

COMLAW LLC

Advocates & Solicitors, Notaries Public & Commissioners for Oaths
64 Cecil Street #06-01 / #03-02, IOB Building, Singapore 049711

COMLAW LLC is a law corporation with limited liability (Regu. No. 200105172H)
(Incorporating Piah, Tan & Partners)

Directors
Gertrude Chan
Chua Li Suan
Yeo Piah Chuan
Tan Siah Yong
Charles Phua

Associate Directors
D.Vivekananda
Felicia Ng
Charlene Chee

Associates
Crystal Goh
Herman Lee
Sancia Ng
Douglas Pang

Telephone : (65) 6538 1221
Fax : (65) 6538 7890
E-Mail : email@comlaw.com.sg

Our Ref : DV.CG.2018.217425.jo

Direct Line : 6506 9154

Your Ref : To be advised.

6506 9134

Secretary : 6506 9139

15 April 2019

LKK Auto Consultants Pte Ltd
Blk 51 Ubi Avenue 1
#02-25, Paya Ubi Industrial Park
Singapore 408933

BY EMAIL ONLY

Attention: Mr Xing Guo Qiang

Dear Sirs

CLAIMANT : CHEN BINGXIN
INSURED : LEE SHU ZHEN

MC/MC 11016/2018

**ACCIDENT ON 20 SEPTEMBER 2017 INVOLVING SJK 6757J AND SGN 5918M
ALONG BUGIS+ OPPOSITE OPENSOURCE CARPARK**

1. We refer to the above matter.
2. We act for Lee Shu Zhen and M/s Riaz LLC act for Chen Bingxin.
3. The claim is in respect of damage to motor vehicle no. SGN 5918M which was damaged in a road traffic accident on 20 September 2017 involving motor vehicle no. SJK 6757J.
4. Pursuant to Order 108 of the Rules of Court, the Court has appointed you as the Single Joint Expert.
5. Kindly note that as the Single Joint Expert appointed in the above matter, your duty is to the Court and you are required to give a fair and reasonable opinion as regards the issue of repair costs and duration for the repair of motor vehicle no. SGN 5918M.
6. We enclose herewith a copy of the following documents for your attention and review:
 - a) Traffic Police reports of SJK 6757J and SGN 5918M;
 - b) Survey report by Auto Performance Appraisal (with coloured photographs) (Claimant's surveyor);

- c) Survey report by FormTeam Consultancy Pte Ltd (with coloured photographs) (Defendant's surveyor); and
 - d) Repair invoice by 833 Motorsports.
7. Kindly conduct a physical re-inspection of motor vehicle no. SGN 5918M and let us have your views on the issue of repair costs and duration for the repair of motor vehicle no. SGN 5918M.
 8. Please also let us have your fee for the report as well as your Court attendance fee (if required).
 9. Please let us know when re-inspection has been completed and we look forward to receiving your re-inspection report.
 10. Please let us have your report by 15 May 2019.
 11. Given your appointment as a Single Joint Expert, kindly copy M/s Riaz LLC (file ref: WAN.510778.AP) in all your correspondence.

Yours faithfully



D.VIVEKNANDA / CRYSTAL GOH
Enc.

cc. M/s Riaz LLC
Ref: WAN.510778.AP

BY EMAIL ONLY

Nivitha (LKK Auto)

From: Julia Ong <julia@comlaw.com.sg>
Sent: Monday, 15 April 2019 6:14 PM
To: Admin-D (LKKAuto); assignments
Cc: Crystal Goh; muhd.ridhwan.rahim@gmail.com; 'Huilin'
Subject: Appointment of SJE - MC/MC 11016/2018 (Riaz Ref: WAN.510778.AP ; ComLaw Ref: DV.CG.2018.217425)
Attachments: Letter to LKK Auto Consultants Pte Ltd dd 15.04.2019 (appoint SJE + provide docs).pdf

Dear Sirs,

Please find enclosed our self-explanatory letter dated 15 April 2019 for your attention and necessary action.

