	22/03/2002 ASS. REC. DY:		REF: (S/C	T119008	303 / AV	d3 ny Spe	cial instruction:	
Mirm n	Surveyor :			SIGNMEN	T (Office)			
LIKELIK VI	From (Person)	Irem Tay Hui	Ping of	CTL	ATTENDED OF	1	Date/Time: 10-5.19	105 a.m
17.00	Estimated Cos				Bill to:			
	To Inspect Ve	TTP RES / OD R	4649A	V/MV/CS		Insured:	YN 8687X 67026996	
	at Workshop n	als 96 motor	isports			Tel:	67026996	
	Policy No: DMCVSN 16491718022				Claim No:	SNM 19	10 20 2042 (0)	-
	Sum Insured;				Excess:			
	Make of Veh:			72		1	DO.A. 7.5.2019	
95	CA / REV / Date/Time:	REP. / REV 24			Rays_		H.O.D. Endorsement:ehicle_IN /(OUT)	
	Date/Time	Action/Instruction		stimate				
		YN 8687 X -						
	ञ्न 8 9	Adrian Co	infumed	<u>د</u> ه دا	300 (Re	d 11,24	4, 83%)	1

ASS	4-1 1 N	7.14.3	1 - 7 - 1 B
11/2 14/24	15 +17	VIVI	ALC: UNDER

Date 14.5. 2010	Volito 3574649A. Vi Regn. 2009, March
FIGH.	Type: (MCap/ M.Cycle / Bus / Van / Lorry / Taxt / Prime Mover /
Estimated Cost.	Truck / Trailer or
OD / FP WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No. SJP 4649 A	Make: Mazda RX8 00 1308
TO RESPONDE A STATE OF THE PARTY OF THE PART	Colour Red , A/C: Insured / Std / NI / NA
at Workshop m/s 96 motor spon 5	20107
of 62 takin Bukit Ava 6	The second secon
Insured	Eng/No: SE3P301106 .
Policy No.	
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured Excess:	Steering: Iporder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: Moming	Modi: Nil / S/Rim / STD A/Rim or
· · · · · · · · · · · · · · · · · · ·	Tyre Size: F: 245/40R-18.
(Policy Condition)	R: 245/40848.
Remark: The veh had commenced its N/S	O/S BS / PUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or -
	Front Rear
Balt or Market Value:	R/Bal. of mm R/Bal. of mm
IDAC Accident Rport: Consistent? : Yes or No	L/Bal. Ob mm L/Bal. 9.6 mm
GIA / PR Seen: Consistent?: Yes or No	100.
Est Repairs: days Res.: Yes or No	0/11200
Lum Sum: % 3 Val.: Yes or No	
CA I REV I REP. I 24 HRS "WP"	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
Vehicle:	IN / OUT
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	COE Empiry: 24/03/29.
Tir Chas.	COT THINK . I !
RECEIVE	D 2 8 AUG 2019
TYL OLIVE	5 2 0 A00
Date/Time, File Pass to? Preli. Report	Days Of Repair: 4
A STANCE OF THE PARTY OF THE PA	Resurvey No. of Trip: Survey Fee:
1) : Final Report Data/Time, File Return to?	Resurvey No. of Trip. Transportation:
TOTAL TOTAL CONTROL OF THE CONTROL O	dd Fee: Site Insp (\$) 5+R5, SI
2) 22/8- typist A	Interview (\$) Protes
Report Format : Merimen	: Tech. Invs (\$) Others
Report Format .	Weekend (\$)
Lump Sum / I.B.I: (\$ 3300/2	TOTAL
TAL STATE OF THE S	TOTAL

Complete

Create New Task

Created On

Completed On

ALL ASSOCIATED TASKS

Due Date No results. Priority Type

...CLAIM SUBFOLDER...(New Assignment)

C-20	Notified	Est Submit	ted Adj Assigned	Adj Rpt	Adj Submitte	ed	Ins Auth'ed	Status	
Case Main	10 May 2019	Lat outstill	10 May 2019 10:51					New Assi	gnment
	Main	$\neg \Box$	Reference	C	laim Details	r	Documen	ts	Show All
CLATM S	SUBFOLDER DE	TAILS	The second second second	A STATE OF THE PARTY OF THE PAR	Maritin Barrier Commission Commis		[Crea	ted by ins	urer]
Insured:	,00,0202.(22	CH	HEN SING (S) PTE LT		, No.: 199404158H				
Main Clai	mant:	PI	RAKASH S/O JOTHEN	ATHAN,	ID: S8217233E		07/05	/2019 10:00	0 - :59
Vehicle Reg. No.:		s	JP4649A		Date of Loss:		[121	[121 Months and 12 Days From LTA Reg Date (Man Yr)]	
Claim Type:		т	TP / SNM19D202042C02		Policy/Cover Note No.:			SN1649171 prehensive)	8022
Mahiala D	eg. No. (Insured)	· V	YN8687X		Policy No. (Claimant	t):	PNPV	2019-00003	386
venicie s	leg. No. (Insureo,	0	4.747.0.00%		Excess:		S\$0.0		
Repairer	(4)	9	6 Motorsports Pte Ltd	(HQ) 62	Caki Bukit Avenue 6,	The A	rk@KB, 417893	Kaki Bukit -	Tel: 6702 6996
Handling		C	hina Taiping Insuran ing - 638986192]	ce (Singap	ore) Pte. Ltd. (HQ) - Tel	: 6389 6111 [Handled by	Irene Tay Hui
Claimant	's Insurer:	F	WD Singapore Pte. Lt	d. (HQ) -	Tel: 6727 5700		deal Dat des	22/05/20	101
Adjuster		L	KK Auto Consultants	Pte Ltd (H	Q) - Tel: 6256-3561		inai kpt due	22/05/20	19]
Driver/C	Driver/Custodian (Insured): NG YORK HWI (48 / Male) , NR), NRIC	S/U4UU4ZA EMail:				
Adj Asg.	Remarks:	k	indly assign Mr Adrian L	ing for SJE	. thank you!				
	ATED MAIL RE						View All	1 Com	pose Case Mail

