

ASS. REC. BY: _____ REF: CS3/11619002071 TISD3-1⁰² Special Instruction: _____

Surveyor: Rasul ASSIGNMENT (Office)

From (Person): Salihasyed Yusoff 116 Date/Time: 17/04/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SGY 4455E Insured: 81W 1939Y

at Workshop m/s: Motor Intel Tel: 8838 3318

of: 13 kaki Bukit Rd 4 # 01-20

Policy No: 1800014795 Claim No: 37944447356

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30/01/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS ^{dup} H.O.D. Endorsement: _____

Date/Time: 3:42pm @ 31/1/19 Person Contacted: wilson Vehicle: IN/OIT

Date/Time	Action/Instruction (X) Estimate
	SGY 4455E - NS/INC/2014944/H/KN 2019/1/8/2012
	81W 1939Y - X
06/05/19	submit R/S \$ 7,150/- @ 12 days (\$ 1,350.00 Red - 21%)

URGENT

Rasul,

Pls see my remarks.

RECEIVED 06 MAY 2019

06/05/19, 12 days

06/05/19 To submit R/S 7150/-

[Signature]
06/5/2019

PSR being
adjusted

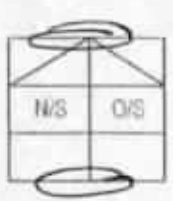
John

RCP:


6022R
COE XPI/24: 2020/Jan

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 Inspected Vehicle No: **SGY 4455E**
 at Workshop with: **MOTOR INTEL**
 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.**
 Val. or Market Value: **21K**
 IDAC Accident Report: Consistent? **Yes** or No
 GIA / PR Seen: Consistent? **Yes** or No
 Est. Repairs: **6** days Res: **Yes** or No
 Lthm Sum: % **3** Val: **Yes** or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: **IN / OUT**



Val No: **SGY 4455E** Yr Regn: **2010 Jan**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **ALFA ROMEO 2-2** CC: **2198**
 Colour: **WHITE** A/C: Insured / Std / NI / NA
 Sp. Reading: **267960** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **ZAR939 0000 725 8404**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / R/Rim / STD A/Rim or _____
 Tyre Size: F: **225/45ZR17**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LZA / MIO / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal: **6** mm R/Bal: **6** mm
 L/Bal: **6** mm L/Bal: **6** mm
 D.O.A: **30/01/19** D.O.I: **31/01/19**
 Survey held at: **MOTOR INTEL**
 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
 - MV - 21,000
 PV - 16,331
 NV - 4669
Rasul, pls advise repairer repair limit.


Days Of Repair: **6**
 Resurvey No. of Trip: **-**
 Survey Fee: **180**
 Transport: _____
 Add Fee: Site Insp 15
 Interview 15
 Tech Insp 15
 Workshop 15
 Report Format: **DAR.**
 Lump Sum / T.B.I: _____
 Total: **190**

Nivitha (LKK Auto)

From: Syed-Yusoff, Saliha <Saliha.Syed-Yusoff@aig.com>
Sent: Wednesday, 17 April 2019 4:04 PM
To: SUR; admin-d@lkkauto.com
Subject: AIG ref: 3794444173SG-003 II y/r ref: CS3/AIG19002071/R1CD3E2
Attachments: 3794444173SG TP survey report.pdf; SAS2546046.PDF

Part 1 of 3

Dear team,

Kindly assist with the paper adjustment of TP's COR as the PRI was previously carried out by Rasul on 31/01/19.

Enclosed are the survey report for your easy reference.

Thank you.