As the file size of the attachments is too large, please download it via the link below instead:

<https://www.dropbox.com/sh/rrydxgmnv7a55i2/AACTN5BNZ5Zfle0TczWLu3Xn?dl=0>

Thank you and Best regards,
Ms Julia Ong
Secretary

For and on behalf of **Ms Crystal Goh**
Associate

ComLaw LLC
64 Cecil Street | #06-01 IOB Building | Singapore 049711
Direct: +65 6506 9139 | General: +65 6538 1221 | Fax: +65 6538 7890 | Email: julia@comlaw.com.sg

This email is intended solely for the person named. The contents are confidential and may be privileged solicitor-client communication. If you are not the intended recipient, kindly notify us, delete this email, and do not disclose this email. Thank you.

FormTeam Consultancy Pte Ltd

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference : RRN17-106186/PRS/AL/ADJ/AL/lp

Your Reference: MT/0962642-002

Date : 13-Nov-17

Attention : Ms Corinne Hoo

TO : Motor Claims Department
NTUC Income Insurance Co-operative Limited
73 Bras Basah Road
#05-01 NTUC Trade Union House
Singapore 189556

Assessment of Vehicle No : **SGN 5918M**
Date of Accident : **20-September-2017**
Date of Inspection : **11-October-2017**
Address of Inspection : **160 Sin Ming Drive S'575722**

We have carried out a physical assessment of **SGN 5918M** at M/S 833 Motorsports Pte Ltd according to your instructions on **10-October-2017**, dismantled items on **12-October-2017**, post repair survey on **18-October-2017** and are pleased to submit our report herewith.

1. VEHICLE PARTICULARS

Registration No. : SGN 5918M
Make & Model : BMW 528i
Year of Registration : 2012
Engine Capacity : 1997cc
Chassis No. : WBAXG32000DX82301
Engine No. : A9940198N20B20A
Colour : White
Mileage (km) : 104034

2. VEHICLE CONDITION

Body Paint : Good
Steering : Serviceable
Foot Brake : Serviceable
Parking Brake : Serviceable

3. TYRE PARTICULARS & CONDITION

Front

RH Make/Size : Nexen 225/55R17 - 60%
LH Make/Size : Nexen 225/55R17 - 60%

Rear

RH Make/Size : Bridgestone 225/55R17 - 60%
LH Make/Size : Bridgestone 225/55R17 - 60%

Note : % denotes the remaining percentage of the tyre

FormTeam Consultancy Pte Ltd

Our Reference : RRN17-106186/PRS/AL/ADJ/AL/lp
 Your Reference : MT/0962642-002
 Vehicle Number : SGN 5918M

Page No. 3

| QTY | DESCRIPTION | CONDITION | REPAIRER'S ESTIMATE (S\$) | OUR ASSESSMENT (S\$) |
|----------------------------------|------------------------------------|-----------------------------|---------------------------|----------------------|
| <u>PARTS (LIST ITEMS)</u> | | | | |
| 1 | Front Bumper | Deformed | | 1,546.40 |
| 1 | Front Bumper Centre "BMW" Logo | Necessary | | 67.80 |
| 1 | Front Bumper Parking Sensor | Malfunctioned | | 231.00 |
| 1 | Front Bumper Inner Reinforcement | Repairable , Slight Damaged | | - |
| 1 | Rh Headlamp | Cracked / Cut | | 2,866.95 |
| 1 | Rh Headlamp Washer Nozzle / Pump | Broken / Cut | | 174.90 |
| 1 | Front Rh Fender Under Shield | Deformed / Cut | | 161.80 |
| 1 | Front Fender Under Shield Clips | Broken | | 40.00 |
| 1 | Front Rh Oil Cooler Cowling | Deformed / Broken | | 80.05 |
| 1 | Front Rh Oil Cooler Outer Air Duct | Deformed / Broken | | 108.10 |
| | | | - | 5,277.00 |
| | Less Discount : | | 5% - | 263.85 |
| | Parts Total : | | - | 5,013.15 |

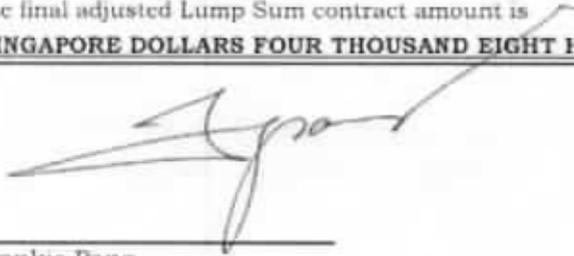
FormTeam Consultancy Pte Ltd

Our Reference : RRN17-106186/PRS/AL/ADJ/AL/lp
 Your Reference : MT/0962642-002
 Vehicle Number : SGN 5918M

