

ASS. REC. BY: 98 REF: CS3/TI 19005815/ G+037 Special Instruction: ASSIGNMENT (Office)

Survey: minimun From (Person): Stanley Tei of III Date/Time: 29/07/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SG41880A Insured: SH 6453V

at Workshop m/s HMP L&K Automobile Trading Tel: 64531743

of 160 Sin Ming Drive #05-17

Policy No: MCOM0015 Claim No: MCT1903077

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29-3-2019

(Client's Record) _____ 3.4.2019

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

Date/Time: 2/4/19 405p.m Person Contacted: Mr Ong Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate (X)
	SG41880A - N5/1A/19005815/ N5d3	D.O.A. - 29/03/2019
	SH 6453V - N5/1A/19005815/ N5d3	D.O.A. - 29/03/2019
	Dismantle part: 05/04/2019 1235pm	
	\$2600, 6 Days.	
	(Red: 4000; 63%)	

2/8/2019

290-130 = 120+10
= 130

PRS
QA

REF: III

6380 G

ASSIGNMENT

(-2021)

From:

Date 3.4.2019

Veh No:

SGG1880A

Yr Regn:

04 May 2006

Estimated Cost:

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

QD / ☒ TP / ☐ RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

Truck / Trailer or

To Inspect Vehicle No:

SGG 1880A

Make:

Toyota Vios

cc 1497

at Workshop m/s:

Hiap Lek Automobile

Colour:

Grey

AK:

Insured / Std / NI / NA

of

160 sin ming Drive #05-17

Sp. Reading:

204787

TIRadio: Insured / Std / NI / NA

Insured:

Eng/No:

MRO53HY4204184508

Policy No:

C/No:

Claims No:

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt

Sum Insured:

Excess:

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

(Client's Record)

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Make of Veh:

Mod: Nil / ☒ SRM / ☐ STD A/Rim or

(Policy Condition)

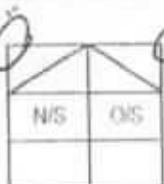
Tyre Size:

F: 185/60 R15

R: 11

Remark: The veh had commenced its

repair at the time of inspection.



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

TOYO / YOKO or

Dayton

Est. or Market Value:

\$13K

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal:

5

mm

R/Bal:

5

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal:

5

mm

L/Bal:

5

mm

Est. Repairs:

4

days

Res:

Yes or No

D.O.A

D.O.I

03-04-19

Lum Sum:

%

3 Val:

Yes or No

Survey held at

W/S

11:45

CA / REV / REP. / 24 HRS "WP"

Vehicle: IN / OUT

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

Int N/S, 4 d/s

Date:

Person Contacted:

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

Date / Time

Action / Instruction

\$2000 - \$3000
C&K: 9495.

[Signature]
4/4/2019

RECEIVED 00 APR 2019

Date/Time: File Pass to?

☐

: Prelim. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Y: S + RS: 19

Y: Photos:

Y: Video:

Y: Other:

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Workshop (\$

Report Format:

PRG

Lump Sum / L.B.C. (\$

120

10

130

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Monday, 29 July 2019 5:59 PM
To: 'sur@lkkauto.com'; Admin-D (LKKAuto)
Cc: Mekavathanan Sarangapani; Sundari Nagarajan - III
Subject: III REF: MCT19030777 | REQUEST PAPER SURVEY SGG1880A

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. : SGG1880A

Thank you.

Warmest regards,
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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RESERVES

TPPD

PRESERVE

TPPI

PRESERVE

UNINSURED LOSS

PRESERVE

SUBRO

PRESERVE

LPPN

INVESTIGATION FEE

SURVEY FEES

LEGAL FEES

OTHERS

FRAUD CHECK

UPLOAD TO MERIMEN

GRANT RIGHTS

PS

1-512

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1308
 RECIPIENT ADDRESS 65381860
 DESTINATION ID
 ST. TIME 23/07 08:25
 TIME USE 01'17
 PAGES SENT 2
 RESULT OK



ORACLE LAW CORPORATION

Our Reference : SB/PO/Acc/2019-8956
 Date : 17th July 2019

India International Insurance Pte Ltd
 64 Cecil Street #04-05
 IOB Building
 Singapore 049711
Attention: Motor Claims Department

Mr Tan Keng Hock
 Block 792 Woodlands Avenue 6
 #06-685
 Singapore 730792



met/19030777
 Sandu
 22/7/2019

Dear Sirs

ACCIDENT INVOLVING SGG 1880A & SH 6453U ALONG CLEMENCEAU ROAD NORTH ON 29-03-2019

We act for Miss Lim Li Ching, the owner of vehicle registration no. SGG 1880A which was involved in the above captioned accident.

We are instructed by our client to claim damages against the authorized driver of your insured's taxi registration no. SH 6453U, namely Mr Tan Keng Hock, in connection with the above captioned accident.

We are instructed that the accident was caused by Mr Tan Keng Hock's negligent driving and management of your insured's said taxi registration no. SH 6453U. As a result of the above captioned accident, our client's said vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:-

PARTICULARS

Description	Amount
1. Cost of repair	S\$ 7,200.00
2. Rental fees (7 days)	S\$ 430.00
3. Rental fees (6 days @ S\$60.00 per day)	S\$ 360.00
4. Costs contribution	S\$ 1,200.00
5. Disbursements:-	
a. Survey report fees	S\$739.00
b. Traffic police report & LTA search fees	S\$ 36.49
c. Xerox, transport & postage charges	S\$150.00
	S\$ 925.49
	S\$10,115.49

We enclose herewith a copy each of the following supporting documents for your kind attention:

ORACLE LAW CORPORATION

Our Reference : SB/PO/Acc/2019-8956
Date : 17th July 2019

India International Insurance Pte Ltd
64 Cecil Street #04-05
IOB Building
Singapore 049711
Attention: Motor Claims Department

Mr Tan Keng Hock
Block 792 Woodlands Avenue 6
#06-685
Singapore 730792



** BY HAND ONLY **

Our Ref: MC1/19030777
Name: Sund
Date: 22/7/2019
India International Insurance Pte Ltd

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5. Disbursements:-	
a. Survey report fees	S\$739.00
b. Traffic police report & LTA search fees	S\$ 36.49
c. Xerox, transport & postage charges	S\$150.00
	S\$ 925.49
	S\$10,115.49

We enclose herewith a copy each of the following supporting documents for your kind attention:-

- Singapore Accident Statements of vehicles registration nos. SGG 1880A & SH 6453U;
- LTA search result on taxi registration no. SH 6453U;
- Hiap Lek Automobile Trading's Bill dated 28th June 2019 for the sum of S\$7,200.00;
- Car Cove Leasing Pte Ltd's Invoice Nos. AR201904-00019 dated 2nd April 2019 and AR201904-000136 dated 9th April 2019 for the sums of S\$430.00 and S\$360.00 respectively;
- PAR Automotive Consultancy's Invoice No. 0068-19-HLM dated 28th June 2019 for the sum of S\$739.00; and
- Original copy of PAR Automotive Consultancy's Accident Vehicle Survey Report No. 0068-19-HLM dated 28th June 2019 together with original coloured photographs showing damages sustained by our client's said vehicle.

.../2

STANLEY BAY
PAULINE ONG
ALAN KOH

Our Ref: MC1/19030777
Name: Sund
Date: 22/7/2019
India International Insurance Pte Ltd

Oracle Law Corporation

• Advocates & Solicitors • UEN/GST Reg No. 200904572Z

237 Alexandra Road #04-11
The Alexcier, Singapore 159929
Telephone: 6538 6250 Facsimile: 6538 1860
Email: mail@oracletlaw.sg

Our Reference : SB/PO/Acc/2019-8956
Date : 17th July 2019

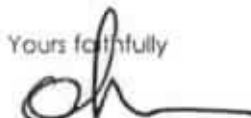
Page 2

We have on 1st April 2019 notified you of the above captioned accident and requested for a pre-repair inspection to be conducted.

Please note that if your insured has a counterclaim against our client arising out of the above captioned accident, you are also required to send to our firm a letter giving full particulars of the counterclaim together with all the relevant supporting documents within 8 weeks of your receipt of this letter.

Please note that you should send to our firm an acknowledgement of receipt of this letter **within fourteen (14) days from the receipt of this letter**, failing which our client will have no alternative but to commence proceedings without further notice to you or your insured.

Yours faithfully



Mr Stanley Bay / Miss Pauline Ong
Enc (for India International Insurance Pte Ltd only)

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 willful 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	30/03/2019 14:48
Date Of Accident	29/03/2019 10:10
Exact Location Of Accident	CLEMENCEAU ROAD NORTH / CAVENAGH HOUSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG1880A
Insured/Policyholder	
Name Of Registered Owner	LIM LI CHING
NRIC No	S7806380G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98364880
Alternative Phone No	OFFICE-98364880

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104045333 (DRIVO CLASSIC)
Cover Note Number	

Driver

Name of Driver	LIM LI CHING
NRIC No	S7806380G
Date Of Birth	10/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	14/04/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98364880
Fax Number	
Contact Number	OFFICE-98364880
Email Address	NOEMAIL



Address	3 BRISTOL ROAD
Postcode	219842
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH5453U
Vehicle Make/Model/Colour	HYUNDAI 140
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN KENG HOCK
NRIC/Passport Number	S1241475G
Contact Number	81269646
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 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.

Allen

Policyholder's Signature
Date & Time:

Allen

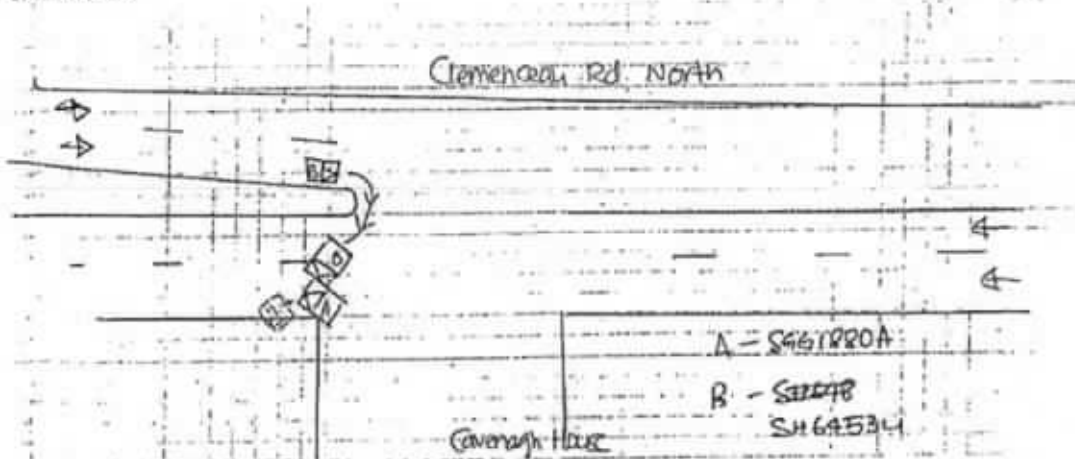
Driver's Signature
(If driver is not the policyholder)
Date & Time:

30 MAR 2019



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was coming out from Gavanagh house. I stopped to check for oncoming traffic. When it was clear, I moved turn left.

