

27/03/2000

ASS. REC. BY: _____ REF: CS3/III 8022380/Tt+d3⁵²⁻¹ ...al instruction: _____

Surveyor: Taukiah ASSIGNMENT (Office)

From (Person): Stanley Lui of III Date/Time: 04/04/2019

#Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No.: SDM 9831T Insured: SHC 1535G

at Workshop n/a: BM workshop Tel: 8288 2568

of Blk 1009, Bkt Meruh Lane 3 #01-86

Policy No.: _____ Claim No.: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 5/12/18
(Client's Record)

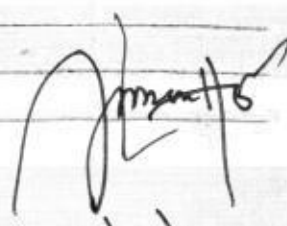
CA / REV / REP. / REV 24 HRS

Date/Time: 4:40pm 12/12/18 Person Contacted: Yen H.O.D. Endorsement: _____

Vehicle: IN OUT

Date/Time	Action/Instruction (x) Estimate
	SDM 9831T - CC4/III 18021139/pb3 DOA: 20/1/18
	SHC 1535G - CS/III 16006180/Alghna DOA: 2/4/16
12/12/18	Vehicle not In yet
	After repair: 24/12/2018 1:55pm
	Dismantle: 21/12/2018 11:34am

Submit lump sum \$5750. (Red: 3250/36%)
5 days


11/4/2019

114- File pass to typist.

450-

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SDM 9831T Yr Regn: 2011 June

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

Truck / Trailer or

Make:

BMW 523i

cc. 2497

Colour:

Grey

A/C. Insured / Std / NI / NA

Sp. Reading

210404

T/Radio. Insured / Std / NI / NA

Eng/No:

C/No:

WISAFPS2030C866/93

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size:

F:

225/55R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

C

mm

L/Bal.

6

mm

L/Bal.

C

mm

D.O.A.

D.O.I.

13/12/15 1715

Survey held at

BMW Workshop

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S+RS St

) Photos

) Others

TOTAL

Report Format :

PRQ

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Thursday, 4 April 2019 5:19 PM
To: Admin-D (LKKAuto); 'sur@lkkauto.com'
Cc: Manivel Priyadarshini; Mekavathanan Sarangapani; Hsiao Tong (chewht@lkkauto.com); Olivia Lau (olivialau@lkkauto.com)
Subject: RE: MCt18120112

Dear Sir/Mdm,

Rights granted in Merimen for the above LOD. Kindly proceed with the paper survey.

TP Veh No. : SDM9831T

Warmest regards,

Stanley Lai

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

S&P 'A-' rated Company



From: Mekavathanan Sarangapani
Sent: Saturday, 30 March, 2019 1:24 PM
To: Hsiao Tong (chewht@lkkauto.com) <chewht@lkkauto.com>; Olivia Lau (olivialau@lkkauto.com) <olivialau@lkkauto.com>
Cc: Stanley Lai <stanley.lai@iii.com.sg>; Manivel Priyadarshini <manivel@iii.com.sg>
Subject: MCt18120112

LKK team - recd LOD for S\$ 9K costs of repairs for tis 2011 BMS with practically no damage to its rear .

Stanley will fwd LOD from this workshop. CCTV footage from our client to LLK .

Please do the necessary – PRI done at your end , paper survey . Light impact – Insured merely roll fwd and hit TP vehicle gently.

MCT/18/20112

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

Stanley Lai

From: Stanley Lai
Sent: Thursday, 28 March, 2019 2:06 PM
To: 'JB GEM'
Cc: Mekavathanan Sarangapani; Manivel Priyadarshini
Subject: [YOUR REF: VCS/SDM 9831T/BMW/PD] [III REF: MCT18120112] | ACD INVL SHC1535G (III) & SDM9831T ON 05/12/2018

Dear Sirs,

We are in receipt of your letter of demand dated 22/03/2019 which is receiving our attention.