Page No. 4

| S/N | DESCRIPTION | REPAIRER'S ESTIMATE (S\$) | OUR ASSESSMENT (S\$) |
|---------------|--|---------------------------|----------------------|
| LABOUR | | | |
| 1 | To rewire front portion and refocus headlamp beam. | | 30.00 |
| 2 | To remove, refix front parking. | | 60.00 |
| 3 | To remove and renew replaced parts. | | 400.00 |
| 4 | To putty and respray painting on affected areas. | | 500.00 |
| 5 | To apply undersealing. | | 40.00 |
| | Labour Total : | - | 1,030.00 |
| | TOTAL (PARTS & LABOUR) : | - | 6,043.15 |

The final adjusted Lump Sum contract amount is **\$4,800.00**
[SINGAPORE DOLLARS FOUR THOUSAND EIGHT HUNDRED ONLY]



Frankie Pang
 AMSAE(AUST), AMIRTE, AMSOE,
 MASPACI, MSAAA
 Licensed Appraiser



Axel Lee
 Automobile Appraiser

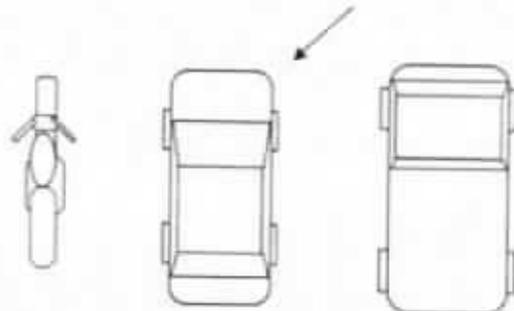
FormTeam Consultancy Pte Ltd

Our Reference : RRN17-106186/PRS/AL/ADJ/AL/lp
Your Reference : MT/0962642-002
Vehicle Number : SGN 5918M

Page No. 2

4. DESCRIPTION OF DAMAGE

At the time of inspection, this vehicle sustained damages to the **O/S Front** portion. Please see attached scheduled for details.



5. REMARKS

Market Value : -
Salvage Value : -
Repair Limit (Nett Loss) : -
Repairer's estimate : **Not Provided**
Nett Saving : -
Excess : -
Sum Insured : -
Our adjusted amount : **\$ 4,800.00**
Estimated Repair Days : **04 days**

Additional photographs will be submitted upon request by our principal.

Pursuant to your instruction, we have **NOT AUTHORIZED** 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 **FormTeam Consultancy Pte Ltd** for any reliance on this report by any third party, unless with the permission of the addressee.

AUTO PERFORMANCE APPRAISAL

APA

TAX INVOICE

CHEN BINGXIN
C/O 833 MotorSports Pte Ltd
160 Sin Ming Drive
Sin Ming AutoCity #02-09
Singapore 575722

INVOICE NO : APA17001392

DATE : 24/10/2017

VEHICLE NO : SGN5918M

JOB REFERENCE NO : 17/001491

ACCIDENT DATE : 20/09/2017

SURVEY DATE : 11/10/2017

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--|-----------------|
| Survey Fees Inclusive Of Transportation | \$540.00 |
| Photographs (\$1) Per Copies : 51 | \$51.00 |
| TOTAL AMOUNT | \$591.00 |

Notes :

All cheque payment should be "Crossed" and made payable to "Auto Performance Appraisal"

