	ASS. REC. BY:	GiQ			T (Office)	13-1 social instruction	
		Paulin The m		ware to		Date/Time:	13/06/2019
	Estimated Cost				Bill to:		
	To Inspect Vel	TP RES / OD R	20A			Insared: S7D	696 C
	nt Workshop n	us Precision is Butil Ave	motorwor		Tel: 87427347		744
	Policy No. 29094263 QMX				Claim No:	591227	
	Sum Insured.				Excess.		•
		REP. / REV 24	HIGS	P" Contacted:	John	2	8.4.2019 34.4.2019 doctoments
	Date/Time	Action/Instruction		Estimate			
		5015 (196.0	- CCT- IAI	G 1101148	1/Aphby	0.04-	12/09/201
		Dismortle:	25/4/2019	?			
		\$3400	, 50	ays.		Do No	t Finalise
		CREd: 6	300, 61	(%)	27 July	15019	

Surveyor GO REF: MSIG		79783	
	SSIGNMENT	(-2	028
From (Xute: >4 · 4 · 34) 4	Veli No. 5 KZ 2e Type: M.Cal / M.Cycle / Bus / Var	(-2 A Vi Fleger 23 De C	200
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	1000	
To Imspect Vehicle No. Skz >OA	Make Toyota	Comry cc 1888 AC Insured / Std / NI / N	
of Workshop mile Precision motor works	colour Gilver	AJC Insured / Std / NI / N	A
of 68 kg/ki Bukit Ave 6 # 01-02	Sp.Reading 280114	T/Radio: Insured / Std / NI / N	IA.
Insuled	Eng/No:	210+	
Policy No.	CNO MRas	3BK410703851	7
Claims No.	Gen Cond Good / Fair / Poor / E		
Sum Insured Excess:	Steering: Ingfiger / Jammed / Lea	iked / Burnt or	
(Client's Record)	Brake: Infrder / Jammed / Lea	sked / Burnt or	
Make of Velv	Modi: Nil / 9/Rim / STD A/Ri	m or	
*	Tyre Size: F: 245	140 R18	
[Policy Condition]	R:	-1/	
	OIS BS / DUN / EXNOVA / GY / FS / I	LIZA / MIC / OHTSU (PIR) SUMI /-	
repair at the time of inspection.	TOYO / YOKO or		
Ball or Market Value:	Front	Reser	
IDAC Accident Rport Consistent? Yes or No	R/Bail 6 mm	. ,	mm
GIA PR Seen: Consistent? Yes or No	1./Bal. 6 mm	9/ //	mm
Est Repairs S days Res Yes or No	D.O.A	1-001 24-04-	19
Lum Sum % 3 Val. Yes or No	Survey held at	WS 4	m
CA / REV / REP. / 24 HRS "WP"		O/S / W/S/ U/C / Rooftop or 0	
Date: Person Contacted		Body Structure affected due to collis	sion.
Date / Time Action / Instruction \$4000 - \$5000	25/4/2019		
Date/Tene, File Pass Inf : Prelli. Report	Days Of Repair: S		
Date/Time, File Return to?	Resurvey No. of Trip:	Survey Fee: 120	
2) Add	f Fee: Site Insp (\$] g + RSSa	
	Interview (\$] Fholes	
Report Format : PRS.	Tech. Invs (\$) Olives 10	
Lump Sum / I.B.I: (S	Westend (\$)	
	A	101AL 130	0

Nivitha (LKK Auto)

From:

Accounts (LKKAuto) <account@lkkauto.com>

Sent:

Thursday, 13 June 2019 6:43 PM

To: Cc:

Admin-D (LKKAuto) Accounts (LKKAuto)

Subject:

Report Send Back Alerts - SKZ20A (TP)

Dear Nivitha,

FYNA Please...

Pending for Survey Report-CS3/MSG19007143/GCD3E2

13 Jun 2019 15:32 Ins Send Back Adj Rpt Please conduct a paper survey

[I] Pauline Tham

13 Jun 2019 15:32 Adj Next Rpt Changed

Next Rpt:Final Rpt.Due Date:2019/06/17

[I] Merimen Administrator

13 Jun 2019 15:32 Adj Mandate Set

Maintained.

[I] Merimen Administrator

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: account@lkkauto.com | fax: 6844-8805

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Do-Not-Reply [mailto:do-not-reply@merimen.com]

Sent: Thursday, 13 June 2019 3:40 PM

To: account@lkkauto.com

Subject: Report Send Back Alerts - SKZ20A (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks.

The Merimen Team



This email has been checked for viruses by AVG antivirus software. www.avg.com

ISION LAW LLC

dvocates & Solicitors

1. 'ge 2

Our Ref

: AW1-jgv-ins-P48-110245-19(jw) (jenniferguay@visionlawlic.com)

Your Ref

: SJD 696 C

10th June 2019

We enclose a copy of each of the following documents for your consideration:-

Police & GIA report lodged by driver of SKZ 20 A; (1)

(2)LTANet Search:

(3) Photographs of Scene;

Final Repair Bill from Precision Motorworks; (4)

(5)Surveyor's report & invoice; and

72 original photographs depicting the damages to motor vehicle SKZ 20 A. (6)

- (P.S:- Original photographs will be sent to insurance co. only)

(P.S:- Kindly return us all original photographs within 7 days hereof)

We hereby give you notice of our client's claim, please revert if you request reinspection within 14 days of this letter. We have notified you on 22nd April 2019 and given you the pre-repair inspection notice.

Take notice that you must also provide us with a copy of your insured's GIA report.

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries. As our client's injury has not stablised, we are now filing our client's damages pertaining to his motor vehicle only and shall forward his claim for damages and consequential loss in relation to his personal injuries later.