III REF: MCT18120112

Claims Officer: Ms. Priya

In the meanwhile, if your client is claiming for injuries and is considering claiming for paid wages, please provide a letter from his/her employers confirming the following:

- a. A letter from your client's employers confirming whether your client was paid wages during his/her medical leave period and they did not indemnify him/her medical expenses if he/she is claiming for injuries
- b. Medical certificate(s) showing that the Plaintiff was on medical leave as claimed if he/she is claiming for injuries
- c. Whether your client has made a WICA claim under Ministry of Manpower if he/she is claiming for injuries

Kindly note that we are preserving our rights to conduct a medical re-examination on your client where necessary.

Thank you.

Warmest regards,

Stanley Lai

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

S&P 'A-' rated Company



BM
Wong Ah
VCS

VEHICLE CLAIMS SPECIALIST PTE LTD

6A SHENTON WAY #04-02 to 08 OUE DOWNTOWN GALLERY
SINGAPORE 068815

Email: VCSSG01@GMAIL.COM



Your Reference: SHC 1535G

Our Reference: VCS/SDM 9831T/BMW/PD

WITHOUT PREJUDICE

Date: 22 MAR 2019

INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street
#04/06-00 IOB Building
Singapore 049711

BY HAND

Attention: Motor Claims Department

Dear Sirs

ROAD TRAFFIC ACCIDENT INVOLVING VEHICLES NOS. SDM 9831T AND SHC 1535G AT JUNCTION OF COMMONWEALTH DRIVE & TANGLIN HALT ROAD ON 5th DECEMBER 2018 AT ABOUT 1100 HOURS

We represent for ANG SAY HENG, the owner of motor vehicle SDM 9831T.

We are instructed by ANG SAY HENG, to claim damages against your insured in connection with a road traffic accident on 5th December 2018 at about 1100 hours at junction of Commonwealth Drive & Tanglin Halt Road involving our customer's vehicle registration number SDM 9831T and vehicle registration number SHC 1535G driven by your insured at the material time.

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

(a)	Cost of repairs	\$ 9,630.00
(b)	Loss of Use (\$200 x 11 days)	\$ 2,200.00
(c)	Survey Fee	\$ 500.00
(d)	LTA / GIA search fee	\$ 37.00
(e)	Incidentals	\$ 100.00
(f)	Costs and disbursements	\$ 1,200.00

TOTAL

SS 13,667.00

MC 7/18/2011 2.
Png 27/3/2011



VEHICLE CLAIMS SPECIALIST PTE LTD UEN No. 201802773H
6A SHENTON WAY #04-02 to 08 OUE DOWNTOWN GALLERY
SINGAPORE 068815
Email: VCSSG01@GMAIL.COM

Page 2

Your Reference: SHC 1535G

Our Reference: VCS/SDM 9831T/BMW/PD

Date: 22 MAR 2019

A copy each of the supporting documents is enclosed:

- (a) Accident report / Police report of our client;
- (b) Repair bill from B M Workshop Pte Ltd;
- (c) LTA search of your insured vehicle;
- (d) Invoice and Survey Report, inclusive of **colour copy** photographs of our client's damaged vehicle

Please note that you should send us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to refer the matter to solicitors commence legal proceedings against your insured without further notice to you or your insured. As we aware, your costs in this case will escalate.

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

Yours faithfully



VCS
Encs

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 05/12/2018 14:15
Date Of Accident 05/12/2018 11:00
Exact Location Of Accident JUNCTION OF COMMONWEALTH DR & TANGLIN HALT RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDM9831T
Insured/Policyholder
Name Of Registered Owner ANG SAY HENG
NRIC No S1117265B
Email Address ANGROGER@ACOT.COM.SG
Mobile Phone No (LOCAL) +65-96687631
Alternative Phone No OFFICE-96687631

Vehicle Particulars

Manufacturer BMW
Model 523i-2.5 (A)

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

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number MT103849
Cover Note Number