Auto Performance Appraisal



AUTO PERFORMANCE APPRAISAL

APA

| VEHICLE SURVEY REPORTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------------|-----------------------------|--|-------------------------------|------------------------------|-----------------------------|-----------------------------|--------------|-------------|-------------|---------------------|-----------|-------|------------|---|-----------|-------|------------|---|----------|-------|------------|---|----------|-------|------------|---|
| <p>CHEN BINGXIN C/O 833 MotorSports Pte Ltd 160 Sin Ming Drive Sin Ming AutoCity #02-09 Singapore 575722</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | <p>Reference Job Reference No : 17/001491 Claim No : - Claim Type : Third Party Accident Date : 20/09/2017 Survey Date : 11/10/2017 Survey Report Date : 24/10/2017</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | <p>Particulars Of Vehicle Vehicle Registration No : SGN5918M Make & Model : BMW 528I Vehicle Registration Date : 07/12/2012 Chassis No : WBAXG32000DX82301 Engine No : Blocked Colour : White</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | <p>Condition Of Vehicle And Tyres</p> <table border="0"> <tr> <td><u>Mileage (KM)</u> 104034</td> <td><u>Brakes</u> Serviceable</td> <td><u>Steering</u> Affected</td> <td><u>Modification</u> None</td> </tr> <tr> <td><u>Tyres</u></td> <td><u>Make</u></td> <td><u>Size</u></td> <td><u>Balance (MM)</u></td> </tr> <tr> <td>Front RHS</td> <td>Nexen</td> <td>225/55ZR17</td> <td>5</td> </tr> <tr> <td>Front LHS</td> <td>Nexen</td> <td>225/55ZR17</td> <td>5</td> </tr> <tr> <td>Rear RHS</td> <td>Nexen</td> <td>225/55ZR17</td> <td>6</td> </tr> <tr> <td>Rear LHS</td> <td>Nexen</td> <td>225/55ZR17</td> <td>6</td> </tr> </table> | | | | <u>Mileage (KM)</u> 104034 | <u>Brakes</u> Serviceable | <u>Steering</u> Affected | <u>Modification</u> None | <u>Tyres</u> | <u>Make</u> | <u>Size</u> | <u>Balance (MM)</u> | Front RHS | Nexen | 225/55ZR17 | 5 | Front LHS | Nexen | 225/55ZR17 | 5 | Rear RHS | Nexen | 225/55ZR17 | 6 | Rear LHS | Nexen | 225/55ZR17 | 6 |
| <u>Mileage (KM)</u> 104034 | <u>Brakes</u> Serviceable | <u>Steering</u> Affected | <u>Modification</u> None | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Tyres</u> | <u>Make</u> | <u>Size</u> | <u>Balance (MM)</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Front RHS | Nexen | 225/55ZR17 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Front LHS | Nexen | 225/55ZR17 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rear RHS | Nexen | 225/55ZR17 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rear LHS | Nexen | 225/55ZR17 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | <p>Description Of Damages The vehicle sustained damages at front right hand portion. (For information of damages please refer to Parts/Labour/Photographs attached)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | <p>Instruction This survey was conducted entirely on a "WITHOUT PREJUDICE" basis, and we have not authorised any repair.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

AUTO PERFORMANCE APPRAISAL

Vehicle Assessment Reports

Annex A

Ref No : 17/001491

Damage And Repair Cost Adjustment

| <u>S/No</u> | <u>Qty</u> | <u>Parts Description</u> | <u>Comments/condition</u> | <u>Workshop Estimate (\$)</u> | <u>Our Assessment (\$)</u> |
|---------------------|------------|------------------------------------|---------------------------|-------------------------------|----------------------------|
| <u>List Items</u> | | | | | |
| 1 | 1 | Front bumper | Deformed | 1,546.40 | ✓ 1,546.40 |
| 2 | 1 | Front bumper centre "BMW" logo | Necessary | 67.80 | ✓ 67.80 |
| 3 | 2 | Front bumper parking sensor | 1 pcs malfunction | 462.00 | ✓ 231.00 |
| 4 | 1 | Front bumper RH fog lamp cover Δ | Broken | 191.20 | ✓ 191.20 |
| 5 | 1 | Front bumper RH fog lamp Δ | Cut/grazed | 72.40 | ✓ 72.40 |
| 6 | 1 | Front bumper inner reinforcement Δ | Bent/dented | 768.10 | ✓ 768.10 |
| 7 | 1 | RH headlamp | Cracked/cut | 2,866.95 | ✓ 2,866.95 |
| 8 | 1 | RH headlamp washer nozzle/pump | Broken/cut | 174.90 | ✓ 174.90 |
| 9 | 1 | Front RH fender Δ | Badly bent/dented | 842.30 | Repair ✓ 842.30 |
| 10 | 1 | Front RH fender under shield | Deformed/cut | 161.80 | ✓ 161.80 |
| 11 | 1 set | Front fender under shield clips | Broken | 40.00 | ✓ 40.00 |
| 12 | 1 | Front RH oil cooler Δ | Dented/bent | 666.25 | NNX 666.25 |
| 13 | 1 | Front RH oil cooler cowling | Deformed/broken | 80.05 | ✓ 80.05 |
| 14 | 1 | Front RH oil cooler outer air duct | Deformed/broken | 108.10 | ✓ 108.10 |
| 15 | 1 | Front RH sports rims | To repair | 992.70 | - |
| | | | | 9,040.95 | 7,817.25 |
| Less discount 5% | | | | 452.05 | 390.86 |
| Total : | | | | 8,588.90 | 7,426.39 |
| Total Spare Parts : | | | | 8,588.90 | 7,426.39 |

