

ASS. REC. BY:

REF: CS/AGI/9008428/G+d3/12

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Ivy Rahliq of AGI Date/Time: 13.5.19 1.11 p.m

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GBD 4930 U Insured: SKR 4770 Jat Workshop m/s Exclusive Enterprise Tel: 62459655of 8 kati Bukit Ave 4 , # 03-49150Policy No: _____ Claim No: C10003082/JM

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 9.5.2019(Client's Record) "up" 1415/19 momy

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: _____

Date/Time: 13.5.19 4.00 pm Person Contacted: _____ Vehicle: IN (OUT)

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate.
	GBD 4930 U - NA / 003 19008320 / K4 DOA - 09/09/2019
	SKR 4770 J - NA / 003 19008320 / K4 DOA - 09/09/2019

Surveyor

bul.

REF:

AGI

B0700J

ASSIGNMENT

From:

Date:

14/05/19

Estimated Cost:

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

To inspect Vehicle No:

GBD 4930U

at Workshop m/s

Exclusive

of

8 Kaki Bukit Ave 4 #03-49/50
Premier@KB SC 415875

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Tony @ 97356018

(Policy Condition)

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

Bal. or Market Value:

\$42K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBD 4930U

Yr Regn:

19 Nov 2014

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

Truck / Trailer or

Make:

Toyota Dyna 150 c.c. 2982

Colour

orange

A/C: Insured / Std / NI / NA

Sp. Reading

14472

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTFAT 35Y50K 203845

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inducer / Jammed / Leaked / Burnt or

Brake: Inducer / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/75 R15

R:

155 R12

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

TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

D.O.I.

14-05-19

Survey held at

w/s

3:50pm

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

14/5 Finalized \$ 850 with Tony.

(Ref: 5427.65, 8690)

16/5/2019

RECEIVED 17 MAY 2019

Date/Time, File Pass to?



: Preli. Report

1) P/S Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

) S + RS, \$

) Photos

) Others

TOTAL

250

Report Format :

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

TP

850/-

Nivitha (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Monday, 13 May 2019 1:11 PM
To: admin-d@lkkauto.com
Cc: 'SUR'; Julie Mangubat
Subject: Claim ref: C10003082/JM || OI-SKR4770J (Silver) TP- GBD4930U || Est: 0.00 || Exclusive Enterprise
Attachments: GBD4930U.pdf

Hi Team,

We would like to arrange TP Survey for GBD4930U. Please see below email for reference.

Kindly confirm.

Regards,

do 'DS'
car in 14/5/19 morning.

Ivy
Admin Executive, Claims

T +65 6540 2185
F +65 6725 0853
E ivy.r@budgetdirect.com.sg



Customer Care +65 6221 2111
Claims +65 6221 2199
Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01
Singapore Shopping Centre
Singapore
239924
budgetdirect.com.sg

auto  general

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	0700J
Vehicle No.:	GBD4930U
Vehicle to be Exported:	No
Intended Deregistration Date:	14 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA DYNA 150 MANUAL
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	1KD2458004
Chassis No.:	JTFAT35Y50K203845
Maximum Power Output:	-
Open Market Value:	\$27,856.00
Original Registration Date:	19 Nov 2014
First Registration Date:	19 Nov 2014
Transfer Count:	0
Actual ARF Paid:	\$1,393.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	18 Nov 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$15,392.00
COE Rebate Amount:	\$8,482.00
Total Rebate Amount:	\$8,482.00

The information contained herein is correct as at 14 May 2019

OK



8 Kaki Bukit Ave 4, #03-49/50 Premier @ KB Singapore 415875
Tel: 62459655 Fax 6245 9678

BY Fax & Email

Date:

13 MAY 2019

To:

Auto & General Insurance co. pte

Attn: Motor claims Department

Re: Accident involving motor vehicle nos. G8D4930U and SKR4770J
along Junction of Marine Terrace. on 09/5/19

We refer to the above matter.

We are instructed by Lip Tark Trading Co to notify you of a road traffic accident on
9/5/19 at about 07:25 AM at Junction of Marine Terrace
involving our client's/vehicle registration number G8D4930U and vehicle registration
number SKR4770J driven by you at the material time.

As a result of the accident, our client's / customer's vehicle has been damaged. Before our
client / we proceed to repair the damage vehicle, please let us know within 2 working days of
your receipt of this notice whether you or your insurer would like to conduct a pre-repair
survey of the vehicle. If we do not receive any reply from you with the stipulated timeline, our
client/ we shall proceed to repair the vehicle without further reference to you.

