

REF: CS3/ASM/5015862/Gtd3-1

Special instruction:

L/S: \$ 24,500.00

Third Parties:

Claimant:

Surveyor: WG Appraisal Services

Workshop: Teamwork Genye

ASSIGNMENT (Office)

From (Person): Xin Yi of Seachong Date/Time: 27/02/2019
 Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLS 230K Insured: SFW 1141C
at Workshop m/s Teamwork Garage Tel: 6442175
of 53 Ubi Ave 1 #01-25

Policy No: _____ Claim No: 19-26486 PD-0

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28/08/2019
(Client's Record)

(Client's Record) 6/5/2019 @ 3pm

H.O.D. Enrolment/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 11/1/19 Confirmed with _____ Final Fig _____, _____ days (Red S _____ / _____ %; Original 10 days)

Date/Time: 24/6/19 Submit Final Fig 10850, 8 days (Red \$13650/55 %; Original 10 days)

Date/Time	Action/Instruction
-----------	--------------------

SL5230K-C53/ASMAKU15862/024/302 DATA 20/6/15

3FNU181C-CVI/VAL/PUJ0299/B

1/1/2020

()

RECEIVED 24 JUN 2019 21/6/2019

[illegible]

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

Para(2) : Comments on consistency : 61

Part (2) : Comments on consistency of damages (Parts Not Consistent : NC)	

[illegible]

Dono(2) : N-14.33.1

Para(3) : Nett Value	

Market Value :	Inspected/	Fee Charged:	Date:
----------------	------------	--------------	-------

Inspected/ Evaluated by:	Basic & Add Transport	200
-----------------------------	--------------------------	-----

Salvage Value : _____	Transport _____	Photos _____
-----------------------	-----------------	--------------

Nett Value	Others
Total	Total

1) Date/Time 24/6/19 File Pass to Typist 2) Date/Time _____ File Return to _____

3) Date/Time _____ File Pass to _____ 4) Date/Time _____ File Return to _____

5) Date/Time _____ File Pass to _____ 6) Date/Time _____ File Return to _____

ASS. REC. BY:

REF:

CS3/ASM18015862/G24034

Special Instruction:

Surveyor:

Smart claim

GMD Orancy

ASSIGNMENT (Office)

From (Person):

Lynthia

of

ASM

Date/Time:

30/8/18 @ 10:50am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLS 230K

Insured:

SFW 1141C

at Workshop in/s:

Teamwork Garage

Tel:

6844 2475

of

Blk 53 Ubi Ave 1 #01-24

Policy No:

Claim No:

S8M007QQ

Sum Insured:

Excess:

Make of Veh:

D.O.A.

28/08/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 1up?

H.O.D. Endorsement

Date/Time:

Person Contacted:

Darren

Vehicle:

IN/OUT

Date/Time	Action/Instruction (x) Estimate
	867551
	Dismantle part : 04/09/2018

ASS. REC. BY

REF: AXA

0297A

ASSIGNMENT

From: Date: 3/9/18

Estimated Cost

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

To Inspect Vehicle No: 825230K

at Workshop m/s

of 53 Wb Ave / #01-24

Insured

Policy No.

Claims No.

Seen Insured

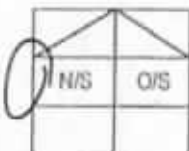
Excess:

(Client's Record)

Make of Veh

(Policy Condition)

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



Bul. or Market Value: \$56K

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS up

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: 825230K Yr Regn: 08 Jun 2010

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

Truck / Trailer or

Make: BMW 535i C.C. 2979

Colour: Red A/C: Insured / Std / NI / NA

Sp. Rounding: 145570 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAFR72010C264569

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size: F: 275/35ZR19

R: "

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 min R/Bal. 5 min

L/Bal. 5 min L/Bal. 5 min

D.O.A. D.O.I. 03-09-18

Survey held at W/S 11AM

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

The W/C Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

6/9/18 submit P/L Report

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RD, \$

Photos

Others

TOTAL

100

100

Report Format :

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

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Wednesday, 27 February 2019 9:25 AM
To: 'Admin-D (LKKAuto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; 'Sharon'
Subject: SLS 230K [Our file ref: 19.26486 PD-O]
Attachments: TPPD LITIGATION LOD - GOH JUN DE.pdf

Dear Nivita,

CLAIMANT : GOH JUN DE
VEHICLE NUMBER : SLS 230K
ALLEGED ACCIDENT DATE : 28 AUGUST 2018
AXA VEHICLE NUMBER : SFW 1141C

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report is attached. A copy is enclosed.

We have requested for OI's GIA from AXA and will forward once we receive the same.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please let us arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest. Thanks!

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Friday, 26 April 2019 5:40 PM
To: 'Admin-D (LKKAuto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; christina@seahong.com.sg
Subject: [SOP file ref: 19.26486 PD-O] [Your file ref: VP.282918.19(ac)]

Dear Nivitha

CLAIMANT :	GOH JUN DE
VEHICLE NUMBER :	SLS 230K
ALLEGED ACCIDENT DATE :	28 AUGUST 2018
AXA VEHICLE NUMBER :	SFW 1141C

Further to the tele-conversation between our goodselves this afternoon, we confirm that your surveyor can attend the RI **on 3pm on 6th May 2019 at 53 Ubi Ave 1, #01-23/24 Paya Ubi Industrial Park, Singapore 408934.**

Kindly let us have your post repair report and invoice, in due course, for our further action. Thanks!

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Thursday, 11 April 2019 4:15 PM
To: 'Xin Yi' <xinyi@seahong.com.sg>; andre@parwanilaw.com.sg
Cc: 'Chee Kiong' <cheekiong@seahong.com.sg>; samson@seahong.com.sg; amanda@seahong.com.sg
Subject: RE: [SOP file ref: 19.26486 PD-O] [Your file ref: VP.282918.19(ac)]

Dear Xin Yi,

Noted with thanks.

Best Regards,

**PARWANI LAW LLC**

**ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS
NOTARY PUBLIC**

UEN No: 201410012K

60136060

Our Ref : VP.282918.19(ac)
Your Ref : SFW 1141C
Date : 20 February 2019



- ☐ Via Fax
☐ Via AR Registered
☒ Via Certificate of Posting
☐ Via Ordinary Post
☒ Via Hand / Courier
☐ Via Email

Managing Director

Vijai Parwani parwani@parwanilaw.com.sg

Associates

Nicholas Chandra nicholas@parwanilaw.com.sg
Victor Huang Po Han victor@parwanilaw.com.sg

Senior Legal Executive

Ari James ari@parwanilaw.com.sg

Legal Executive

Andre Chua andrea@parwanilaw.com.sg

We do not accept service of court documents by fax

AXA INSURANCE PTE LTD

8 Shenton Way
#24-01 AXA Tower
Singapore 068811

Attention: Motor Claims Department

THEN AH SAM
635C Punggol Drive
#10-629
Singapore 823635

**CERTIFICATE OF POSTING
(For your information only)**



Dear Sirs,

CLAIMANT: GOH JUN DE
ACCIDENT INVOLVING SLS 230K & SFW 1141C AFTER BARTLEY RD EAST
FLYOVER TWDS TAMPINES AVE 10 ON 28 AUGUST 2018

We act on the instructions of **GOH JUN DE**, the owner of Motor Vehicle No. **SLS 230K** (the "Vehicle").

We are instructed by our clients to claim damages against you/your insured in connection with the abovementioned road traffic accident involving our clients' motor vehicle (SLS





PARWANI LAW LLC
ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS
NOTARY PUBLIC

230K) and your/your insured's motor vehicle (**SFW 1141C**) driven by you/your insured at the material time.

We are further instructed that the accident was caused by you/your insured's negligence in driving and/or management of your/your insured's vehicle. As a result of the accident, our clients' vehicle was damaged and our clients have been put to loss and expense, particulars of which are as follows: -

<u>S/No.</u>	<u>Description</u>	<u>Amount</u>
1	Repair Costs (inclusive of 7% GST)	\$26,215
2	Loss of Use at \$250 per day (20 days)	\$5,000
3	Survey Report Fees	\$926
4	LTA Search	\$7.49
5	Cost Contribution (at this stage)	\$1,000
6	Disbursements (at this stage)	\$80
		TOTAL: \$33,228.49

We enclose a copy of each of the following supporting documents: -

- a) GIA Report lodged by our clients;
- b) LTA Search;
- c) Vehicle Rental Agreement;
- d) Surveyor's report and invoice from M/s WG Appraisal Services;
- e) Copies of photographs of our clients' damaged vehicle; and
- f) Profoma Invoice

The demand herein is in respect of our clients' claim for damages pertaining to their motor vehicle and any settlement following or subsequent to this demand shall not prejudice our clients' claim in respect of damages and consequential loss in relation to personal injuries.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you and your insurer should send to us an acknowledgment of receipt of this letter within 14 days of receipt of this letter, failing which our clients will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Our clients' claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our clients.



PARWANI LAW LLC
ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS
NOTARY PUBLIC

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

Yours faithfully,

PARWANI LAW LLC
Victor Huang Po Han
cc. Clients
Encl.