6308.7

5993.26

AUTO PERFORMANCE APPRAISAL

Vehicle Assessment Reports

Annex B

Ref No : 17/001491

Damage And Repair Cost Adjustment

| <u>Items</u> | <u>Job Description</u> | <u>Workshop Estimate (\$)</u> | <u>Adjusted Costs (\$)</u> |
|----------------------|---|-------------------------------|----------------------------|
| 1 | To remove, jack out, straighten, panel beating, align and renew replaced parts. | 1,000.00 | 700.00 400 |
| 2 | To putty and respray painting on affected areas. | 1,100.00 | 800.00 500 |
| 3 | To check wirings and lightings. | 50.00 | 30.00 ✓ |
| 4 | To remove, refix oil cooler. | 120.00 | 80.00 X |
| 5 | To conduct computerise wheel alignment test. | 80.00 | 60.00 X } 200 |
| 6 | To supplied and applied anti rust treatments. | 100.00 | 60.00 40 |
| Total Labour : | | <u>2,450.00</u> | <u>1,730.00</u> 970 |
| Total Spare Parts : | | 8,588.90 | 7,426.39 |
| Total Labour : | | 2,450.00 | 1,730.00 |
| Total Repair Costs : | | <u>11,038.90</u> | <u>9,156.39</u> |

Assessor's Recommendation

Repairer Estimate : 11,038.90
 Our Adjustment : 9,156.39

Remarks

The repairer has agreed to undertake the repair on a lump sum basis of \$7,300.00, with a repair period of 5 working days.

Surveyed By:



Lek Boon Hwee
 Automobile Appraiser

6963.26
 20% : 5550

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 ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|------------------|
| Date Of Report | 28/09/2017 16:51 |
| Date Of Accident | 20/09/2017 15:30 |
| Exact Location Of Accident | VICTORIA STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SGN5918M |
| Insured/Policyholder | |
| Name Of Registered Owner | CHEN BINGXIN |
| NRIC No | S2697944G |
| Email Address | BXTAN@WANBANGSINGAPORE.COM |
| Mobile Phone No | (LOCAL) +65-90932568 |
| Alternative Phone No | OFFICE-90932568 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | BMW |
| Model | 528i-2.0 (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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | A80362638QMX |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHEN RENFENG |
| NRIC No | S8772858G |
| Date Of Birth | 10/02/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/09/2008 |
| Driving Experience | 8 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83885378 |
| Fax Number | |
| Contact Number | |
| EMail Address | ETHAN@HUANBAO.SG |

| | |
|---|---------------|
| Address | 28 JALAN ARIF |
| Postcode | 548841 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|---|
| Type Of Accident | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 0 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | SENGKANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800 - 3438999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE 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 | SJK6757J |
| Vehicle Make/Model/Colour | SUZUKI SX4 |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|--------------|--|
| Name | |
| Phone Number | |

Email Address

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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.

(X)

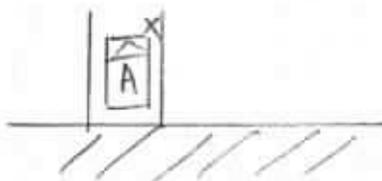
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Bugis Plus Open Car park



A: 8GN 5918M

B: SJK 6757J

* Unsure how Veh B collided with Veh A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I park my car at the parking lot, when I collect my car and realise that my front car is damage. The police at the scene claim that the car SJK 6757J hit my car.

