No: GR-18-158400  
Date of Request: 12/10/2018

Your Ref No: ALINS.2018.SLF8490S

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

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 07/10/2018  
Place of Accident: HOUGANG AVE 1 TWD LOR AH SOO  
Client Vehicle No: SLF8490S

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
Amount	0.98
Total Amount Due (GST inclusive)	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 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	09/10/2018 17:47
Date Of Accident	07/10/2018 10:00
Exact Location Of Accident	LOR AH SOO
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8490S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEVEN SEA LOGISTICS AND LIMO SERVICES
Co Reg No	53316621K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83522119
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	CAMRY 2.0
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096305506
Cover Note Number	
<b>Driver</b>	
Name of Driver	MOHAMAD RAFEES BIN HUSNI
NRIC No	S8607743D
Date Of Birth	01/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93973429
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 632A SENJA ROAD #03-165
Postcode	671632
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8252B
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	WONG KIM HONG
NRIC/Passport Number	S1703712I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

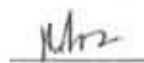
**IMPORTANT NOTICE**

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:

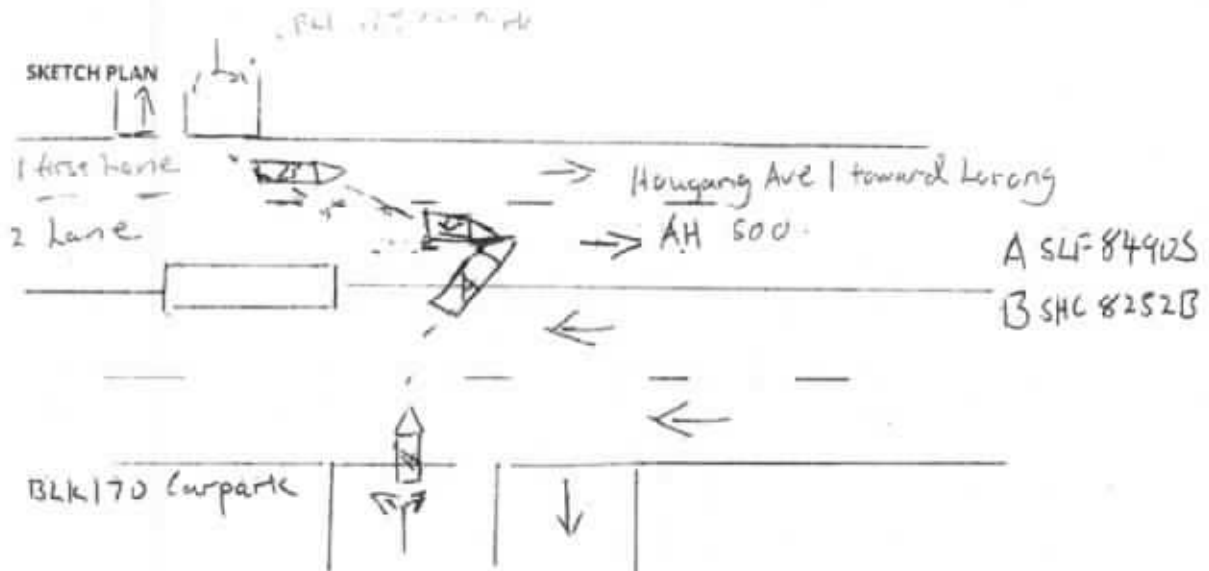
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: \_\_\_\_\_

  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: \_\_\_\_\_

**IDAC KAKI BUKIT (VAC)**  
23 KAKI BUKIT AVE 4  
Singapore 419933  
Reporting Centre  
Name: \_\_\_\_\_  
NRIC/FIN No. \_\_\_\_\_  
Tel: 67416097  
Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out from hangang Ave 1 BLK 170 carpark turning to hangang Ave 1 toward Lerong AH 500 when the incoming traffic is clear and was in my lane suddenly I got an impact from my left side front bumper and I stopped my vehicle and alighted and saw vehicle B 54C 8252B which was driving on first lane suddenly shift to my lane and collided onto my vehicle.