Driver

Name of Driver ANG SAY HENG
NRIC No S1117265B
Date Of Birth 24/01/1955
Occupation INDOOR
Date Of Driving Pass 06/12/1980
Driving Experience 37 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96687631
Fax Number
Contact Number OFFICE-96687631
Email Address ANGROGER@ACOT.COM.SG

Address 10 JALAN MAS PUTEH
Postcode 128616
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 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
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance NO
Number of Passengers (including Driver) 1

Details of Police Action

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

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1535G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)


SKETCH PLAN

IMPORTANT NOTICE

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

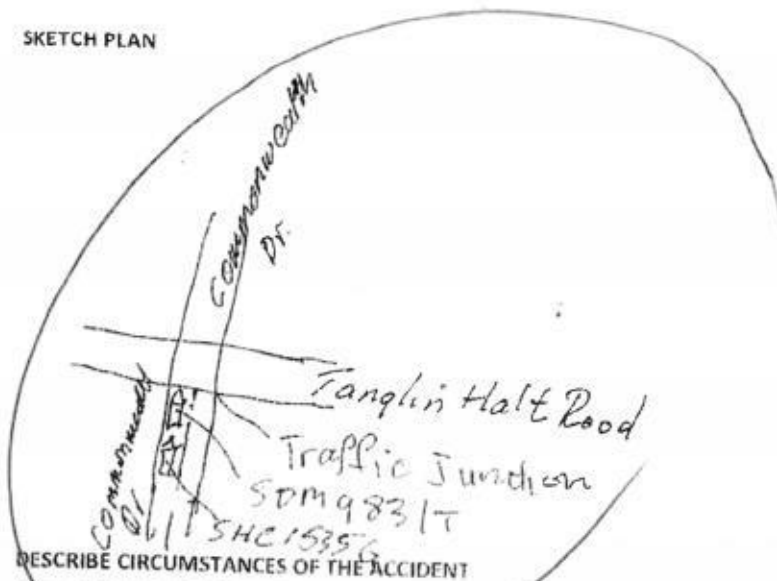

Policyholder's Signature
Date & Time:

5/2/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SDM 9831T ACCIDENT DATE & TIME: 5/12/18 11.00 am
 CONTACT NUMBER: 96689631 E MAIL ADDRESS: angroger@aot.com.sg
 LOCATION: traffic junction of Commonwealth Dr. and Tanglin Halt Rd

I was at the ^{traffic} junction of Commonwealth Dr and Tanglin Halt Road waiting for the light to change to green when a white colored taxi collided into the back of my car.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☐ Claim Own Policy

☒ Claim Third Party

☐ Claim OD/TP at other workshop

☐ Reporting Only

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

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	05/12/2018 15:32
Date Of Accident	05/12/2018 11:00
Exact Location Of Accident	COMMONWEALTH DRIVE BEFORE TANGLIN HALT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1535G
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

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	LEE KIM TOONG (LI JINDUN)
NRIC No	S7204976D
Date Of Birth	13/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	18/07/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87824976
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 36 TANGLIN HALT ROAD #10-75
Postcode	141036
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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)	1

Details of Police Action

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

Circumstances of Accident

REFER ATTACHED

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	SDM9831T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SAY HENG
NRIC/Passport Number	S1117265B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