Thank you.

You faithfully,

Tony Ng
H/P: 9735 6018

encs

Email: exclusiveenterprise50@gmail.com

Co. Reg No: 201906614W

F1:
Motor
Claims

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	10/05/2019 10:39
Date Of Accident	09/05/2019 07:25
Exact Location Of Accident	JUNCTION OF MARINE TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4930U
Insured/Policyholder	
Name Of Registered Owner	LIP TERK TRADING CO
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96245642
Alternative Phone No	OFFICE-96245642

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110145491503
Cover Note Number	

Driver

Name of Driver	CHUNG WEE HWA (ZHUANG WEIHUA)
NRIC No	S7440434J
Date Of Birth	04/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96245642
Fax Number	
Contact Number	OTHERS-96245642
Email Address	NOEMAIL

Address	386 TELOK KURAU ROAD
Postcode	423895
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

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

VEHICLE A WAS DRIVING ALONG JUNCTION OF MARINE TERRACE. WHEN VEHICLE A STATIONARY SUDDENLY VEHICLE B HIT ON VEHICLE A REAR PORTIONS AND VEHICLE A WAS SLIGHTLY DAMAGE AT THE REAR PORTIONS.

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	SKR477OJ
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JACELY VOON
NRIC/Passport Number	S7771466I
Contact Number	90019101
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

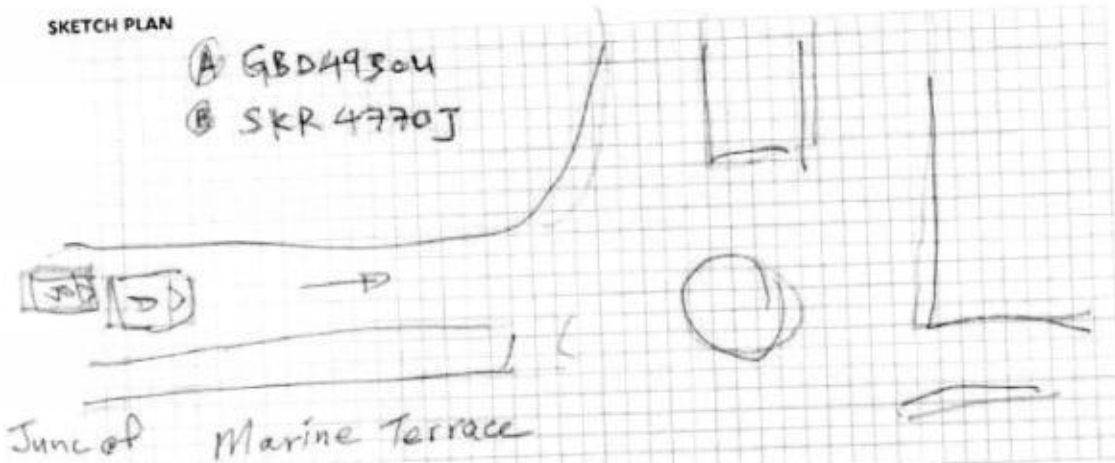
立得貿易公司
LIP TERK TRADING CO
BLK 1057 FUNGUS AVENUE 3
#01-159, 67430500
Date & Time: 15/5/2019

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Junction of Marine Terrace. When Vehicle A ~~from~~ ^{from} ~~break~~ ^{stationary} suddenly Vehicle B hit on Vehicle A rear portions and Vehicle A was slightly damage at the rear portions.

DECLARATION

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

立得貿易公司
LIP TERK TRADING CO
BLK 102, JALAN SENGUEN 3
#01-9 SINGAPORE 409848
TEL 67459159, 67430500

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

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

10/5/2019

Exclusive Enterprise Pte Ltd

8 Kaki Bukit Avenue 4, #03-50, Premier @ KB, Singapore 415875

Tel: 6245 9655 / 9735 6016 (Tony Ng)

