

ASS. REF. NO. CS/III19006140/TISf3-1 Spec. of Instruction
 SURVEYOR Tan R. H. ASSIGNMENT (Office)
 From (Person) Minmer Stanley Lai III Date/Time: 8.7.19 4.07pm
 Estimated Cost _____ Bill to _____
 OD / WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No. PC16654 Insured: SHD6713X
 at Workshop no. Auto Gear Tel: 94599091
 of 23 Kelki Bukit Rd 4 # 01-22
 Policy No. MLOM0015 Claim No. MCT19030706
 Sum Insured _____ Excess _____
 Make of Veh _____ D.O.A. 27/03/2019
 (Client's Record)

CA / REV / REP / REV 24 HRS H.O.D. Endorsement
 Date/Time: 2:48pm @ 1/4/19 Person Contacted: Pierre Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate Insp: w. Hotel way @ 2 ocean way
	PC16654 - CC3/B0116023347/H1h639 Don: 3/12/2016
	SHD6713X - CC4/III19003018/L1h3 Don: 17/2/2019

12.4.19 - VNI - Pierre
 Dismantle: 22/4/2019 12:53pm
 After repair: 24/4/2019 03:03pm
 \$1,550/-
 Subm. + LIS \$1,750/- @ 4 days
 (\$2,550/- 62%)
 (~~\$2,550/-~~ Red - 57%)
 15/550, 4 days
 16/7/2019

RECEIVED 16 JUL 2019

Tanji

REF: III

ASSIGNMENT

From:

Date:

22.4.2019

Estimated Cost:

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

To inspect Vehicle No: PC1665 U

at Workshop m/s: Auto Gear

of 23 Kati Bukit Road 4 #01-22

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S
	X

Bal. or Market Value:

IDAC Accident Report: Consistent? - Yes or No

GIA / PFI Seen: Consistent? - Yes or No

Est. Repairs: days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

"wp" PRB

Vehicle: IN / OUT

Date:

Person Contacted

Veh No:

PC1665 U

Vc Reg: Dec / 12

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

Truck / Trailer or

Make:

Mitsubishi

C.C.

4899

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

BE63DJF100SS

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

7.00 RL

R:

7.00 RL

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

TOYO / YOKO or

Condor

Front

Rear

R/Bal:

6

mm

R/Bal:

6

mm

L/Bal:

6

mm

L/Bal:

6

mm

D.O.A.

D.O.I.

22/4/19 @ 3pm

Survey held at

Auto Gear

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

Rear 4/5

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

Date / Time

Action / Instruction

N. CHA

No Key

\$2000 - \$3000

3 days

Range + Days

[Signature]

25/4/2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

3

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Weekend (\$)

Report Format:

PRB

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

Survey Fee

Transportation

5 + 100 = 105

Photos

Office

TOTAL

120
10
130

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Monday, 8 July 2019 4:07 PM
To: 'sur@lkkauto.com'; Admin-D (LKKAuto)
Cc: Sundari Nagarajan - III; Mekavathanan Sarangapani
Subject: III REF: MCT19030706 | REQ PAPER SURVEY

Dear Sir/Mdm,

Please conduct paper survey for the below TP vehicle and let us have your report urgently. LOD uploaded and rights granted to you in Merimen.

TP Veh No. : PC1665U

Thank you.

Warmest regards,

S. Stanley Lai

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building

Singapore 049711

Tel: 6347 6100/Ext 206 Fax: 6224 4174

S&P 'A' rated Company



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Net 19030706 / 01 / 890

	RESERVES			
	TPPD	PRESERVE		
	TPPI	PRESERVE		
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	INVESTIGATION FEE			
	SURVEY FEES		P.C	
	LEGAL FEES			
	OTHERS			
	FRAUD CHECK			
	UPLOAD TO MERIMEN			
	GRANT RIGHTS			

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1123
 RECIPIENT ADDRESS 65322007
 DESTINATION ID
 ST. TIME 27/06 10:26
 TIME USE 00'30
 PAGES SENT 2
 RESULT OK



KURU & CO

Advocates & Solicitors
 UEN / GST Registration No: 53130937A

150 South Bridge Road
 #04-06 Fook Hai Building
 Singapore 058727

Kurubalan s/o Manickam Rengaraju
 Jan Chua Peck Kiang

Tel: 65322 009 (5 lines)

Fax: 65322 007 (Our fax no. is not for service of court documents)

Our ref: **L.19.0419.AT**
 (Please quote our reference when replying)

21 June 2019



BY CERTIFICATE OF POSTING

Comfort Transportation Pte Ltd
 383 Sin Ming Drive
 Gas Building
 Singapore 575717

(Yr ref: SHD 6713X)

BY HAND

India International Insurance Pte Ltd
 64 Cecil Street
 #04/#05 IOB Building
 Singapore 049711

