

ASS. REC. BY: Mr. Tim REF: C93/III19000370/Btd3-1 Instructions: _____

Surveyor: Gabriel Wee ASSIGNMENT (Office) of III Date/Time: 12/04/2019

Estimated Cost: _____ Bill to: _____

OD ☒ TP ☒ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐ CS

To Inspect Vehicle No: S/F 5181C Insured: SH 8872E

at Workshop m/s: JL Auto Service Tel: 9188 5495

of: Blk 3006 Ubi Rd 1 #01-346

Policy No: MCOM0015 Claim No: MCT18120643

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A: 20/12/18

(Client's Record)

CA / REV / REP. / REV 24 HRS: cup 21/01/2019 @ 11am-12pm

Date/Time: 4:47pm @ 4/1/19 Person Contacted: Alfred Vehicle IN/OUT: IN

Date/Time: _____ Action/Instruction (X) Estimate

_____ S/F 5181C - NA/INQ8023067/K4 DVA 20/12/18

_____ SH 8872E - NA/INQ8023067/K4 DVA 20/12/18

_____ After repair: 24/1/2019 @ 09:26PM

12/4/19 - pending Ins. Gra

_____ lump sum \$2200f (Red: 1300f / 37%) 4days

21/5 - Prepass to typist.

RECEIVED 21 MAY 2019


17/5/2019

250+10 = 260

260-130 = 130

INDIA

S.V.M. VI

Date

22/1/19

Estimated cost

O/R / TP / WS / TP / RS / OH / RS / EVS / HW / MV

Engine / Model No. SJF 5151 C

Wheel / Type JL A-17

No. of Tyres 4 R/O 4-17 246

No. of 12

Engine No.

Chassis No.

Insured

Excess

If Insured by

Make of V/R

Place of condition

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



Date of Market Value

RUC / Accident Report Consistent? Yes or No

O/R / TP / WS Consistent? Yes or No

Est. Expense days Res. Yes or No

Time taken % 3 Val. Yes or No

CA / REV / REP / 24 HRS

Vehicle IN / OUT

Date Portion Conducted

Date Time Action / Instruction

No. of

22/1/19

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

Truck / Trailer or

Make TOYOTA / EXNOVA / GY / FS / LIZA / MIC / OHTSU / (M/R) SUMI /

Color BLACK As Insured / Std / HI / NA

Top / Reading 22/1/19 As Insured / Std / HI / NA

Engine 22/1/19

Chassis 22/1/19

Gear / Cond Good / Fair / Poor / Burnt

Clutch / Order / Jammed / Leaked / Burnt or

Brake / Order / Jammed / Leaked / Burnt or

Mod. Nil / SPRIN / STD / R/R or

Tyre Size E: 22/1/19

R: 22/1/19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / (M/R) SUMI /

TOYO / YOKO or

Front

Rear

R/Rat 5 mm R/Rat 5 mm

L/Rat 5 mm L/Rat 5 mm

D.O.A. 22/1/19 D.O. 22/1/19 @ 02:50pm

Survey held at JL + 1000

Des. of Damages: F/C / Rear / O/S / HS / U/C / Rooftop or

This U/C / Chassis frame / Body Structure affected due to collision

NT 28/1/19
FY 25/1/19
NV 27/1/19

Date/Time / File Photo

☐ Preli. Report

R

☐ Final Report

Date/Time / File Photo

R

Add Fee: ☐ 100/-☐ 100/-☐ 100/-☐ 100/-

Report Format

PRE

Lump Sum / LB

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee

100/-

100/-

100/-

100/-

100/-

100/-

120
10
130

10/1/19
12/1/19

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Friday, 12 April 2019 12:51 PM
To: Admin-D (LKKAuto); 'sur@lkkauto.com'
Cc: Sherini Pillai; Mekavathanan Sarangapani; Hsiao Tong (chewht@lkkauto.com); Olivia Lau (olivialau@lkkauto.com)
Subject: RE: MCT18120643

Dear Sir/Mdm,

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

TP Veh No. : SJF5181C

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: Wednesday, 10 April, 2019 1:43 PM

To: Hsiao Tong (chewht@lkkauto.com) <chewht@lkkauto.com>; Olivia Lau (olivialau@lkkauto.com) <olivialau@lkkauto.com>

Cc: Sherini Pillai <sherini@iii.com.sg>; Stanley Lai <stanley.lai@iii.com.sg>

Subject: MCT18120643

Paper survey please TP lawyers claiming 3.5 K for this 2008 vehicle .