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 or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on 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 client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also 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

(HEAD OFFICE) Enc. (By Hand Only) MFA215q51628 / Falcon-Air Auto Services Pte Ltd - Pandan ENTRY CATE & TIME: 22/04/2019 12:28 SUBMITTED BY: Francis No.

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 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.
- 5. 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 aforesald.

ACCI	DEN	T ST	ATEN	IENT

Date Of Report

22/04/2019 12:39

Date Of Accident

18/04/2019 21:10

Exact Location Of Accident

STILL RD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICL	=

Vehicle Registration Number

SKZ20A

Insured/Policyholder

Name Of Registered Owner

LIM SONG YI

NRIC No

S9107978Z

Email Address

LIMSONGYI@GMAIL.COM

Mobile Phone No.

(LOCAL) +65-90060557

Alternative Phone No

OFFICE-90060557

Vehicle Particulars

Manufacturer

TOYOTA

Model

CAMRY-2.0 (A)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

GREAT EASTERN GENERAL INSURANCE LIMITED

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

V8009341

Cover Note Number

Driver

LIM SONG YI

NRIC No Date Of Birth

Name of Driver

S9107978Z 06/03/1991

Occupation

INDOOR 19/11/2012

Date Of Driving Pass Driving Experience

6 YEARS AND 4 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90060557

Fax Number

Contact Number

OFFICE-90060557

EMail Address

LIMSONGYI@GMAIL.COM

Address

BLK 166 GANGSA RD #17-54

Postcode

670166

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 (including own vehicle)

2

involved in the accident

YES

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

MARINE PARADE N.P.C

Police Station Address

ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLANS

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 Vehicle Make/Model/Colour

SJD696C

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)

DETAILS OF INJURED PERSON 1	11240
LIM SONGYI	
SKZ20A	
YES	
NO	
	SKZ20A YES

Sketch Plan Pg. 1

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.
- Information provided must be as trythful and accurate as possible. Any will of miscopresentation or withholding of material facts may allow insurance companies to repudiate policy leability.
- 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, involces, 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/mall 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.

Policyhaider'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 Pg. 2

STILL ROAD

(<u>a</u>	A second	A - Sk 220A
187		8-5006965
	A second	÷

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

a	5	trac	POTICE	ve port.	
	_	****			
_	-				
				, ,	
				1.0	

DECLARATION

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

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

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

2

Sketch Plan #2 Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9107978Z





LIM SONGYI

林松低 CHINESE

Describer 06-03-1991 SINGAPORE



APT BLK 155 GANGSA ROAD 817-54 SINGAPORE 670156

18-03-2005

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE

Motor Core+ 2000kg with +47 passengers, explaine 19 New 2012 of the triver; and other motor vehicles >< 2000kg

4280N

NP 426A

mo

Sketch Plan #3 Pg. 1





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

1 of 3 Report No. T/20190419/2026

Tel No: 1800-4428999

REPORT O	FATR	APPIC A	CCIDENT

	ate/Time Report Made: 9/04/2019 10:55		Vide Report No.:	Station Diary No.: 32	
Informa	nt's Partic	ulars	The same of the same of	EN TRANSPORTER	
Name of	Informant: NGYI		Address: APT BLK 166 GANGSA ROA	D #17-54 SINGAPORE 670166	
Contract Con	/ ID No.: D / S91079	78Z	Contact No.: Home/Office:	Mobile: 90060557	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 28	Date of Birth: 06/03/1991	Type of Informant: Driver		
Race: Chinese	1		Language: English	Institution / School Name:	
Occupation: CLERK			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/04/2019 21:10	Type of Location Straight Road	
Location: Along Road 1 STILL ROAD Still Road tow					
Weather: Clear	MUNE FWIISH	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Wo		Traffic Volume: Moderate	
Dual Carriage					

Details of V	enicie invo	ived		1.88	100	ta be
Vehicle No.	Туре	Make	Model :	Color	Condition	No of Passenger
SJD896C	Car	ТОУОТА		White	Slightly Damaged	1
SKZ20A	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	White	Seriously Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKZ20A	OVERSEAS ASSURANCE CORPORATION LIMITED	V8009341	01/12/2018	30/11/2019	

Sketch Plan #3 Pg. 2



T/20190419/2026

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 2 of 3 Report No. T/20190419/2026

Tel No: 1800-4428999

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No					allenius 1920
No. of Pedestrian			Use of Pe	destria	n Cross	sing: NA
Driver	SYS VE	abath 1	1000	(34)		Division of the second
Name	GOH LAI SOON		GOH LAI SOON ID No.).	S1652781E
Related Vehicle	SJD696C (Car)			Conta	ect No.	96817311
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver		TO TO B	0.7		SHI :	REFERENCE IN
Name	LIM SONGYI			ID No	i.	S9107978Z
Related Vehicle	SKZ20A (Car)		Contact No.		90060557	
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD			Class Drivin Licent Expiry	g	Class; 3 Date of Expiry; NIL
Date Treatment	19/04/2019		Date Disc	harge	NIL	
No. of Days grant	ed Medical Leave	05	Degree of			

Brief Details

On 18/04/2019 at about 2110hrs, I was driving my car (SKZ20A) on the first lane of Still Rd heading towards Jin Euros. Suddenly, a car (SJD696C) which was driving along the second lane tried to cut into my lane which caused his front right portion of the car to hit onto the left side of my car, between the left front passenger door and the rear passenger door. I stopped my car and alighted to make a check but the driver drove off. I quickly chased him and managed to caught up with him at the next junction. When I met up with him we exchanged particulars and left the scene. After the driver drove off, a lady approached me and told me that she saw the accident and told me that she could be a witness. She provided me with her name and contact number. I went to the doctor the next day as I felt pain on the back of my neck and was given 5 days of mc.