(Yr ref: SHD 6713X)

Dear Sirs,

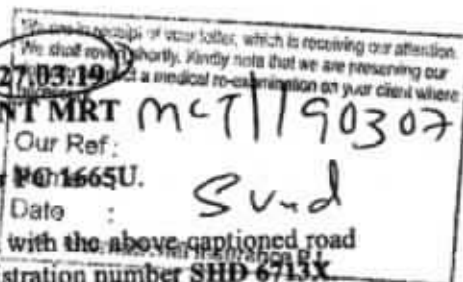
ACCIDENT INVOLVING PC 1665U & SHD 6713X ON 27/03/19 AT/ALONG BLANGAH ROAD NEAR HARBOURFRONT MRT

We act for **EZ Buzz Pte Ltd**, owner of vehicle registration number **PC 1665U**.

We are instructed to claim for damages against you in connection with the above-captioned road traffic accident involving our client's vehicle and your vehicle registration number **SHD 6713X**.

We are instructed that the accident was caused by your/your driver's/your insured's negligent driving and/or management of your/your insured's vehicle. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:

Cost of repairs	\$ 4,387.00
Rental	\$ 840.00
	\$ 5,227.00



26/6/2019

KURU & CO

Advocates & Solicitors
UEN / GST Registration No: 53130937A

150 South Bridge Road
#04-06 Fook Hai Building
Singapore 058727

Kurubalan s/o Manickam Rengaraju
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Tel: 65322 009 (5 lines)
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Our ref: L.19.0419.AT
(Please quote our reference when replying)

21 June 2019



BY CERTIFICATE OF POSTING

Comfort Transportation Pte Ltd
383 Sin Ming Drive
Gas Building
Singapore 575717

(Yr ref: SHD 6713X)

BY HAND

India International Insurance Pte Ltd
64 Cecil Street
#04/#05 IOB Building
Singapore 049711

(Yr ref: SHD 6713X)

Dear Sirs,

ACCIDENT INVOLVING PC 1665U & SHD 6713X ON 27.03.19
AT/ALONG BLANGAH ROAD NEAR HARBOURFRONT MRT

We act for **EZ Buzz Pte Ltd**, owner of vehicle registration number **PC 1665U**.

We are instructed to claim for damages against you in connection with the above-captioned road traffic accident involving our client's vehicle and your vehicle registration number **SHD 6713X**.

We are instructed that the accident was caused by your/your driver's/your insured's negligent driving and/or management of your/your insured's vehicle. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:

Cost of repairs	\$ 4,387.00
Rental	\$ 840.00
Survey fee/s	\$ 518.00
LTA fee/s	\$ 7.49
Incidentals (Inclusive of GST)	\$ 53.50
Cost at this stage (Inclusive of GST)	\$ 749.00

Enclosed are the supporting documents for your perusal:

Pre-repair Notification letter

Our client's SAS report

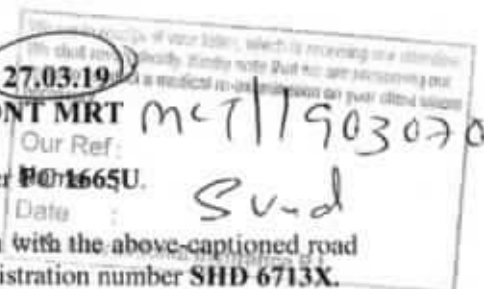
Your insured's LTA search

Repair Bill

Survey report, invoice and **40 colored photographs** (on your undertaking to return the same within 03 days upon demand)

Rental invoice

Certificate of insurance



Our ref: L.19.0419.AT
(Please quote our reference when replying)

21 June 2019

**ACCIDENT INVOLVING PC 1665U & SHD 6713X ON 27.03.19
AT/ALONG BLANGAH ROAD NEAR HARBOURFRONT MRT**

We have on 03.04.19 notified your insurer of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurer on 22.04.19.

Should you have a counterclaim against our client arising out of the accident, you are required to send us a letter giving full particulars of the counterclaim with all relevant supporting documents within 8 weeks from your receipt of this letter.

Please also note that you or your insurer should send 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 without further notice to you or your insurer.

Yours faithfully,



Encl.

N.B. Supporting documents are forwarded only to your insurer BY HAND

Cc. EQ Insurance Co Ltd (Mutual client – PC 1665U) / BY FAX: 6223 4190
Please do not prejudice our mutual client's claim in whatsoever way. Meanwhile, we would be obliged if you could let us have a complete set of third party's SAS/police report if you have received a copy of same for our attention.