* Please refer to police Report *

* Repair at other workshop *

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.:

28/9/11 @
7-45pm



**SINGAPORE
POLICE FORCE**



T/20170920/2137

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3
Report No. T/20170920/2137

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|---------------------------|
| Date/Time Report Made: 20/09/2017 17:25 | Vide Report No.: A/20170920/0021 | Station Diary No.: 127 |
|--|-------------------------------------|---------------------------|

| Informant's Particulars | | | |
|--|------------|---|-------------------------------------|
| Name of Informant: CHEN RENFENG | | Address: 28 JALAN ARIF SINGAPORE 548841 | |
| ID Type / ID No.: NRIC NO / S8772858G | | Contact No.: Home/Office: Mobile: 83885378 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 30 | Date of Birth: 10/02/1987 | Type of Informant: Vehicle Owner |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: SELF EMPLOYED | | Driving Licence Information: Class: | Date of Expiry: |

| General Information of the Accident | | | | |
|--|------------------------------------|--|-------------------------------------|--|
| Type of Accident: Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 20/09/2017 03:30 | Type of Location: Car Park | |
| Location: Along Road 1 VICTORIA STREET Open carpark behind Bugis Plus | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: | Traffic Control: Not Controlled | Traffic Volume: No Traffic | | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SGN5918M | Car | | | | | 0 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

→ SJK 6757J car

[Signature] 27/9/17



**SINGAPORE
POLICE FORCE**



T/20170920/2137

2 of 3

Report No. T/20170920/2137

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------|--|-----------------------------------|
| Vehicle Owner | | ID No. | S8772858G |
| Name | CHEN RENFENG | Contact No. | 83885378 |
| Related Vehicle | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Hospital/Clinic | NIL | Date Discharge | NIL |
| Date Treatment | NIL | Degree of Injury | NIL |
| No. of Days granted Medical Leave | NIL | | |

Brief Details.

On 20/09/2017 at about 0130hrs, I parked my car, SGN5918M at the open car park behind Bugis Plus.

On 20/09/2017 at about 0330hrs, I returned to my vehicle and I realized that there were a lot of Police officers at the carpark and they informed that there was a fight that happened earlier on. I discovered that the right front bumper of my car was dented and scratched and the vehicle front grill was dislodged my car's bonnet was also out of position. There were black paint stain beside the dent and scratches.

I also found a piece of black plastic beside my car and I believe it belongs to the vehicle that collided onto my parked car. The officers seized the said piece of plastic already.

That's all.



**SINGAPORE
POLICE FORCE**



T/20170920/2137

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20170920/2137

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: F / Staff Sgt PHOON PENG MUNG | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 20/09/2017 17:25 |
| Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL-HAGUE Contact No.: 65476079 | Classification Of Case: |

Authentication Stamp
NP168

Signature: 

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PIC



SCENE PIC



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 ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|--|
| Date Of Report | 22/09/2017 16:34 |
| Date Of Accident | 20/09/2017 04:00 |
| Exact Location Of Accident | ALONG BUGIS+ OPPOSITE OPENSOURCE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJK6757J |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE SHU ZHEN |
| NRIC No | S8923249Z |
| Email Address | FIIONLEE@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96911249 |
| Alternative Phone No | OFFICE-NOPHONE |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | SUZUKI |
| Model | SX4-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |
| 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 CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5082886418 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LEE SHU ZHEN |
| NRIC No | S8923249Z |
| Date Of Birth | 15/07/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/12/2010 |
| Driving Experience | 6 YEARS AND 9 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96911249 |
| Fax Number | |
| Contact Number | OFFICE-NOPHONE |
| EMail Address | FIIONLEE@HOTMAIL.COM |

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 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

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

Details of Witness

Name
 Phone Number
 Email Address

SKETCH PLAN

Vehicle Number: SJK 6757-S
Date of Accident: 20/9/17

IMPORTANT NOTICE

1. Report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The filling and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 22/09/17 12:30pm

Policyholder's Signature / Date & Time

[Signature] / Date & Time

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

cham's customer

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

[Signature] Fionlee@hotmail.com

Describe the Circumstances of the Accident

5082886418

I was going back home, I exit from the carpark I accidentally hit my left hand car. I did do anything and I just drove off.