Sketch Plan #3 Pg. 3





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 3 of 3 Report No. T/20190419/2026

Tel No: 1800-4428999

CONTINUATION OF REPORT

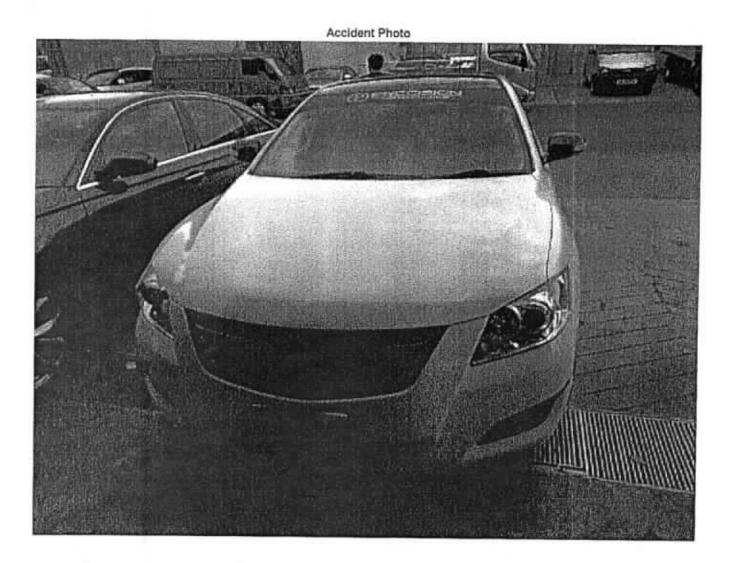
Sketch Plan

Informant is not able to provide sketch plan

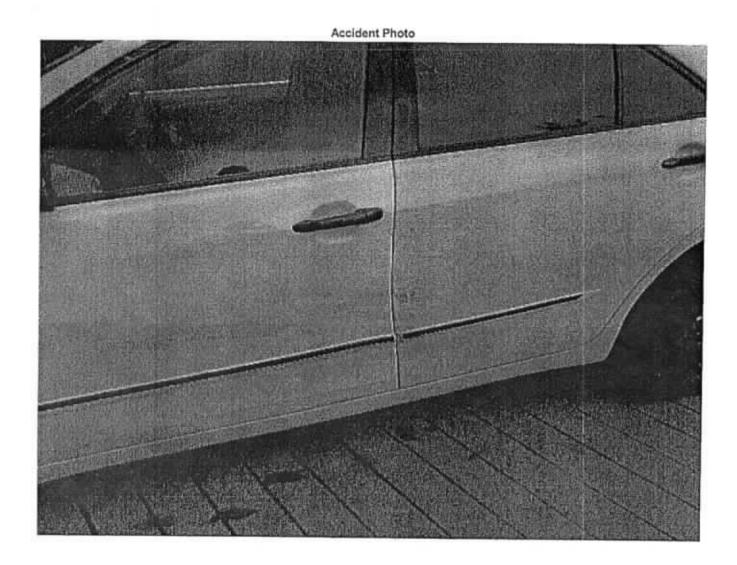
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Staff Sgt NUR SAKINAH BINTE ABRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/04/2019 10:55
Officer In Charge Of Case: TP / AEIT / SSI2 YEO GEAK ENG CECILIA CONFIDENCIA FORCE FORCE	Classification Of Case:
Authentication Stamp NF168 SIGNATURE	May -

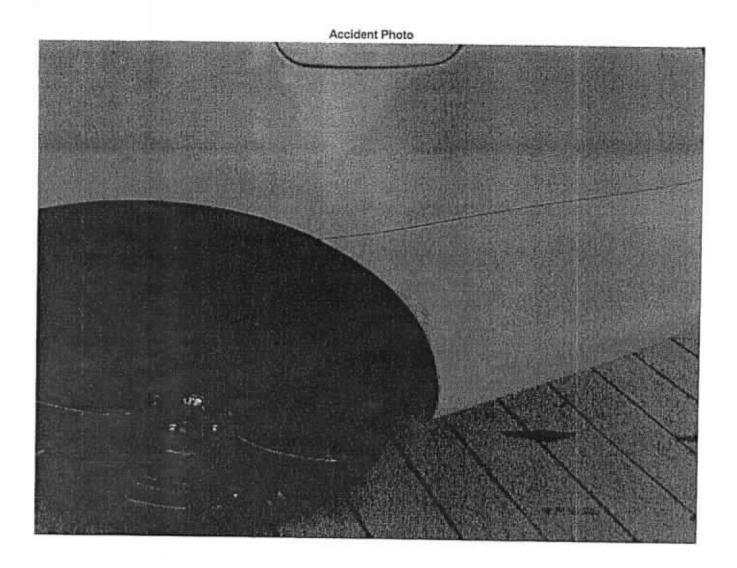
















Vehicle Hub 4/22/2019

Enquire Wehicle & Owner Information (Vehicle No. SJD696C As At 18 Apr 2019 / 00:00:00)

Law Emm Search Details

Search Reason: Writ of Summons/originating summons NOT filed in court

Law Firm Case No.:

P48

Current Owner Details

Owner ID Type:

Singapore NRIC

Owner ID:

\$1652781E

Owner Name:

GOH LAI SOON

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 199

Registered Street Name: JALAN LOYANG BESAR

Registered Unit No.:

Registered Building Name: -

Registered Postal Code: 509448

Current Vehicle Details

Vehicle No.:

SJD696C

Make Description/Model: TOYOTA / C-HR HYBRID 1.8G CVT

Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD

PRECISION MOTORWORKS PTE LTD

Co Reg No.201535749H/ GST Reg No.201535749H 68 Kaki Bukit Avenue 6 #01-02 ARK @ KB Singapore 417896 Telephone: 6385 5564

FINAL REPAIR BILL

DATE

: 30 May 2019

TO

Ť

: LIM SONG YI

C/O PRECISION MOTORS 68 Kaki Bukit Avenue 6 ARK @ KB, #01-02 Singapore 417896

RE: VEHICLE NO. SKZ 20 A

REPAIRS COSTS

SUM REPAIRS \$ 9,700.00

\$ 679.00

GRAND TOTAL \$10,379.00

SINGAPORE DOLLARS TEN THOUSAND THREE HUNDRED AND SEVENTY NINE ONLY

Regn. No: 52986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel: 645 31173, Fax: 645 36131.