Kind Regards,
Saliha

Saliha Syed Yusoff
AIG
Senior Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd

AIG Building, 78 Shenton Way #08-16, Singapore 079120
Tel +(65) 6419 1917 |
www.aig.sg

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CL APPRAISER PTE LTD

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

VEHICLE INSPECTION REPORT

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

Date : 13 March 2019
Our ref : MITA/01/1929/TP

Accident Date : 30 January 2019
Inspection Date : 31 January 2019
Repairer Name : Motor Intelligence Automo Pte Ltd
13 Kaki Bukit Road 4, #01-20
Bartley Biz Centre, Singapore 417807

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : SGY 4455 E
Make / Model : Alfa Romeo Alfa 159
Chassis No : ZAR93900007258404
Engine No : 939A50001761168

Year / Capacity : 2010 / 2198 cc
Colour : White
Mileage : 267960

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Michelin	225/45 R17	5 mm	Sport
Front Offside	: Michelin	225/45 R17	5 mm	Sport
Rear Nearside	: Michelin	225/45 R17	5 mm	Sport
Rear Offside	: Michelin	225/45 R17	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

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

Enclosed number of photographs: 158 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 \$ 9,000.00 on a contractual basis.

Under normal circumstances, the repair period would be about 20 (Twenty) working days.

SC L APPRAISER PTE LTD

Vehicle Registration No: SGY 4455 E

Our Ref No: MITA/01/1929/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Rear windscreen moulding	Necessary	\$ 280.20	\$ 280.20
1	Rear tailgate	Damage	\$ 2,600.80	\$ 2,600.80
2	Rear tailgate lamps	Damage	\$ 736.00	\$ 736.00
1	Rear tailgate lock	Damage	\$ 245.00	\$ 245.00
1	Rear tailgate logo	Necessary	\$ 86.00	\$ 86.00
1	Rear tailgate rubber	Necessary	\$ 215.00	\$ 215.00
2	Rear taillamps	Damage	\$ 930.00	\$ 930.00
1	Rear end panel	Damage	\$ 988.00	\$ 988.00 <i>rx</i>
1	Rear end panel inner garnish	Damage	\$ 165.00	\$ 165.00
1	Rear bumper	Damage	\$ 1,877.60	\$ 1,877.60 <i>1352</i>
1	Rear bumper clip (1 set)	Necessary	\$ 75.00	\$ 75.00
1	Rear bumper inner sponge	Damage	\$ 155.00	\$ 155.00
2	Rear bumper reflectors	Damage	\$ 210.00	\$ 210.00
1	Rear bumper reinforcement	Damage	\$ 655.00	\$ 655.00
2	Rear bumper reinforcement stays	Damage	\$ 276.00	\$ 276.00
2	Rear bumper side retainers	Necessary	\$ 138.00	\$ 138.00
2	Rear number plate lamps	Damage	\$ 104.00	\$ 104.00
1	Rear spare tyre panel	Repair	\$ 1,150.00	
1	Rear exhaust silencer	Damage	\$ 1,400.90	\$ 1,400.90 <i>rx</i>
4	Rear exhaust mountings	Necessary	\$ 511.20	\$ 511.20 <i>rx</i>
1	Rear n/s fender	Repair	\$ 985.00	
1	Front bonnet	Repair	\$ 1,300.00	
2	Front bonnet dampers	Intact	\$ 370.00	
2	Front bonnet hinges	Intact	\$ 190.00	
1	Front bonnet lock	Damage	\$ 145.00	\$ 145.00
1	Front bonnet rubber	Necessary	\$ 92.00	\$ 92.00
1	Front bonnet chrome moulding	Damage	\$ 188.00	\$ 188.00
1	Front bonnet logo	Damage	\$ 68.00	\$ 68.00
2	Front headlamps	Damage	\$ 1,760.00	\$ 1,760.00
1	Front grille assy	Damage	\$ 285.00	\$ 285.00
1	Front bumper	Damage	\$ 1,080.00	\$ 1,080.00
1	Front bumper clip (1 set)	Necessary	\$ 75.00	\$ 75.00
1	Front bumper fog lamp	Intact	\$ 245.00	
2	Front bumper side grilles	Intact	\$ 196.00	
1	Front bumper reinforcement	Damage	\$ 355.00	\$ 355.00
			\$ 20,132.70	\$ 15,696.70

