

ASS. REC. BY:

REF: CS/AGI/1012991/As d3

Special Instruction: 12

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Ivy Rahilla

of AGI

Date/Time: 23/7/19 @ 3:35pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLM 8903G

Insured: SKC 4289 L

at Workshop m/s N-51 Automotive

Tel: 68420051

of 2 kaki Buluh Ave 2# 01-17/18

Policy No:

Claim No: C10003548/KY

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A. 18/07/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 4pm @ 23/7/19

Person Contacted: Zikrey

Vehicle IN/OUT

Date/Time	Action/Instruction	Format? ✓
	SLM 8903G - NA/AIC/19012783/24	
	SKC 4289 L - NA/AIC/19012783/24	

Nivitha (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Tuesday, 23 July 2019 3:35 PM
To: Admin-D (LKKAuto)
Cc: sur@lkkauto.com; Justin Wong; Julie Mangubat
Subject: TPPD Survey: Claim ref:C10003548/KY || OI- SKC4289L (Black) TP- SLM8903G || Est:0.00 || N-51
Attachments: 8903.pdf

Hi team,

We would like to arrange for TP PRS for SLM8903G. Please refer to attached file for reference.

Kindly confirm.

Regards,

Ivy Ratilla
Executive, Claims Admin

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



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

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

auto  general

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

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From: Julie Mangubat <julie.m@budgetdirect.com.sg>

Sent: Tuesday, 23 July 2019 3:31 PM

To: Ivy Ratilla <ivy.r@budgetdirect.com.sg>

Cc: Justin Wong <justin.wong@budgetdirect.com.sg>

Subject: FW: SLM8903G & SKC4289L - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS || Claim ref: C10003548/KY

Hi Ives

Please help to arrange survey.
N51 chose LKK Adrian Ling.

Thank you,
-Julie

Dear Sir/Madam,

As per above subject,

Please refer attachment and:-

Kindly propose / provide your 10 surveyors

Thank you.

Regards,

Zi Ting

N-51 Automotive Pte Ltd

Office: 6842 0051

Fax: 6741 0510

www.n51.com.sg



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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	19/07/2019 14:39
Date Of Accident	18/07/2019 20:00
Exact Location Of Accident	OLD BADMINTON HALL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8903G
Insured/Policyholder	
Name Of Registered Owner	YEO HUI IM
NRIC No	S1411683D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98320374
Alternative Phone No	OFFICE-98320374
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX 1.6 AT LED TAIL LAMP
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100506985-02
Cover Note Number	
Driver	
Name of Driver	YEO HUI IM
NRIC No	S1411683D
Date Of Birth	04/10/1960
Occupation	INDOOR
Date Of Driving Pass	28/12/1979
Driving Experience	39 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98320374
Fax Number	
Contact Number	OFFICE-98320374
EEmail Address	NOEMAIL

Address	BLK 54 CASSIA CRESCENT #13-119
Postcode	390054
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 - MAJOR/MINOR RD
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)	1

Details of Police Action

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

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC4289L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DANIELLE QUINELL
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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 purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



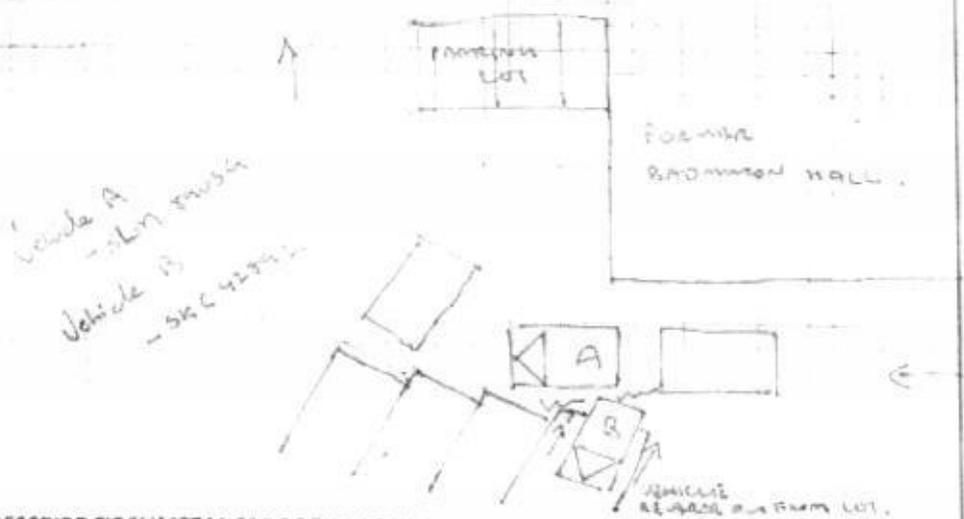
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary waiting due to a vehicle in front of me was parking the vehicle. In the premises of former Bradwinson Hall along Ewbank Road.

While I was waiting suddenly a vehicle started to reverse its vehicle and hit onto the left rear portion of my vehicle.

Alighted from my vehicle and realized it was a vehicle with license plate number (SKC 4289L) collided to the left rear portion of my vehicle when reversing out from the parking lot, when she stepped out from the vehicle, she claimed that she didn't know that I was behind her vehicle which cause the collision to my vehicle.