Report No: 0283-19-PM

30 May 2019

Lim Song Yi Blk 166 Gangsa Road #17-54 Singapore 670166

INVOICE No.

0283-19-PM

Vehicle No.

SKZ20A

S/NO.	SERVICES RENDERED	Amount due
1	Being accident vehicle appraisal services, transport, photographs and re-inspection (work in progress and post	
	repair inspection).	\$872.00
	Total amount payable	\$872.00

Kindly cross your cheque in favour of "PAR Automotive Consultancy"

We thank you in anticipation for your prompt payment.

PAR Automotive Consultancy

- fr

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel: 645 31173, Fax: 645 36131.

Report No: 0283-19-PM

30 May 2019

ACCIDENT VEHICLE SURVEY REPORT

Lim Song Yi

Blk 166 Gangsa Road #17-54

Singapore 670166

VEHICLE INFORMATION:

Vehicle Reg No .:

SKZ20A

Odometer:

280106km

Make & Model:

Toyota Camry 2.9A

Colour:

White

Chassis number:

MR053BK4107038517

Date of accident:

18/04/2019

Year of Regn.:

23/12/2008

Date inspected:

21/04/2019

Precision Motorworks

Date inspected (After Repair):

Regn. No. 52966974L

02/05/2019

68 Kaki Bukit Ave 6 ARK @ KB #01-02

Singapore 417896

STATIC CHECKS, where applicable:

Steering:

serviceable

Footbrake:

serviceable

Handbrake:

serviceable

Paintwork:

Good

General condition:

Good

TIRE CONDITION:

LH / Make

RH / Make

Size

Front:

5mm/Pirelli

5mm/Pirelli

245/40R18

Rear:

5mm/Pirelli

5mm/Pirelli

245/40R18

POINT OF IMPACT AND DAMAGE, where applicable;

Impact on the LH portion.

Please see details as described in the Annex for parts and labour.

REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

Parts and Labour Assessment

Report No: 0283-19-PM

Vehicle No: SKZ20A

Description of part	Qty	Condition as inspected	Repairer's estimate	Our adjustment
Rear bumper	1)	reuse	561.20	0.00
Rear bumper side retainer rH/LH	2	necessary	130.60	× 130.60/M
Rear door LH	1	buckled	1,011.70	/ 1,011.70
Rear door checker LH	1	reuse	157.30	0.00
Rear door glass outer chrome moulding LH	1	necessary	110,10	× 110:10 /
Rear door glass outer chrome moulding LH - horizontal	1	necessary	149.10	×149.10 /
Rear door hinge top & lower LH	2	repair	157.00	0.00
Rear door inner trim board LH	1	fractured	731.70	X731.70 NA
Rear coro lock striker LH	1	repair	78,30	0.00
Rear door mechanism lock LH	1	repair	301.60	0.00
Rear door power window channel weatherstrip LH	1	necessary	110.45	X110.45 M
Rear door protector LH	1	necessary	120.10	/ 120.10
Rear door protector chrome moulding LH	1	necessary	75.10	75.10
Rear door quarter glass with weatherstrip LH	1	necessary	172.00	× 172:60 /
Rear door rubber guide stopper LH	2	deormed	90.00	× 90.00
Rear door weatherstrip LH	1	deformed	181.10	X181:10
Rear suspension ABS sensor LH	1	reuse	78.10	0.00
Rear suspension knuckle arm LH	1	distorted	381.55	X 381.55
Rear suspension knuckle arm bearing LH	1	dislodged	561.70	561/10 250
Rear suspension lower adjusterber arm LH	1	bent	223.00	× 223.00
Rear suspension shock absorber LH	1	bent	368.60	× 368.60
Rear suspension shock absorber top mounting LH	1	necessary	110.10	×110:10 /
Rear suspension stabilizer bar link LH	1	bent	169.10	×169.10
Front door LH	1	buckled	1,214.00	/ 1,214.00
Front door checker LH	1	reuse	146,40	0.00 €
Front door glass channel LH	1	reuse	154.00	0.00
Front door glass channel weatherstrip LH	1	necessary	110.10	× 110/10 /
Front door glass outer chrome moulding LH	1	necessary	210.00	X210:60
Front door glass regulator LH	1	reuse	262.00	0.00
Front door glass regulator motor LH	1	reuse	537.00	0.00
Front door inner trim board LH	1	fractured	977.00	× 977.60
Front door mechanism lock LH	1	repair	573.00	0.00
Front door outer chrome LH - horizontal	1	necessary	238.20	× 238.20 ₁
Front door outer handleELH	1	distorted	238.10	× 238:10 /
Front door outer handle inner bracket LH	1	reuse	135.00	0.00
Front door outer handle inner rubber gasket LH	2	necessary	106.00	×106:00