Task Group Subject Handler

View All Search Tasks

Assigned By

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	08/05/2019 17:11
Date Of Accident	07/05/2019 10:10
Exact Location Of Accident	3 KALLANG PUDDING CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP4649A
Insured/Policyholder	
Name Of Registered Owner	PRAKASH S/O JOTHENATHAN
NRIC No	S8217233E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87484977
Alternative Phone No	OFFICE-87484977
Vehicle Particulars	
Manufacturer	MAZDA
Model	RX 8
Exact Purpose for which vehicle was being us time of accident	sed at PRIVATE USE
Are you claiming under your own insurance po for repair to your vehicle?	olicy NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNPV2019-00003386
Cover Note Number	
Driver	
Name of Driver	MAX CHOO SHI-CE
NRIC No	S8025968I
Date Of Birth	29/08/1980
Occupation	INDOOR
Date Of Driving Pass	15/03/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87484977
Fax Number	

NOEMAIL

Address

106 THOMSON RIDGE

Postcode

574688

Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured

FRIEND

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

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

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

YN8687X

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 fiability.
- 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.
- 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.
- 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:
 - 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:
 - (1) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN 3 KALLANG PUDDING CARPARK DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON THE STATED DATE AND TIME. I A WAS STATIONERY PARKED VENUE. THEN VEHICLE B' BANG ONTO VEHICLE PEAR PORTION. DECLARATION I/We declare the foregoing particulars are true in every respect. MAY CHO Reporting Centre Personnel's Signature Policyholder's Signature Driver's Signature Date & Time: Name: (If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:



TP China Veron

96 MOTORSPORTS PTE LTD

64 Kaki Bukit Ave 6 Singapore (417893) Email: estimator@96motorsports.com

Tel: 67026996/83118211

TYRE: REAR

VEHICLE NUM:	SJP 4649 A
MAKE & MODEL:	M.RX-8
MILEAGE:	
TYRE: FRONT	

CHASSIS NUM: SE3P-301106

TTN:				
NO. DESCRIPTION - PARTS		QTY	PRICE	ADJUSTED PRICE
1 REAR BOOT Rep	k-	1	873-10	
2 REAR BOOT HINGE L+R	X	2	194.10	
3 REAR BOOT ABSORBER L+R	X	2	181.70	
4 REAR BOOT EMBLEM (MAZDA)	/	1	53 L	
5 REAR BOOT EMBLEM (RX-8)		1	63 L	
6 REAR TAIL LAMP LH		t	(303-55)	446.56
7 REAR TAIL LAMP BRACKET LH New	×	1	125	
8 REAR BUMPER PLAN	4	1	972.50	
9 REAR BUMPER RETIANER LH WORL NEL	×	1	47.60.	
10 REAR EXHAUST	*	1	2007.20	
11 REAR EXHAUST GSK	4	1	35.20	
12 REAR EXHAUST MOUNTING	×	1	38.10	
13				
14	(() ()			
15	562.50			
16	115032			
17	430.56			
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				

SUBTOTAL		\$ -	\$ -
		\$ -	\$ -
PARTS TOTAL		\$ -	\$ -
SPECIAL NETT	QTY	PRICE	PRICE
REAR BUMPER DIFFUSER TELE NEW	1	2000	+
REAR BOOT SPOILER Crubo	1	2500	1500
REAR BOOT SPOILER BRACKET	1	600 4	
REAR SENSOR Men	1	250	*
750			
SPECIAL	NETT 1	\$ -	\$
LABOUR	QTY	PRICE	PRICE
TO KNOCK, STRAIGHTEN AND REALIGN ACCIDENT AFFECTED AREA	1	1000	300
TO PUTTY AND RESPRAY ACCIDENT AFFECTED AREA	1	800	600.
TO RUST PROOF ACCIDENT AFFECTED AREA	1	60	+
ТО СНЕСК ВООТ МЕСН	1	120	ン
To R. R rr extraust pipe System	1	120	2-
To R. R. R. luggage comportment	-	120	+
To R. R reverse Sensor & chic function	1	80	50.
			250
		13,544	
LABOUR TOTAL		\$ -	\$

LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting To display damaged part(s) during resurvey Parts prices are subject to confirmation. . Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed. Supplementary demost must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer Signalule:

Cater

Adrian Ly + | s 14/05/19. 040ys + old: 2505.32 L/ S1 2.3K

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Email: sur@lkkauto.com;assignments@lkkauto.com Tel: 6256-3561 Fax: 6844-8805

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/CTI19008308/AVD3N2

Date:

02/09/2019

REFERENCE

Vehicle No:

Date of Loss:

Handling Insurer: Claimant

China Taiping Insurance

(Singapore) Pte. Ltd.