Sherini – liability disputed – Need to check again with Clients on status of their claim against NTUC

Meka

hct/1812 0643

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

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0348
RECIPIENT ADDRESS 62925938
DESTINATION ID
ST. TIME 27/03 10:06
TIME USE 00'24
PAGES SENT 1
RESULT OK



883 North Bridge Road
#11-03 Southbank
Singapore 198785
T: 6292 5838
F: 6292 5938
(UEN No. 201333127N)
(GST Reg No. 201333127N)

Our Ref : CY.10365.19.JLA(HW).wp
Your Ref : Your insured vehicle SH 8872E
19 March 2019

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

BY HAND

MC7/18/20643
Shwini P
20/3/2019

Dear Sirs

TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES SJF 5181C & SH 8872E ON 22.12.2018 @ 19:10HRS ALONG SCOTTS ROAD

We are instructed by **Vasro Rentals** to claim damages and losses against you in connection with the above-captioned road traffic accident which our client's vehicle **SJF 5181C** was damaged by vehicle **SH 8872E** by your insured at the material time.

We are instructed that the said accident was caused by your insured's negligent driving and/or management of the 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:-

1)	Repair Costs	\$ 3,500.00
2)	Loss of use/Income	\$ 900.00
3)	Survey Fee	\$ 408.00
4)	LTA fee	\$ 7.49
5)	Accident report fee	\$ 29.00
6)	Costs & Incidental	\$ 800.00
7)	GST on costs & Incidentals	\$ 56.00
		<u>\$ 5,700.49</u>

A copy each of the following supporting documents is enclosed:-

- 1) Accident report on our client's vehicle
- 2) Survey Report on SJF 5181C with coloured photographs
- 3) Final repair bill

CYOGARAJAH LLC

ADVOCATES & SOLICITORS



883 North Bridge Road
#11-03 Southbank
Singapore 198785
T: 6292 5838
F: 6292 5938
(UEN No. 201333127N)
(GST Reg No. 201333127N)

Our Ref : CY.10365.19.JLA(HW).wp
Your Ref : Your insured vehicle SH 8872E
19 March 2019

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

BY HAND

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7)	GST on costs & Incidentals	\$ 56.00
		<u>\$ 5,700.49</u>

A copy each of the following supporting documents is enclosed:-

- 1) Accident report on our client's vehicle
- 2) Survey Report on SJF 5181C with coloured photographs
- 3) Final repair bill
- 4) LTA search on SH 8872E

We had on **2 January 2019** notified your company of the above accident and a pre-repair inspection was carried out by your appointed surveyor.

Please let us know within the next seven (7) days upon receipt of this letter whether you intend to re-inspect our client's vehicle failing which the said vehicle will no longer be available for the same.

Confidentiality & Privilege: This message is intended for the recipient to whom it is addressed. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. **Disclaimer:** Mail/Fax/Internet communications are not secure. While every reasonable effort has been made to ensure that this communication has been securely transmitted and not been tampered with, C. Yogarajah LLC cannot be responsible for alterations made to the contents of this message without its express consent. If you wish to receive a hard copy of this communication for comparison or should you require any other form of confirmation of the contents of this message, please contact the sender. Opinions, conclusions and other information in this message that do not relate to the official business of the firm shall be understood as neither given nor endorsed by C. Yogarajah LLC Advocates & Solicitors. Thank you.

(CY.10365.19.JLA(HW).wp)

Page 2

Please note that you should send to us an acknowledgment of receipt of this letter within fourteen (14) days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you.

Please 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 eight (8) weeks of your receipt of this letter.