DECLARATION

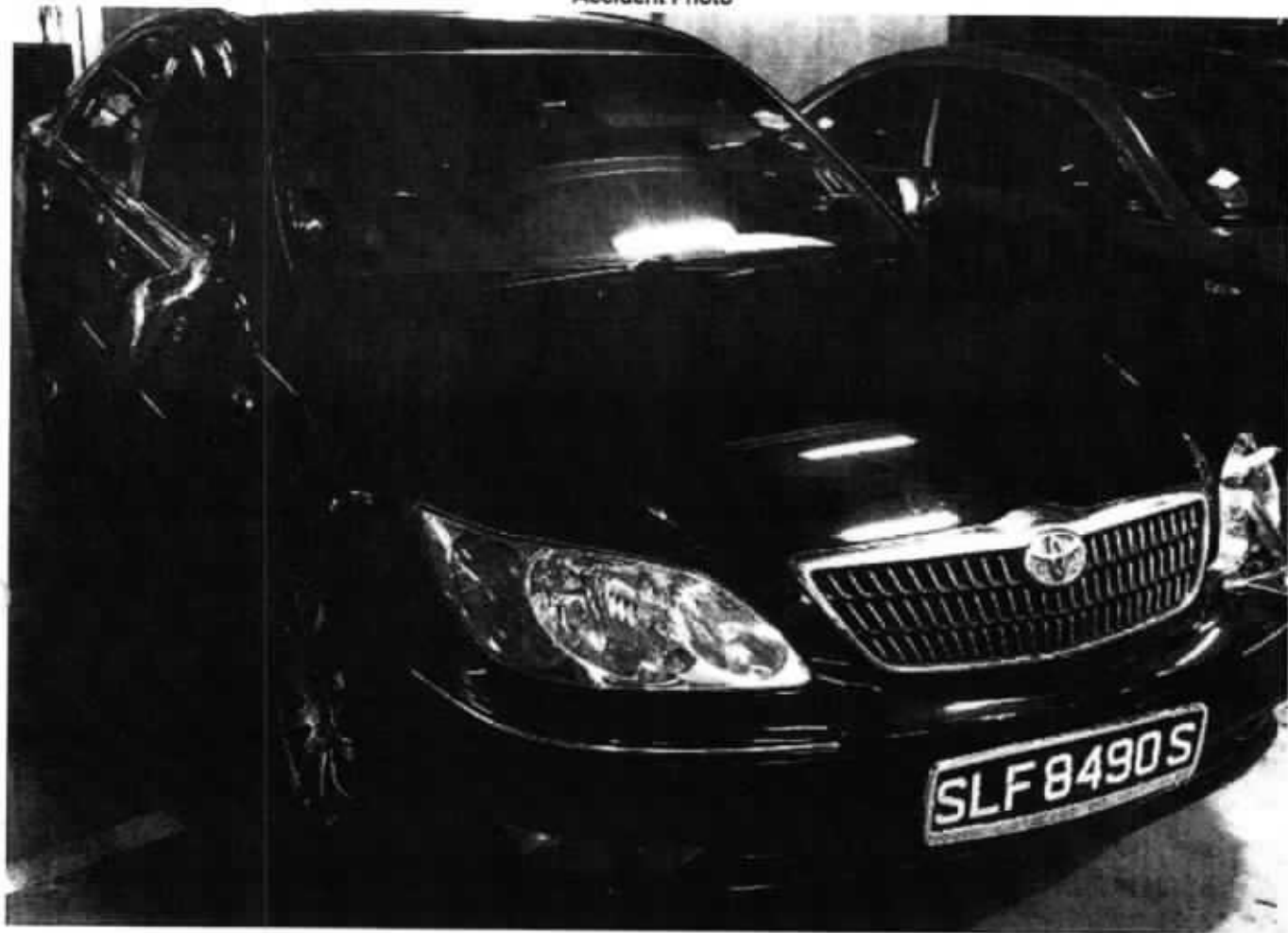
We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492300  
Email: [vackit@singnet.com.sg](mailto:vackit@singnet.com.sg)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



TOYOTA MOTOR CO., LTD.