Fax: 6245 9678

Email: exclusiveenterprise50@gmail.com

Vehicle number: GBD4930U

Vehicle Made & Model: TOYOTA DYNA

Qty	List Items	Amount \$
1	Tailgate X repair.	1,265.60
1	Tailgate sticker "DYNA" / MCL	48.85 /
1	Tailgate lower member X NN	481.60
1	Tailgate stopper - LH / Cut.	58.80 /
1	Tailgate stopper bracket - LH / BT.	110.50 /
1	Taillamp - LH / Cut.	296.35 /
1	Taillamp panel - LH X	189.60
1	Sidegate - LH X	1,485.90
1	Sidegate lock hinge - LH X	189.60
1	Sidegate lower member X	481.90
1	Spare tyre carrier X	281.50
Sub-total		4,890.20 514.5
Less 25%		1,222.55
Total List		3,667.65 385.87

Special Nett Items

1	Rear sticker "70 KM/H" / MCL	10.00 /
1	Rear sticker "13 PAX" / MCL	10.00 /
1 set	Rear reverse sensor X NN	280.00 X
1 set	Advertisement sticker / MCL	300.00 200.

Labour charges

To check rear wiring	50.00 30
To remove, refix rear reverse sensor	60.00 X
To respray undercoating	100.00 X NN
To respray painting and etc	900.00 250
Panel beating, cut, weld remove & replacing above parts	900.00 200.
Total Labour	2,010.00 480

ESTIMATE PARTS AND LABOUR GRAND TOTAL \$

6,277.65

1085.87



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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI19008428/Gtd3n2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date : 24-05-2019



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKR 4770J	Veh. Inspected	GBD 4930U
Policy No.		Coverage (\$)	0.00
Claim No.	C10003082/JM	Excess (\$)	0.00
Assign From	IVY RATILLA	Assign Date	13/05/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA DYNA 150	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JTFAT35Y50K203845	Colour	ORANGE
Odometer	14472	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/75 R15	BRIDGESTONE	5 mm
L/H Front Tyre	195/75 R15	BRIDGESTONE	5 mm
R/H Rear Tyre	155 R12	BRIDGESTONE	5 mm
L/H Rear Tyre	155 R12	BRIDGESTONE	5 mm

4. Description of Damages

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

5. General Information

Accident Date	09/05/2019	Inspection Date	14/05/2019
Survey held at	EXCLUSIVE ENTERPRISE PTE. LTD. 8 KAKI BUKIT AVENUE 4 #03-49 PREMIER @ KAKI BUKIT SINGAPORE 415875		

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: 3 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. GBD 4930U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE	TO REPAIR SEE LABOUR	1,265.60	-
1	TAILGATE STICKER "DYNA"	NECESSARY	48.85	48.85
1	TAILGATE LOWER MEMBER	NOT NECESSARY	481.60	-
1	TAILGATE STOPPER-LH	CUT	58.80	58.80
1	TAILGATE STOPPER BRACKET-LH	BENT	110.50	110.50
1	TAILLAMP-LH	CUT	296.35	296.35
1	TAILLAMP PANEL-LH	NOT NECESSARY	189.60	-
1	SIDEGATE-LH	NOT NECESSARY	1,485.90	-
1	SIDEGATE LOCK HINGE-LH	NOT NECESSARY	189.60	-
1	SIDEGATE LOWER MEMBER	NOT NECESSARY	481.90	-
1	SPARE TYRE CARRIER	NOT NECESSARY	281.50	-
	LESS 25% DISCOUNT		-1,222.55	-128.63
			3,667.65	385.87
<u>SPECIAL NETT ITEMS</u>				
1	REAR STICKER "70KM/H" (SN)	NECESSARY	10.00	10.00
1	REAR STICKER "13 PAX" (SN)	NECESSARY	10.00	10.00
1	SET REAR REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
1	SET ADVERTISEMENT STICKER (SN)	NECESSARY	300.00	200.00
			600.00	220.00
<u>LABOUR</u>				
	TO CHECK REAR WIRING.		50.00	30.00
	TO REMOVE,REFIX REAR REVERSE SENSOR.	NOT NECESSARY	60.00	-
	TO RESPRAY UNDERCOATING.	NOT NECESSARY	100.00	-
	TO RESPRAY PAINTING AND ETC.		900.00	250.00
	PANEL BEATING,CUT,WELD,REMOVE & REPLACING ABOVE PARTS.INCLUSIVE OF THE REPAIR OF TAILGATE.		900.00	200.00
	-		-	-
	-		-	-
	-		-	-
			2,010.00	480.00
GRAND TOTAL			6,277.65	1,085.87

Report Ref No. CS/AGI19008428/Gtd3n2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			850.00
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Report Ref No. CS/AGI19008428/Gtd3n2

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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