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 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	29/08/2018 19:27
Date Of Accident	28/08/2018 12:05
Exact Location Of Accident	AFTER BARTLEY RD EAST FLYOVER TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS230K
Insured/Policyholder	
Name Of Registered Owner	GOH JUN DE
NRIC No	S9070297A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97874834
Alternative Phone No	OFFICE-97874834
Vehicle Particulars	
Manufacturer	BMW
Model	535I 3.0L AT D/AB 2WD 4DR GAS/D SR HUD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101026005
Cover Note Number	
Driver	
Name of Driver	GOH JUN DE
NRIC No	S9070297A
Date Of Birth	23/12/1990
Occupation	INDOOR
Date Of Driving Pass	01/04/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97874834
Fax Number	
Contact Number	OFFICE-97874834
Email Address	NOEMAIL

Address	BLK 4 UPPER ALJUNIED LANE #04-24
Postcode	360004
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFW1141C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

24478 • J. Neurosci., September 24, 2008 • 28(39):9447–9458 • www.jneurosci.org

10-11-1968

3. On October 10, 2008, the defendant was arrested on a warrant for the same offense.

[illegible]

* only 1000 copies - 1995 - 1996 - 1997 - 1998 - 1999 - 2000 - 2001 - 2002 - 2003 - 2004 - 2005 - 2006 - 2007 - 2008 - 2009 - 2010 - 2011 - 2012 - 2013 - 2014 - 2015 - 2016 - 2017 - 2018 - 2019 - 2020 - 2021 - 2022 - 2023 - 2024 - 2025 - 2026 - 2027 - 2028 - 2029 - 2030 - 2031 - 2032 - 2033 - 2034 - 2035 - 2036 - 2037 - 2038 - 2039 - 2040 - 2041 - 2042 - 2043 - 2044 - 2045 - 2046 - 2047 - 2048 - 2049 - 2050 - 2051 - 2052 - 2053 - 2054 - 2055 - 2056 - 2057 - 2058 - 2059 - 2060 - 2061 - 2062 - 2063 - 2064 - 2065 - 2066 - 2067 - 2068 - 2069 - 2070 - 2071 - 2072 - 2073 - 2074 - 2075 - 2076 - 2077 - 2078 - 2079 - 2080 - 2081 - 2082 - 2083 - 2084 - 2085 - 2086 - 2087 - 2088 - 2089 - 2090 - 2091 - 2092 - 2093 - 2094 - 2095 - 2096 - 2097 - 2098 - 2099 - 2100 - 2101 - 2102 - 2103 - 2104 - 2105 - 2106 - 2107 - 2108 - 2109 - 2110 - 2111 - 2112 - 2113 - 2114 - 2115 - 2116 - 2117 - 2118 - 2119 - 2120 - 2121 - 2122 - 2123 - 2124 - 2125 - 2126 - 2127 - 2128 - 2129 - 2130 - 2131 - 2132 - 2133 - 2134 - 2135 - 2136 - 2137 - 2138 - 2139 - 2140 - 2141 - 2142 - 2143 - 2144 - 2145 - 2146 - 2147 - 2148 - 2149 - 2150 - 2151 - 2152 - 2153 - 2154 - 2155 - 2156 - 2157 - 2158 - 2159 - 2160 - 2161 - 2162 - 2163 - 2164 - 2165 - 2166 - 2167 - 2168 - 2169 - 2170 - 2171 - 2172 - 2173 - 2174 - 2175 - 2176 - 2177 - 2178 - 2179 - 2180 - 2181 - 2182 - 2183 - 2184 - 2185 - 2186 - 2187 - 2188 - 2189 - 2190 - 2191 - 2192 - 2193 - 2194 - 2195 - 2196 - 2197 - 2198 - 2199 - 2200 - 2201 - 2202 - 2203 - 2204 - 2205 - 2206 - 2207 - 2208 - 2209 - 2210 - 2211 - 2212 - 2213 - 2214 - 2215 - 2216 - 2217 - 2218 - 2219 - 2220 - 2221 - 2222 - 2223 - 2224 - 2225 - 2226 - 2227 - 2228 - 2229 - 2230 - 2231 - 2232 - 2233 - 2234 - 2235 - 2236 - 2237 - 2238 - 2239 - 2240 - 2241 - 2242 - 2243 - 2244 - 2245 - 2246 - 2247 - 2248 - 2249 - 2250 - 2251 - 2252 - 2253 - 2254 - 2255 - 2256 - 2257 - 2258 - 2259 - 2260 - 2261 - 2262 - 2263 - 2264 - 2265 - 2266 - 2267 - 2268 - 2269 - 2270 - 2271 - 2272 - 2273 - 2274 - 2275 - 2276 - 2277 - 2278 - 2279 - 2280 - 2281 - 2282 - 2283 - 2284 - 2285 - 2286 - 2287 - 2288 - 2289 - 2290 - 2291 - 2292 - 2293 - 2294 - 2295 - 2296 - 2297 - 2298 - 2299 - 2300 - 2301 - 2302 - 2303 - 2304 - 2305 - 2306 - 2307 - 2308 - 2309 - 2310 - 2311 - 2312 - 2313 - 2314 - 2315 - 2316 - 2317 - 2318 - 2319 - 2320 - 2321 - 2322 - 2323 - 2324 - 2325 - 2326 - 2327 - 2328 - 2329 - 2330 - 2331 - 2332 - 2333 - 2334 - 2335 - 2336 - 2337 - 2338 - 2339 - 2340 - 2341 - 2342 - 2343 - 2344 - 2345 - 2346 - 2347 - 2348 - 2349 - 2350 - 2351 - 2352 - 2353 - 2354 - 2355 - 2356 - 2357 - 2358 - 2359 - 2360 - 2361 - 2362 - 2363 - 2364 - 2365

The report will be forwarded to the relevant authorities for their management and for the Association of Banks in order to be able to take the necessary measures to protect the interests of the interested parties.

[illegible]

© 2008 Blackwell Publishing Ltd, *Journal of Internal Medicine* 263: 105–112

we hereby acknowledge agree and warrant that:

At present, the relevant law in Singapore is the Road Traffic Act (Cap. 379) (Singapore Statutes) which contains provisions relating to the collection and processing of personal information for the purpose of "investigation" and disclosure and transfer of personal information to a third party. The law does not specifically address the collection of personal information in the context of an accident investigation. The law also does not specifically address the collection of personal information for the purpose of "investigation" and disclosure and transfer of personal information to a third party. The law also does not specifically address the collection of personal information for the purpose of "investigation" and disclosure and transfer of personal information to a third party.

1. Explain the meaning of the following terms:

iii) Investigating the product under my client:

Still someone will wonder whether we really have a *de facto* standard. We will return to this question below.

(iv) administering my claims (including the making of correspondence, statements, reports and records to the Commission) which could involve disclosure of certain personal data about me to other persons, of the same or different internal code of envelopes/mail packages, a visit

(3) complying with applicable law in administering, processing, handling and/or saving with its clients collectively the "Personal Data";

24. I, the undersigned, who have insured a vehicle(s) involved in this accident and the insurer's lawyer/law firm, may/are permitted to receive, use, disclose and/or process my Personal Information for one or more of the above purposes; and

(c) my Personal Information may/has been disclosed by any of the issuers and/or CAs to third party service providers of my credit card for the purpose of processing my credit card transactions.

(d) My Personal Information is 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 to collect under (d) above may be shared / disclosed.

(ii) to all insurers who refer 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

- iii) for complying with requirements under any regulations, laws or court orders.

Epischneider's 5-27-91 review
 type K. 1 letter

1. *Journal of the American Medical Association*, 2000; 283: 2689-2694.
 2. *Journal of the American Medical Association*, 2000; 283: 2695-2701.
 3. *Journal of the American Medical Association*, 2000; 283: 2702-2708.

bioRxiv preprint doi: <https://doi.org/10.1101/2017.07.20.176701>; this version posted July 20, 2017. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under aCC-BY-NC-ND 4.0 International license.

Accident Sketch Plan

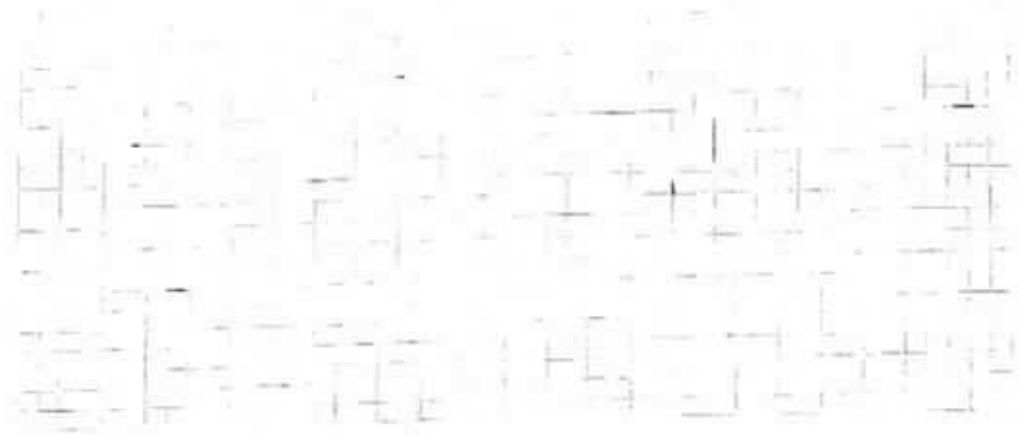


TABLE 1 - ACCIDENT SKETCH PLAN

I was driving along Bartley road east towards Tampines Ave 10 on the 2nd left lane. While approaching the junction, suddenly a vehicle on my left suddenly made a right turn without any warning and hit on the left portion of my vehicle.

Below the accident description, there are several horizontal lines for additional notes or details.