MODEL ACV31 R-JEP VKT

ENGINE 1.2 Z-FE 1398

VIN 8F055BK3108011132

209 LG01

12-1E-03A

235 MAY 05

Accident Photo



Accident Photo



Date of Accident : 7 Oct 2018 Accident Time: 10:00 (24-HR-Format)  
Accident Place : Hougang Ave 1 towards Lorong AH 500  
Vehicle No. (Car Plate No.) : SLP 849QS Make/Model: Toyota Carry  
Insurance Company : NTUC Policy No: 5096305506  
Owner or Company Name /IC No. : SEVEN SEA LOGISTICS AND LIMO SERVICES  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 83522119 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Mohamad RaFees BIN Hurni 58607743D  
DRIVER'S Date Of Birth : 01/04/1986 DRIVER'S License Pass Date 22 JAN 2016  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 632A SENJA RD #03-165 5671632.  
DRIVER'S Contact No./ Alt No. : 1) 93973429 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR (OUTDOOR) e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : (CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only (Claim Other Party) Claim Own Insurance  
Number of Passengers (Including Driver): (5) - 4 MALE , 1 FEMALE  
Was there any video Captured by car camera (YES) NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): 01 driver

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SHC 8252B</u>	Vehicle No: _____
Vehicle Make/Model: <u>HUNDAI TAXI</u>	Vehicle Make/Model: _____
Name Driver: <u>wong kim Hong</u>	Name Driver: _____
IC No. Driver/Contact: <u>S17037121</u>	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



## SKETCH PLAN

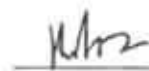
### IMPORTANT NOTICE

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: \_\_\_\_\_

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

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

AH 500

13 SHC 8252B

BLK 170 Curpark

I was driving out from hangang Ave 1 Block 170 carpark turning to hangang Ave 1 toward Lorong AH 500 when the incoming traffic is clear and was in my lane suddenly I got a impact from my left side front bumper and I stopped my vehicle and alighted and saw vehicle B HC 825213 which was driving on first lane suddenly shift to my lane and collided onto my vehicle.

## DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

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

**Certificate of Insurance**

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

Certificate Number: 5096305506

Cover : drive CLASSIC

- |  |   |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SLF84905                              |
| Chassis Number                                   | : MROS3BK3106011132                     |
| 2. Name of Policyholder                          | : SEVEN SEA LOGISTICS AND LIMO SERVICES |
| 3. Effective Date of Insurance                   | : 01 Dec 2017                           |
| 4. Expiry Date of Insurance                      | : 30 Nov 2018                           |

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

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

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

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

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

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

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue : 29 Nov 2017 15:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

CHIEF Executive Officer

**MOTOR INTEL CARS KIOSK PTE. LTD.**  
**13 Kaki Bukit Road 4**  
**#01-20, Bartley Biz Centre**  
**Singapore 417807**

**M/s: SEVEN SEA LOGISTICS AND LIMO SERVICES**  
**22 SIN MING LANE ,MIDVIEW CITY**  
**#06-76 SINGAPORE 573969**

**INVOICE**

**Reg. No : 201801416E**

**No : 1018/A004**

**Vehicle No : SLF 8490S**

**Date: 25/10/2018**

Quantity	Particulars	Amount
14 DAYS	VEHICLE RENTAL FROM 08/10/18 TO 21/10/18 ( PER DAY \$ 150 )	\$2,100.00

**TOTAL: \$2,100.00**

Issued by:



MOTOR INTEL CARS KIOSK PTE LTD



Motor Intel 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

<b>Customer:</b> SEVEN SEA LOGISTIC AND LIMO SERVICES C/O MOTOR INTEL AUTOMO PTE LTD			<b>Tax Invoice No:</b> PERFORMA INVOICE		<b>Date:</b> 16/Jan/2019	
<b>Contact Details:</b> 22 SIN MING LANE #06-76 MIDVIEW CITY SINGAPORE 573969			<b>Make and Model:</b> TOYOTA CAMRY		<b>Mode/Terms of Payment:</b> Due upon receipt	
			<b>Mileage:</b> 315686		<b>Chasis/Car Plate No:</b> SLF 8490 S	
<b>S/No:</b>	<b>Product</b>	<b>Description</b>	<b>Qty</b>	<b>Unit</b>	<b>Priced (SGD)</b>	<b>Amount (SGD)</b>
1	COST OF REPAIR	LUMP SUM REPAIR OF ACCIDENT PORTION	1	JOB	6400.00	6400.00
					<b>Sub Total (SGD)</b>	6400.00
					<b>GST 7%</b>	448.00
					<b>Total (SGD)</b>	6848.00
<b>Amount in words:</b> DOLLARS SIX THOUSAND EIGHT HUNDRED AND FORTY EIGHT ONLY.						
<b>Declaration:</b> We declare that this Tax Invoice shows the actual price of the goods described and that all particulars are true and correct.			<div style="text-align: center;"> For Motor Intel Automo Pte. Ltd. Authorized Signatory</div>			
<b>Remarks :</b>						
			<b>Receiver Chop &amp; Sign</b>			

# CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440

Email: [clappraiser@yahoo.com](mailto:clappraiser@yahoo.com) Hp: 9068 8689 Fax: 6452 9783

Reg No: 201000228E

## INVOICE

Seven Sea Logistics And Limo Services  
C/o: Motor Intel Automo Pte Ltd  
13 Kaki Bukit Road 4, #01-20  
Bartley Biz Centre, Singapore 417807

Invoice No: CL/18957

Ref No: MIA/10/1810/TP

Date: 24 October 2018

### DESCRIPTION

### AMOUNT

#### OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SLF 8490 S
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES  
(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

GRAND TOTAL

S\$ 645.00

E & O. E

All cheque payment should be "Crossed" and made payable to "CL 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 Peshurst Place, Singapore 556440  
Email: [clappraiser@yahoo.com](mailto:clappraiser@yahoo.com) Hp: 9068 8689 Fax: 6452 9783  
Reg No: 201000228E

## VEHICLE INSPECTION REPORT

To: Seven Sea Logistics And Limo Services  
C/o: Motor Intel Automo Pte Ltd  
13 Kaki Bukit Road 4, #01-20  
Bartley Biz Centre, Singapore 417807

Date : 24 October 2018  
Our ref : MIA/10/1810/TP

Accident Date : 07 October 2018  
Inspection Date : 15 October 2018  
Repairer Name : Motor Intel 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 : SLF 8490 S  
Make / Model : Toyota Camry  
Chassis No : MR053BK3106011132  
Engine No : 1AZ3186463

Year / Capacity : 2005 / 1998 cc  
Colour : Black  
Mileage : 315686

### CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Bridgestone	215/55 R17	5 mm	Sport
Front Offside	: Bridgestone	215/55 R17	5 mm	Sport
Rear Nearside	: Bridgestone	215/55 R17	5 mm	Sport
Rear Offside	: Bridgestone	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 front portion.  
(Details refer to the photographs attached)

Enclosed number of photographs: 75 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 \$ 6,400.00** on a contractual basis.

Under normal circumstances, the repair period would be about 8 (Eight) working days.