Cc. Client

Our Ref: L.19.0419.at//Your Ref: SHD 6713X//PRS

From: Kuru & Co (kurulegal@yahoo.com.sg)

To: motorclaim@iii.com.sg

Bcc: pa@ezbuzz.com.sg

Date: Wednesday, 3 April 2019, 5:34 pm SGT

4th April - LK/C
can't be uploaded

Dear Sirs

**ACCIDENT INVOLVING PC 1665U & SHD 6713X ON 27.03.2019
ALONG BLANGAH ROAD NEAR HARBOURFRONT MRT
NOTIFICATION OF ACCIDENT AND PRE-REPAIR SURVEY**

We act for **EZ Buzz Pte Ltd**, whose vehicle registration number **PC 1665U** was damaged in the above accident.

A copy of the Accident report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within **2 working days** of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle.

If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Regards

Anne

Kuru & Co

150 South Bridge Road
#04-06 Fook Hai Building
Singapore 058727
Tel: 6532 2009
Fax: 6532 2007



img-403163708.pdf
21.4kB

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 29/03/2019 16:58
 Date Of Accident 27/03/2019 21:00
 Exact Location Of Accident BLANGAH ROAD NEAR HARBOURFRONT MRT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC1665U
Insured/Policyholder
 Name Of Registered Owner EZ BUZZ PTE LTD
 Co Reg No 201117597D
 Email Address PA@EZBUZZ.COM.SG
 Mobile Phone No
 Alternative Phone No OFFICE-82022688
Vehicle Particulars
 Manufacturer MITSUBISHI
 Model ROSA 4.9L MT 2WD 6T TURBO 4DR 24 SEATER

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 REPORTING ONLY

Vehicle Category BUS

Insurance Company

Name of Insurance Company EQ INSURANCE COMPANY LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy YES
 Policy Number DMCFHQ18-000081
 Cover Note Number

Driver

Name of Driver WANG DUKUN
 Passport No/FIN G5331233R
 Date Of Birth 04/02/1971
 Occupation OUTDOOR
 Date Of Driving Pass 24/11/2012
 Driving Experience 6 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-86467998
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address	NA
Postcode	
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?	
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)	18

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

PLEASE 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

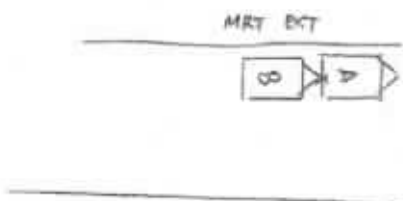
Vehicle Registration Number	SHD6713X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

A: PC16654

B. SHD6713X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT HAPPENED ON 27/03/2018 AT 9:00PM
ALONG BLANMATH RD NEAR HARBOURFARM HSE. I
WAS STATIONARY AT MY EXIT WAITING FOR PASSENGERS
SUDDENLY VEHICLE 2 HIT MY REAR PORTION.

DECLARATION

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

 Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23 March 2019

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

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:

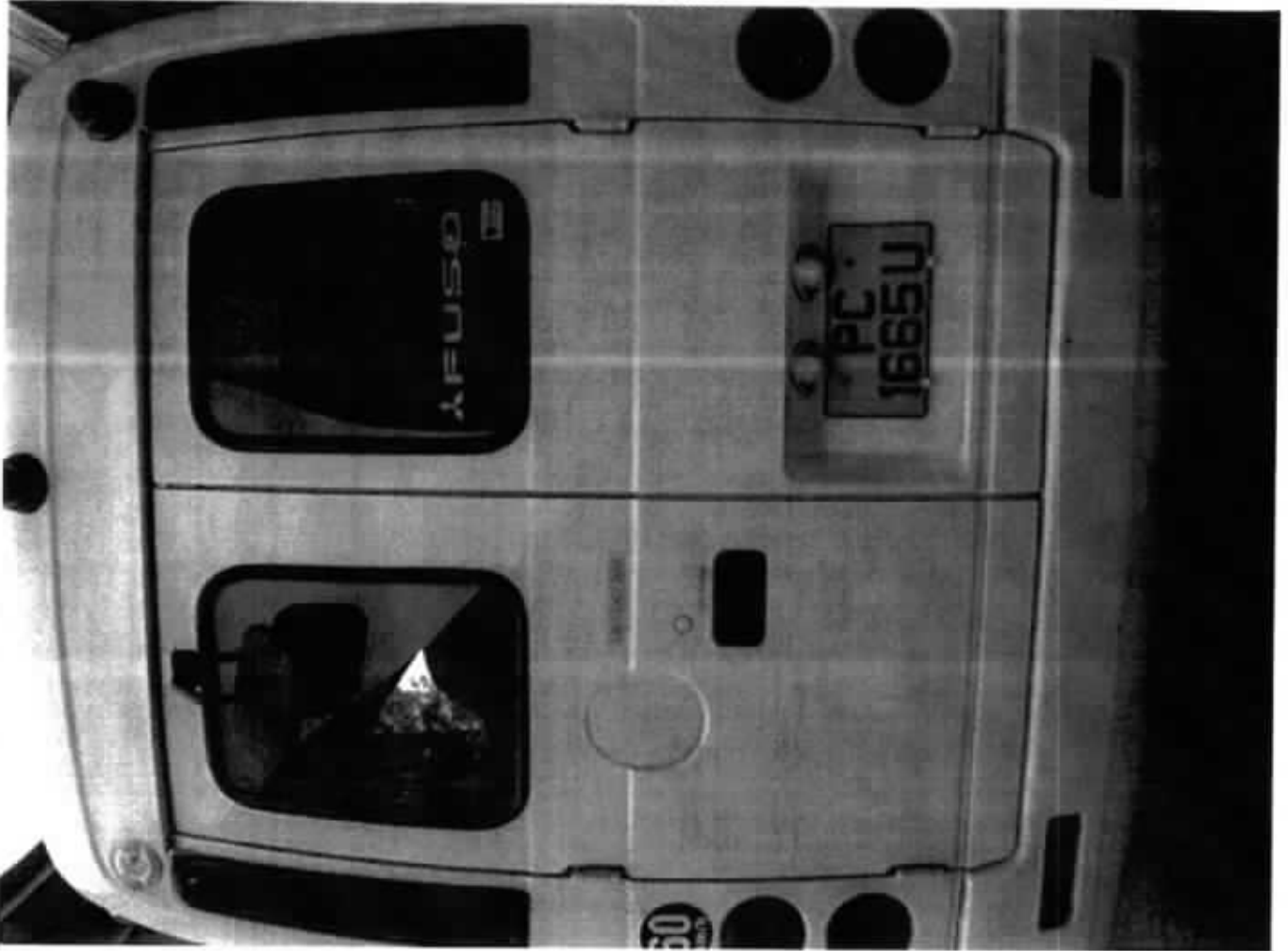
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature
Date & Time:

CHAMP's Signature
(If driver is not the policyholder)
Date & Time: 28 March 2019


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


Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Enquire Vehicle & Owner Information (Vehicle No. SHD6713X As
At 27 Mar 2019 / 21:00:00)****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: L.19.0419.AT

Current Owner Details

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

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

(Registered Block/House
No.: 383

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

Current Vehicle Details

Vehicle No.: SHD6713X

Make Description/Model: MERCEDES BENZ / E220 BLUETEC

Insurance Company Name:INDIA INT'L INS PTE LTD

Print

OK



AUTO GEAR PTE LTD

23 KAKI BUKIT ROAD 4, #01-22 Synergy@KB, Singapore 417801

Co. & GST Reg No. 201408607M

Tel: 6702 1821 / 96229085 Fax: 6702 1820 Email: anniefoo@autogear.com.sg

To:

EZ BUZZ PTE LTD

Blk 325 Ubi Avenue 1

#01-707

Singapore 400325

Invoice No.:

AG-2019-115

Date of Invoice:

24/06/2019

Reference No.:

Vehicle No.:

PC 1665U

Model:

ROSA BE63D

Date of Accident:

27/03/2019

#	Description	Amount SGD
01	Repair Cost	S 4,100.00

Sub-Total: S 4,100.00

7% GST: S 287.00

Total: S 4,387.00

Acknowledge By:



AUTO GEAR PTE LTD

Pg 01 of 01

Our reference: 18-4-8229

Date: 10/5/2019

INVOICE NO. 8229

EZ Buzz Pte Ltd
c/o Auto Gear Pte Ltd
23 Kaki Bukit Road 4 @Synergy
#01-22
Singapore 417800

Registration No. **PC1665U**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 518.00
Total amount			<u>\$ 518.00</u>

Please kindly cross all cheques made payable to "Impact Analysis Consultant".

We thank you in anticipation for your prompt payment.



L. L. Tan (Ms)
Principal Consultant

Our reference: 18-4-8229

Date: 10/5/2019

c/o Auto Gear Pte Ltd
23 Kaki Bukit Road 4 @Synergy
#01-22
Singapore 417800

Dear Sirs

RE: Road Traffic Accident on 27/3/2019
EZ Buzz Pte Ltd

In accordance with your instructions received in this office on **22/4/2019**, we made arrangements to examine the vehicle on **22/4/2019** at above-mentioned address. The following data was recorded:

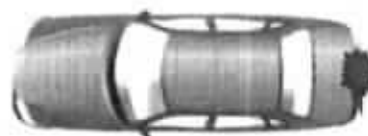
Vehicle details

Make	Mitsubishi	Registration	PC1665U
Model	Rosa	Chassis	BE63DJF1005S
Colour	White	Gearbox	Manual
Odometer	621026km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good	Yr. of Reg.	*

Tyre Depths

Front left	7.00R16C	85% Condor
Front right	7.00R16C	85% Condor
Rear left	7.00R16C	85% Condor
Rear right	7.00R16C	85% Condor