DECLARATION

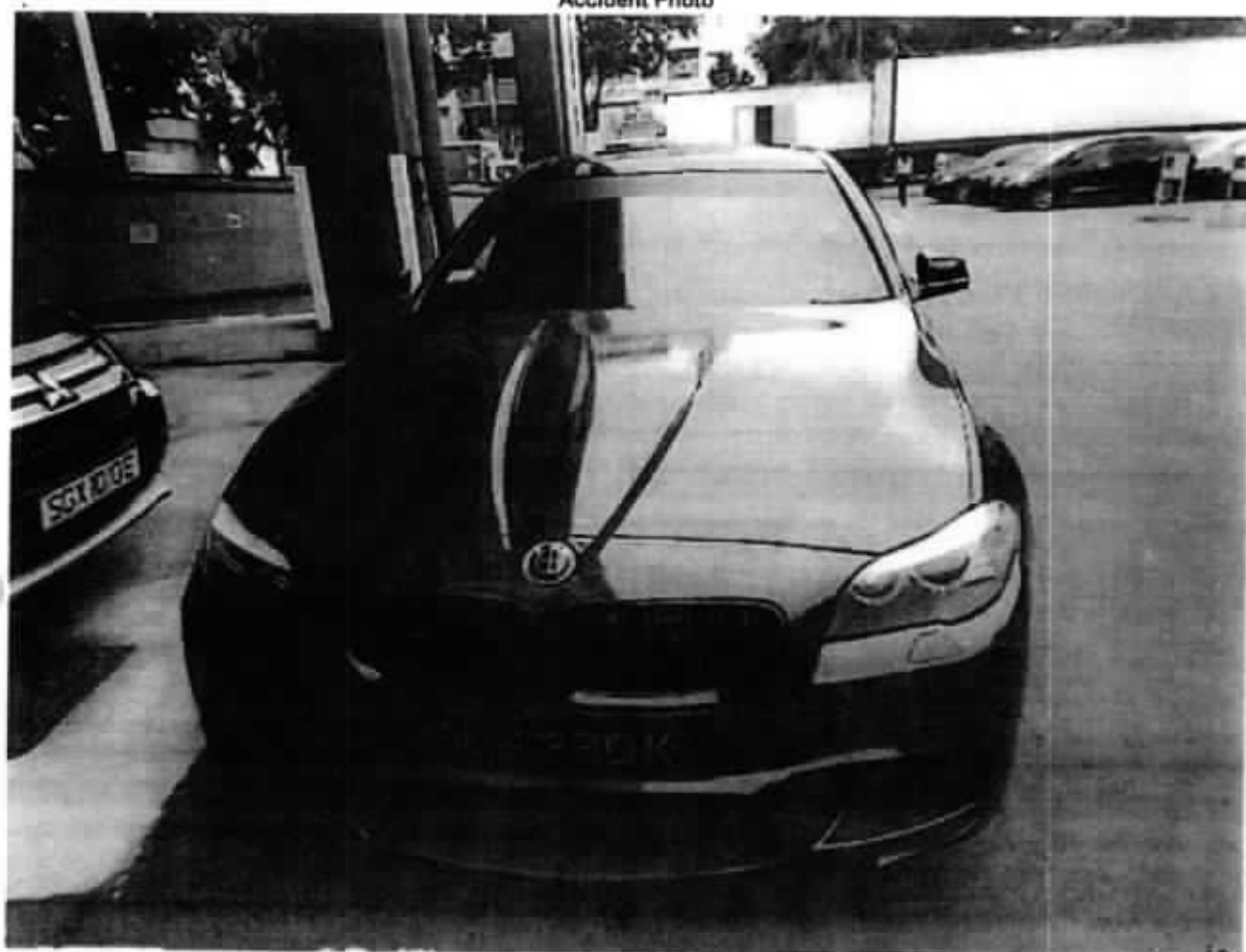
(We declare the above information is true and correct)