SC L APPRAISER PTE LTD

Vehicle Registration No: SGY 4455 E

Our Ref No: MITA/01/1929/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
List Items Sub Total c/f			\$ 20,132.70	\$ 15,696.70

SPARE PARTS - LIST ITEMS

2	Front bumper side retainers	Necessary	\$ 68.00	\$ 68.00	
1	Front support panel	Repair	\$ 685.00		
			<u>\$ 20,885.70</u>	<u>\$ 15,764.70</u>	12064.60
			Less 20%	\$ 4,177.14	\$ 3,152.94
Total Cost - List Items			<u>\$ 16,708.56</u>	<u>\$ 12,611.76</u>	10291.68

SPECIAL NETT ITEMS

1	Rear windscreen sealant	Necessary	\$ 80.00	\$ 50.00	
1	Rear number plate with holder	Damage	\$ 50.00	\$ 50.00	45
1	Rear reverse sensor (1 set)	Damage	\$ 350.00	\$ 350.00	250
Total Cost - Special Nett items			<u>\$ 480.00</u>	<u>\$ 450.00</u>	345

Total cost of parts

\$ 17,188.56 \$ 13,061.76

S&C L APPRAISER PTE LTD

Vehicle Registration No: SGY 4455 E

Our Ref No: MITA/01/1929/TP

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 17,188.56	\$ 13,061.76

LABOUR

1	To check wiring, lighting and resetting headlamps focussing.	\$ 80.00	\$ 50.00 ³⁰
2	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 50.00 ³⁰
3	To remove and refit inner garnishes, inner trim to assist repair.	\$ 150.00	\$ 120.00 ⁶⁰
4	To remove and refit rear reverse sensor.	\$ 150.00	\$ 120.00 ³⁰
5	To transfer rear tailgate mechanism and wiring assembly to assist repair.	\$ 80.00	\$ 60.00
6	To remove and refit rear windscreen glass.	\$ 180.00	\$ 120.00
7	To remove, refit and replace exhaust silencer and mountings.	\$ 150.00	\$ 120.00 ⁸⁰ X
8	To apply undercoating on repaired and replaced panel.	\$ 200.00	\$ 150.00 ⁶⁰
9	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld; re-align body structure and damaged consistent to the accident.	\$ 1,800.00	\$ 1,500.00 ^{1200.}
10	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,600.00	\$ 1,320.00 ¹²⁰⁰ ₂₈₀₀

GRAND TOTAL

\$ 21,658.56 \$ 16,671.76

12,506.68
15,971.50
12 days

C L APPRAISER PTE LTD

Vehicle Registration No: SGY 4455 E

Our Ref No: MITA/01/1929/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : S 9,000.00**

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 valid.

Disclaimer

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

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser

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	31/01/2019 16:30
Date Of Accident	30/01/2019 20:45
Exact Location Of Accident	PIE > CHANGI AIRPORT BEFORE JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY4455E
Insured/Policyholder	
Name Of Registered Owner	DARES AUTOMOTIVE PTE. LTD.
Co Reg No	201716072R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96670296
Vehicle Particulars	
Manufacturer	ALFA ROMEO
Model	ALFA 159 2.2JTS.SPORTWAGON.SELESPEED
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092418913-01
Cover Note Number	

Driver

Name of Driver	LIM TIONG KWOK, DAVID
NRIC No	S7134019H
Date Of Birth	26/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96670296
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 108C CANBERRA WALK #13-35
Postcode	753108
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE -PROPIETOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : GRAB PASSENGER
	GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

AS PER POLICE REPORT No.T/20190131/2133;