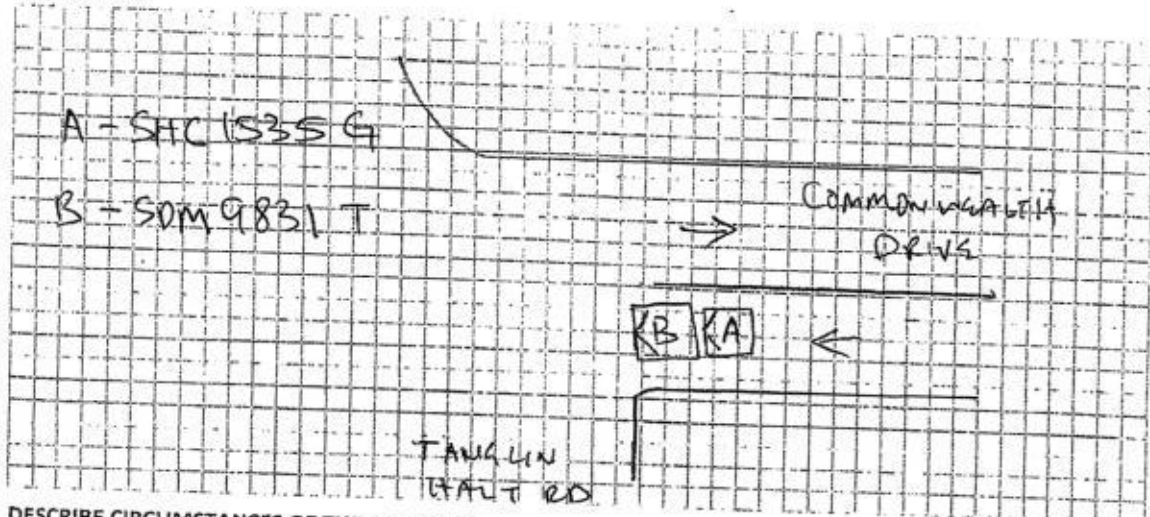
Driver's Signature
(If driver is not the policyholder)

Date & Time: 05.12.2018

1430hrs

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05.12.2018 at about 1100 hrs, I stopped my taxi, SHC 1535 G, behind a car, B. While stationary my taxi slowly rolled forward and lightly hit the front car, B. Slight damage to both vehicles.

No fax in my fax. No injury. Clear weather.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.12.2018 11.00

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



Enquire Vehicle & Owner Information (Vehicle No. SHC1535G As At 05 Dec 2018 / 11:00:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: VCS/SDM9831T/BMW/PD

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.: SHC1535G
Make Description/Model: MERCEDES BENZ / E 220 CDI BLUEEFFICIENCY
Insurance Company Name: INDIA INT'L INS PTE LTD

Print

OK



Thank you

Hariram Gopalakrishnan has successfully logged out.

Your last login date and time was 10 Dec 2018, 15:54:44.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount (\$\$)	Log Date/Time
1	Vehicle	SHC1535G	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	10 Dec 2018 / 15:56:15

2011 BMW

657

CO / GST REG NO. 200515848K

05-Dec-2018

B M WORKSHOP PTE LTD



INVOICE

TO : ANG SAY HENG
C/O: B M WORKSHOP PTE LTD
BLK 1009 BUKIT MERAH LANE 3 #01-86
SINGAPORE 159724

Invoice No.: 1218/BM909
Date: 30-Dec-2018

PARTICULARS

Vehicle Registration No.: SDM 9831 T
Date of Loss: 05-Dec-2018
Date of Assessment: 17-Dec-2018

SERVICES

1. Assessment with report Photographs -
Including films, developing, storage and Transport.

FEES

\$500.00

TOTAL \$500.00

SINGAPORE DOLLARS FIVE HUNDRED ONLY

We would appreciate your cheque crossed and made payable to:
"AEON AUTO CONSULTANTS LLP" with our invoice no. written on the back of the cheque.

AEON AUTO CONSULTANTS LLP



AEON AUTO CONSULTANTS LLP

50 Chin Swee Road #09-04 Thong Chai Building Singapore 169874
Telephone +65 97687958 Facsimile +65 68264112 Email amas@aeonac.com
Reg. No. LL0701273L (registered with limited liability)

AUTOMOBILE ASSESSMENT REPORT

TO: ANG SAY HENG
C/O: B M WORKSHOP PTE LTD
BLK 1009 BUKIT MERAH LANE 3 #01-86
SINGAPORE 159724

Our Reference: 1218/BM909
Date: 30-Dec-2018

ASSESSMENT OF VEHICLE NO. SDM 9831 T

DATE OF LOSS: 05-Dec-2018

We have carried out a physical assessment at B M WORKSHOP PTE LTD,
Blk 1010 Bukit Merah Lane 3 #01-111, Singapore 159724, according to your instruction
on 17-Dec-2018 and are pleased to submit our report herewith.