Driver's Signature
Date: / /

Witness's Signature
Date: / /

Police Officer's Signature
Date: / /

Accident Photo



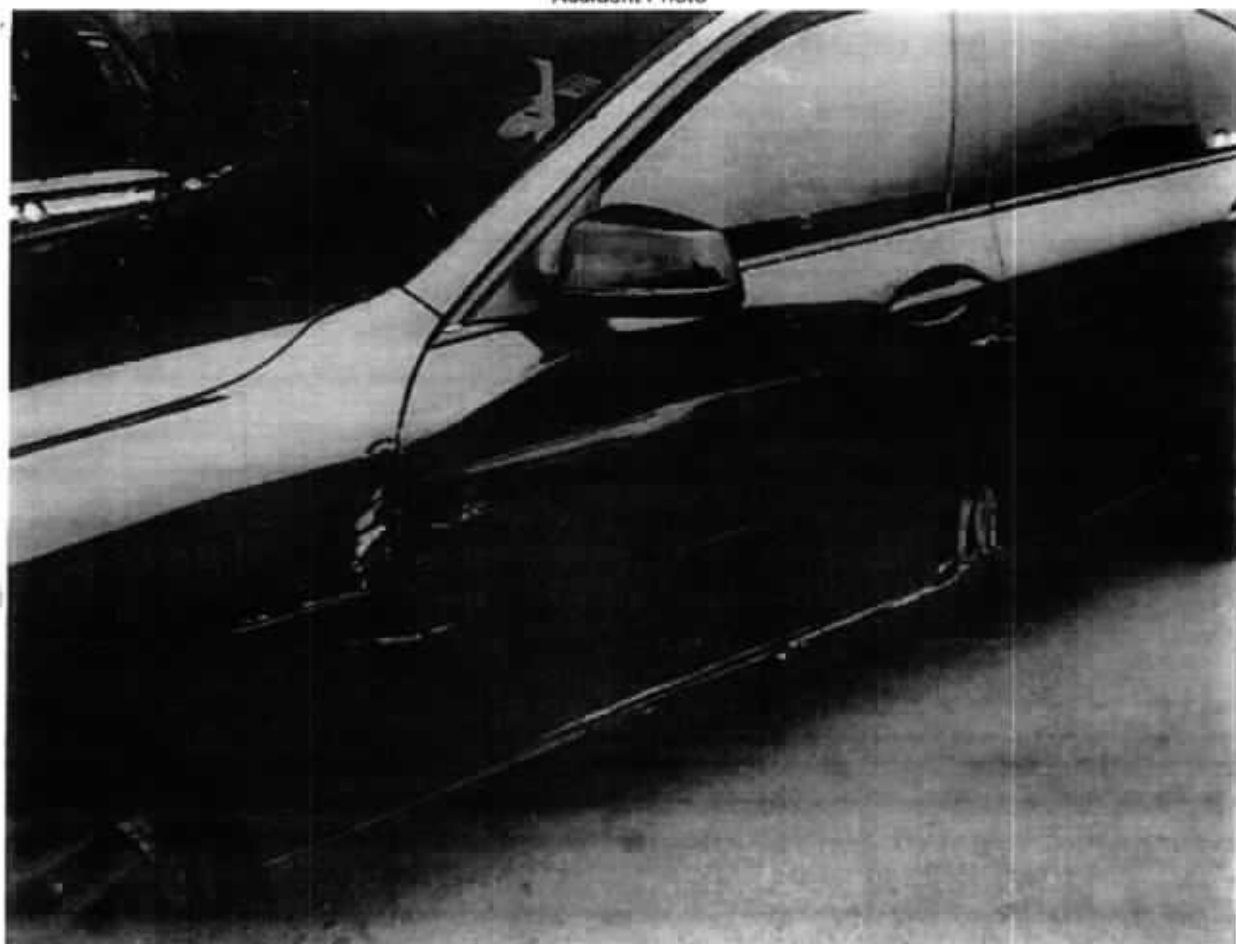
Accident Photo



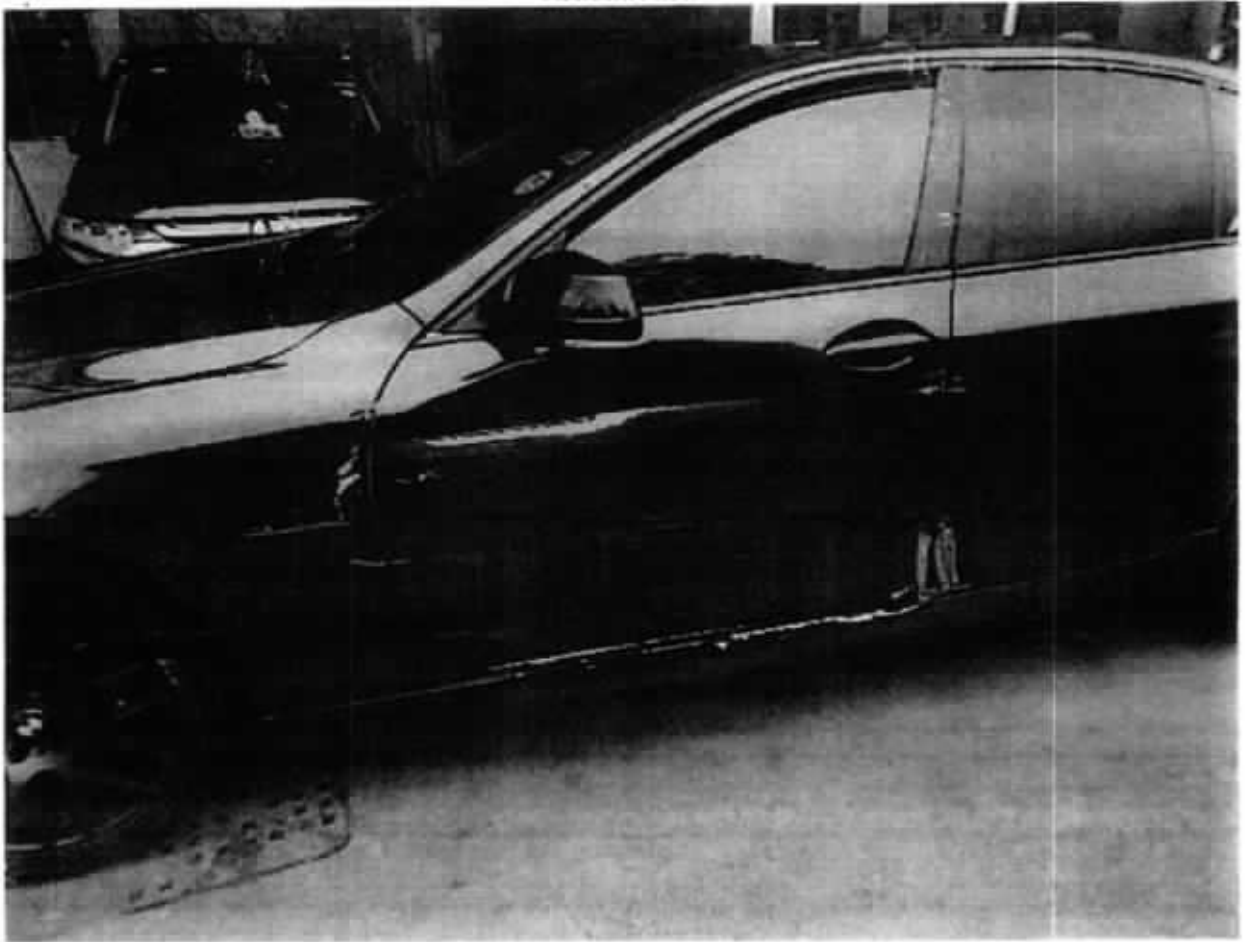
Accident Photo



Accident Photo



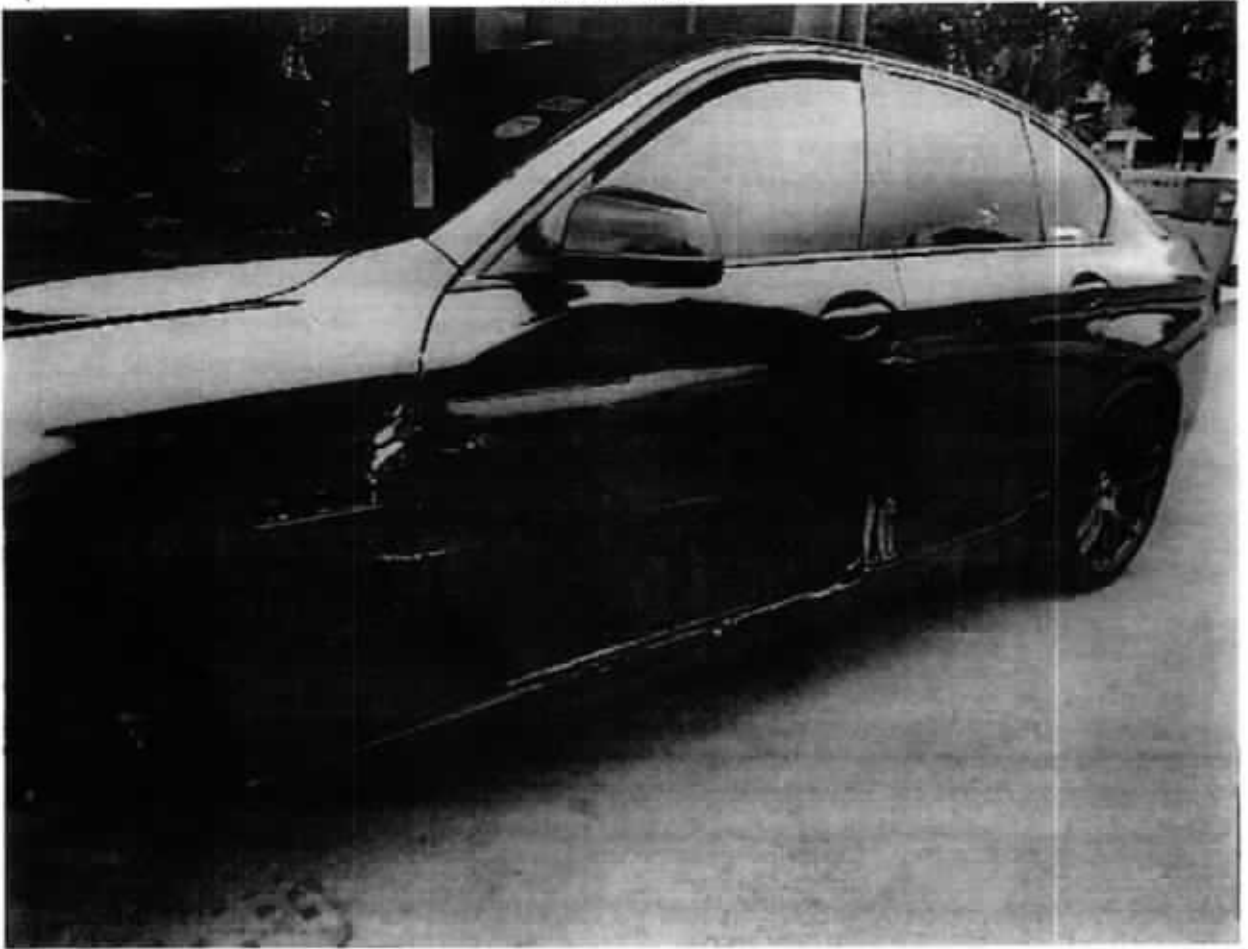
Accident Photo



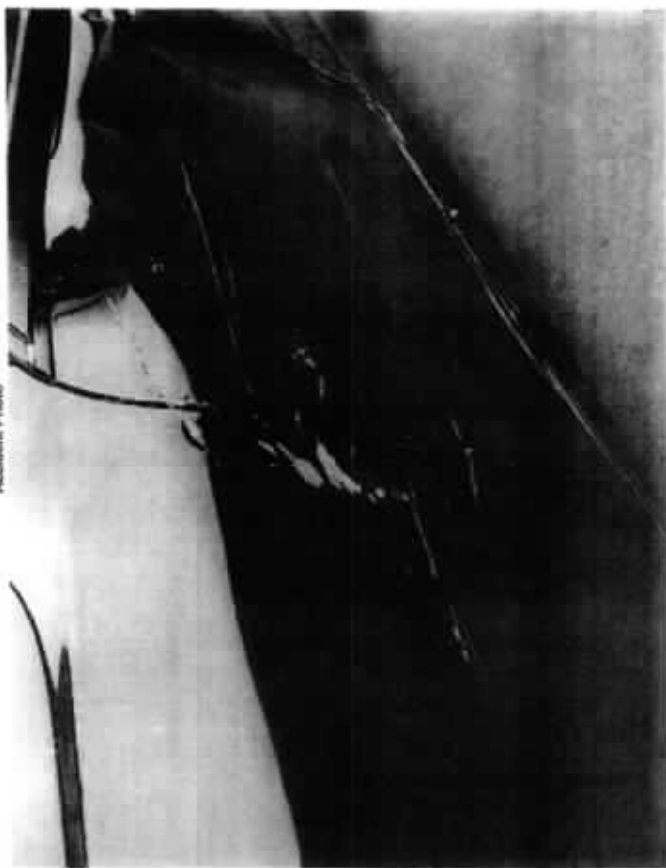
Accident Photo



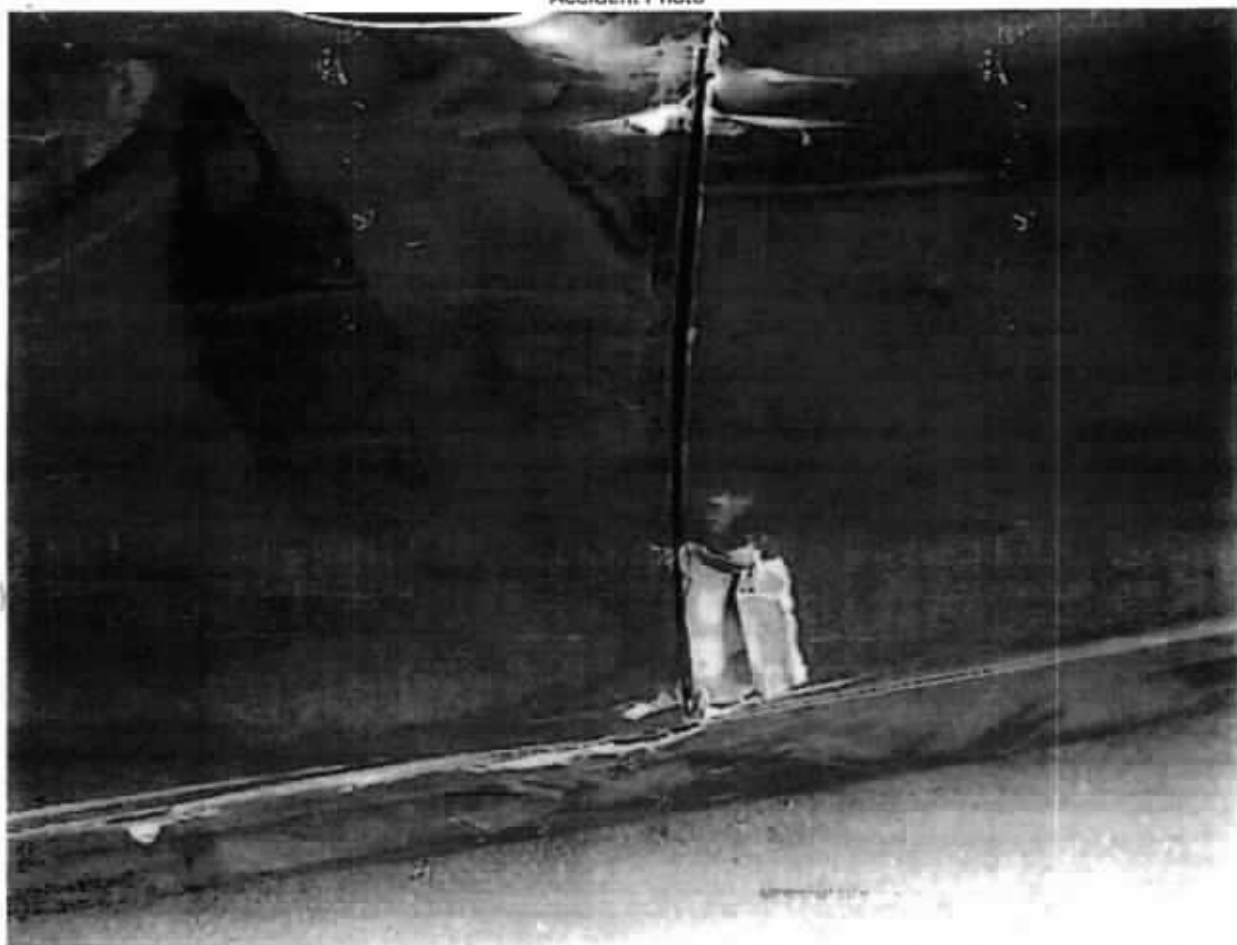
Accident Photo



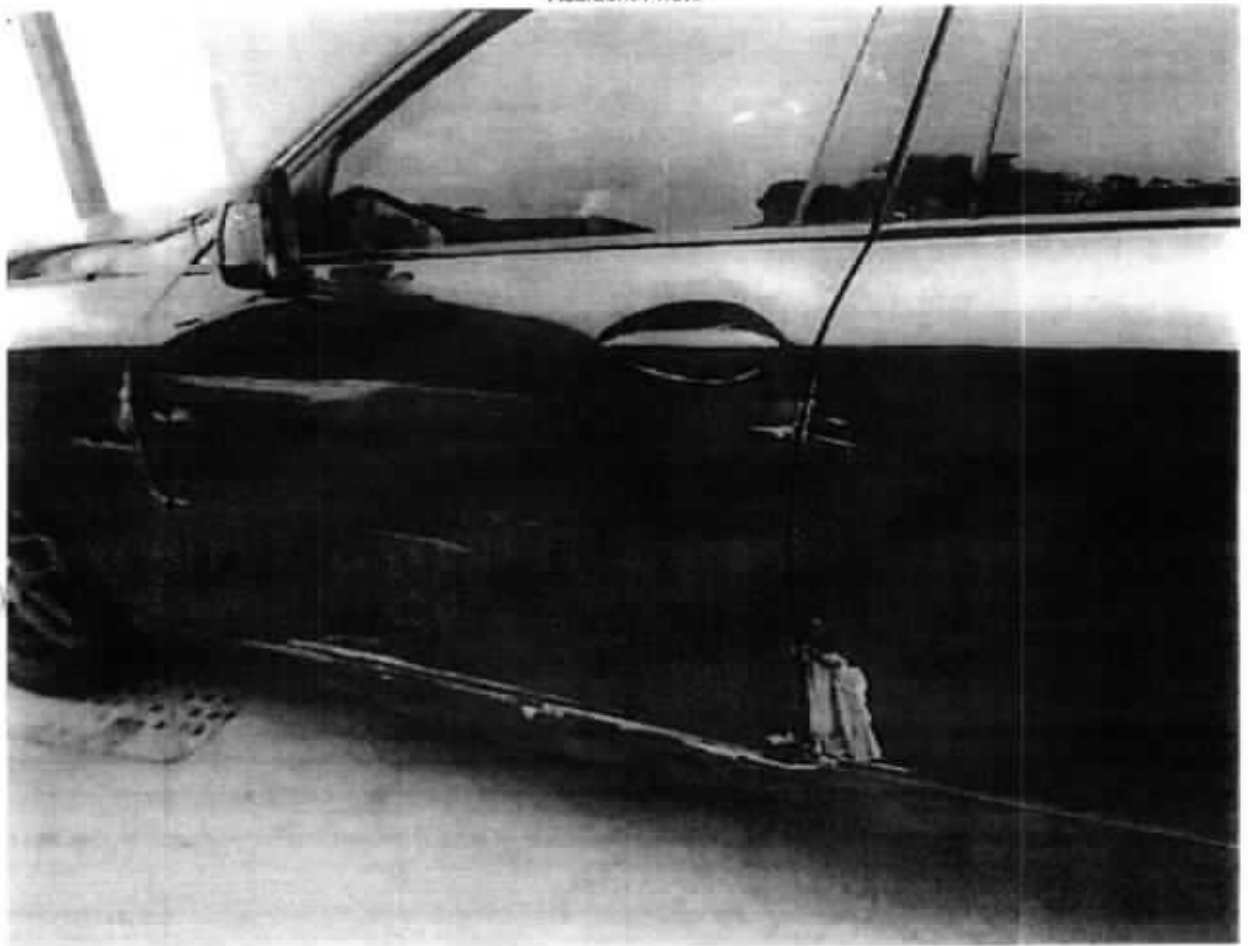
Accident Photo



Accident Photo



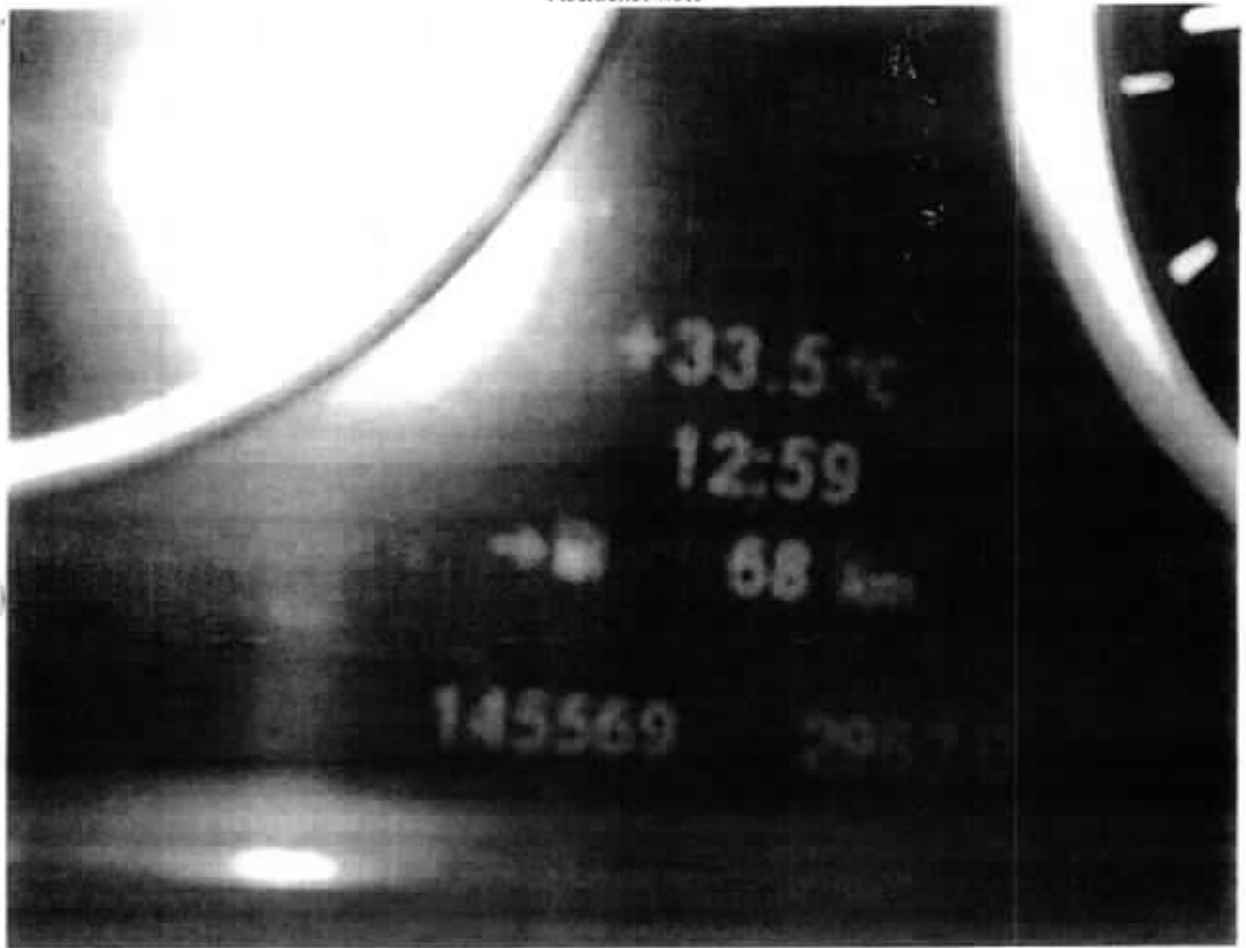
Accident Photo



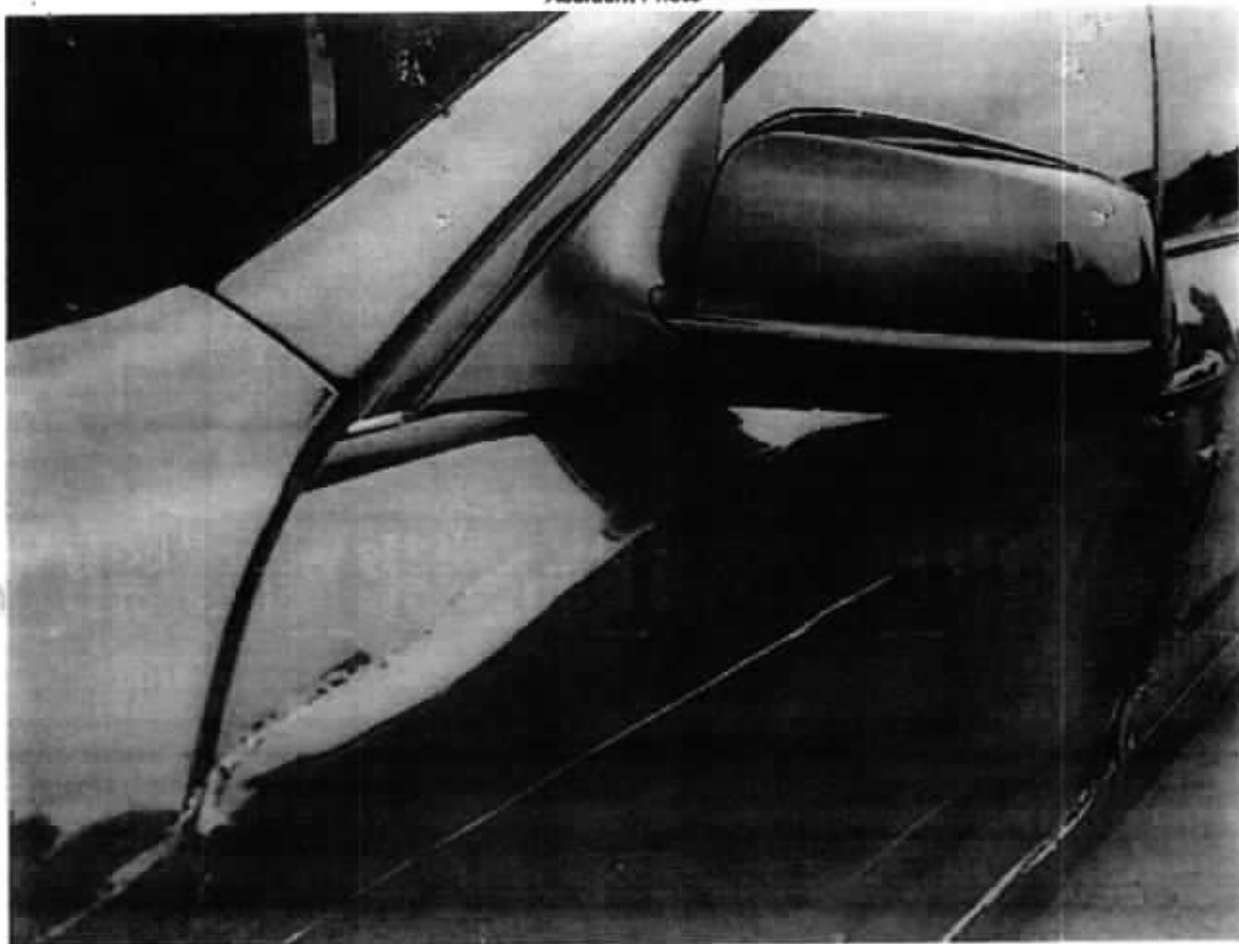
Accident Photo



Accident Photo



Accident Photo



Accident Photo



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Aug 2018 / 16:45:29

Receipt Date/Time : 28 Aug 2018 / 16:45:29

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180828-001784

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SFW1141C As at 28 Aug 2018/12:03:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - SFW1141C Enquiry Fee 201808281644-06891844	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx0257 Credit Card: Visa/MasterCard			7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF

K & t Cars

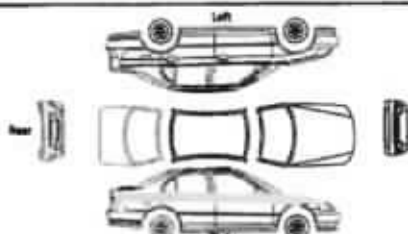
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-03973

Veh. No.: <u>SKAG 7094</u> <u>SL 530K</u>	Replace Veh. No.: <u>SL 530K</u>
Veh. M / M: <u>HUGA 530K</u> <u>MERCEDES 530K</u>	Replace Veh. M / M: <u>BMW 530K</u>

HIRER'S PARTICULAR		<input checked="" type="checkbox"/> SAME AS HIRER	DRIVER'S PARTICULAR
Name:	<u>GOM JUN DE</u>		Name:
Address:	<u>BLK 4 UPPER ALJUNIED LANE</u> <u>#04-24 SG 360004</u>		Address:
I/C:	<u>S9070297A</u>		I/C:
Contact:	<u>97874834</u>		Contact:
D.O.B:	<u>23.12.1990</u>		D.O.B:
Pass Date:	<u>01.04.2011</u>		Pass Date:

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	

RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	<u>30/08/2018</u>		Date In	<u>17/09/18</u>	
Time Out	<u>12.40 pm</u>		Time In	<u>1330</u>	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES					PETROL / DIESEL LEVEL					
Daily	@ \$	250	20 Days @	\$ 5000	OUT	E	¼	½	¾	F