To remove and refit rear suspension . To conduct electronic wheel alignment test To rust proof affected areas.	ā:		650 Labour total Parts & Labour total	400.00 200.00 100.00 3,450.00 18,257.80	350.00 & 150.00 6 60.00 - 2,690.00 11,425.78
6. To conduct electronic wheel alignment test	ā:		-	200.00 100.00	150.00 6
6. To conduct electronic wheel alignment test	ű:		1650	200.00	150.00 6
	ů.				
A TO CAUCINE WILL COLL TEST STREETINGTON	17.0			400 00	75 F A A A
To remove, transfer and refit rear and front door cor To remove and refit rear supposition.	mpo	nents.			
d The second sec				250.00	220:00 12
To check and rectify wirinbg system.				100.00	60.00 3
To putty, re-spray painting and polish affected areas	S.			1,200.00	1,100.00 8
To straighten and panel beating center pillar LH and frame members. To remove and refit above parts.		ł		1,200.00	7,56.00 5
LABOUR			r ar ts-totar	14,007.00	8,735.78
			Parts-total	14,807.80	in the control of the
and extend to the plant of the control of the contr		113311013	Sub-total 2	1,710.00	1,710.00
Percentage discount 0	1%	and	0%	0.00	1,710.00 S
		Su	btotal before discount	1,710.00	100000000000000000000000000000000000000
Front door inner speaker LH		i	distortion	280.00	×450.00 ×280.00
Rear tyre LH		1	abraded	450.00	
Rear sport rim LH		1	abraded	13,097.80 980.00	7,025.78
		FIFEE	Sub-total 1	The rest of the last of the la	2,341.932
Percentage discount 0	09%	and	25%	0.00	9,367.70
		Su	btotal before discount	13,097.80	0.00/
Front door window switch LH		1	reuse	589.20	× 211.70
Front door weatherstrip LH		- 1	deformed	56.40 211.70	X 56.40
Front door side mirror cover LH		:: :1	abraded	1,026.00	X 1,026.00
Front door side mirror LH		î	necessary fractured	65.00	65.00
Front door protector chrome moulding LH		1	necessary	114.00	/ 114.00
Front door outer handle knob LH Front door protector LH		1	distorted	105.20	× 105.20

Results of inspection of the accident vehicle are as shown above.

4287.43 20%.3400

We have taken into consideration the age and condition of the vehicle in our recommendation.

Hence, the recommended cost of repairs based on LUMP SUM repairs is : and the recommended number of working days for the repairs is :

\$9,700.00

8

12

B J Loi (1 Eng., MIMI, AIRTE)

Automotive Appraiser

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

	ACCIDENT STATEMENT	
Date Of Report	22/04/2019 12:39	
Date Of Accident	18/04/2019 21:10	
Exact Location Of Accident	STILL RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ20A	
Insured/Policyholder		
Name Of Registered Owner	LIM SONG YI	
NRIC No	S9107978Z	
Email Address	LIMSONGYI@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-90060557	
Alternative Phone No	OFFICE-90060557	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	CAMRY-2.0 (A)	
Exact Purpose for which vehicle was being used a time of accident	at	
Are you claiming under your own insurance policy for repair to your vehicle?	NO NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	V8009341	
Cover Note Number		
Driver		
Name of Driver	LIM SONG YI	
NRIC No	S9107978Z	

 Name of Driver
 LIM SONG Y

 NRIC No
 \$9107978Z

 Date Of Birth
 06/03/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 19/11/2012

Driving Experience 6 YEARS AND 4 MONTHS

Gender MAL

Mobile Number (LOCAL) +65-90060557

Fax Number

Contact Number OFFICE-90060557

EMail Address LIMSONGYI@GMAIL.COM

Address BLK 166 GANGSA RD #17-54

Postcode 670166

Was driver an employee of the Insured's Company

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

MARINE PARADE N.P.C

Police Station Address

ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLANS

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

SJD696C

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

Page 2 of 16

Name LIM SONGYI Approximate Age Injuries Sustain Injured person in which vehicle? SKZ20A Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident in speed up the claims process.
- 2. 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 regudiate policy liability.
- 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 invoive 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:
 - 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 Pg. 2

STILL ROAD

		10070	
	(वि	4	A - Sk 220A
	Tel Tel	-	8-500G165
		4	
DESCRIBE CIRCUMSTAN	NCES OF THE ACCIDENT		
as	the boxu	e report	
			N
		35	
			9
			8
	The state of the s		
LARATION			CHI-4.
e declare the foregoing pa	articulars are true in every re	espect.	Pandan Branch
ybelder's Signature	Driver's Signature		Reporting Centre Personnel's Signature
e & Time:	(if driver is not the Date & Time:		Name: NRIC/FIN No.:

ż

2

Page 5 of 16

Sketch Plan #2 Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9107978Z



LIM SONGYI

林松低

CHINESE

Describer Second Control of Second Sec

HEPUBLIC OF SINGAPURE UNIVING LICENCE

19 1 17978.2

10 ESWAF1881

19 Nov. 2017

\$9107976Z 4380 1

18-03-2006

APT BLK 186 GANGSA ROAD #17-54 BINGAPORE 670166 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3 Malor Cars < 3000kg with <7 persongers, exclusive 19 Nev 2012 of the driver; and other mater vehicles << 2500kg

MOB CH

16P 428A.