Yours faithfully



C. YOGARAJAH LLC

Enc

Cc **CHEONG KOK LIANG**
c/o Comfort Transportation Pte Ltd
383 Sin Ming Drive
GAS Building
Singapore 575717
(Documents were enclosed to your insurers)

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	26/12/2018 11:25
Date Of Accident	22/12/2018 19:10
Exact Location Of Accident	SCOTTS ROAD (NEAR TANG PLAZA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5181C
Insured/Policyholder	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	53367446L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91554399
Alternative Phone No	OFFICE-91554399

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093371571-01
Cover Note Number	

Driver

Name of Driver	SEET TOH CHIN POO
NRIC No	S7327473G
Date Of Birth	01/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91554399
Fax Number	
Contact Number	OTHERS-91554399
Email Address	NOEMAIL

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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:

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

26/12/2018

JL Auto Service Pte Ltd

Blk 3006 Ubi Road 1 #01-346 Singapore 408700 HP : 91885495

MR : Vasro Rentals
C/O Seet Toh Chin Poo
Blk 52 Chai Chee Street
#09-330 Singapore 460052

Tax Invoice : JLA/TP/SJF5181C/8098

Date : 21 February 2019

Vehicle No : SJF 5181 C
Make/Model : Toyota Estima Aeras 2.4 A
Date of accident : 22.12.2018

PARTICULAR	Amount
Front Right Side Portion Damaged Parts replacement, Repair, Alignment, Check, Labour And spray-painting, etc.	
Lump-sum repair cost as per surveyor report recommendation -----	\$ 3,500.00
	2545.00
	@ 20% 509.00
	<u>2036.00</u>
	L/S 2,000/2
Singapore Dollars : Three Thousand Five Hundred Only	
Total	\$ -3,500.00 Nett



JL Auto Service Pte Ltd

L/S 2,000/2

**ACCIDENT DAMAGED VEHICLE INSPECTION REPORT**

M/S : Vasro Rentals
C/O JL Auto Services Pte Ltd
Blk 3006 Ubi Road 1 #01-346
Singapore 408700

Date : 20 February 2019
Our Ref : TP/JLA/SJF5181C/8098

REFERENCE PARTICULARS

Date of Accident : 22 December 2018
Date of Inspection : 22 January 2019

Type of Inspection : Third Party Claim
Date of Re-Inspn : -

VEHICLE PARTICULARS

Registration No : SJF 5181 C
Make : Toyota
Model : Estima Aeras 2.4 A
Year : 2008 (COE Expiry 29/05/2028)

Engine No : 2AZC366527
Chassis No : ACR500066441
Odometer : 292869 km
Colour : Black

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front Near side	: Bridgestone	225/35R17	6 mm
Front Off Side	: Bridgestone	225/35R17	6 mm
Rear Near Side	: Bridgestone	225/35R17	6 mm
Rear off Side	: Bridgestone	225/35R17	6 mm

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the front off side portion.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **\$3,500.00 nett** at lump sum basis. (Subject to GST if applicable)

Under normal circumstances, estimated period required for repairs : Four (4) working days.

Enclosed Eight (8) photographs depicting damage to the vehicle.

Inspection conducted at : JL Auto Services Pte Ltd
Blk 3006 Ubi Road 1 #01-346 Singapore 408700

In accordance to your instruction, we have **not authorise** repairs and inspection was conducted strictly on a "**WITHOUT PREJUDICE BASIS**".