1. VEHICLE PARTICULARS

Registration No.: SDM 9831 T
Make & Model: BMW 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
Year of Registration: 2011
Engine Capacity: 2497
Chassis No.: WBAFP32030C866193
Engine No.: 09057745N52B25AF
Colour: GREY
Mileage (km): 210404

2. VEHICLE CONDITION

Body Paint: GOOD
Steering: SERVICEABLE
Foot Brake: SERVICEABLE
Parking Brake: SERVICEABLE
Modification: NIL

3. TYRE PARTICULARS & CONDITION

Front
RH Make/Size/Thread: MICHELIN 225/55 R17 – 65%
LH Make/Size/Thread: MICHELIN 225/55 R17 – 65%

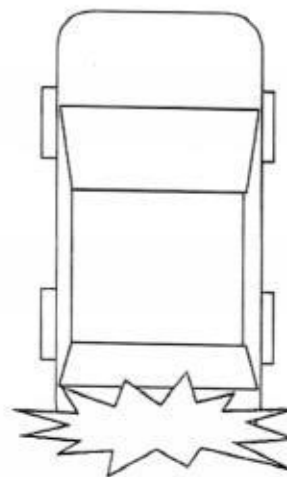
Rear
RH Make/Size/Thread: MICHELIN 225/55 R17 – 65%
LH Make/Size/Thread: MICHELIN 225/55 R17 – 65%

4. DESCRIPTION OF DAMAGE

At the time of the inspection, the vehicle sustained damages to the REAR portion.

5. REMARKS

Market Value:	Na
Salvage Value:	Na
Repair Limit:	Na
Estimated Amount:	\$17,736.60
Adjusted Amount:	\$13,126.70
Lump Sum:	\$9,000.00
Estimated Repair Days:	8 days



Pursuant to your instruction, we have **NOT AUTHORISED** repair.
The assessment was conducted on a "**Without Prejudice**" basis.
If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by Aeon Auto Consultants LLP for any reliance on this report by any third party.

ASSESSMENT REPORT FOR VEHICLE NO. SDM 9831 T

PARTS (LIST ITEMS)