Suddenly a taxi SH64534 made a U-turn without checking and crashed onto the right front of my car. Upon the impact, my car moved the kerb on the left.

I do not have any passenger at the time of accident.

DECLARATION

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

30 MAR 2013

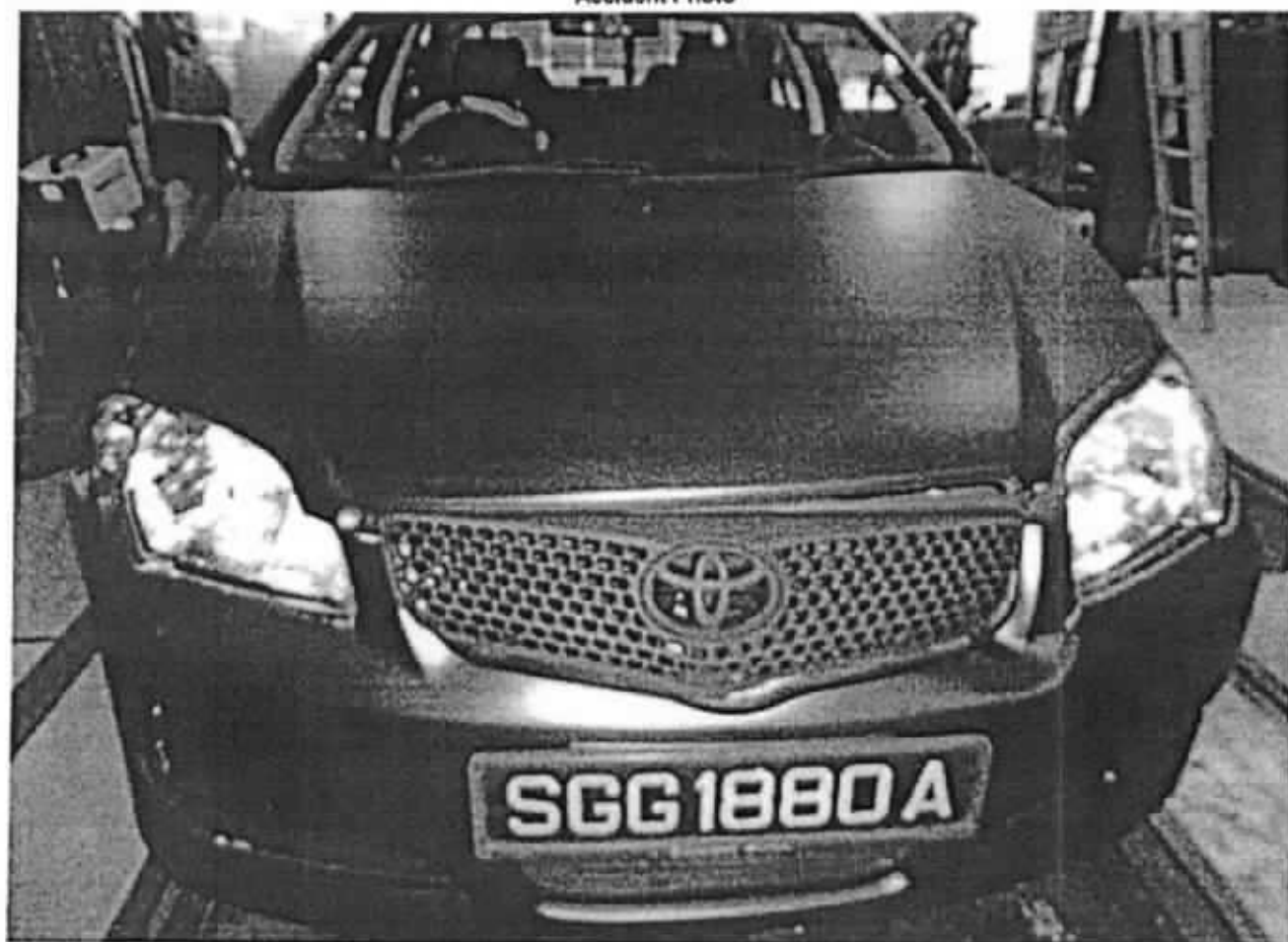
Policyholder's Signature
Date & Time:

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

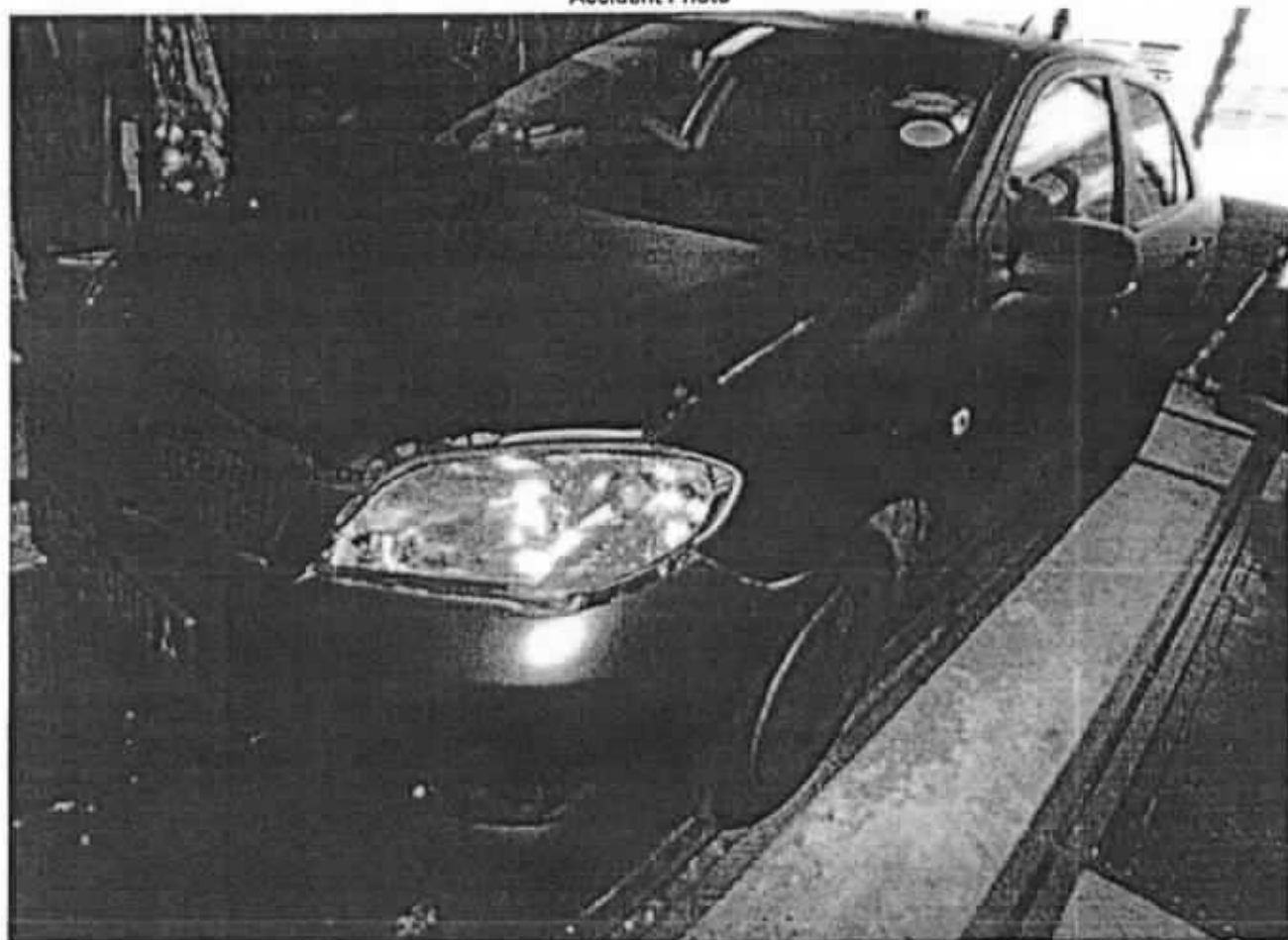
Reporting Centre Personnel's Signature
Name:
NIC/PIT No.:



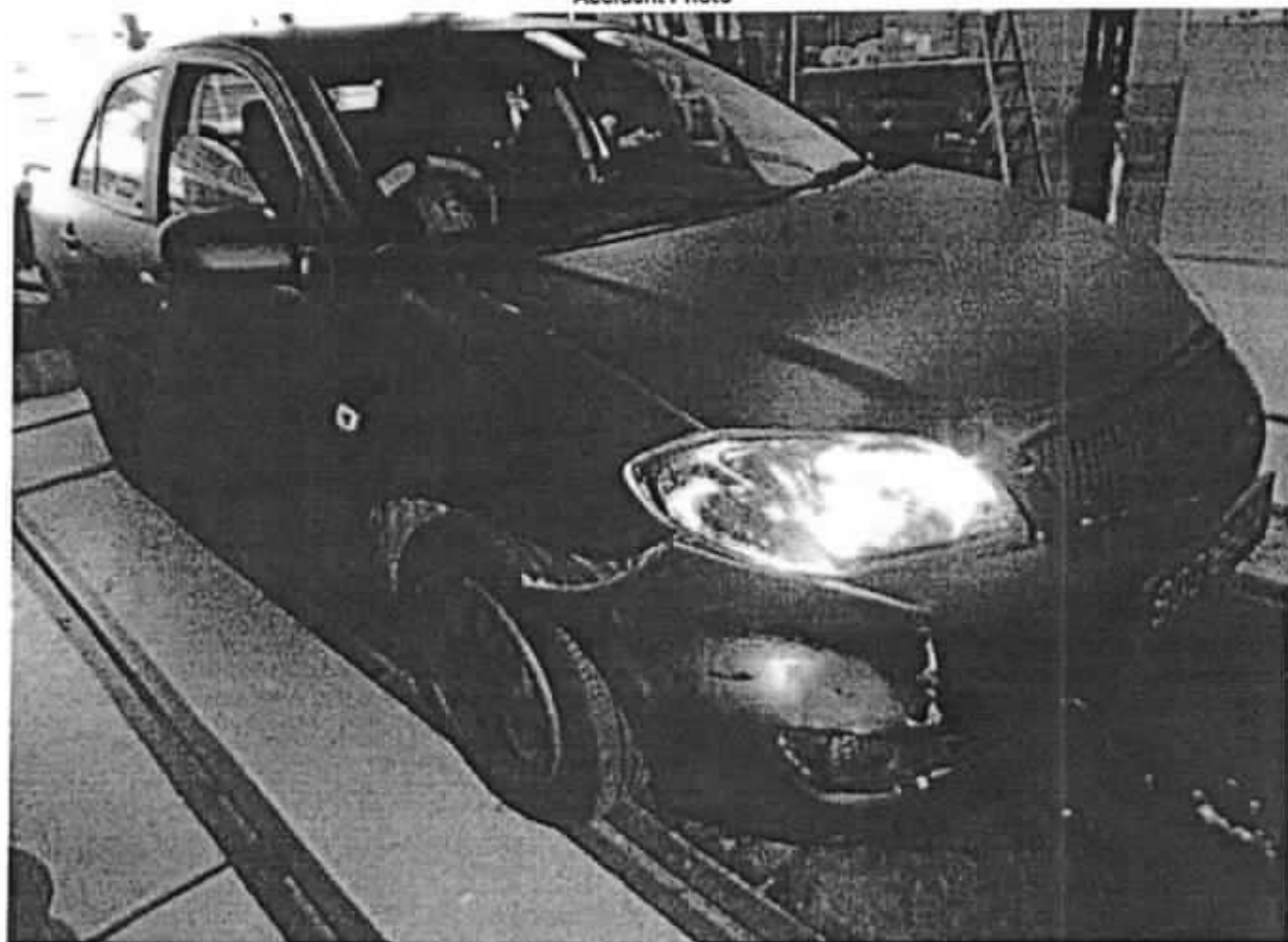
Accident Photo



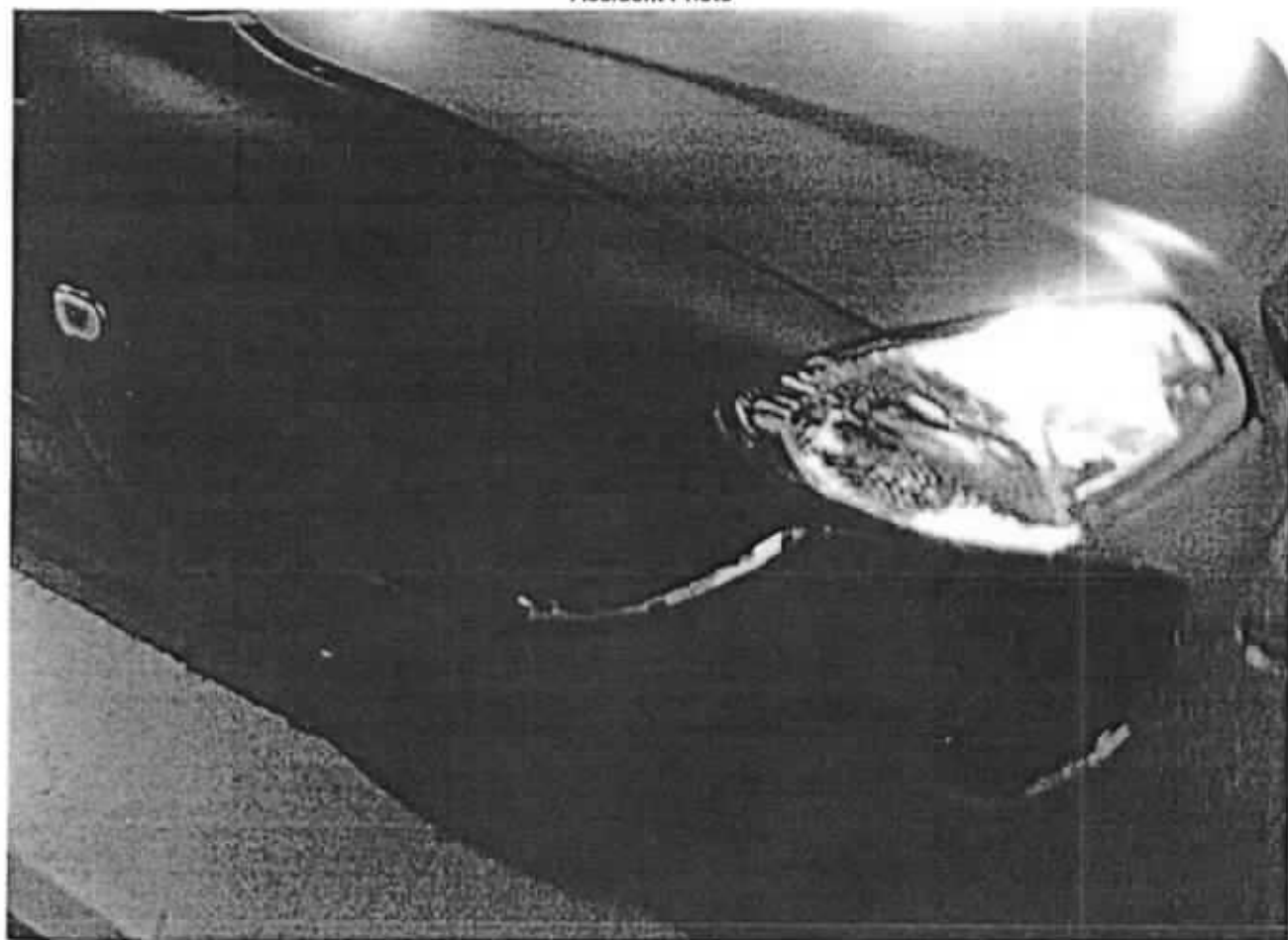
Accident Photo



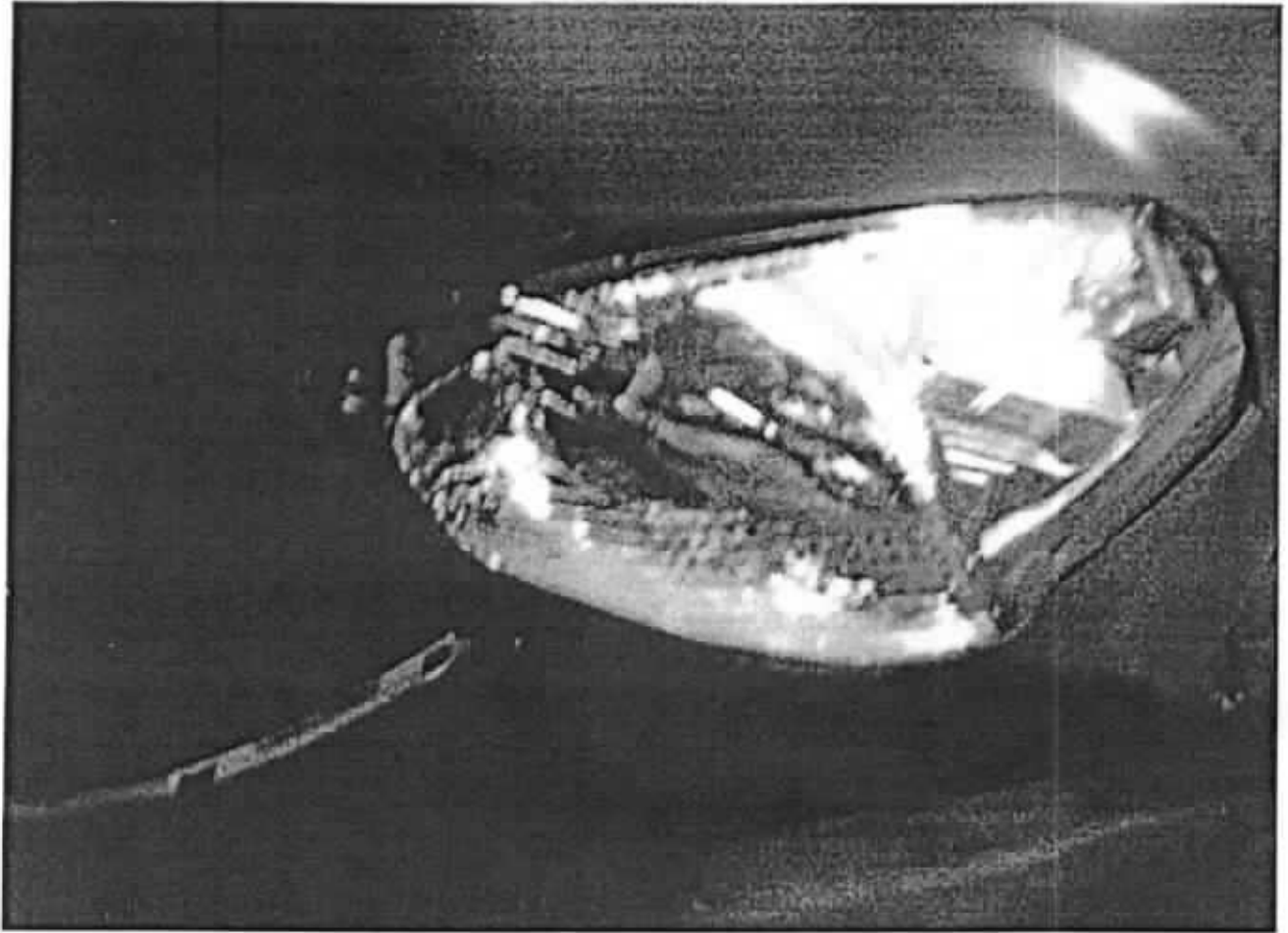
Accident Photo



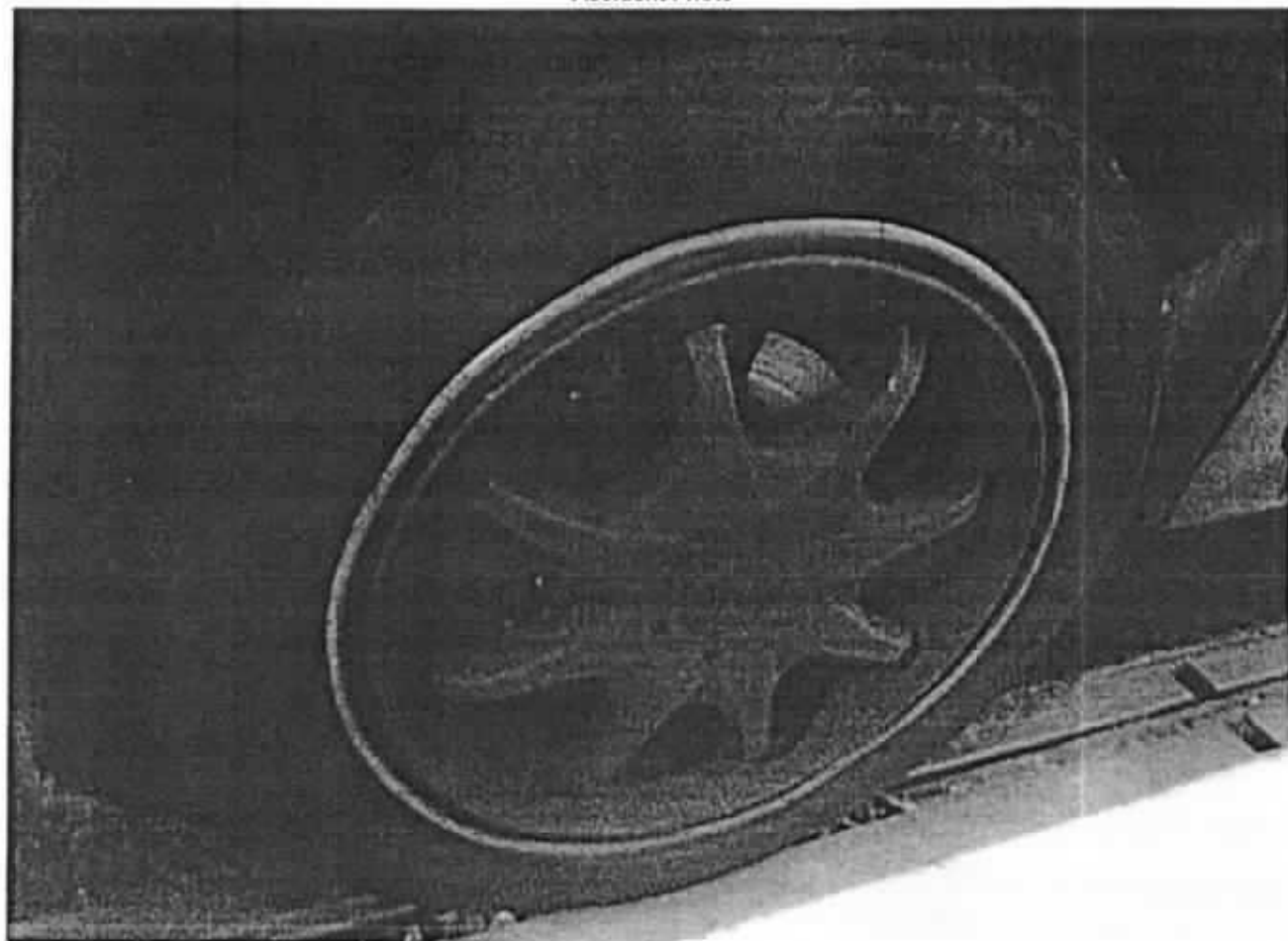
Accident Photo



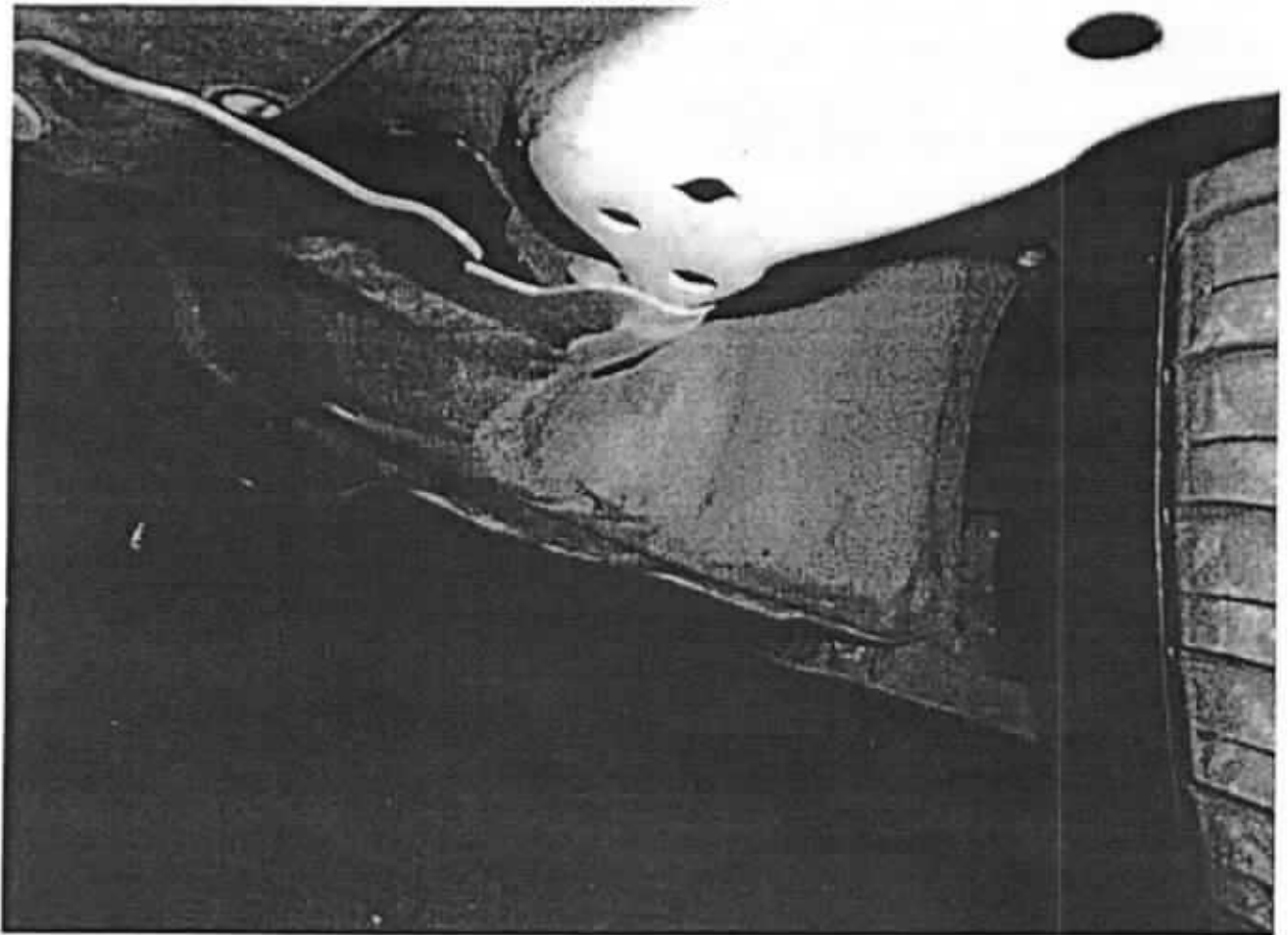
Accident Photo



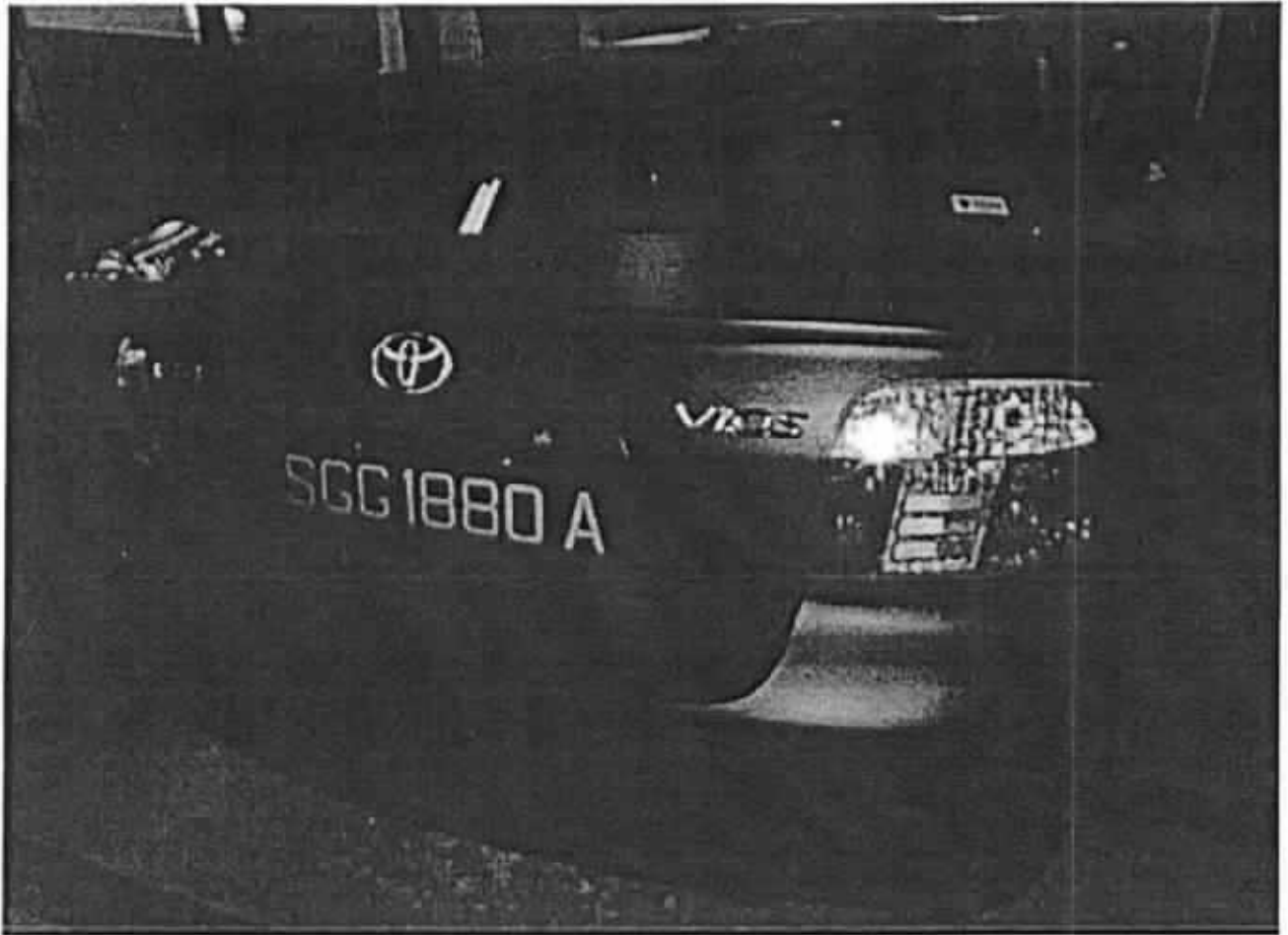
Accident Photo



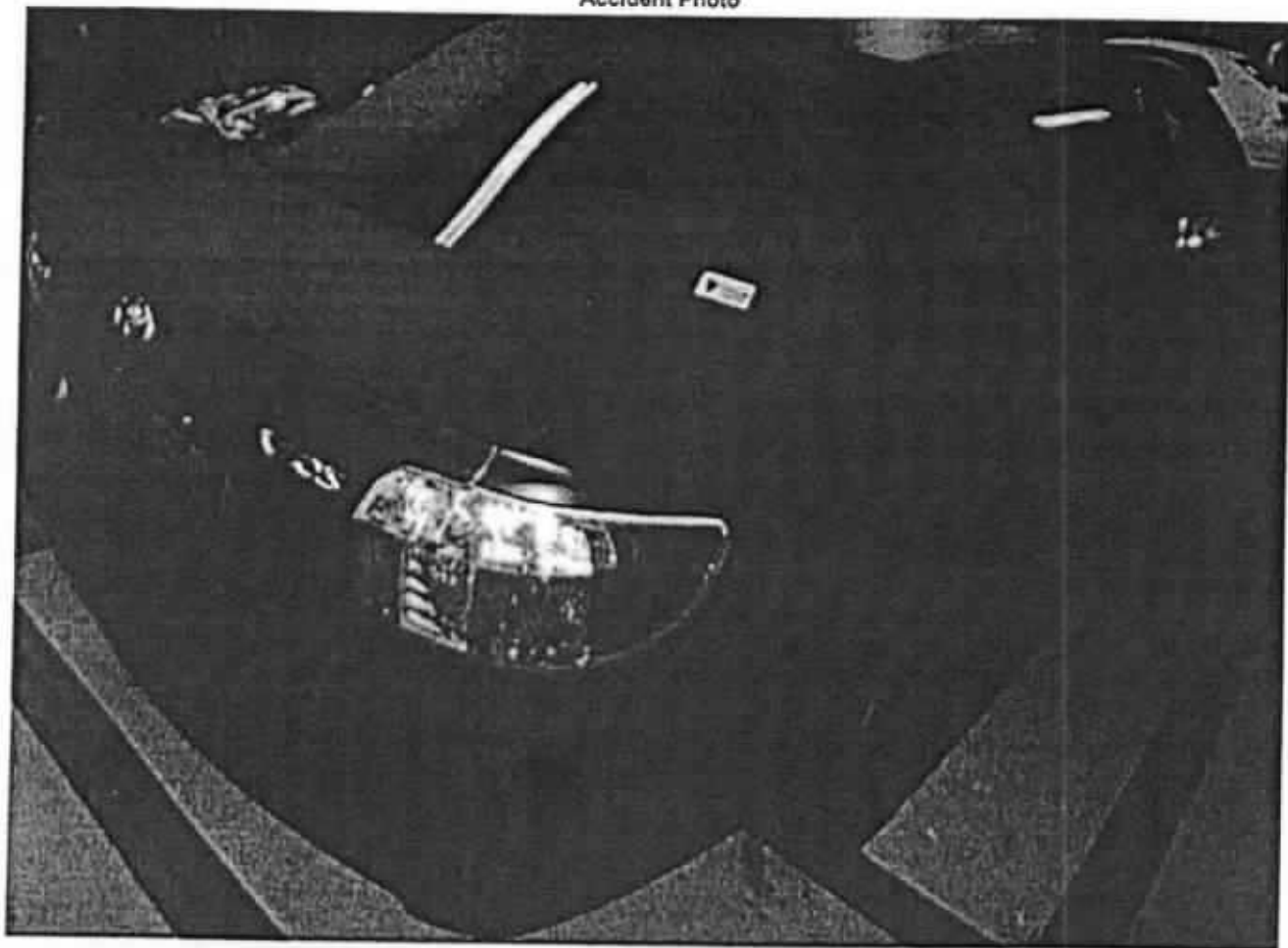
Accident Photo



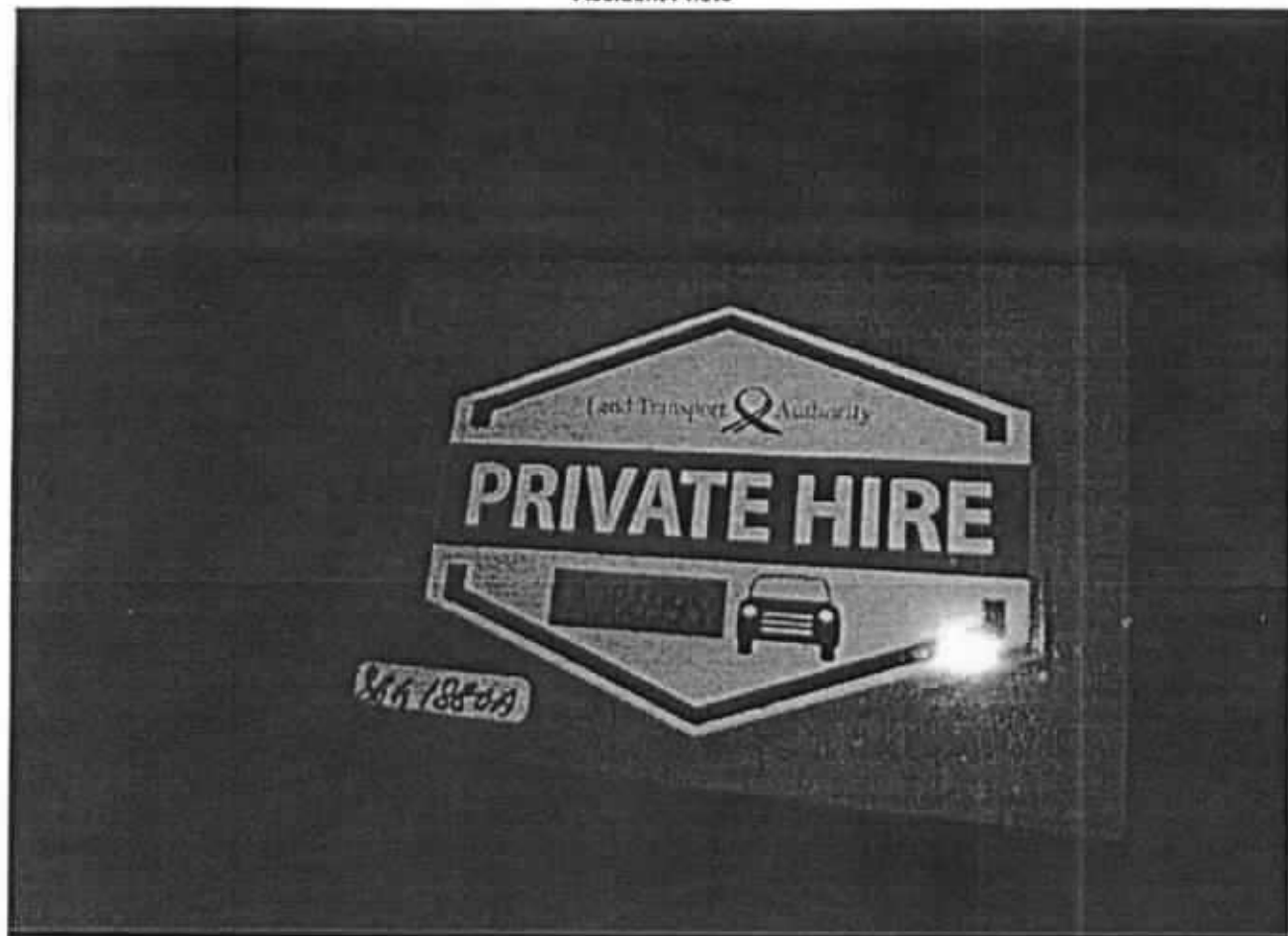
Accident Photo



Accident Photo



Accident Photo



Accident Photo





RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

SEARCH RESULTS

Our Ref No: GR-19-051684

Date of Request: 03/04/2019

Your Ref No: SB/PO/ACC/2019-8956

ORACLE LAW CORPORATION
237 Alexandra Road #04-11
The Alexcier
Singapore 159929

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 29/03/2019

Place of Accident: CLEMENCEAU RD NTH/CAVENAGH HSE

Client Vehicle No: SGG1880A

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SH6453U	CLEMENCEAU AVE NORTH TWDS NEWTON	29/03/2019 22:15

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



TAX INVOICE

Our Ref No: GR-19-051684
Date of Request: 03/04/2019