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	SJE7909M
Vehicle Make/Model/Colour	TOYOTA VIOS E AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRUL HISYAM
NRIC/Passport Number	S8306618J
Contact Number	86862665
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLW1939Y
Vehicle Make/Model/Colour	MAZDA6 SEDAN 2.0 AT EXECUTIVE EU6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WEN YANG
NRIC/Passport Number	S9446050F
Contact Number	86456908
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLQ3187T
Vehicle Make/Model/Colour	HONDA VEZEL HYBRID 1.5 AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH HONG PHOW
NRIC/Passport Number	S1225236F
Contact Number	90531188
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM TIONG KWOK, DAVID
Approximate Age	47
Injuries Sustain	
Injured person in which vehicle?	SGY4455E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 108C CANBERRA WALK #13-35
Postcode	753108

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 reputate 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 used 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:

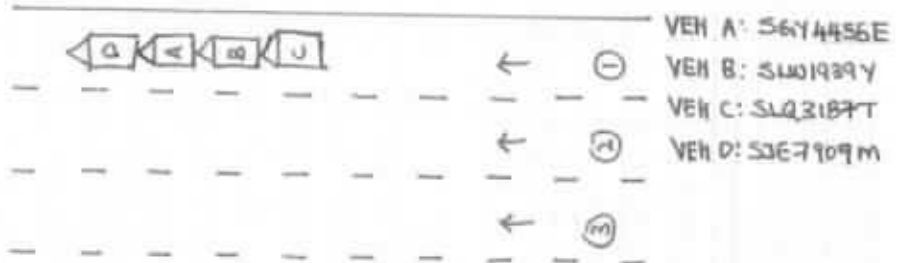


IDAC KAKI BUKIT (VAC)
Reporting Office
Name: IDAC KAKI BUKIT (VAC)
Singapore 415933
NIC/TIN No. Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN

PIE TOWARDS CHANGI AIRPORT BEFORE JALAN EUNOS.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/01/19 @ about 2045 hrs I was travelling along PIE towards Changi Airport on the extreme left lane. The traffic condition was heavy. The vehicle in front of me slow down & stopped I proceed to stop behind the vehicle. Out of sudden I felt a strong impact from the rear of my vehicle & due to the ^{strong} impact from the rear, my vehicle shift to the front & hit the front vehicle. I alighted my vehicle & found out that I am in a 4 car chain collision. Accident. I wish to state I have 1 passenger on board my vehicle.

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

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Reporting Centre Personnel
Tel: 67416697
Name: Fax: 67492305
NHC/FIN No: Email: vackb@insingnet.com.sg

Accident Sketch Plan Pg. 1



POLICE FORCE



T/20190131/2133

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20190131/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2019 17:27	Video Report No.:	Station Diary No.: 119
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Informant's Particulars

Name of Informant: LIM TIONG KWOK, DAVID		Address: APT BLK 108C CANBERRA WALK #13-35 SINGAPORE 753108	
ID Type / ID No.: NRIC NO / S7134019H		Contact No.: Home/Office: Mobile: 96670298	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 26/09/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PART TIME GRAB		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/01/2019 20:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PAN ISLAND EXPRESSWAY TOWARDS CHANGI AIRPORT BEFORE JALAN EUNOS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY4455E	Car	ALFA ROMEO		White	Seriously Damaged	1
SJE7909M	Car	TOYOTA		Silver	Seriously Damaged	2
SLQ3187T	Car	HONDA		Silver	Slightly Damaged	0
SLW1939Y	Car	MAZDA		Blue	Seriously Damaged	1

Accident Sketch Plan Pg. 1



POLICE FORCE



T/20190131/2133

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

2 of 4

Report No. T/20190131/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM TIONG KWOK, DAVID	ID No.	S7134019H
Related Vehicle	SGY4455E (Car)	Contact No.	96670296
Hospita/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/01/2019	Date Discharge	31/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	KHAIRUL HISYAM	ID No.	S8306618J
Related Vehicle	SJE7909M (Car)	Contact No.	86862665
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TOH HONG PHOW	ID No.	S1225236F
Related Vehicle	SLQ3187T (Car)	Contact No.	90531188
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