Impact Direction & Area of Damage:



Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of **\$4,100.00** and **6** working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd
www.iaconsultingsg.com

Our reference 18-4-8229
Date 10/5/2019
Page 2

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As Inspected	Repairer's Estimate	Our Adjustment
<u>List Items:</u>				
Rear door rh	1	bent	1958.00	1958.00 X 100%
Rear door weatherstrip rh	1	ripped	255.80	255.80 X 100%
Rear door hinge lower rh	1	damaged	102.30	102.30 X 100%
Rear door lh	1	repair/repaint	2214.00	0.00 L 100%
Rear bumper side tetainer @\$32.00	2	necessary	64.00	64.00
Rear exhaust pipe	1	rebuild	652.10	0.00
Rear bumper	1	deformed	852.30	852.30
Rear end panel	1	repair	658.70	0.00
Rear chassis frame extension rh	1	reset	325.00	0.00
Rear bumper reflector @\$85.00	2	rh damaged lh reuse	170.00	85.00
Sub- Total cost			7252.20	3317.40
Percentage discount : 15%			1087.83	497.61
Sub-Total cost for parts			6164.37	2819.79

1001-30
85/11

Special Nett Items:

Rear bumper clips	1 set	necessary	50.00	50.00
Sub-Total cost for parts			50.00	50.00

Parts Repair

*	*	*	0.00	0.00
Sub- Total costs			0.00	0.00
Total costs for parts			6214.37	2869.79

Our reference 18-4-8229

Date 10/5/2019

Page 3

Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 45.00	19	\$ 855.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 800.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 50.00
Transfer of existing rear door mechanism to new door rh.	\$ 45.00	1.8	\$ 81.00
Remove and rebuild rear exhaust system	\$ 45.00	1.7	\$ 76.50
Wiring and bulb checking	\$ 45.00	0.5	\$ 22.50
Total labour cost			\$ 1,885.00

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd

www.iaconsulting.sg

Our reference 18-4-8229

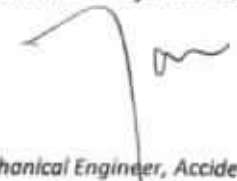
Date 10/5/2019

Section C: Summary Table of Total Repair Cost

Description		Cost	
Damaged Parts Assessment (See section A)		\$2,869.79	
Replace parts		\$573.96	
Further discount	20%		
Recommended cost of parts replacement		\$2,295.83	(1)
Labour Cost Calculation (See section B)		\$1,885.00	(2)
Total Repair Cost (Round off to hundred)		\$4,100.00	(1) + (2)

851.11
50
1050
1951.11
2/591550

We would recommend a sum of \$4,100.00 and 6 working days for repair.
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.


Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)
B.Eng. (Hons, NUS)
Diploma. Mechanical Engineering
NTC-2 Automovite Technology
Sr.MIES, Institution of Engineers, Singapore (#20100091)
MATAI, Maryland Association of Traffic Accident Investigators
IAARS, International Association of Accident Reconstruction Specialists
PMC of Singapore Business Advisors & Consultants Council

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• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd
www.iaconsultingsg.com



Invoice

Invoice No. 201804/00189

Date: 24-4-2018

Terms: Net 30

Bill to: EZ BUZZ PTE LTD

Contact Name: Mr TOK

Address: 23 KAKI BUKIT ROAD 4 @ SYNGERY #01-22 SINGAPORE 41780

Contact Number: 86868586

Bus Rental Description	Unit Price/Bus	Sub Total
23 seater (CB7774H) 22/4/2019 – 24/4/2019	280	840

Grand Total SGD\$ 840.00

Payment Details:

For Account transfer: Please transfer to **DBS Digital Account 003-945727-8**.

For Cheque Payment: Please make payable to **DYANACLE BUS SERVICE**

For Cash Payment: Please make cash payment at our office during office hours, 9am to 6pm (Strictly by appointment only)

Reference: Please indicate the bill number or entity's name

This is a computer generated document therefore no signature is required.

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6227 3423 | fax 65 6724 3903 | www.eqinsurance.com.sg
reg no. 1978 00030-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE FLEET
Third Party

Certificate No.: DMCFHQ18-000081

Form: HL1-1

1. Index Mark and Registration Number of Vehicles
PC1865U

Excess:

Section 2 SGD2,000.00
VEID-AC Additional SGD3,000.00

2. Name of Policyholder
EZ Buzz Pte Ltd

3. Effective Date of the Commencement of Insurance for the purpose of the Act
28/04/2018

4. Date of Expiry of Insurance
27/04/2019

5. Person or Classes of Persons entitled to drive*

1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use*

Use only for the carriage of passenger in connection with the Insured & their subsidiary or associated company's business as described in the Schedule.