Qty	Description	Condition	Workshop's Estimate	Our Assessment
1	REAR BOOTLID	Bent	1,602.40	1,602.40
1	REAR BOOTLID '523I' EMBLEM	Necessary	62.55	62.55
1	REAR BOOTLID 'LOGO' EMBLEM	Necessary	69.50	69.50
2	REAR BOOTLID HINGES L/R	Repair	227.30	-
1	REAR BOOTLID INNER UPHOLSTERY TRIM	Cracked	95.25	95.25
1	REAR BOOTLID LOCK ACTUATOR	Bent	586.65	586.65
1	REAR BOOTLID MECHANISM LOCK	Bent	425.35	425.35
2	REAR BOOTLID NUMBER PLATE LAMP L/R	Repair	49.70	-
1	REAR BOOTLID OUTER LOCK HANDLE SWITCH	Faulty <i>shorted</i>	47.20	47.20
6	REAR BOOTLID REFLECTOR LAMP CLIPS L/R <i>LH</i>	Necessary	<i>19.50</i> 39.00	-39.00
2	REAR BOOTLID REFLECTOR LAMP L/R <i>LH</i>	Cracked	<i>338</i> 676.00	676.00
2	REAR BOOTLID RUBBER GUIDE STOPPER	Bent	173.80	173.80
1	REAR BOOTLID SWITCH	Faulty	68.25	68.25
1	REAR BOOTLID WEATHER STRIP	Cut	115.25	115.25
2	REAR FENDER INNER SHIELD L/R	Repair	317.80	-
2	REAR TAILLAMP L/R <i>LH</i>	Cracked	<i>572.25</i> 1,144.50	1,144.50
8	REAR TAILLAMP CLIPS L/R <i>LH</i>	Necessary	<i>26</i> 52.00	52.00
2	REAR TAILLAMP SIDE GARNISH L/R	Necessary	53.60	53.60
2	REAR TAILLAMP INNER PANEL L/R	Repair	471.00	-
1	REAR BUMPER	Cracked	1,467.20	1,467.20
1	REAR BUMPER CENTER LOWER RETAINER	Cracked	58.95	58.95
1	REAR BUMPER CENTER TOP RETAINER	Cracked	67.35	67.35
2	REAR BUMPER REFLECTOR L/R	Necessary	70.40	70.40
1	REAR BUMPER REINFORCEMENT	Bent	714.25	714.25
<i>4/2</i>	REAR BUMPER REVERSE SENSOR	Faulty	<i>473.70</i> 947.40	947.40
<i>4/2</i>	REAR BUMPER REVERSE SENSOR HOLDER	Cracked	<i>125.9</i> 251.80	251.80
<i>4/2</i>	REAR BUMPER REVERSE SENSOR RUBBER SEAL	Necessary	<i>30.1</i> 60.20	60.20
1	REAR BUMPER REVERSE SENSOR WIRE HARNESS - SET	Repair	254.85	-
2	REAR BUMPER SIDE RETAINER L/R	Bent	285.10	285.10
1	REAR BUMPER TOW HOOK COVER	Necessary	46.45	46.45
1	REAR BUMPER RH LOWER UNDER COVER	Cracked	84.20	84.20
1	REAR END PANEL INNER TOP GARNISH	Cut	112.70	112.70
6	REAR END PANEL INNER TOP GARNISH CLIPS	Necessary	39.00	39.00
1	REAR END PANEL LOCK STRIKER	Bent	52.25	52.25
1	REAR END PANEL OUTER BOOTLID ANTENNA SENSOR	Faulty <i>NO PIC</i>	82.60	82.60
1	REAR END PANEL	Repair	817.30	-
1	SPARE TYRE PANEL INNER TOP STORAGE BOARD	Repair	283.90	-
1	REAR EXHAUST ALUMINIUM HEAT SHIELD	Repair	130.15	-
1	REAR EXHAUST GASKET	Reuse	34.05	-
3	REAR EXHAUST RUBBER MOUNTING	Repair	87.75	-
1	REAR EXHAUST SILENCER BOX	Repair	1,526.10	-
1	REAR EXHAUST END CHROME PIPE	Bent	130.55	130.55
			13,881.60	9,681.70
Less 0% discount			-	-
Parts Total:			13,881.60	9,681.70

ASSESSMENT REPORT FOR VEHICLE NO. SDM 9831 T

SPECIAL NETT ITEMS

1	REAR BOOTLID INNER UPHOLSTERY TRIM CLIPS - SET	Necessary	30.00	NEGV	30.00
1	REAR BOOTLID NUMBER PLATE	Necessary	25.00	NNX	25.00
1	REAR BOOTLID NUMBER PLATE HOLDER	Bent	50.00	NNX	50.00
2	REAR FENDER INNER SHIELD CLIPS L/R - SET	Cracked NO PIC	60.00	NNX	60.00
2	REAR FENDER INNER UPHOLSTERY BOARD CLIPS L/R - SET	Necessary NO PIC	60.00	NNX	60.00
1	REAR BUMPER CLIPS - SET	Necessary	50.00	NEGV	50.00
Special Nett Total :			275.00		275.00

LABOUR

S/N	Description	Workshop's Estimate	Our Assessment
1	To remove, reinstall electrical wiring harness, check lighting and rewire for parking sensor.	140.00	60.00 120.00
2	To remove, reinstall top trim upholstery, cushion seat, trim garnish, trim liner carpet.	140.00	60.00 120.00
3	To reset system after repair works,	500.00	100.00 400.00
4	To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident. To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident.	1,200.00	600.00 1,100.00
5		1,500.00	800.00 1,350.00
6	To apply anti-rust chemical on repaired and replaced panel.	100.00	60.00 80.00
Labour Total :		3,580.00	3,170.00
TOTAL (PARTS & LABOUR) \$		17,736.60	13,126.70

The workshop has agreed to undertake the repair on a Lump Sum basis.