SJP4649A

07/05/2019

Policy No:

DMCVSN16491718022

Insured

Claim:

Vehicle No: Nature of

YN8687X

TP

Claim No:

SNM19D202042C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SJP4649A

Make & Model: Reg. Date:

MAZDA RX-8, 1.3 (A)

25/03/2009 (Man. Year: 2008)

Engine No: Chassis No:

Odometer:

13B542618 SE3P301106 192697 km

Colour: Engine Capacity: Red 1308 cc

Market Value/New Car

N/A

Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

245/40R18

Rear Tyre Size:

245/40R18 Dunlop 6 mm

Front Tyre Size: Front Left Side: Front Right Side:

Dunlop 6 mm Dunlop 6 mm

Rear Left Side: Rear Right Side:

Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	11,244.00	1,950.32	9,293.68	82.65
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,300.00	950.00	1,350.00	58.70
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	13,544.00	2,900.32	10,643.68	78.59
Approved Total (Overridden) (S\$)		2,300.00		
(S\$)	13,544.00	2,300.00	11,244.00	83.02
+ GST 7.00/7.00% (S\$)	948.08	161.00	787.08	83.02
Nett Amount (S\$)	14.492.08	2,461.00	12,031.08	83.02

INSPECTION

Date of Assignment:

10/05/2019

Date Inspected:

14/05/2019 Inspected At:

96 Motorsports Pte Ltd (HQ)

62 Kaki Bukit Avenue 6, The Ark@KB

Singapore 417893

Estimated Period of Repair:

4.0 days

Manager: VERON CHEN Adjuster: ADRIAN LING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 02 Sep 2019)

Parts: M1-COUPE MAZDA RX-8 1.3 (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SJP4649A)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Re	com	men	ded	Parts
**	-			

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BOOT	Repair	873.10 F	*-FL
2	2		*REAR BOOT HINGE L + R	Not Necessary	194.10 F	*-FL
3	2		*REAR BOOT ABSORBER L + R	Not Necessary	181.70 F	*-FL
4	1		*REAR BOOT EMBLEM (MAZDA)	Necessary	53.00 F	*53.00 FL
5	1		*REAR BOOT EMBLEM (RX-8)	Necessary	63.00 F	*63.00 FL
6	1		*REAR TAIL LAMP LH	Cracked	1,303.50 F	*446.90 FL
7	1		*REAR TAIL LAMP BRACKET LH	Not Necessary	125.00 F	*-FL
8	1		*REAR BUMPER	Repair	972.50 F	*-FL
9	1		*REAR BUMPER RETAINER LH	Not Necessary	47.60 F	*-FL
10	1		*REAR EXHAUST	Not Necessary	2,007.20 F	*-FL
11	1		*REAR EXHAUST GSK	Not Necessary	35.20 F	*-FL
12	1		*REAR EXHAUST MOUNTING	Not Necessary	38.10 F	*-FL
13	1		*REAR BUMPER DIFFUSER	Not Necessary	2,000.00 FS	*-FS
14	1		*REAR BOOT SPOILER	Cracked	2,500.00 FS	*1,500.00 FS
15	1		*REAR BOOT SPOILER BRACKET	Not Necessary	600.00 FS	*-FS
16	1		*REAR SENSOR	Not Necessary	250.00 FS	*-FS
F=Fra	anchise	part. S=SpcN	ett. L=ListItemDisc.	-		
				Sub Total (S\$)	11,244.00	2,062.90
			- List Item Discount on L		0.00	112.58
				Total Parts (S\$)	11,244.00	1,950.32

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TO KNOCK, STRAIGHTEN AND REALIGN ACCIDENT AFFECTED AREA	New	1,000.00	300.00
2	TO PUTTY AND RESPRAY ACCIDENT AFFECTED AREA	New	800.00	600.00
3	TO RUST PROOF ACCIDENT AFFECTED AREA	New	60.00	0.00
4	TO CHECK BOOT MECH	New	120.00	0.00
5	TO R,R RR LUGGAGE COMPARTMENT	New	120.00	0.00
6	TO R,R REVERSE SENSOR & CHECK FUNCTION	New	80.00	50.00
7	TO R,R RR EXHAUST PIPE SYSTEM	New	120.00	0.00
	Gross Labou	r Cost (S\$)	2,300.00	950.00
	Report was unsubmitted during	ng this print-out.		

< END OF ESTIMATES >