Licence No. 801079752





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 1 of 3 Report No. T/20190419/2026

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 10:55	flade:	Vide Report No.:	Station Diary No.: 32	
Informa	nt's Partic	ulars	THE PARTY OF THE	BETTE WAS DEED TO THE STORY	
Name of	Informant: NGYI		Address: APT BLK 166 GANGSA ROA	D #17-54 SINGAPORE 670166	
the state of the s	/ ID No.: D / S91079	78Z	Contact No.: Home/Office:	Mobile: 90060557	
National	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 28	Date of Birth: 06/03/1991	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: CLERK			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/04/2019 21:10	Type of Location Straight Road	
Location: Along Road 1 STILL ROAD Still Road tow					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control: Dual Carriage Way Traffic Light - Working				Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ring Vehicles - Head	i To Side		Anyone conveyed by ambulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge	
SJD696C	Car	TOYOTA		White	Slightly Damaged	1	
SKZ20A	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	White	Seriously Damaged	0	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKZ20A	OVERSEAS ASSURANCE CORPORATION LIMITED	V8009341	01/12/2018	30/11/2019		



T/20190419/2028

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 2 of 3 Report No. T/20190419/2026

Tel No: 1800-4428999

CONTINUATION OF REPORT

Any Pedestrian It	volved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver		表现证		3000	SIL	
Name	GOH LAI SOON			ID No.		S1652781E
Related Vehicle	SJD696C (Car)			Contact No.		96817311
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Di			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver		20075-0	STREET, S		MANUE .	THE SHEET
Name	LIM SONGYI			ID No.		S9107978Z
Related Vehicle	SKZ20A (Car)			Contact No.		90060557
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	19/04/2019	Date Disc	Date Discharge NIL			
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Sligh	t

Brief Details.

On 18/04/2019 at about 2110hrs, I was driving my car (SKZ20A) on the first lane of Still Rd heading towards Jln Eunos. Suddenly, a car (SJD696C) which was driving along the second lane tried to cut into my lane which caused his front right portion of the car to hit onto the left side of my car, between the left front passenger door and the rear passenger door. I stopped my car and alighted to make a check but the driver drove off. I quickly chased him and managed to caught up with him at the next junction. When I met up with him we exchanged particulars and left the scene. After the driver drove off, a lady approached me and told me that she saw the accident and told me that she could be a witness. She provided me with her name and contact number. I went to the doctor the next day as I felt pain on the back of my neck and was given 5 days of mc.





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 3 of 3 Report No. T/20190419/2026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: G / Staff Sgt NUR SAKINAH BINTE ABRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/04/2019 10:55
Officer in Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Cont He force FORCE	Classification Of Case:
Authentication Stamp	















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 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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/04/2019 12:22
Date Of Accident	18/04/2019 21:15
Exact Location Of Accident	97 STILL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD696C
Insured/Policyholder	
Name Of Registered Owner	GOH LAI SOON
NRIC No	S1652781E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96817311
Alternative Phone No	OFFICE-96817311
Vehicle Particulars	
Manufacturer	TOYOTA
Model	*1
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29094263 QMX
Cover Note Number	
Driver	
Name of Drives	COUL M COOM

 Name of Driver
 GOH LAI SOON

 NRIC No
 \$1652781E

 Date Of Birth
 30/04/1964

 Occupation
 INDOOR

 Date Of Driving Pass
 09/07/1985

Driving Experience 33 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96817311

Fax Number

Contact Number OFFICE-96817311

EMail Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

NAME:

: PASSENGER

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

refer attached report.

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

SKZ20A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LIM SONG YI

NRIC/Passport Number

S9107978Z

Contact Number

90060957

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 Oriver.
- Information provided must be as truttiful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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
- 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 raport 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 personal information to all insurer(s) who have insured vehicle(s) involved in this accident fall 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)
 - processing, handling and/or douling 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/faw 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:
 - 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.:

GIANN': Sketchflanform, V3

SKETCH PLAN	TITITI	nice year of indefendable and the
	1 1 1	(D) 530 696C
	AB	B) St2204
		Location
3		97 Still Pal
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
- TOUCK H	Can a loc Was	om along still road, as travelling of the 2nd
on my h	enicle Acstorac	C) Affect his far timpo
Photo fabin	actess the acci	about scene and
- war	THO THINK INNOING	d and no one conve
to the h	ospital.	
to TKC W	espital.	20 Mont 8019
to TRC W	espital.	Pries smyll oc
CO THE W	espital.	Prot sorg
TO THE W	espital.	Prot sorg
CO THE W	espectal.	Prot sory
LO THE W	espital.	Prot sort sort
LO THE W	espital.	Prot sort sort
DECLARATION		Pres Impal Derg
10 THC N		De proper son
DECLARATION		Reporting Centre Personnel Signature Name: NRIC/FIN No.:



REPUBLIC OF SINGAPORE



9

GOH LAI SOON



CHINESE Date or BUTS 30-04-1964 Cooking/Sale of Bursts SINGAPORE



ST0507012





















Merimen e-Claims

...CLAIM SUBFOLDER...(Pending for Survey Report)