VEHICLE NO: SJF 5181 C
MODEL : TOYOTA ESTIMA AERAS 2.4 A

Our Ref : TP/JLA/SJF5181C/0070

02564315

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS					
A)	SPARE PARTS	QTY PC-SET	ASSESSED CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
1	Front bumper	1	Grazed/Torn	\$ 1,709.20	\$ 1,317.80 <i>QUTV</i>
2	Front bumper side retainer L/R @ 68.50	2	RH only (Damaged)	\$ 137.00	\$ 68.50 <i>NECV</i>
3	Front bumper lower grille	1	Serviceable	\$ 479.50	-
4	Front bumper form	1	Serviceable	\$ 297.00	-
5	Front fender RH	1	Repair	\$ 890.20	-
6	Front fender under shield RH	1	Torn	\$ 217.50	\$ 150.00 <i>QUTV</i>
7	Front headlamp RH	1	Scraped	\$ 1,598.00	\$ 1,170.00 <i>QUTV</i>
8	Front fog lamp RH	1	Serviceable	\$ 580.00	-
				\$ 5,908.40	\$ 2,706.30
				\$ 1,477.10	\$ 898.30
				\$ 4,431.30	\$ 2,694.90
					2079.73
B)	<u>S/Nett Item:</u>				
9	Front sport rim RH	1	Re-spray	\$ 800.00	-
10	Front fender under shield clips RH	1 set	Necessary	\$ 35.00	\$ 20.00 <i>NECV</i>
11	Front bumper clips	1 set	Necessary	\$ 58.00	\$ 30.00
				\$ 5,324.30	\$ 2,787.90
					2079.73
C)	<u>LABOUR CHARGES & MISC</u>				
12	Spray painting on front bumper/fender/sport rim & affected portions including supply of paint materials.			\$ 850.00	\$ 400.00
13	Remove damaged parts, straighten, knock out dents, jack out damaged panel, panel beating, remove & reinstall necessary fittings to facilitate repairs, reshape, refit, adjust, replace and realign all relevant parts.			\$ 800.00	\$ 300.00
14	Check wiring, fuse, focus headlight & lighting system.			\$ 50.00	\$ 30.00
15	To cavity preservation on all affected areas.			\$ 80.00	-
16	To conduct front wheel alignment & balancing. <i>no alignment results</i>			\$ 120.00	\$ 120.00 <i>NECV</i>
				\$ 1,900.00	\$ 1,600.00
					730.00
				\$ 7,224.30	\$ 4,187.90
					2809.73
					661.95
					3,500.00
					2247.78

FINAL LUMP SUM ADJUSTMENT

2247.78

L/S 2200/2

POINT OF IMPACT

The impact was confined to the front off side portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

Repair days 4

Uin

MODEL : TOYOTA ESTIMA AERAS 2.4 A

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of ~~\$3,500.00 nett~~ corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

L/S 2,000/2

Yours faithfully
KTO Automobile Assessors



Ong Ah Keng (CAE, AMIMI, MSAAA)
Automotive Appraiser



Thank you

Phee Lay San has successfully logged out.

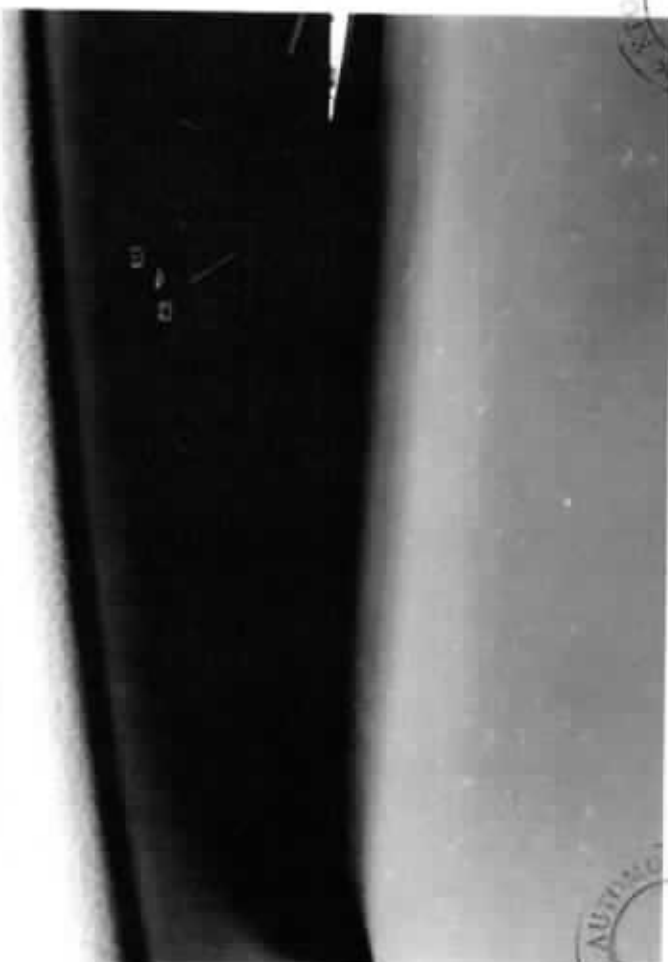
Your last login date and time was 02 Jan 2019, 11:35:08.