THE POLICY DOES NOT COVER

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.
- (4) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 55 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

misjb/HQ/A000255/Winner Consultancy P

A Member of Citystate

Authorised Signatory
EQ Insurance Company Limited

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	28/03/2019 09:20
Date Of Accident	27/03/2019 21:10
Exact Location Of Accident	ALONG TELOK BLANGAH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD6713X
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E220
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	REPORTING ONLY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	PHUA HOCK LYE
NRIC No	S1481613E
Date Of Birth	23/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1984
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98787136
Fax Number	
Contact Number	
E-Mail Address	HOCKLYEHUAT@GMAIL.COM

Address	BLK 551 CHOA CHU KANG STREET 52 #02-55
Postcode	680551
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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)	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

PLS REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC1665U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR RIGHT
No. Of Passenger (Including Driver)	

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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19230321R

Policyholder's Signature
Date & Time:

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

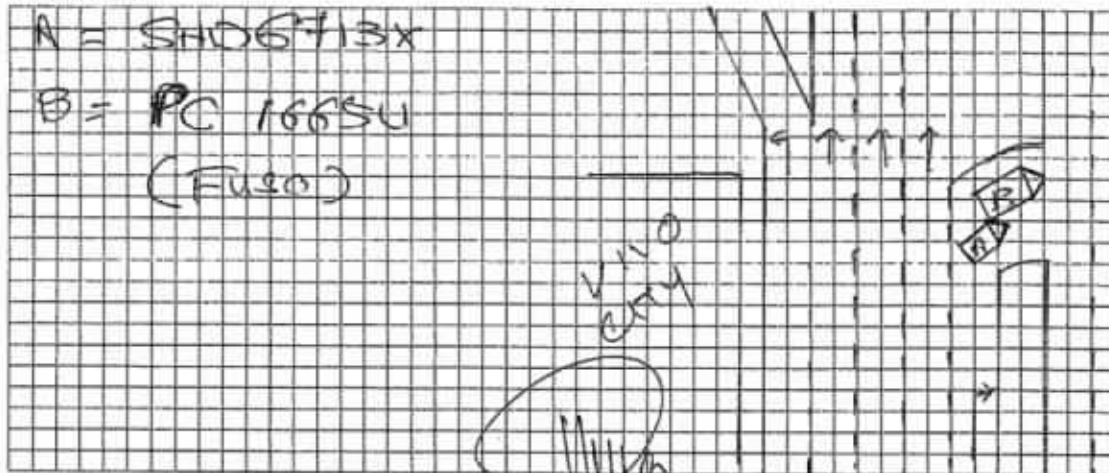
Olivia Wendy

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

GIA/MIC SketchPlanForm_V3

28 MAR 2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

TECOK BLANGKAM RD

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199203531R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 28 MAR 2019
NRIC/FIN No.:

Describe Circumstances of the Accident.

On the 27/03/2019 @ about 21:10hrs, I was driving along Telok Blangah Rd.

As I was making a U-Turn, I accidentally collided onto the vehicle PC1665U rear right portion.

No passenger on board my taxi. No injury reported at the point of accident.