LAIM SUBF	OLDER TRAC	KING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Ad	j Submitted	Ins Auth'ed	Status	
	23 Apr 2019 11:47		23 Apr 2019 16:20 Edit Adj Rpt	5\$3,400.00 Edit Estimates	1 2 2 2	3,400.00 View Rpt		Report Cancel	for Survey
	fain	Refe	erence	Claim De	tails		Documents	\Box	Show All
CLAIM SUI	FOLDER DE	TAILS				[Created by	/ insurer]		
Insured:	GOH LAI S	OON, ID: \$16527	781E, Tel: +6596	817311					
Main Claimant:	LIM SONG	LYI							
Vehicle Reg. No.:	SKZ20A	[123 Months and 26 Days From LTA Reg Date (Man				ate (Man Yr)]			
Claim Type:	TP / 5912	FP / 591227			Cover o.:		MX (Comprehensi I/09/2018 - 03/09		
Vehicle Reg. No. (Insured):	S3D696C			Policy I (Claim					
				Excess					
Repairer:	Precision I	Motorworks Pte L	td (HQ) 68 KAKI B	UKIT AVENUE 6 #	01-02	ARK@KB, 417	896 Kaki Bukit - T	el:	
Handling Insurer:	MSIG Insu	irance (Singapore) Pte. Ltd. (HQ) -	Tel: +65 6827 78	888	[Handled by P	auline Tham - 65	94 2545]	
Adjuster:	LKK Auto	Consultants Pte L	td (HQ) - Tel: 6256	5-3561 [Handie	d by X	ING GUO QIA	NG] [Final F	opt due 17	/06/2019]
Driver/Custo dian (Insured):		OON (54 / Male) ,	NRIC: S1652781E,	Tel: +6596817	311 Er	nail:			
Adj Asg. Remarks:	SURVEY DI	SAGREE ON SJE - A	SSIGN LKK, LIABIL	ITY:DISPUTE. CO	NTACT	30HN 8742 7	247		
ASSOCIAT	ED MAIL REC	CEIVED					View	All Comp	ose Case Mail
 MSIG_SG 	(13/05/2019)): Report Send Ba	ck Alerts - SKZ20	A (TP)					
ALL ASSO Due Date No results.	Priority	KS [⊡] Type Task G	roup Subject	Handler	_		arch Tasks Cre	ate New Task Created	

Merimen e-Claims Page 1 of 3

Claim Documents

*SKZ20A (591227)
[SJD696C]
TP
LIM SONG LYI
Apr 18 2019 9:00PM
[GOH LAI SOON]
Precision Motorworks Pte Ltd

Pho	tos/Images		3 per page	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbna	
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Merimen e-Claims

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92	13/05/19 11:29	Photo After Spray	0	Load JPG	Z
93	13/05/19 11:29	Photo After Spray	0	Load JPG	V
94	13/05/19 11:29	Photo After Spray	0	Load JPG	V
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1	23/04/19 11:37	E-FILE REPORT (SKZ20A)	0	Load PDF	
2	23/04/19 11:37	E-FILE REPORT (SJD696C)	0	Load PDF	
3	23/04/19 14:23	SURVEY DISAGREE ON SJE - ASSIGN LKK	0	Load PDF	
4	13/06/19 15:22	LOD - Docs & TP survey report	0	Load PDF	
5	13/06/19 15:22	TP survey photos 1	0	Load PDF	
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1	09/07/19 14:57	Colour Photo	0	Load PDF	
2	09/07/19 14:57	PRS Invoice	0	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.	-		
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
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Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

LKK Auto Consultants Pte Ltd (Co Reg. No. 199607 198R)

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/MSG19007143/GTD3E2-1

Date:

09/07/2019

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

A29094263QMX

Claimant Vehicle

SKZ20A

Insured Vehicle No:

SJD696C

No: Date of Loss:

18/04/2019

Nature of Claim:

TP

Claim No: 591227

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKZ20A

Make & Model:

TOYOTA CAMRY, 2.0 ABS AIRBAG (A)

Engine No:

1AZE121511

Reg. Date:

23/12/2008 (Man. Year: 2008)

Chassis No: Odometer:

MR053BK4107038517 280114 km

Colour Engine Capacity:

Market Value/New Car Price: N/A

1998 cc

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Yes Engine Modification:

No

245/40 R18

Front Tyre Size: Front Left Side:

245/40 R18

Rear Tyre Size: Rear Left Side:

Pirelli 6 mm

Front Right Side:

Pirelli 6 mm Pirelli 6 mm

Rear Right Side:

Pirelli 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	14,807.80	2,637.42	12,170.38	82.19
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,450.00	1,650.00	1,800.00	52.17
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	18,257.80	4,287.42	13,970.38	76.52
Approved Total (Overridden) (S\$)		3,400.00		
(S\$)	18,257.80	3,400.00	14,857.80	81.38
+ GST 7.00/7.00% (S\$)	1,278.05	238.00	1,040.05	81.38
Nett Amount (S\$)	19,535.85	3,638.00	15,897.85	81.38

INSPECTION

Date of Assignment:

23/04/2019

Date Inspected:

24/04/2019 Inspected At:

Precision Motorworks Pte Ltd (HQ) 68 KAKI BUKIT AVENUE 6 #01-02

ARK@KB

Singapore 417896

Estimated Period of Repair:

5.0 days

Adjuster: XING GUO QIANG Manager: DENISE TAY KWEE CHENG

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

Referen	ce	
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 09 Jul 2019)
Parts:	143	TOYOTA CAMRY 2.0 ABS AIRBAG (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted	, no print-code for SKZ20A)
Validity:		tes are valid only if they contain the print code (above) on all estimate pages, running page the END OF ESTIMATES marker on the last estimate page
Further Info	Items/values	not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Reuse	561.20 F	*-FL
2	2		*REAR BUMPER SIDE RETAINER RH / LH	Not Necessary	130.60 F	*-FL
3	1		*REAR DOOR LH	Buckled	1,011.70 F	*1,011.70 FL
4	1		*REAR DOOR CHECKER LH	Reuse	157.30 F	*-FL
5	1		*REAR DOOR GLASS OUTER CHROME MOULDING LH	Not Necessary	110.10 F	*-FL
6	1		*REAR DOOR GLASS OUTER CHROME MOULDING LH - HORIZONTAL	Not Necessary	149.10 F	•-FL
7	2		*REAR DOOR HINGE TOP & LOWER LH	Not Necessary	157.00 F	•-FL
8	1		*REAR DOOR INNER TRIM BOARD LH	Not Necessary	731.70 F	-FL
9	1		*REAR DOOR LOCK STRIKER LH	Repair	78.30 F	*-FL
10	1		*REAR DOOR MECHANISM LOCK LH	Repair	301.60 F	*-FL
11	1		*REAR DOOR POWER WINDOW CHANNEL WEATHERSTRIP LH	Not Necessary	110.45 F	*-FL
12	1		*REAR DOOR PROTECTOR LH	Necessary	120.10 F	*120.10 FL
13	1		*REAR DOOR PROTECTOR CHROME MOULDING LH	Necessary	75.10 F	*75.10FL
14	1		*REAR DOOR QUARTER GLASS WITH WEATHERSTRIP LH	Not Necessary	172.00 F	*-FL
15	2		*REAR DOOR RUBBER GUIDE STOPPER LH	Not Necessary	90.00 F	*-FL
16	1		*REAR DOOR WEATHERSTRIP LH	Not Necessary	181.10 F	*-FL
17	1		*REAR SUSPENSION ABS SENSOR LH	Not Necessary	78.10 F	*-FL
18	1		*REAR SUSPENSION KNUCKLE ARM LH	Not Necessary	381.55 F	*-FL
19	1		*REAR SUSPENSION KNUCKLE ARM BEARING LH	Dislodged	561.70 F	*250.00 FL
20	1		*REAR SUSPENSION LOWER ADJUSTERBER ARM LH	Not Necessary	223.00 F	*-FL
21	1		*REAR SUSPENSION SHOCK ABSORBER LH	Not Necessary	368.60 F	*-FL
22	1		*REAR SUSPENSION SHOCK ABSORBER TOP MOUNTING LH	Not Necessary	110.10 F	*-FL
23	1		*REAR SUSPENSION STABILIZER BAR LINK LH	Not Necessary	169.10 F	*-FL
24	1		*FRONT DOOR LH	Buckled	1,214.00 F	*1,214.00 FL
25	1		*FRONT DOOR CHECKER LH	Not Necessary	146.40 F	*-FL
			Report was unsubmitted during this print-o	ut.		

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
26	1		*FRONT DOOR GLASS CHANNEL LH	Not Necessary	154.00 F	*-FL
27	1		*FRONT DOOR GLASS CHANNEL WEATHERSTRIP LH	Not Necessary	110.10 F	*-FL
28	1		*FRONT DOOR GLASS OUTER CHROME MOULDING LH	Not Necessary	210.00 F	*-FL
29	1		*FRONT DOOR GLASS REGULATOR LH	Not Necessary	262.00 F	*-FL
30	1		*FRONT DOOR GLASS REGULATOR MOTOR LH	Not Necessary	537.00 F	*-FL
31	1		*FRONT DOOR INNER TRIM BOARD LH	Not Necessary	977.00 F	*-FL
32	1		*FRONT DOOR MECHANISM LOCK LH	Repair	573.00 F	*-FL
33	1		*FRONT DOOR OUTER CHROME LH - HORIZONTAL	Not Necessary	238.20 F	*-FL
34	1		*FRONT DOOR OUTER HANDLEELH	Not Necessary	238.10 F	*-FL
35	1		*FRONT DOOR OUTER HANDLE INNER BRACKET LH	Not Necessary	135.00 F	*-FI
36	2		*FRONT DOOR OUTER HANDLE INNER RUBBER GASKET	77 20.39.0	106.00 F	*-FL
37	1		*FRONT DOOR OUTER HANDLE KNOB LH	Not Necessary	105.20 F	*-FL
38	1		*FRONT DOOR PROTECTOR LH	Necessary	114.00 F	*114.00 FL
39	1		*FRONT DOOR PROTECTOR CHROME MOULDING LH	Necessary	65.00 F	*65.00 FL
40	1		*FRONT DOOR SIDE MIRROR LH	Not Necessary	1,026.00 F	*-Fl
41	1		*FRONT DOOR SIDE MIRROR COVER LH	Not Necessary	56.40 F	*-Fl
42	1		*FRONT DOOR WEATHERSTRIP LH	Not Necessary	211.70 F	*-FL
43	1		*FRONT DOOR WINDOW SWITCH LH	Not Necessary	589.20 F	*-FL
44	1		*REAR SPORT RIM LH	Abraded	980.00 FS	*500.00 FS
45	1		*REAR TYRE LH	Not Necessary	450.00 FS	*- F\$
46	1		*FRONT DOOR INNER SPEAKER LH	Not Necessary	280.00 FS	*- FS
F=Fr	anchise	part S=	SpcNett. L=ListItemDisc	Sub Total (S\$)	14 807 80	3,349.90
			- List Item Discount on L Items (0.00	712.48
				Total Parts (S\$)	14,807.80	2,637.42
			Report was unsubmitted during this print		14,807.80	2,6

Adjuster Report Page 5 of 5

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TO STRAIGHTEN AND PANEL BEATING CENTER PILLAR LH AND LH FRAME MEMBERS. TO REMOVE AND REFIT ABOVE PARTS	New	1,200.00	500.00
2	TO PUTTY, RE-SPRAY PAINTING AND POLISH AFFECTED AREAS	New	1,200.00	800.00
3	TO CHECK AND RECTIFY WIRING SYSTEM	New	100.00	30.00
4	TO REMOVE AND REFIT REAR SUSPENSION	New	400.00	80.00
5	TO CONDUCT ELECTRONIC WHEEL ALIGNMENT TEST	New	200.00	60.00
6	TO RUST PROOF AFFECTED AREAS	New	100.00	60.00
7	TO REMOVE, TRANSFER AND REFIT REAR AND FRONT DOOR COMPONENTS	New	250.00	120.00
	Gross Labor	ur Cost (S\$)	3,450.00	1,650.00
	Report was unsubmitted during	this print-out.		

< END OF ESTIMATES >