The final adjusted Lump Sum contract amount is

\$9,000.00

(SINGAPORE DOLLARS NINE THOUSAND ONLY)



Amas Ong
 Automobile Assessor




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/III18022380/T1td3s2-1		
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 11-04-2019		
		Code : III2		
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)				
Insured Veh.	SHC 1535G	Veh. Inspected	SDM 9831T	
Policy No.	MCOM0015	Coverage (\$)	0.00	
Claim No.	MCT18120112	Excess (\$)	0.00	
Assign From	STANLEY LAI	Assign Date	04/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	B.M.W. 523I	c.c	2497	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	WBAFP32030C866193	Colour	GREY	
Odometer	210404	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/55R17	MICHELIN	6 mm	
L/H Front Tyre	225/55R17	MICHELIN	6 mm	
R/H Rear Tyre	225/55R17	MICHELIN	6 mm	
L/H Rear Tyre	225/55R17	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	05/12/2019	Inspection Date	17/11/2018	
Survey held at	B M WORKSHOP BLK 1009 BUKIT MERAH LANE B #01-86 SINGAPORE 159723			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDM 9831T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BOOTLID	BENT	1,602.40	1,602.40
1	REAR BOOTLID '523I' EMBLEM	NECESSARY	62.55	62.55
1	REAR BOOTLID 'LOGO' EMBLEM	NECESSARY	69.50	69.50
2	REAR BOOTLID HINGES L/R	TO REPAIR SEE LABOUR	227.30	-
1	REAR BOOTLID INNER UPHOLSTERY TRIM	NOT NECESSARY	95.25	-
1	REAR BOOTLID LOCK ACTUATOR	NOT NECESSARY	586.65	-
1	REAR BOOTLID MECHANISM LOCK	NOT NECESSARY	425.35	-
2	REAR BOOTLID NUMBER PLATE LAMP L/R	TO REPAIR SEE LABOUR	49.70	-
1	REAR BOOTLID OUTER LOCK HANDLE SWITCH	SHORT CIRCUIT	47.20	47.20
6	REAR BOOTLID REFLECTOR LAMP CLIPS L/R	N/S NECESSARY	39.00	19.50
2	REAR BOOTLID REFLECTOR LAMP L/R	N/S SCRATCHED	676.00	338.00
2	REAR BOOTLID RUBBER GUIDE STOPPER	NOT NECESSARY	173.80	-
1	REAR BOOTLID SWITCH	NOT NECESSARY	68.25	-
1	REAR BOOTLID WEATHER STRIP	NOT NECESSARY	115.25	-
2	REAR FENDER INNER SHIELD L/R	TO REPAIR SEE LABOUR	317.80	-
2	REAR TAILLAMP L/R	N/S SCRATCHED	1,144.50	572.25
8	REAR TAILLAMP CLIPS L/R	N/S NECESSARY	52.00	26.00
2	REAR TAILLAMP SIDE GARNISH L/R	NOT NECESSARY	53.60	-
2	REAR TAILLAMP INNER PANEL L/R	TO REPAIR SEE LABOUR	471.00	-
1	REAR BUMPER	DENTED	1,467.20	1,467.20
1	REAR BUMPER CENTER LOWER RETAINER	BENT	58.95	58.95
1	REAR BUMPER CENTER TOP RETAINER	BENT	67.35	67.35
2	REAR BUMPER REFLECTOR L/R	NOT NECESSARY	70.40	-
1	REAR BUMPER REINFORCEMENT	BENT	714.25	714.25
4	REAR BUMPER REVERSE SENSOR	CUT 2PCS ONLY	947.40	473.70
4	REAR BUMPER REVERSE SENSOR HOLDER	CUT 2PCS ONLY	251.80	125.90
4	REAR BUMPER REVERSE SENSOR RUBBER SEAL	NECESSARY 2PCS ONLY	60.20	30.10
1	SET REAR BUMPER REVERSE SENSOR WIRE HARNESS	TO REPAIR SEE LABOUR	254.85	-
2	REAR BUMPER SIDE RETAINER L/R	NECESSARY	285.10	285.10
1	REAR BUMPER TOW HOOK COVER	NOT NECESSARY	46.45	-