Declaration

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

CUMFRT TRANSPORTATION PTE LTD
CO REG NO 189203821R

Policyholder's Signature/Date &
Time

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

Olivia Wendy

Witnessed by Reporting
Centre Personnel

26 MAR 2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



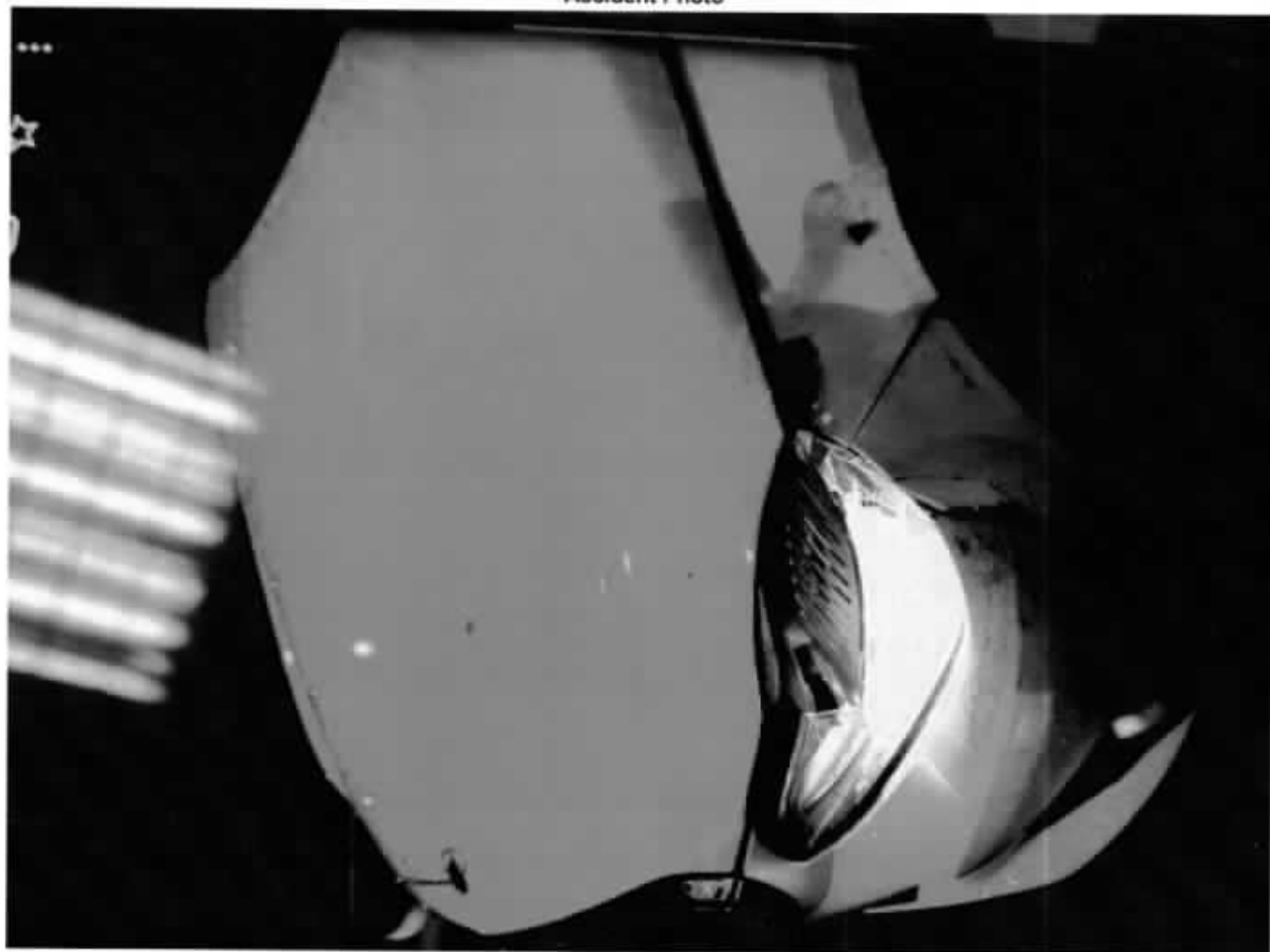
Accident Photo



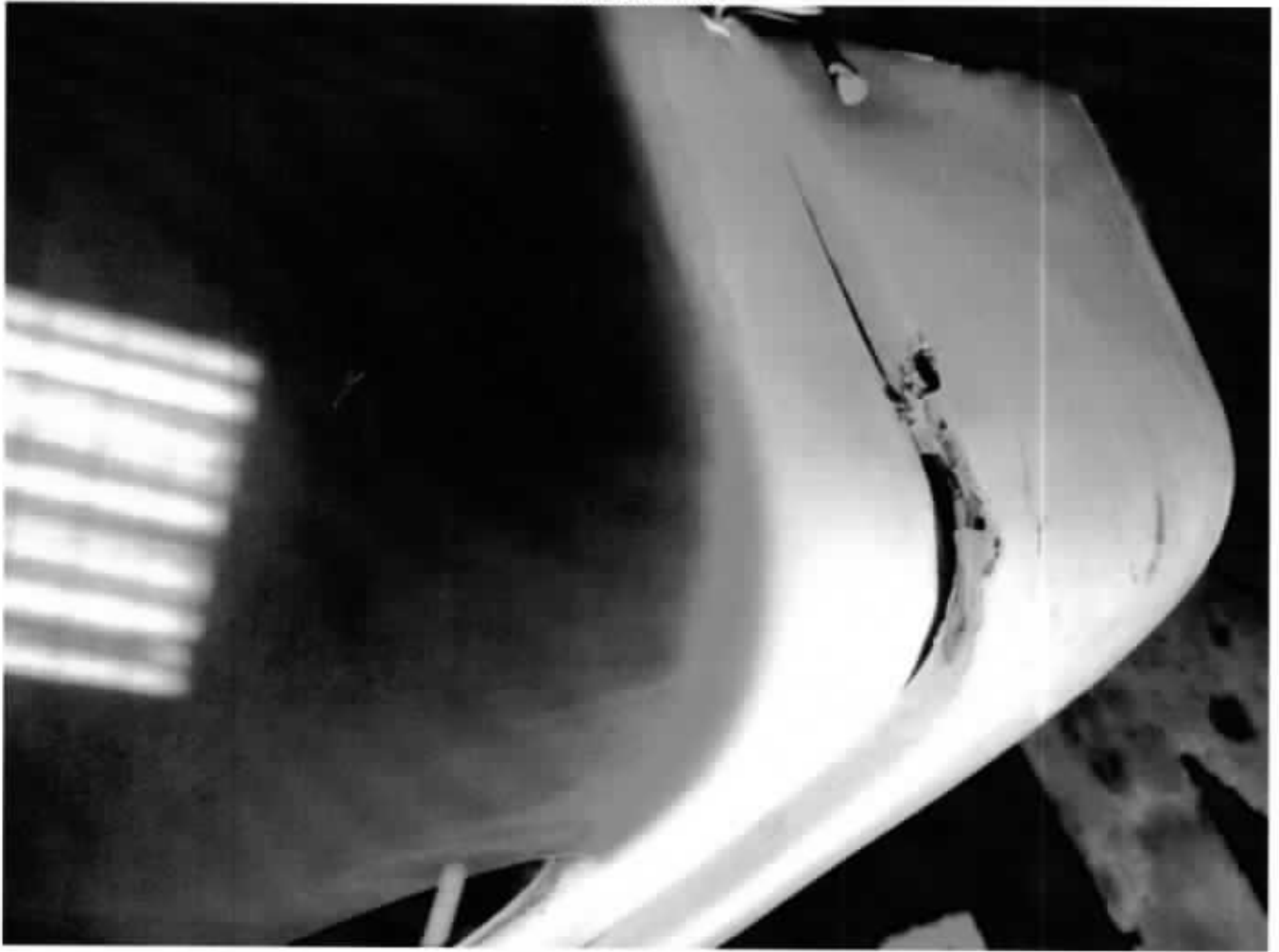
Accident Photo



Accident Photo



Accident Photo





LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

INDIA INTERNATIONAL INSURANCE PL

Ref : CS3/III19006140/T1sf3e2-1

64 CECIL STREET

#05-02 IOB BUILDING SINGAPORE 049711

Date : 19-07-2019



Code : III2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 6713X	Veh. Inspected	PC 1665U
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19030706	Excess (\$)	0.00
Assign From	STANLEY LAI	Assign Date	08/07/2019

2. Vehicle Particulars & Condition

Make & Model	MITSUBISHI ROSA	c.c	4899
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	BE63DJF10055	Colour	WHITE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	7.00 R16	CONDOR	6 mm
L/H Front Tyre	7.00 R16	CONDOR	6 mm
R/H Rear Tyre	7.00 R16	CONDOR	6 mm
L/H Rear Tyre	7.00 R16	CONDOR	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	27/03/2019	Inspection Date	22/04/2019
Survey held at	AUTO GEAR PTE LTD 23 KAKI BUKIT ROAD 4 #01-22 SYNERGY @ KB SINGAPORE 417801		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **4 Working Days**