Weekly	@ \$		Wks @	\$						
Monthly	@ \$		Mth @	\$	IN	E	¼	½	¾	F
Hours	@ \$		Hrs @	\$						
Inclusive of additional charges (if any)			Amt payable	\$ 5000	Petrol Charges		YES	NO	AMT: _____	
					CDW		YES	NO	AMT: _____	
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST					Security Deposit		YES	NO	AMT: _____	
Bank / Cheque No.:					Advance Payment		YES	NO	AMT: _____	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tendered accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

- Additional charges and expenses payable by the hirer in connection with the rental of a K & t CARS vehicle include:
- Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
 - Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
 - Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
 - Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
 - The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
 - In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
 - In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and a so the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
Signature of hirer / driver (company stamp if any)	For and on behalf of K & t CARS (authorised signature only)

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: Winsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J


Our Ref:	WG/TP/2019-18	Date 14 January 2019
Invoice No:	TP/TWG/2019-18	
Vehicle No:	SLS230K	
Attn:	GOH JUN DE	
Company:	TEAMWORK GARAGE PTE LTD	
Address:	53 Ubi Ave 1, #01-24, Paya Ubi Industria Park . Singapore 408934	

Invoice

1808-34

\$24500

Surveyor Fee:	S\$730
Re-inspection Fee:	S\$50
Transport:	S\$50
Photographs:	S\$96/- (@ S1 per photo, total 96 photos)
Total:	S\$926

Surveyor: Winsong Goh
Signature: 
Date: 14/1/2019



Surveyor

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

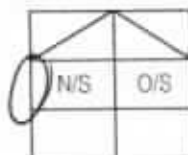
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt.: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLS 230k Yr Regn: 08 Jun 2010Type: ☒ Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Bmw 535i 3.0c 2979Colour: Red A/C: Insured / Std / NI / NASp. Reading: 161317 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAFR72010C-264569Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orMod: ☒ Nil / S/Rim / STD A/Rim orTyre Size: F: 225/388R19