Your Ref No: SB/PO/ACC/2019-8956

ORACLE LAW CORPORATION
237 Alexandra Road #04-11
The Alexcier
Singapore 159929

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 29/03/2019
Place of Accident: CLEMENCEAU RD NTH/CAVENAGH HSE
Client Vehicle No: SGG1880A

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:
Date:
☒ GIRO ☐ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-051696

Date of Request: 03/04/2019

Your Ref No: SB/PO/ACC/2019-8956

ORACLE LAW CORPORATION
237 Alexandra Road #04-11
The Alexcier
Singapore 159929

Dear Sir/Madam,

Date of Accident: 29/03/2019

Vehicle No: SGG1880A

Place of Accident: CLEMENCEAU ROAD NORTH / CAVENAGH HOUSE

Involving Vehicle No: SH6453U

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SH6453U	CLEMENCEAU ROAD NORTH / CAVENAGH HOUSE	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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.
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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 30/03/2019 09:57
Date Of Accident 29/03/2019 22:15
Exact Location Of Accident CLEMENCEAU AVE NORTH TWDS NEWTON
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6453U
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars
Manufacturer HYUNDAI
Model I40
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 TAN KENG HOCK
NRIC No S1241475G
Address BLK 792 WOODLANDS AVENUE 6 #06-685

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
Number of Passengers (Including Driver) 1

Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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

SGG1880A

Vehicle Make/Model/Colour

Name of Driver

LIM LI CHING

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

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
CU REG NO: 1997130218

Policyholder's Signature
Date & Time:

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

30/3/19
Jackson HONG
CSO

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

GIA/AC Sketch Plan Form_02



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/3/2019 at about 2215 hrs, I vehicle A was driving my taxi along Clonsilla North making a left turn. Vehicle B didn't stop at the stop line and he dash out from Cavenagh house. Collided into vehicle A left front position. No one was injured at that time.