Report Ref No. CS3/III18022380/T1td3s2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER RH LOWER UNDER COVER	CRACKED	84.20	84.20
1	REAR END PANEL INNER TOP GARNISH	NOT NECESSARY	112.70	-
6	REAR END PANEL INNER TOP GARNISH CLIPS	NOT NECESSARY	39.00	-
1	REAR END PANEL LOCK STRIKER	NOT NECESSARY	52.25	-
1	REAR END PANEL OUTER BOOTLID ANTENNA SENSOR	NOT NECESSARY	82.60	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	817.30	-
1	SPARE TYRE PANEL INNER TOP STORAGE BOARD	TO REPAIR SEE LABOUR	283.90	-
1	REAR EXHAUST ALUMINIUM HEAT SHIELD	TO REPAIR SEE LABOUR	130.15	-
1	REAR EXHAUST GASKET	REUSE	34.05	-
3	REAR EXHAUST RUBBER MOUNTING	TO REPAIR SEE LABOUR	87.75	-
1	REAR EXHAUST SILENCER BOX	TO REPAIR SEE LABOUR	1,526.10	-
1	REAR EXHAUST END CHROME PIPE	NOT NECESSARY	130.55	-
	LESS 10% DISCOUNT		-	-604.42
			13,881.60	5,439.73
	<u>SPECIAL NETT ITEMS</u>			
1	SET REAR BOOTLID INNER UPHOLSTERY TRIM CLIPS (SN)	NECESSARY	30.00	30.00
1	REAR BOOTLID NUMBER PLATE (SN)	NOT NECESSARY	25.00	-
1	REAR BOOTLID NUMBER PLATE HOLDER (SN)	NOT NECESSARY	50.00	-
2	SET REAR FENDER INNER SHIELD CLIPS L/R (SN)	NOT NECESSARY	60.00	-
2	SET REAR FENDER INNER UPHOLSTERY BOARD CLIPS L/R (SN)	NOT NECESSARY	60.00	-
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	50.00
			275.00	80.00
	<u>LABOUR</u>			
	TO REMOVE, REINSTALL ELECTRICAL WIRING HARNESS, CHECK LIGHTING AND REWIRE FOR PARKING SENSOR.		140.00	60.00
	TO REMOVE, REINSTALL TOP TRIM UPHOLSTERY, CUSHION SEAT, TRIM GARNISH, TRIM LINER CARPET.		140.00	60.00
	TO RESET SYSTEM AFTER REPAIR WORKS.		500.00	100.00
	TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT.		1,200.00	600.00

Report Ref No. CS3/III18022380/T1td3s2-1



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Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, RE-CONSTRUCT AND RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR BOOTLID HINGES L/R, REAR BOOTLID NUMBER PLATE LAMP L/R, REAR FENDER INNER SHIELD L/R, REAR TAILLAMP INNER PANEL L/R, SET REAR BUMPER REVERSE SENSOR WIRE HARNESS, REAR END PANEL, SPARE TYRE PANEL INNER TOP STORAGE BOARD, REAR EXHAUST ALUMINIUM HEAT SHIELD, REAR EXHAUST RUBBER MOUNTING } AND REAR EXHAUST SILENCER BOX. }		1,500.00	800.00
	TO APPLY ANTI-RUST CHEMICAL ON REPAIRED AND REPLACED PANEL.		100.00	60.00
			3,580.00	1,680.00
	GRAND TOTAL		17,736.60	7,199.73
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,750.00

Report Ref No. CS3/III18022380/T1td3s2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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