R: 11

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

TOYO / YOKO or

Front

Rear

R/Bal: 5 mm R/Bal: 5 mmL/Bal: 5 mm L/Bal: 5 mmD.O.A.: _____ D.O.I.: 06-05-19Survey held at W/S 3pmDes. of Damages: Frt / Rear / O/S / ☒ N/S / UIC / Rooftop orThe ☒ UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS: \$

Photos

Others

TOTAL

Report Format :

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

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Invs (\$ _____)☐ Weekend (\$ _____)

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224
Email: winsongkk@hotmail.com Contact: 9747 0063
Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S : GOH JUN DE
C/O TEAMWORK GARAGE PTE LTD
53 Ubi Ave 1, #01-24, Paya Ubi Industrial Park
Singapore 408934

Date : 14 January 2019
Our Ref : WG/TP/2019-18

REFERENCE PARTICULARS

Date of Accident : 28 August 2018
Date of Inspection : 03 September 2018

Type of Inspection : Third Party
Date of Re-Inspr : 05 September 2018

VEHICLE PARTICULARS

Registration No : SLS230K
Make : B.M.W
Model : 535i 3.0L AT D/AB 2WD 4DR GAS/D
Year : 2010

Engine No : 07517378N55B30A
Chassis No : WBAFR72010C264565
Odometer : 145570km
Colour : Beige

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)

	Make	Size	Thread Balance
Front Near side	: Michelin	275/55ZR19	5 mm
Front Off Side	: Michelin	275/55ZR19	5 mm
Rear Near Side	: Michelin	275/55ZR19	5 mm
Rear off Side	: Michelin	275/55ZR19	5 mm

GENERAL DESCRIPTION OF DAMAGES

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

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was S\$24,500.00 nett at lump sum basis (Subject to GST if applicable)
Under normal circumstances, estimated period required for repairs : Ten (10) working days.

Enclosed Ninety-six (96) photographs depicting damage to the vehicle.

Inspection conducted at : TEAMWORK GARAGE PTE LTD
53 Ubi Ave 1, #01-24, Paya Ubi Industrial Park, Singapore 408934