I was late for the report cause I do not know that I need to report within 24 hr until I consult my insurance agent

DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

REPORTING ONLY ()

THIRD PARTY CLAIM ()
OWN WORKSHOP ()

OWN DAMAGE ()

Declaration

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

 22/09/17 12:30pm
Policy holder's Signature / Date & Time

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


CHARNS CUSTOMCRAFT
Witnessed by Reporting Centre Personnel

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 | | | |
|--|---------------------------|-----------------------------|---|
| COMLAW LLC* | | Ref : CS/LAW19006896/Gvd3e2 | |
| 64 CECIL ST #06-01 IOB BLDG SINGAPORE 049711 | | Date : 23-07-2019 |  |
| | | Code : L050 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION) | | | |
| Insured Veh. | SJK 6757J | Veh. Inspected | SGN 5918M |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | DV.CG.2018.217425.jo | Excess (\$) | 0.00 |
| Assign From | JULIA ONG | Assign Date | 15/04/2019 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | B.M.W. 528i | c.c | 1997 |
| Engine No. | HIDDEN | Year of Reg. | 2012 |
| Chassis No. | WBAXG32000DX82301 | Colour | WHITE |
| Odometer | 146663 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | GOOD | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 225/55 R17 | LANDSAIL | 6 mm |
| L/H Front Tyre | 225/55 R17 | LANDSAIL | 6 mm |
| R/H Rear Tyre | 225/55 R17 | LANDSAIL | 6 mm |
| L/H Rear Tyre | 225/55 R17 | LANDSAIL | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 20/09/2017 | Inspection Date | 12/07/2019 |
| Survey held at | 160 SIN MING DRIVE# 02-09 | | |
| Repairer | 833 MOTORSPORTS | | |
| 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 | |



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGN 5918M

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|--|---------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | FRONT BUMPER | REPLACED | 1,546.40 | 1,546.40 |
| 1 | FRONT BUMPER CENTRE "BMW" LOGO | REPLACED | 67.80 | 67.80 |
| 2 | FRONT BUMPER PARKING SENSOR | REPLACED-1PC ONLY | 462.00 | 231.00 |
| 1 | FRONT BUMPER RH FOG LAMP COVER | REPLACED | 191.20 | 191.20 |
| 1 | FRONT BUMPER RH FOG LAMP | REPLACED | 72.40 | 72.40 |
| 1 | FRONT BUMPER INNER REINFORCEMENT | REPLACED | 768.10 | 768.10 |
| 1 | RH HEADLAMP | REPLACED | 2,866.95 | 2,866.95 |
| 1 | RH HEADLAMP WASHER NOZZLE / PUMP | REPLACED | 174.90 | 174.90 |
| 1 | FRONT RH FENDER | REPAIRED SEE LABOUR | 842.30 | - |
| 1 | FRONT RH FENDER UNDER SHIELD | REPLACED | 161.80 | 161.80 |
| 1 | SET FRONT FENDER UNDER SHIELD CLIPS | REPLACED | 40.00 | 40.00 |
| 1 | FRONT RH OIL COOLER | NOT NECESSARY | 666.25 | - |
| 1 | FRONT RH OIL COOLER COWLING | REPLACED | 80.05 | 80.05 |
| 1 | FRONT RH OIL COOLER OUTER AIR DUCT | REPLACED | 108.10 | 108.10 |
| 1 | FRONT RH SPORTS RIMS | REPAIRED SEE LABOUR | 992.70 | - |
| | LESS 5% DISCOUNT | | -452.05 | -315.44 |
| | | | 8,588.90 | 5,993.26 |
| LABOUR | | | | |
| | TO REMOVE, JACK OUT, STRAIGHTEN, PANEL BEATING, ALIGN AND RENEW REPLACED PARTS. INCLUSIVE OF THE REPAIR OF FRONT RH FENDER AND FRONT RH SPORTS RIMS. | | 1,000.00 | 400.00 |
| | TO PUTTY AND RESPRAY PAINTING ON AFFECTED AREAS. | | 1,100.00 | 500.00 |
| | TO CHECK WIRINGS AND LIGHTINGS. | | 50.00 | 30.00 |
| | TO REMOVE, REFIX OIL COOLER. | NOT NECESSARY | 120.00 | - |
| | TO CONDUCT COMPUTERISE WHEEL ALIGNMENT TEST. | NOT NECESSARY | 80.00 | - |
| | TO SUPPLIED AND APPLIED ANTI RUST TREATMENTS. | | 100.00 | 40.00 |
| | | | 2,450.00 | 970.00 |

Report Ref No. CS/LAW19006896/Gvd3e2



| | | | |
|---|--|-----------|----------|
| GRAND TOTAL | | 11,038.90 | 6,963.26 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 5,550.00 |

Report Ref No. CS/LAW19006896/Gvd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B. Bus, MBA, PEng, PE,
MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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