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 1665U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR RH	NOT NECESSARY	1,958.00	-
1	REAR DOOR WEATHERSTRIP RH	NOT NECESSARY	255.80	-
1	REAR DOOR HINGE LOWER RH	NOT NECESSARY	102.30	-
1	REAR DOOR LH	NOT NECESSARY	2,214.00	-
2	REAR BUMPER SIDE TETAINER @\$32.00	NECESSARY	64.00	64.00
1	REAR EXHAUST PIPE	REBUILD	652.10	-
1	REAR BUMPER	DEFORMED	852.30	852.30
1	REAR END PANEL	TO REPAIR SEE LABOUR	658.70	-
1	REAR CHASSIS FRAME EXTENSION RH	RESET	325.00	-
2	REAR BUMPER REFLECTOR @\$85.00	O/S DAMAGED / N/S REUSE	170.00	85.00
	LESS 15% DISCOUNT		-1,087.83	-150.20
			6,164.37	851.10
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	TO DISMANTLE, REPLACE, CUT, WELD, KNOCK OUT DENTS TO STRAIGHTEN ACCIDENT PARTS AS-MENTIONED ON THE 'PARTS REPAIR' COLUMN INCLUSIVE OF REPLACEMENT PARTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		855.00	500.00
	PUTTY & SPRAY PAINTING TO ADJACENT PANELS. JOB ALLOWANCE. PAINT / MATERIAL.		800.00	500.00
	APPLY RUST PROOFING ON THE ADJACENT PANELS.		50.00	30.00
	TRANSFER OF EXISTING REAR DOOR MECHANISM TO NEW DOOR RH.	NOT NECESSARY	81.00	-
	REMOVE AND REBUILD REAR EXHAUST SYSTEM.	NOT NECESSARY	76.50	-
	WIRING AND BULB CHECKING.		22.50	20.00
			1,885.00	1,050.00
GRAND TOTAL			8,099.37	1,951.10

Report Ref No. CS3/III19006140/T1sf3e2-1



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,550.00
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Report Ref No. CS3/III19006140/T1sf3e2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.