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

VEHICLE NO : SL5230K
MODEL : 535I 3.0L AT D/A B 2WD 4DR GAS/D SR HUD

Our Ref : WG/TP/2019-18

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

SPARE PARTS	QTY PC/SET	ASSESSED CONDITION	ORIGINAL		REVISED
			QUOTATION	QUOTATION	
1 FRONT LH FENDER	1	DENTED	\$ 1,023.00	\$ 1,023.00	102.85
2 FRONT LH SIGNAL LAMP	1	MISSING	\$ 290.00	\$ 290.00	290
3 FRONT LH FENDER INNER SHIELD	1	NOT NECESSARY	\$ 260.00	\$	
4 FRONT LH DOOR SIDE MIRROR	1	CRACKED	\$ 1,950.00	\$ 1,950.00	1950
5 FRONT LH DOOR PANEL	1	DENTED	\$ 1,973.00	\$ 1,973.00	1973
6 FRONT LH DOOR UPPER HINGE	1	BENT	\$ 58.00	\$ 58.00	58
7 FRONT LH DOOR LOWER HINGE	1	BENT	\$ 58.00	\$ 58.00	58
8 CARRIER OUTSIDE DOOR HANDLE LH	1	MALFUNCTION	\$ 690.00	\$ 690.00	690
9 SYSTEM LATCH FRONT LH	1	MALFUNCTION	\$ 797.00	\$ 797.00	797
10 CATCH BRACKET FRONT LH	1	NECESSARY	\$ 165.00	\$ 165.00	165
11 WINDOW LIFTER FRONT LH	1	MALFUNCTION	\$ 480.00	\$ 480.00	480
12 WINDOW GUIDE FRONT LH DOOR	1	NECESSARY	\$ 120.00	\$ 120.00	120
13 SEAL DOOR FRONT	2	NECESSARY	\$ 170.00	\$ 170.00	170
14 SEAL DOOR JOINT LOWER	1	NECESSARY	\$ 41.00	\$ 41.00	41
15 FRONT LH DOOR TRIM	1	CRACKED	\$ 1,100.00	\$ 1,100.00	1100
16 REAR LH DOOR PANEL	1	DENTED	\$ 1,904.00	\$ 1,904.00	1904
17 REAR LH DOOR UPPER HINGE	1	BENT	\$ 58.00	\$ 58.00	58
18 REAR LH DOOR LOWER HINGE	1	BENT	\$ 58.00	\$ 58.00	58
19 CARRIER OUTSIDE DOOR HANDLE REAR LH	1	MALFUNCTION	\$ 690.00	\$ 690.00	690
20 SYSTEM LATCH REAR LH	1	MALFUNCTION	\$ 797.00	\$ 797.00	797
21 CATCH BRACKET REAR LH	1	NECESSARY	\$ 165.00	\$ 165.00	165
22 WINDOW LIFTER REAR LH	1	MALFUNCTION	\$ 480.00	\$ 480.00	480
23 WINDOW GUIDE REAR LH DOOR	1	NECESSARY	\$ 120.00	\$ 120.00	120
24 SEAL DOOR FRONT	2	NECESSARY	\$ 170.00	\$ 170.00	170
25 SEAL DOOR JOINT LOWER	1	NECESSARY	\$ 41.00	\$ 41.00	41
26 REAR LH DOOR TRIM	1	CRACKED	\$ 1,100.00	\$ 1,100.00	1100
27 LH SILL PANEL	1	DENTED	\$ 1,902.00	\$ 1,902.00	1902
28 LH SILL COVER	1	DEFORMED	\$ 610.00	\$ 610.00	610
29 FRONT LH WHEEL CARRIER	1	BENT	\$ 1,430.00	\$ 1,430.00	1430
30 FRONT LH WISHBONE	1	BENT	\$ 670.00	\$ 670.00	670
31 FRONT LH TRACK STRUT	1	BENT	\$ 470.00	\$ 470.00	470
32 FRONT LH INTEGRAL LINK	1	BENT	\$ 230.00	\$ 230.00	230
33 FRONT LH SHOCK ABSORBER	1	BENT	\$ 710.00	\$ 710.00	710
34 REAR LH WHEEL CARRIER	1	BENT	\$ 1,300.00	\$ 1,300.00	1300
35 REAR LH WISHBONE	1	BENT	\$ 770.00	\$ 770.00	770
36 REAR LH TRACK STRUT	1	BENT	\$ 420.00	\$ 420.00	420
37 REAR LH INTEGRAL LINK	1	BENT	\$ 210.00	\$ 210.00	210
38 REAR LH SHOCK ABSORBER	1	BENT	\$ 712.00	\$ 712.00	712
			\$ 24,192.00	\$ 23,912.00	23912
		Less 20%	\$ 1,209.60	\$ 1,196.60	1196.60
			\$ 22,982.40	\$ 22,715.40	22715.40
B) S/NET ITEM					
39 FRONT LH DOOR INNER TRIM CLIP	1 SET	NECESSARY	\$ 50.00	\$ 40.00	40
40 REAR LH DOOR INNER TRIM CLIP	1 SET	NECESSARY	\$ 50.00	\$ 40.00	40
41 RIM	3	GRAZED	\$ 2,400.00	\$ 1,600.00	1600
42 BRAKE FULID	1 BCT	NECESSARY	\$ 50.00	\$ 40.00	40
43 JOINT SEALANT	1	NECESSARY	\$ 150.00	\$ 130.00	130
			\$ 2,700.00	\$ 1,850.00	1850
Parts Total :			\$ 25,682.40	\$ 24,565.40	24565.40
C) LABOUR CHARGES & MISC					
44 CHECK WIRING AND LIGHTING SYSTEM			\$ 70.00	\$ 60.00	60
45 REMOVE AND REFIT LINING, TRIM AND GARNISH			\$ 200.00	\$ 180.00	180
46 DIAGNOSIS CHECK AND CLEAR FAULT CODE			\$ 600.00	\$ 500.00	500
47 TRANSFER PARTS, ATTACHMENT FROM OLD FRONT DOOR TO NEW			\$ 200.00	\$ 180.00	180
48 TRANSFER PARTS, ATTACHMENT FROM OLD REAR DOOR TO NEW			\$ 200.00	\$ 180.00	180
49 CHECK FRONT AND REAR WHEEL ALIGNMENT			\$ 300.00	\$ 250.00	250
50 REMOVE, REPLACE FRONT AND REAR UNDERCARRIAGE PARTS			\$ 500.00	\$ 400.00	400
51 PANEL BEATING ON AFFECTED AREAS			\$ 1,400.00	\$ 1,200.00	1200
52 SPRAY PAINTING ON AFFECTED AREAS			\$ 1,600.00	\$ 1,500.00	1500
53 APPLY ANTI RUST ON AFFECTED AREAS			\$ 150.00	\$ 130.00	130
54 TO REMOVE, REPLACE WRAPPING ON AFFECTED AREAS			\$ 1,500.00	\$ 1,400.00	1400

Labour Total :	\$	6,720.00	\$	5,980.00
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Total Parts and Labour :	\$	32,402.40	\$	30,565.40
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FINAL LUMP SUM ADJUSTMENT

\$ 24,500.00

13584.52

20% = 10850

31191.80

POINT OF IMPACT

The impact was confined to the left 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.

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 \$14,500.00 nett corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully
WG APPRAISAL SERVICES



Winson Goh
Automotive Appraiser



TeamWork Garage Pte Ltd
 53 Ubi Avenue 1 #01-23/24 Spore 408934
 Paya Ubi Industrial Park
 Tel : 6844 2475 Fax : 6844 2474
 E-mail : claims@teamworkgarage.com
 GST registered number : 201015366H

PROFOMA INVOICE - PI-1569

GOH JUN DE
 C/O 53 Ubi Avenue 1 #01-24
 Paya Ubi Industrial Park
 Singapore 408934

Date : 18-Feb-19
 Vehicle number : SLS230K
 Make Model : BMW 535I
 Accident date : 28-Aug-18
 Reference number : 1808-34

Description		Amount SGD\$
Inclusive of supplying parts, labour, panel beating and spray painting		
Lump sum repair	:	24,500.00
7% GST	:	1,715.00
Grand total	:	26,215.00
Singdollars: TWENTY SIX THOUSAND TWO HUNDRED FIFTEEN ONLY		



Teamwork Garage Pte Ltd

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 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	29/08/2018 12:35
Date Of Accident	28/08/2018 11:10
Exact Location Of Accident	TAMPINES AVE 10 TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW1141C
Insured/Policyholder	
Name Of Registered Owner	THEN AH SAM
NRIC No	S2573602H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93885057
Alternative Phone No	OFFICE-93885057

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (M)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA045496
Cover Note Number	

Driver

Name of Driver	KUA YOK KENG
NRIC No	S2013080F
Date Of Birth	06/01/1953
Occupation	INDOOR
Date Of Driving Pass	26/11/1998
Driving Experience	19 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91009219
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 635C PUNGGOL DRIVE #10-629
Postcode	823635
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

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

Circumstances of Accident

AS I WAS TRAVELLING INTO THE YELLOW BOX, I SAW THE RIGHT TURN GREEN LIGHT ON. SO, I TRIED TO DO A RIGHT TURN. I DID NOT NOTICE VEHICLE B WAS TRAVELING STRAIGHT AT THAT POINT OF TIME AND I CAN'T BRAKE IN TIME. SO, I KNOCK AGAINST THE LEFT PORTION OF VEHICLE B.

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	SLS230K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

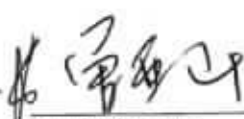
SKETCH PLAN

IMPORTANT NOTICE

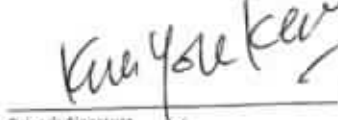
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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

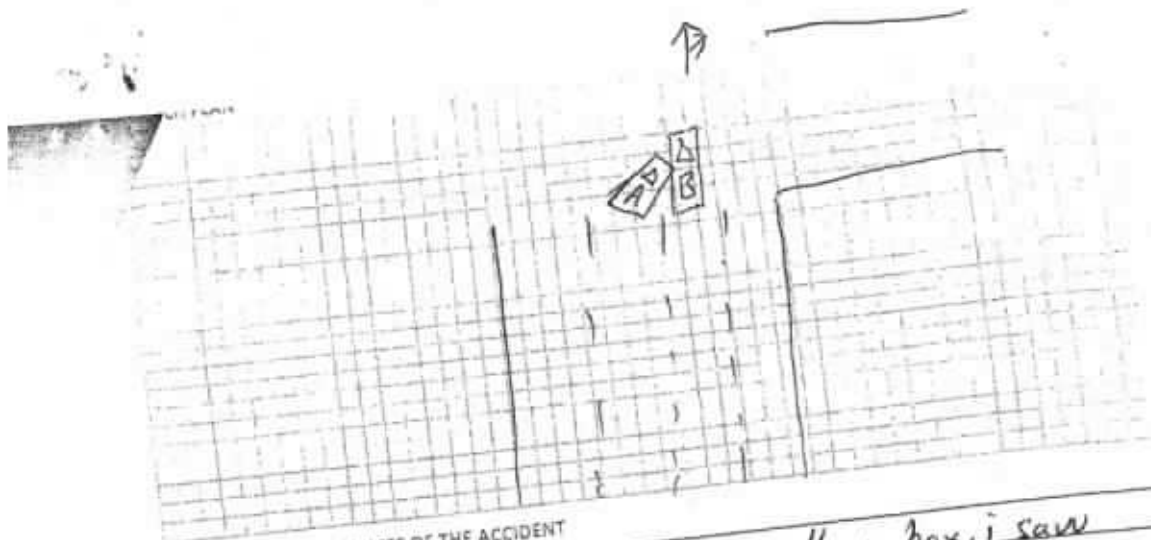

Driver's Signature
(If driver is not the policyholder)

Date & Time:

28/8/18
1.35pm

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



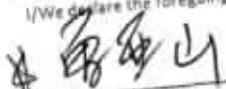
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

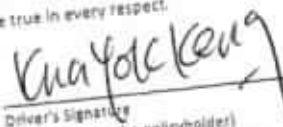
As i was travelling into the yellow box, i saw the right turn green light on, so i tried to ~~do~~ do a right turn. I did not notice ~~a~~ vehicle B was travelling straight at the point of time and i can't brake in time so i ~~was~~ knocked against the left portion of vehicle B.