DECLARATION

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

CONFIDENTIAL - SECURITY INFORMATION

Policyholder's Signature
Date & Time:

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

38/3/19
Jackson H. *Jackson*
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

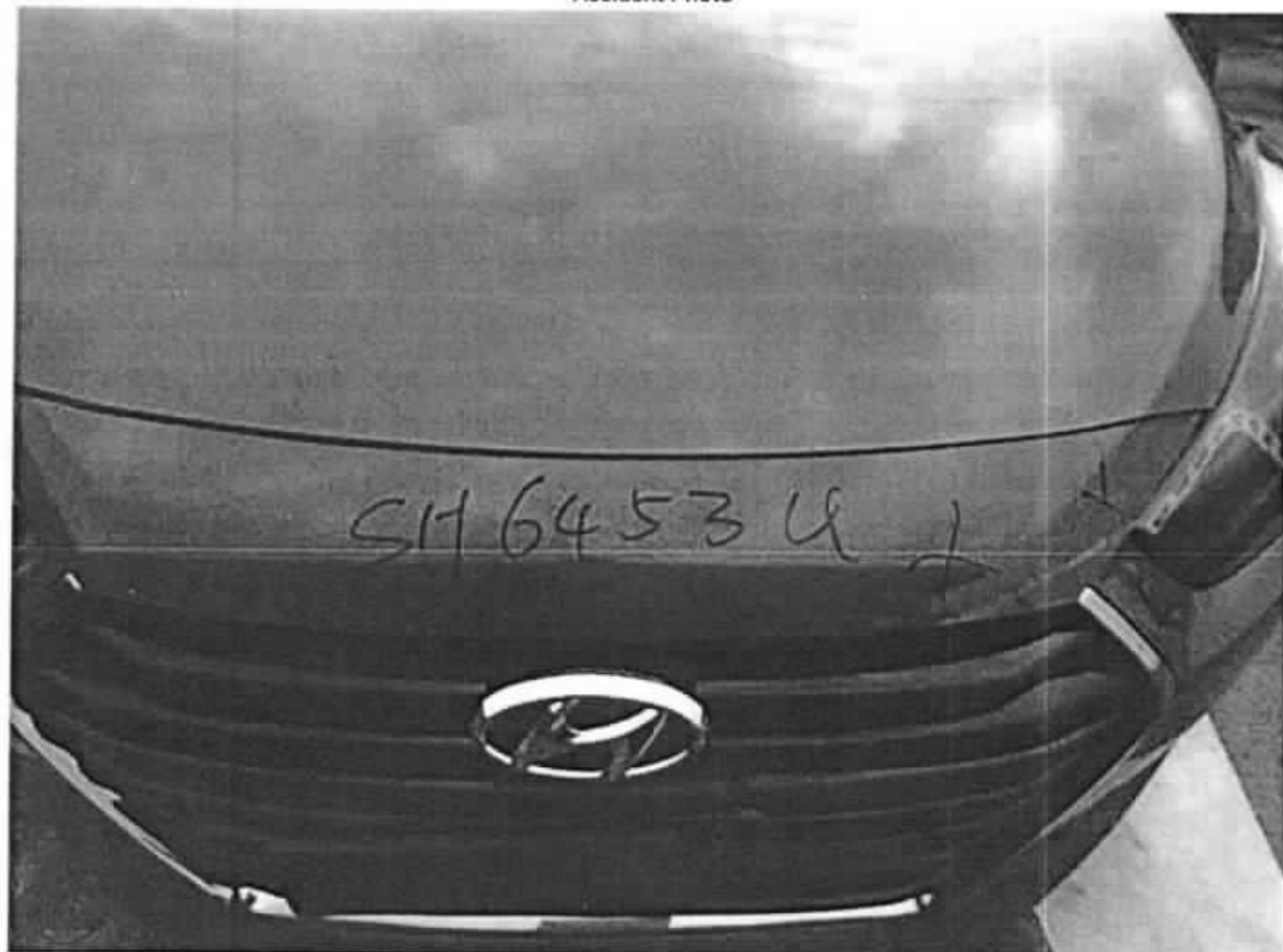
Accident Photo



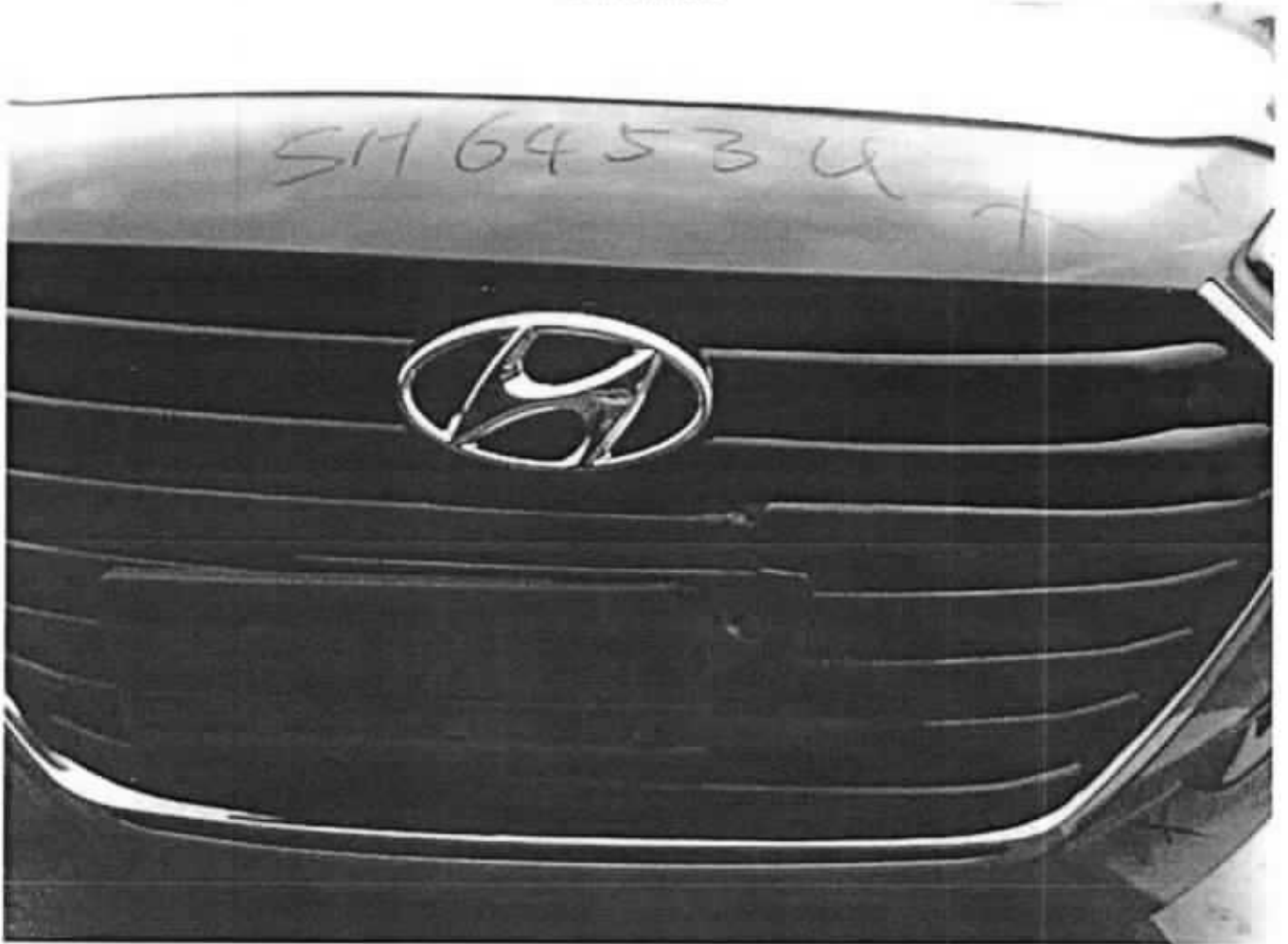
Accident Photo



Accident Photo



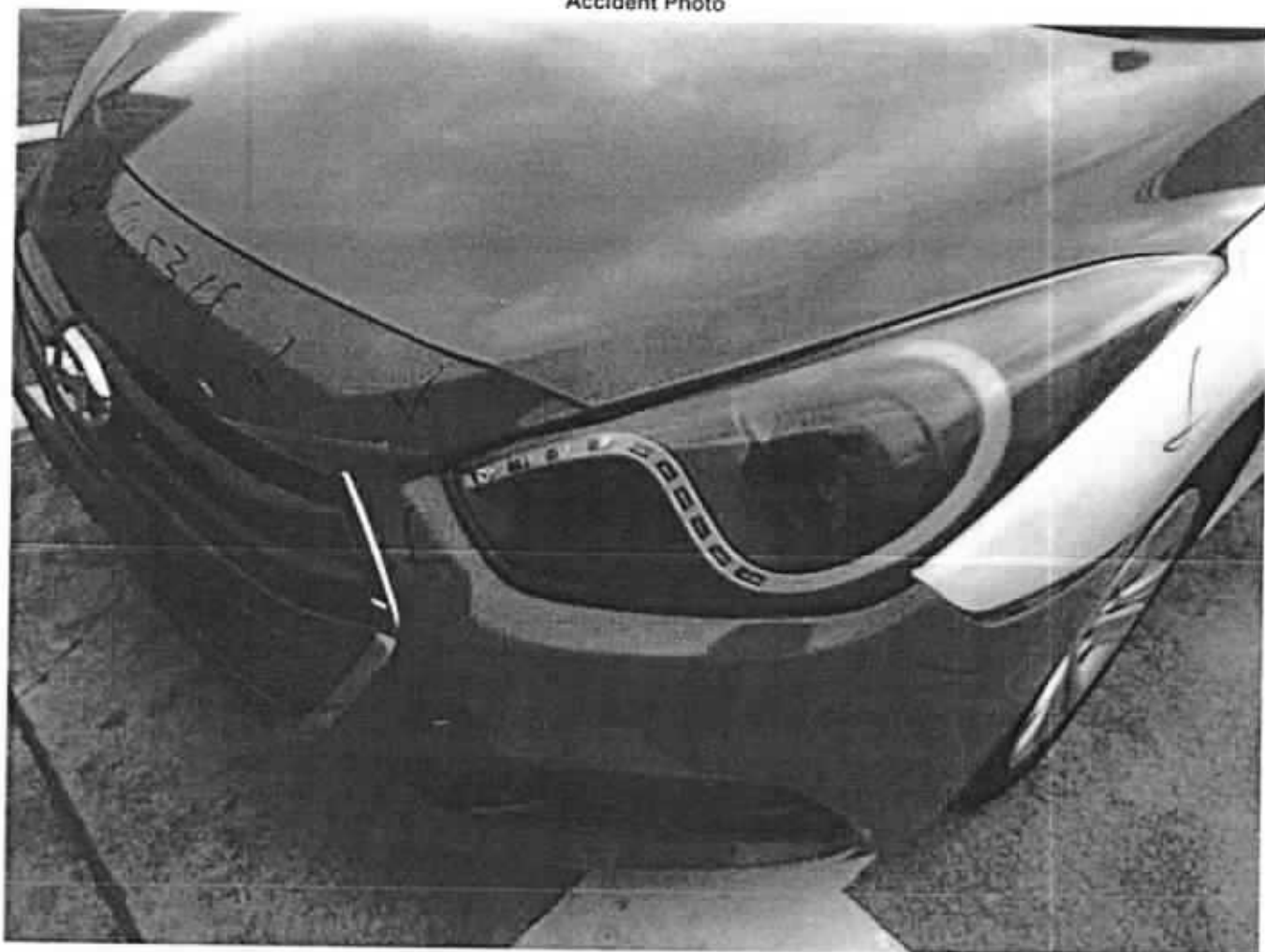
Accident Photo



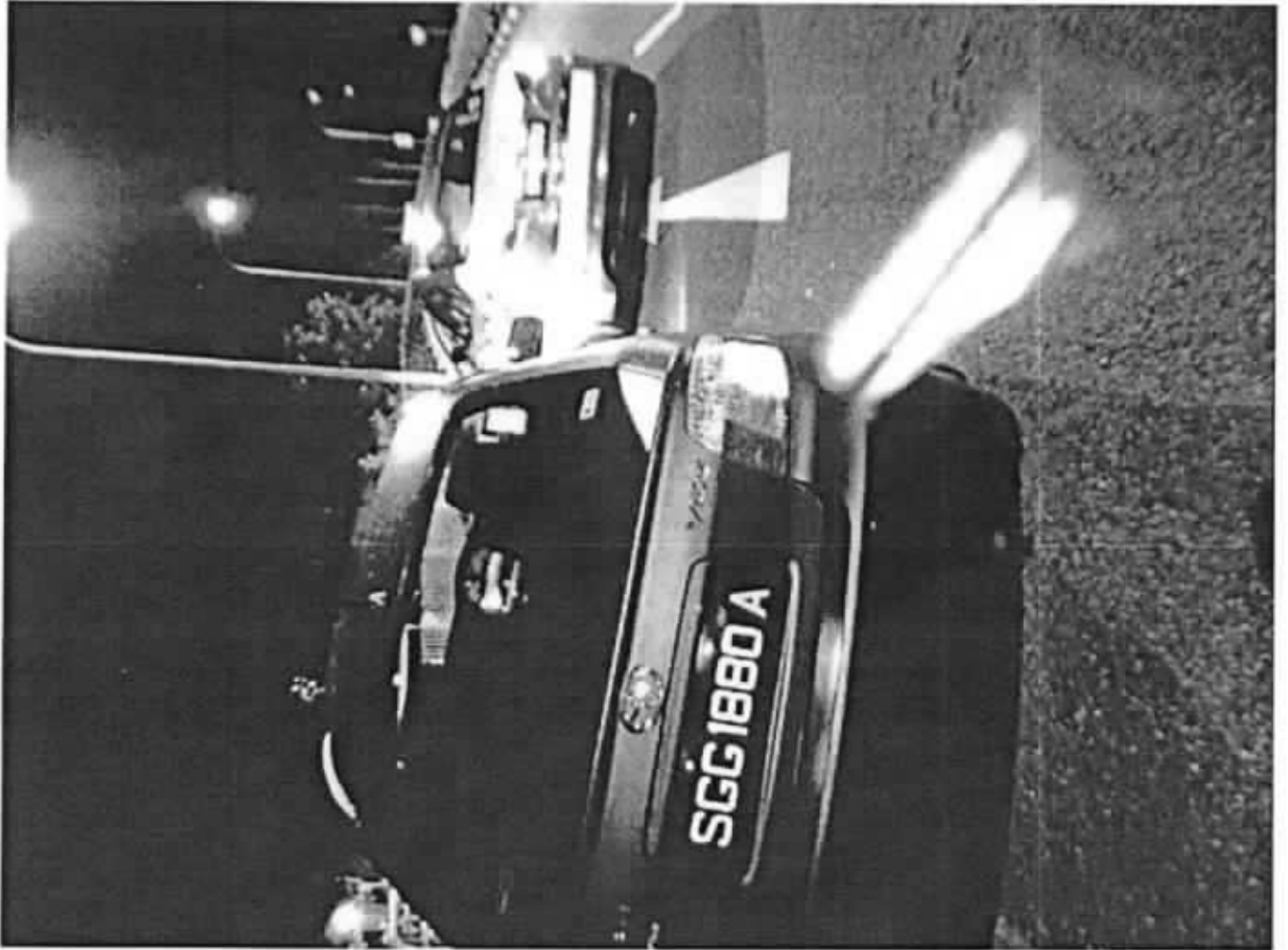
Accident Photo



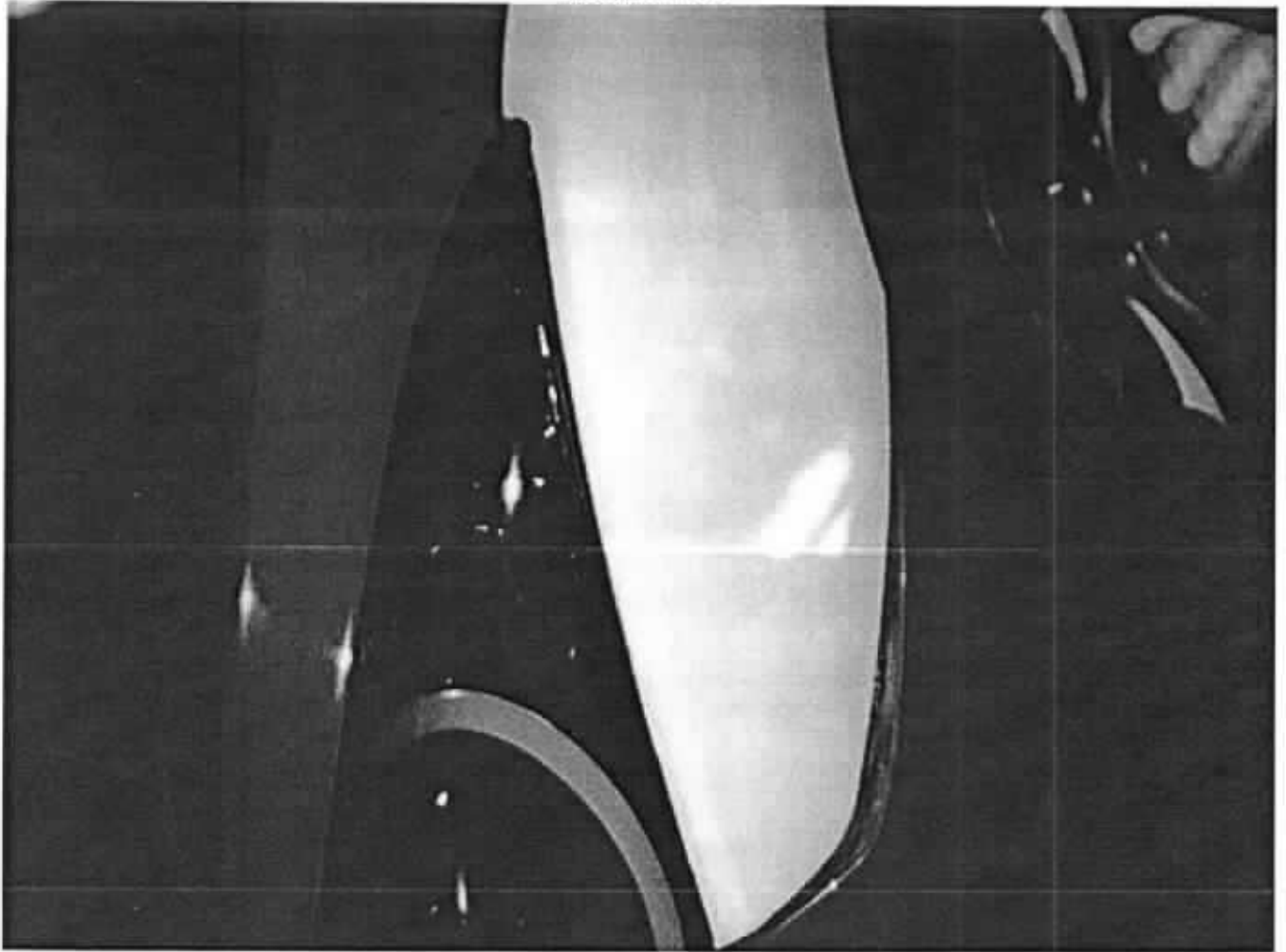
Accident Photo



Accident Photo



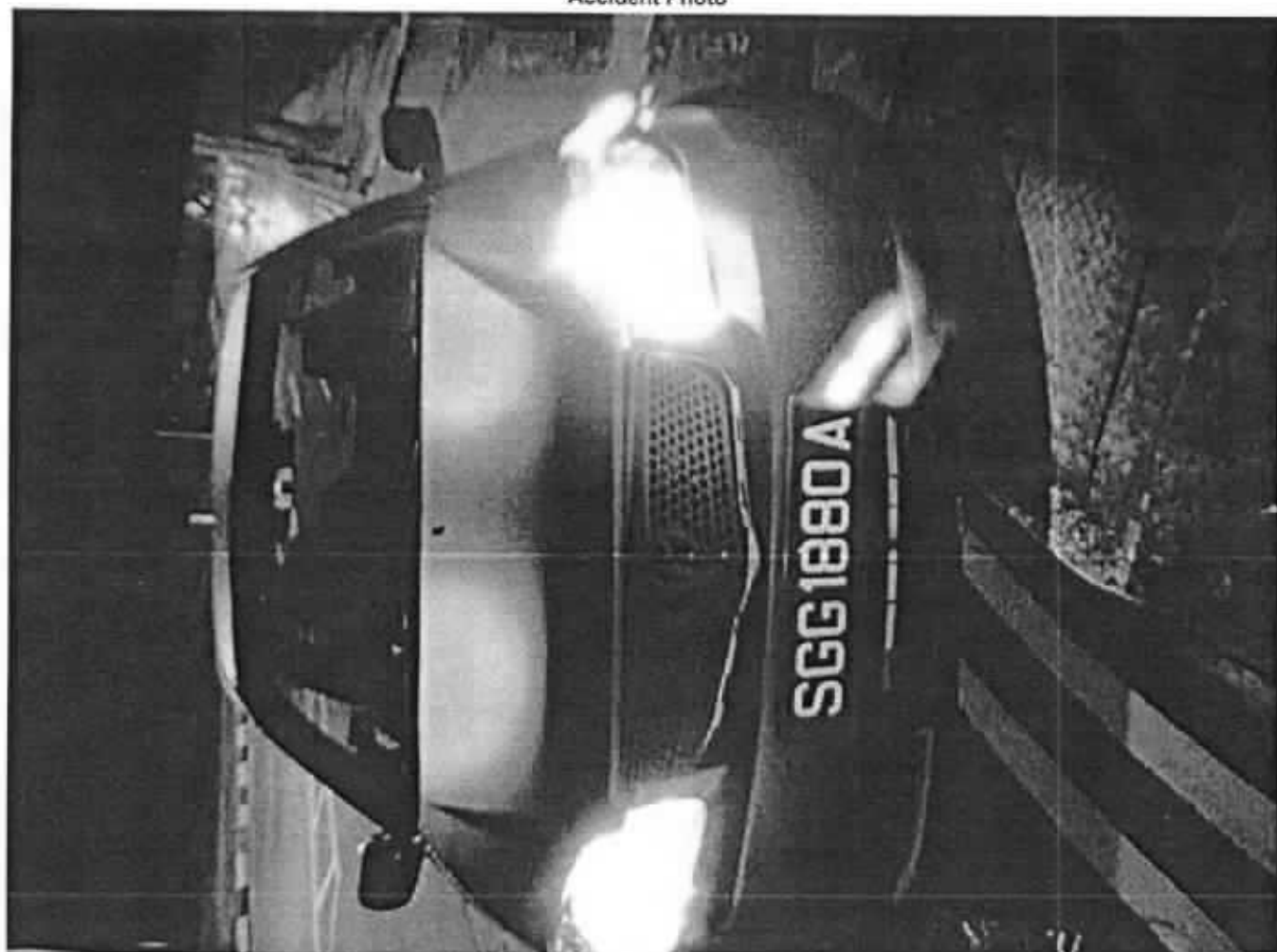
Accident Photo



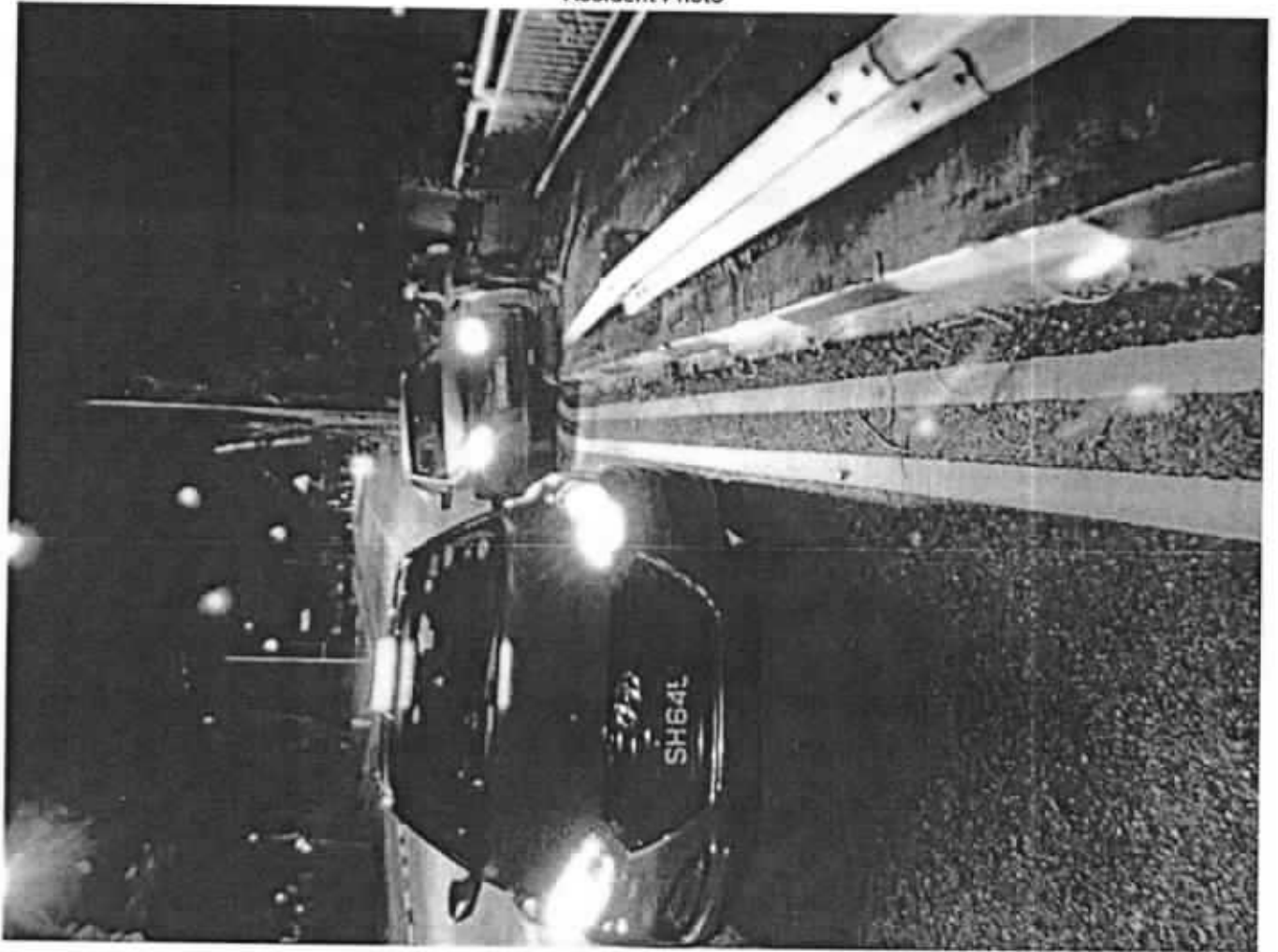
Accident Photo



Accident Photo



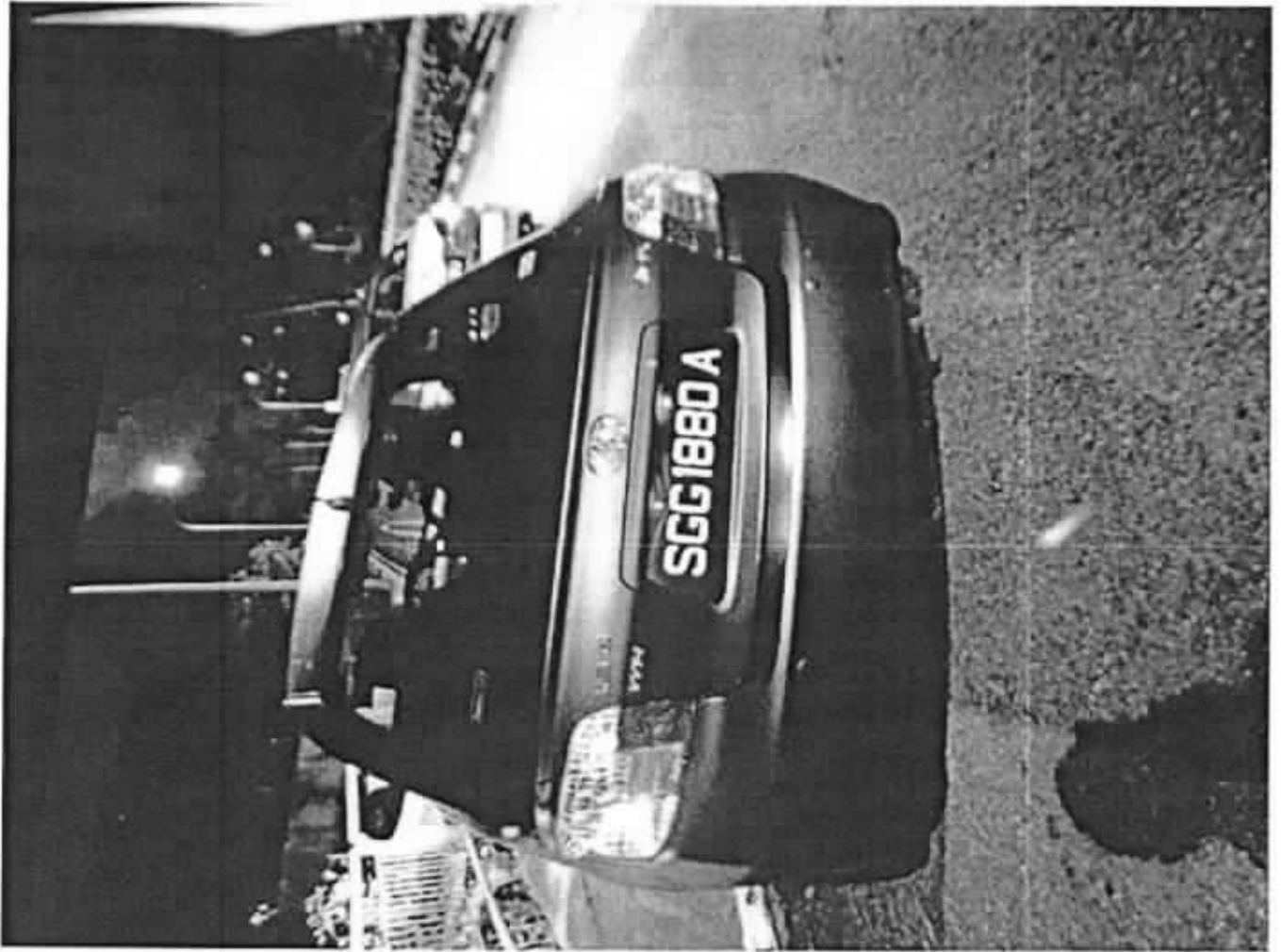
Accident Photo



Accident Photo



Accident Photo



Enquire Vehicle & Owner Information (Vehicle No. SH6453U As At 29 Mar 2019 / 10:10:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: SB/PO/ACC/2019-8956