Vehicle A - SLN 8903G
 Vehicle B - SKC 4289L

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/PIN No:

TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub
 2 Kaki Bukit Ave 2
 #01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
 Singapore 417921 Tel No. : +65 6842 0051 Fax No. : +65 6741 0510
 E-Mail : sales@n51.com.sg
 Company Reg. No. : 200714616M
 GST Registration No. : 200714616M

MS.YEO HUI IM
 BLK 54 CASSIA CRESCENT #13-119
 SINGAPORE 390054

*TP Budget Direct
 Shirley*

Contact : 98320374

ESTIMATE

Repair Code : CLM14629
 Date in : 22/07/2019
 Vehicle Num. : SLM8903G
 Model : MITSUBISHI LANCER EX 1.6 AT LED TAIL LAMP
 Chassis/Eng# : JMYSRCY1AGU006747/4A92CP4095

Parts and Labour Assesment

Description of part	Qty	Unit Price	Amount
REAR BUMPER <i>delid</i>	1766 1	815.00	815.00 ✓
REAR BUMPER SIDE RETAINER L/R <i>LH New</i>	1589.40 2	41.00	82.00 ✓
REAR LH FENDER AIR VENT <i>New</i>	1	212.00	212.00 +
REAR LH TAILLAMP <i>let</i>	1	910.00	910.00 ✓
Subtotal before discount			2,019.00
Percentage discount 0%			0.00
Sub-total 1			2,019.00
REAR BUMPER CLIPS - SET <i>New</i>	1	50.00	30.50
REAR LH FENDER GARNISH CLIPS - SET <i>New</i>	1 <i>30</i>	30.00	+ 30.00
REAR LH TAILLAMP CLIPS - SET <i>New</i>	1	20.00	+ 20.00
Subtotal before discount			100.00
Percentage discount 0%			0.00
Sub-total 2			100.00
Parts-total			2,119.00

LABOUR

To remove, reinstall electrical wiring harness, check lighting and rewire for parking sensor. 60.00 40

To remove, reinstall roof top trim upholstery, cushion seat, trim garnish, trim liner carpet. (to FR) 740 80.00 +

To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident. ~~600.00~~ 400.

To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident. 450.00
300

TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit AutoHub
2 Kaki Bukit Ave 2
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
Singapore 417921 Tel No. : +65 6842 0051 Fax No. : +65 6741 0510
E-Mail : sales@n51.com.sg
Company Reg. No. : 200714616M
GST Registration No. : 200714616M

MS.YEO HUI IM
BLK 54 CASSIA CRESCENT #13-119
SINGAPORE 390054

Contact : 98320374

ESTIMATE

Repair Code : CLM14629
Date in : 22/07/2019
Vehicle Num. : SLM8903G
Model : MITSUBISHI LANCER EX 1.6 AT LED TAIL LAMP
Chassis/Eng# : JMYSRCY1AGU006747/4A92CP4095

To apply anti-rust chemical on repaired and replaced panel.

50.00 +

Labour Total

1,240.00

Parts & Labour Total

3,359.00

*** This is a computer-generated document which requires no signature.***

page 2

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Adrian Gij

H/S 24/07/19.

03 Days.

total 2359.40

H/S: 1.8k

1.8k



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile			
AUTO & GENERAL INSURANCE (S) PL		Ref : CS/AGI19012991/Asf3n2	
(BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE 239924		Date : 19-09-2019	
		Code : AGI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKC 4289L	Veh. Inspected	SLM 8903G
Policy No.		Coverage (\$)	0.00
Claim No.	C10003548/KY	Excess (\$)	0.00
Assign From	IVY RATILLA	Assign Date	23/07/2019
2. Vehicle Particulars & Condition			
Make & Model	MITSUBISHI LANCER	c.c	1590
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JMYSRCY1AGU006747	Colour	GREY
Odometer	21449	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	YOKOHAMA	6 mm
L/H Front Tyre	205/60 R16	YOKOHAMA	6 mm
R/H Rear Tyre	205/60 R16	YOKOHAMA	6 mm
L/H Rear Tyre	205/60 R16	YOKOHAMA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	18/07/2019	Inspection Date	24/07/2019
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLM 8903G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	815.00	815.00
2	REAR BUMPER SIDE RETAINER L/R @\$41.00	N/S NECESSARY	82.00	41.00
1	REAR LH FENDER AIR VENT	NOT NECESSARY	212.00	-
1	REAR LH TAILLAMP	CUT	910.00	910.00
	LESS 10% DISCOUNT		-	-176.60
			2,019.00	1,589.40
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	30.00
1	SET REAR LH FENDER GARNISH CLIPS (SN)	NOT NECESSARY	30.00	-
1	SET REAR LH TAILLAMP CLIPS (SN)	NOT NECESSARY	20.00	-
			100.00	30.00
LABOUR				
	TO REMOVE,REINSTALL ELECTRICAL WIRING HARNESS,CHECK LIGHTING AND REWIRE FOR PARKING SENSOR.		60.00	40.00
	TO REMOVE,REINSTALL ROOF TOP TRIM UPHOLSTERY,CUSHION SEAT,TRIM GARNISH,TRIM LINER CARPET (TO FR).	NOT NECESSARY	80.00	-
	TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS,REPAIR PORTION,AND WHERE CONSISTENT TO THE ACCIDENT.		600.00	400.00
	TO PROVIDE LABOUR,WORKMANSHIP TO CHANGE THE ABOVE DMAGED BODYPARTS,REPAIR,RE-CONSTRUCT AND RE-ALIGN BODY STRUCTURE,BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT.		450.00	300.00
	TO APPLY ANTI-RUST CHEMICAL ON REPAIRED AND REPLACED PANEL.	NOT NECESSARY	50.00	-
			1,240.00	740.00
GRAND TOTAL			3,359.00	2,359.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,800.00

Report Ref No. CS/AGI19012991/Asf3n2

ADRIAN LING WAI PING

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

Licensed Appraiser

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