Knayolk Keung

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.:

LETTER OF UNDERTAKING

I/We, Then Ah Sam, the owner of vehicle no. SFW1141 C

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, SONE MOTOR PTE LTD

Signed and Acknowledge by:

李南山
Nric no. and signature of policyholder

.....
Company Stamp

29/08/2018
Date

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2013080F



Name

KUA YOK KENG

初玉卿

Race

CHINESE

Date of birth

28-01-1953

Country/Place of birth

MALAYSIA

Sex

F

S2013080F



Identity Card No. S2013080F



Date of issue

01-24-2018

Address

APT BLK E33C FL 1300L DRIVE
#10-029
SINGAPORE 633028

5582213

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Valid until

Class 3 Motor Cars and Motor Tractors the weight of which inclusive does not exceed 3500 kilograms 28 Nov 1998



License No. S2013080F

MF 428A



24-480000
7427

Journal of Management Education, Vol. 30 No. 6, December 2006 798-810
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The VAI 66M
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Journal compilation © 2007 Blackwell Publishing Ltd
Journal of Internal Medicine 262: 105–114
DOI: 10.1111/j.1365-2796.2007.01907.x

1. **Identify the problem**
 2. **Identify the cause**
 3. **Identify the effect**
 4. **Identify the solution**
 5. **Identify the outcome**
 6. **Identify the feedback**
 7. **Identify the evaluation**
 8. **Identify the conclusion**
 9. **Identify the recommendation**
 10. **Identify the action plan**
 11. **Identify the timeline**
 12. **Identify the resources**
 13. **Identify the risks**
 14. **Identify the stakeholders**
 15. **Identify the communication plan**
 16. **Identify the monitoring and evaluation plan**
 17. **Identify the reporting mechanism**
 18. **Identify the accountability**
 19. **Identify the transparency**
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 29. **Identify the partnership**
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 33. **Identify the consortium**
 34. **Identify the joint venture**
 35. **Identify the strategic partnership**
 36. **Identify the collaborative relationship**
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1. *Chlorophyll a* (Chl *a*) is the primary photosynthetic pigment in most algae and higher plants. It is a green pigment that absorbs light energy in the blue and red regions of the visible spectrum.

AXA Insurance Plc Ltd

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AAA 801 8800 40173 (11/00/03/12/04)
J. G. W. 101 101 825 (12/00/04)
A. 101 101 101 101
C. 101 101 101 101

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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				
AXA INSURANCE PTE LTD			Ref : CS3/ASM18015862/Gtd3e2-1	
C/O : SEAH ONG & PARTNERS LLP 36 ROBINSON ROAD #12-03 CITY HOUSE SINGAPORE 068877			Date : 24-06-2019	
			Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)				
Insured Veh.	SFW 1141C	Veh. Inspected	SLS 230K	
Policy No.	GA045496	Coverage (\$)	0.00	
Claim No.	19.26486 PD-O	Excess (\$)	0.00	
Assign From	XIN YI	Assign Date	27/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	B.M.W. 535i	c.c	2979	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	WBAFR72010C264569	Colour	RED	
Odometer	145570	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	275/35Z R19	MICHELIN	5 mm	
L/H Front Tyre	275/35Z R19	MICHELIN	5 mm	
R/H Rear Tyre	275/35Z R19	MICHELIN	5 mm	
L/H Rear Tyre	275/35Z R19	MICHELIN	5 mm	
4. Description of Damages				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.				
5. General Information				
Accident Date	28/08/2018	Inspection Date	03/09/2018	
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.			
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:		8 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLS 230K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT LH FENDER	REPLACED	1,023.00	902.85
1	FRONT LH SIGNAL LAMP	REPLACED	290.00	145.00
1	FRONT LH FENDER INNER SHIELD	NOT NECESSARY	260.00	-
1	FRONT LH DOOR SIDE MIRROR	NOT NECESSARY	1,950.00	-
1	FRONT LH DOOR PANEL	REPLACED	1,973.00	1,689.00
1	FRONT LH DOOR UPPER HINGE	REPLACED	58.00	58.00
1	FRONT LH DOOR LOWER HINGE	REPLACED	58.00	58.00
1	CARRIER OUTSIDE DOOR HANDLE LH	REPLACED	690.00	560.40
1	SYSTEM LATCH FRONT LH	REPLACED	797.00	679.70
1	CATCH BRACKET FRONT LH	NOT NECESSARY	165.00	-
1	WINDOW LIFTER FRONT LH	REPLACED	480.00	480.00
1	WINDOW GUIDE FRONT LH DOOR	REPLACED	120.00	120.00
2	SEAL DOOR FRONT	REPLACED	170.00	170.00
1	SEAL DOOR JOINT LOWER	REPLACED	41.00	41.00
1	FRONT LH DOOR TRIM	REPLACED	1,100.00	1,100.00
1	REAR LH DOOR PANEL	REPLACED	1,904.00	1,689.00
1	REAR LH DOOR UPPER HINGE	REPLACED	58.00	58.00
1	REAR LH DOOR LOWER HINGE	REPLACED	58.00	58.00
1	CARRIER OUTSIDE DOOR HANDE REAR LH	NOT NECESSARY	690.00	-
1	SYSTEM LATCH REAR LH	NOT NECESSARY	797.00	-
1	CATACH BRACKET REAR LH	NOT NECESSARY	165.00	-
1	WINDOW LIFTER REAR LH	REPLACED	480.00	480.00
1	WINDOW GUIDE REAR LH DOOR	REPLACED	120.00	120.00
2	SEAL DOOR FRONT	REPLACED	170.00	170.00
1	SEAL DOOR JOINT LOWER	REPLACED	41.00	41.00
1	REAR LH DOOR TRIM	REPLACED	1,100.00	1,100.00
1	LH SILL PANEL	REPAIRED SEE LABOUR	1,902.00	-
1	LH SILL COVER	REPLACED	610.00	610.00
1	FRONT LH WHEEL CARRIER	NOT NECESSARY	1,430.00	-
1	FRONT LH WISHBONE	REPLACED	670.00	552.85
1	FRONT LH TRACK STRUT	NOT NECESSARY	470.00	-
1	FRONT LH INTERGRAL LINK	NOT NECESSARY	230.00	-
1	FRONT LH SHOCK ABSORBER	NOT NECESSARY	710.00	-

Report Ref No. CS3/ASM18015862/Gtd3e2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR LH WHEEL CARRIER	NOT NECESSARY	1,300.00	-
1	REAR LH WISHBONE	NOT NECESSARY	770.00	-
1	REAR LH TRACK STRUT	NOT NECESSARY	420.00	-
1	REAR LH INTERGRAL LINK	NOT NECESSARY	210.00	-
1	REAR LH SHOCK ABSORBER	NOT NECESSARY	712.00	-
	LESS 10% DISCOUNT		-2,419.20	-1,088.28
			21,772.80	9,794.52
	<u>SPECIAL NETT ITEMS</u>			
1	SET FRONT LH DOOR INNER TRIM CLIP (SN)	REPLACED	50.00	30.00
1	SET REAR LH DOOR INNER TRIM CLIP (SN)	REPLACED	50.00	30.00
2	RIM (SN)	REPLACED-1PC ONLY	2,400.00	800.00
1	BOT BRAKE FLUID (SN)	NOT NECESSARY	50.00	-
1	JOINT SEALANT (SN)	NOT NECESSARY	150.00	-
			2,700.00	860.00
	<u>LABOUR</u>			
	CHECK WIRING AND LIGHTING SYSTEM.		70.00	30.00
	REMOVE AND REFIT LINING, TRIM AND GARNISH.		200.00	60.00
	DIAGNOIS CHECK AND CLEAR FAULT CODE.		600.00	100.00
	TRANSFER PARTS, ATTACHMENT FROM OLD FRONT DOOR TO NEW.		200.00	60.00
	TRANSFER PARTS, ATTACHMENT FROM OLD REAR DOOR TO NEW.		200.00	60.00
	CHECK FRONT AND REAR WHEEL ALIGNMENT.		300.00	60.00
	REMOVE, REPLACE FRONT AND REAR UNDERCARRIAGE PARTS.		500.00	200.00
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF LH SILL PANEL.		1,400.00	800.00
	SPRAY PAINTING ON AFFECTED AREAS.		1,600.00	1,200.00
	APPLY ANTI-RUST ON AFFECTED AREAS.		150.00	60.00
	TO REMOVE, REPLACE WRAPPING ON AFFECTED AREAS.		1,500.00	300.00
			6,720.00	2,930.00
	GRAND TOTAL		31,192.80	13,584.52
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			10,850.00



Report Ref No. CS3/ASM18015862/Gtd3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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