# **SCL APPRAISER PTE LTD**

Vehicle Registration No: SLF 8490 S

Our Ref No: MIA/10/1810/TP

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

## SPARE PARTS - LIST ITEMS

1	Front bonnet	Damage	\$ 1,711.00	\$ <i>1711</i> 1,711.00 <i>X</i>
1	Front bonnet lock	Damage	\$ 135.20	\$ <i>135</i> 135.20 <i>X</i>
1	Front bonnet rubber	Necessary	\$ 66.90	\$ <i>66</i> 66.90 <i>X</i>
1	Front n/s headlamp	Damage	\$ 1,046.00	\$ <i>1046</i> 1,046.00 <i>✓</i>
1	Front grille	Damage	\$ 549.80	\$ <i>549</i> 549.80 <i>✓</i>
1	Front grille logo	Necessary	\$ 68.50	\$ <i>68</i> 68.50 <i>✓</i>
1	Front bumper	Damage	\$ 523.70	\$ <i>523</i> 523.70 <i>✓</i>
1	Front bumper chrome moulding	Damage	\$ 170.60	\$ <i>170</i> 170.60 <i>✓</i>
1	Front bumper n/s fog lamp	Damage	\$ 356.80	\$ <i>356</i> 356.80 <i>✓</i>
1	Front bumper inner sponge	Damage	\$ 133.60	\$ <i>133</i> 133.60 <i>✓</i>
1	Front bumper reinforcement	Damage	\$ 435.20	\$ <i>435</i> 435.20 <i>✓</i>
2	Front bumper side retainers	Necessary	\$ 161.40	\$ <i>161</i> 161.40 <i>✓</i>
1	Front bumper undercover	Damage	\$ 89.50	\$ <i>89</i> 89.50 <i>X</i>
1	Front n/s fender	Damage	\$ 810.60	\$ <i>810</i> 810.60 <i>✓</i>
1	Front n/s fender inner shield	Damage	\$ 160.50	\$ <i>160</i> 160.50 <i>✓</i>
1	Front support panel	Damage	\$ 1,042.50	\$ <i>1042</i> 1,042.50 <i>X</i>
1	Front brace panel	Damage	\$ 110.20	\$ <i>110</i> 110.20 <i>✓</i>
1	Air con condenser	Intact	\$ 1,485.90	<i>1485</i> <i>X</i>
1	Radiator	Intact	\$ 1,689.40	<i>1689</i> <i>X</i>
			<b>\$ 10,747.30</b>	<b>\$ 7,572.00</b>
Less 25%			<b>\$ 2,686.83</b>	<b>\$ 1,893.00</b>
<b>Total Cost - List Items</b>			<b>\$ 8,060.48</b>	<b>\$ 5,679.00</b>

## SPECIAL NETT ITEMS

1	Front bumper clip (1 set)	Necessary	\$ 40.00	\$ <i>40</i> 40.00 <i>✓</i>
1	Front number plate with holder	Damage	\$ 50.00	\$ <i>50</i> 50.00 <i>✓</i>
1	Front fender inner shield clip (1 set)	Necessary	\$ 40.00	\$ <i>40</i> 40.00 <i>✓</i>
<b>Total Cost - Special Nett items</b>			<b>\$ 130.00</b>	<b>\$ 130.00</b>

*4526.9*  
*3398.17*

**Total cost of parts**

**\$ 8,190.48    \$ 5,809.00**



Vehicle Registration No: SLF 8490 S

Our Ref No: MIA/10/1810/TP

S/No	Description	Repairer's Estimate	Revised Amount
	<b>Total cost of parts c/f</b>	<b>\$ 8,190.48</b>	<b>\$ 5,809.00</b>

### LABOUR

1	To check wiring , lighting and resetting headlamps focussing.	\$ 80.00	\$ 50.00 <i>30</i>
2	To remove and refit air-con condenser, vaccum, refill gas and conduct leakage test.	\$ 180.00	\$ <sup>11</sup> 120.00 <i>X</i>
3	To apply undercoating on repaired and replaced panel.	\$ 150.00	\$ 90.00 <i>60</i>
4	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.	\$ 1,400.00	\$ 1,000.00 <i>600</i>
5	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,200.00	\$ 880.00 <i>800</i>

### **GRAND TOTAL**

<b>\$ 11,200.48</b>	<b>\$ 7,949.00</b>
---------------------	--------------------

# C L APPRAISER PTE LTD

Vehicle Registration No: SLF 8490 S

Our Ref No: MLA/10/1810/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 : \$ 6,400.00**

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 deem to be vaild.