POLICE FORCE



T/20190131/2133

Police Station Of Origin:
 Toa Payoh N.P.C
 93 Toa Payoh Central #01-02 Toa Payoh
 Community Building SINGAPORE 319194
 Tel No: 1800-2519999

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Report No. T/20190131/2133

CONTINUATION OF REPORT

Driver			
Name	LEE WEN YANG		ID No. S9446050F
Related Vehicle	SLW1939Y (Car)		Contact No. 86456908
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 30/01/19@ 2045hrs I was travelling along PIE towards Changi Airport on the extreme left lane. The traffic condition was heavy. The vehicle in front of me SJE7909M slowed down and I proceeded to stop behind the car. All of a sudden, I felt a huge impact from the rear of my vehicle. I was then pushed to the front and hit the car SJE7909M. The car that hit my rear was SLW1939Y. This car was also hit on its rear by another car SLQ 3187T. After the collision, I then alighted from my car and realized that I was in a four car chain collision. All the drivers involved were able to drive off their vehicles after the collision. No other property was damaged. I have sought medical attention for my injuries and I have been given 5 days of medical leave. There was a passenger in my car at the time of the collision.

Accident Sketch Plan Pg. 1



SINGAPORE POLICE FORCE



T/20190131/2133

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20190131/2133

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report E / Sr Staff Sgt FAIROZ S/O ABDUL KAREEM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/01/2019 17:27
Officer In Charge Of Case TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No. 65476204	Classification Of Case:
Authentication Stamp NP188	

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S463500280 / GST Reg. No.: MM00017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SGY 4455E
Name (as shown in NRIC) : Lim Tiong Kwok NRIC/FIN/Passport No : S7134019H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 966070296
Email Address : _____
Date of Accident : 30.01.2019 Time of Accident : 20.45
Place of Accident : 11E Changi
Insurance Company: MINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

upload Police report

Policyholder / Driver's Signature
Date:

IDAC KAKI BUKIT (VAC)
Reporting Centre: 28 Kaki Bukit Ave 4
Name: Singapore 415933
NRIC/FIN: _____
Tel: 67416697 Fax: 67492305
Date: _____
Email: vackb@singnet.com.sg



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

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CS3/AIG19002071/T1sd3e2-1

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 06-05-2019



ATTN : SALIHA

Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLW 1939Y	Veh. Inspected	SGY 4455E
Policy No.	1800014795	Coverage (\$)	0.00
Claim No.	3794444173SG	Excess (\$)	0.00
Assign From	SALIHA	Assign Date	17/04/2019

2. Vehicle Particulars & Condition

Make & Model	ALFA ROMEO 2.2	c.c	2198
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	ZAR93900007258404	Colour	WHITE
Odometer	267960	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/45Z R17	MICHELIN	6 mm
L/H Front Tyre	225/45Z R17	MICHELIN	6 mm
R/H Rear Tyre	225/45Z R17	MICHELIN	6 mm
L/H Rear Tyre	225/45Z R17	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	30/01/2019	Inspection Date	31/01/2019
Survey held at	MOTOR INTEL AUTOMO PTE LTD 13 KAKI BUKIT ROAD 4 @ BARTLEY BIZ CENTRE #01-20 SINGAPORE 147807		