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 (\$S)	Log Date/Time
1	Vehicle	SH8872E	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	02 Jan 2019 / 11:36:23





SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	26/12/2018 11:25
Date Of Accident	22/12/2018 19:10
Exact Location Of Accident	SCOTTS ROAD (NEAR TANG PLAZA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5181C
Insured/Policyholder	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	53367446L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91554399
Alternative Phone No	Office-91554399

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093371571-01
Cover Note Number	

Driver

Name of Driver	SEET TOH CHIN POO
NRIC No	S7327473G
Date Of Birth	01/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91554399

Fax Number	
Contact Number	OTHERS-91554399
EMail Address	NOEMAIL
Address	BLK 52 CHAI CHEE STREET #09-330
Postcode	460052
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SH8872E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEONG KOK LIANG
NRIC/Passport Number	S1760517H
Contact Number	82334358
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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

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

SKETCH PLAN

A - SJF 5781C
B - SH 8822E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh A was turning out from Tang Plaza to Scotts Rd.
Veh B was turning out from Scotts Square to Scotts Rd.
Veh X was turning out from Tang Plaza to Scotts Rd.

Veh A was waiting for veh X to turn out &
Veh B did not wait for veh A as he could
not see. Veh A was waiting for veh X to turn
& came into the right side of veh A.

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/PIN No.:

26/12/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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/III19000370/Btd3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711			Date : 22-05-2019	
			Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 8872E	Veh. Inspected	SJF 5181C	
Policy No.	MCOM0015	Coverage (\$)	0.00	
Claim No.	MCT18120643	Excess (\$)	0.00	
Assign From	GABRIEL WEE	Assign Date	12/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA ESTIMA AERAS 2.4 A	c.c	2362	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	ACR500066441	Colour	BLACK	
Odometer	292869	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/50 R17	PIRELLI	5 mm	
L/H Front Tyre	225/50 R17	PIRELLI	5 mm	
R/H Rear Tyre	225/55 R17	PIRELLI	5 mm	
L/H Rear Tyre	225/55 R17	PIRELLI	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	22/12/2018	Inspection Date	22/01/2019	
Survey held at	BLK 3006 UBI ROAD 1# 01-346			
Repairer	J.L CAR AUTO SERVICE			
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:		4 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJF 5181C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	CUT	1,709.20	1,317.80
2	FRONT BUMPER SIDE RETAINER L/R @\$68.50	O/S NECESSARY	137.00	68.50
1	FRONT BUMPER LOWER GRILLE	SERVICEABLE	479.50	-
1	FRONT BUMPER FORM	SERVICEABLE	297.00	-
1	FRONT FENDER RH	TO REPAIR SEE LABOUR	890.20	-
1	FRONT FENDER UNDER SHIELD RH	CUT	217.50	150.00
1	FRONT HEADLAMP RH	CUT	1,598.00	1,170.00
1	FRONT FOG LAMP RH	SERVICEABLE	580.00	-
	LESS 25% DISCOUNT		-1,477.10	-676.58
			4,431.30	2,029.72
SPECIAL NETT ITEMS				
1	FRONT SPORT RIM RH (SN)	RE-SPRAY	800.00	-
1	SET FRONT FENDER UNDER SHIELD CLIPS RH (SN)	NECESSARY	35.00	20.00
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	58.00	30.00
			893.00	50.00
LABOUR				
	SPRAY PAINTING ON FRONT BUMPER / FENDER / SPORT RIM & AFFECTED PORTIONS INCLUDING SUPPLY OF PAINT MATERIALS.		850.00	400.00
	REMOVE DAMAGED PARTS, STRAIGHTEN, KNOCK OUT DENTS, JACK OUT DAMAGED PANEL, PANEL BEATING, REMOVE & REINSTALL NECESSARY FITTINGS TO FACILITATE REPAIRS, RESHAPE, REFIT, ADJUST, REPLACE AND REALIGN ALL RELEVANT PARTS. INCLUSIVE OF THE REPAIR OF FRONT FENDER RH.		800.00	300.00
	CHECK WIRING, FUSE, FOCUS HEADLIGHT & LIGHTING SYSTEM.		50.00	30.00
	TO CAVITY PRESERVATION ON ALL AFFECTED AREAS.	NOT NECESSARY	80.00	-
	TO CONDUCT FRONT WHEEL ALIGNMENT & BALANCING.	NOT NECESSARY	120.00	-
			1,900.00	730.00
GRAND TOTAL			7,224.30	2,809.72



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,200.00
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Report Ref No. CS3/III19000370/Btd3e2-1

LIM TEOW GUAN

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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