## 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



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
INDIA INTERNATIONAL INSURANCE PL			Ref : CS3/III18018634/Utd3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711			Date : 21-03-2019	
			Code : III2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 8252B	Veh. Inspected	SLF 8490S	
Policy No.	MC000015	Coverage (\$)	0.00	
Claim No.	MCT18100219	Excess (\$)	0.00	
Assign From	STANLEY LAI	Assign Date	11/03/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA CAMRY (A)	c.c	1998	
Engine No.	HIDDEN	Year of Reg.	2005	
Chassis No.	MR053BK3106011132	Colour	BLACK	
Odometer	315686	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/65 R17	BRIDGESTONE	6 mm	
L/H Front Tyre	215/65 R17	BRIDGESTONE	6 mm	
R/H Rear Tyre	215/65 R17	BRIDGESTONE	6 mm	
L/H Rear Tyre	215/65 R17	BRIDGESTONE	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	07/10/2018	Inspection Date	15/10/2018	
Survey held at	MOTOR INTEL AUTOMO PTE LTD 13 KAKI BUKIT ROAD 4 @ BARTLEY BIZ CENTRE #01-20 SINGAPORE 147807			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLF 8490S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BONNET	TO REPAIR SEE LABOUR	1,711.00	-
1	FRONT BONNET LOCK	NOT NECESSARY	135.20	-
1	FRONT BONNET RUBBER	NOT NECESSARY	66.90	-
1	FRONT N/S HEADLAMP	CRACKED	1,046.00	1,046.00
1	FRONT GRILLE	CRACKED	549.80	549.80
1	FRONT GRILLE LOGO	NECESSARY	68.50	68.50
1	FRONT BUMPER	DISTORTED	523.70	523.70
1	FRONT BUMPER CHROME MOULDING	NECESSARY	170.60	170.60
1	FRONT BUMPER N/S FOG LAMP	CRACKED	356.80	356.80
1	FRONT BUMPER INNER SPONGE	TORN	133.60	133.60
1	FRONT BUMPER REINFORCEMENT	BENT	435.20	435.20
2	FRONT BUMPER SIDE RETAINERS	BENT	161.40	161.40
1	FRONT BUMPER UNDERCOVER	NOT NECESSARY	89.50	-
1	FRONT N/S FENDER	BUCKLED	810.60	810.60
1	FRONT N/S FENDER INNER SHIELD	TORN	160.50	160.50
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	1,042.50	-
1	FRONT BRACE PANEL	TWISTED	110.20	110.20
1	AIR CON CONDENSER	NOT NECESSARY	1,485.90	-
1	RADIATOR	NOT NECESSARY	1,689.40	-
	LESS 25% DISCOUNT		-2,686.83	-1,131.73
			8,060.47	3,395.17
<b>SPECIAL NETT ITEMS</b>				
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	40.00	40.00
1	FRONT NUMBER PLATE WITH HOLDER (SN)	CRACKED	50.00	40.00
1	SET FRONT FENDER INNER SHIELD CLIP (SN)	NECESSARY	40.00	40.00
			130.00	120.00
<b>LABOUR</b>				
	TO CHECK WIRING, LIGHTING AND RESETTNG HEADLAMPS FOCUSING.		80.00	30.00

Report Ref No. CS3/III18018634/Utd3e2-1



## 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. 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REFIT AIR-CON CONDENSER, VACUUM, REFILL GAS AND CONDUCT LEAKAGE TEST.	NOT NECESSARY	180.00	-
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		150.00	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 OF THE REPAIR OF FRONT BONNET AND FRONT SUPPORT PANEL.		1,400.00	600.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,200.00	800.00
			3,010.00	1,490.00
GRAND TOTAL			11,200.47	5,005.17

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,000.00
--	--	--	--	----------

Report Ref No. CS3/III18018634/Utd3e2-1

CHUA KANG SENG

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.