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: **12 Working Days**



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGY 4455E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR WINDSCREEN MOULDING	NECESSARY	280.20	280.20
1	REAR TAILGATE	DAMAGED	2,600.80	2,600.80
2	REAR TAILGATE LAMPS	DAMAGED	736.00	736.00
1	REAR TAILGATE LOCK	DAMAGED	245.00	245.00
1	REAR TAILGATE LOGO	NECESSARY	86.00	86.00
1	REAR TAILGATE RUBBER	NECESSARY	215.00	215.00
2	REAR TAILLAMPS	DAMAGED	930.00	930.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	988.00	-
1	REAR END PANEL INNER GARNISH	DAMAGED	165.00	165.00
1	REAR BUMPER	DAMAGED	1,877.60	1,352.00
1	SET REAR BUMPER CLIP	NECESSARY	75.00	75.00
1	REAR BUMPER INNER SPONGE	DAMAGED	155.00	155.00
2	REAR BUMPER REFLECTORS	DAMAGED	210.00	210.00
1	REAR BUMPER REINFORCEMENT	DAMAGED	655.00	655.00
2	REAR BUMPER REINFORCEMENT STAYS	DAMAGED	276.00	276.00
2	REAR BUMPER SIDE RETAINERS	NECESSARY	138.00	138.00
2	REAR NUMBER PLATE LAMPS	DAMAGED	104.00	104.00
1	REAR SPARE TYRE PANEL	TO REPAIR SEE LABOUR	1,150.00	-
1	REAR EXHAUST SILENCER	TO REPAIR SEE LABOUR	1,400.90	-
4	REAR EXHAUST MOUNTINGS	TO REPAIR SEE LABOUR	511.20	-
1	REAR N/S FENDER	TO REPAIR SEE LABOUR	985.00	-
1	FRONT BONNET	TO REPAIR SEE LABOUR	1,300.00	-
2	FRONT BONNET DAMPERS	INTACT	370.00	-
2	FRONT BONNET HINGES	INTACT	190.00	-
1	FRONT BONNET LOCK	DAMAGED	145.00	145.00
1	FRONT BONNET RUBBER	NECESSARY	92.00	92.00
1	FRONT BONNET CHROME MOULDING	DAMAGED	188.00	188.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT BONNET LOGO	DAMAGED	68.00	68.00
2	FRONT HEADLAMPS	DAMAGED	1,760.00	1,760.00
1	FRONT GRILLE ASSY	DAMAGED	285.00	285.00
1	FRONT BUMPER	DAMAGED	1,080.00	1,080.00
1	SET FRONT BUMPER CLIP	NECESSARY	75.00	75.00
1	FRONT BUMPER FOG LAMP	INTACT	245.00	-
2	FRONT BUMPER SIDE GRILLES	INTACT	196.00	-
1	FRONT BUMPER REINFORCEMENT	DAMAGED	355.00	355.00
2	FRONT BUMPER SIDE RETAINERS	NECESSARY	68.00	68.00
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	685.00	-
	LESS 20% DISCOUNT		-4,177.14	-2,467.80
			16,708.56	9,871.20
	<u>SPECIAL NETT ITEMS</u>			
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	80.00	50.00
1	REAR NUMBER PLATE WITH HOLDER (SN)	DAMAGED	50.00	45.00
1	SET REAR REVERSE SENSOR (SN)	DAMAGED	350.00	250.00
			480.00	345.00
	<u>LABOUR</u>			
	TO CHECK WIRING, LIGHTING AND RESETTING HEADLAMPS FOCUSING. }		80.00	30.00
	TO REMOVE, REFIT, REPLACED DAMAGED LAMPS AND CHECK UP REAR ELECTRICAL WIRING. }		80.00	-
	TO REMOVE AND REFIT INNER GARNISHES, INNER TRIM TO ASSIST REPAIR.		150.00	60.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR.		150.00	30.00
	TO TRANSFER REAR TAILGATE MECHANISM AND WIRING ASSEMBLY TO ASSIST REPAIR.		80.00	60.00
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS.		180.00	120.00
	TO REMOVE, REFIT AND REPLACE EXHAUST SILENCER AND MOUNTINGS.	NOT NECESSARY	150.00	-
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		200.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	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 REAR END PANEL, REAR SPARE TYRE PANEL, REAR EXHAUST SILENCER, REAR EXHAUST MOUNTINGS, REAR N/S FENDER, FRONT BONNET AND FRONT SUPPORT PANEL.		1,800.00	1,200.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,600.00	1,200.00
			4,470.00	2,760.00
GRAND TOTAL			21,658.56	12,976.20
RECOMMENDED COST OF REPAIR SUM				7,150.00

Report Ref No. CS3/AIG19002071/T1sd3e2-1

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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