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.: SH6453U
Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Insurance Company Name: INDIA INT'L INS PTE LTD





Ong Hwee Ling Pauline has successfully logged out.

Your last login date and time was 01 Apr 2019, 10:48:12.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount (\$)	Log Date/Time
1	Vehicle	SH6453U	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	01 Apr 2019 / 10:52:22

HIAP LEK AUTOMOBILE TRADING

160 Sin Ming Drive
Sin Ming Autocity
#05-17
Singapore 575722

Tel : 6453 1743 Fax: 6266 8605
E-Mail : hiaplek@hotmail.com

Date: 28th JUNE 2019

Vehicle No : SGG 1880A
Make/ Model : TOYOTA VIOS 1.5E A
Year of Manufacture : 04 MAY 2006
Chassis No. : MR053HY4204184508
Colour : BLACK
Name : LIM LI CHING
Address : 3B BRISTOL ROAD
Singapore 219842

QTY	ITEM/PARTICULARS	AMOUNT (S\$)
-----	------------------	--------------

1. Third Party Accident Claim for Motor Vehicle No. SGG 1880A
Date of Accident: 29th MARCH 2019

..... **S\$7,200.00**
(Lump Sum)

Singapore Dollars: SEVEN Thousand and TWO Hundred Only



CAR COVE LEASING PTE LTD

1557 KEPPEL ROAD # 01-02(BLOCK C), SINGAPORE 089066
Tel 6392 6608 Fax: 6392 6609

INVOICE

RCB : 201602573M

LIM LI CHING
BLK 3 NO. B
BRISTOL ROAD
SINGAPORE 219842

INVOICE : AR201904-000019
DATE : 02/04/2019
TERMS : C.O.D
STAFF ID : EDWIN
PO NO :
OUR REF : BS201904-000027

ATTN : LIM LI CHING

REMARKS : Rental Billing From 02/04/2019 11:19:00 To 09/04/2019 11:18:00
(SLG2603T)

NO.	ITEM CODE / REF	DESCRIPTION	QTY UNIT	U/PRICE (\$)	AMOUNT (\$)
1	REIT201609-000004	HONDA - VEZEL 1465 Item S/N: SLG2603T Item Code: SLG2603T	1.00 7 day(s)	430.00	430.00

AMOUNT : S\$
FOUR HUNDRED AND THIRTY DOLLARS AND ZERO CENTS ONLY

SUB TOTAL	:	430.00
GST 0.00%	:	0.00
TOTAL S\$:	430.00

FOR CAR COVE LEASING PTE LTD



Authorised Signature

02/04/2019 11:34 am

Page 1 of 1



CAR COVE LEASING PTE LTD

1557 KEPPEL ROAD # 01-02(BLOCK C), SINGAPORE 089066

Tel: 6392 6608 Fax: 6392 6609

INVOICE

RCB : 201602573M

LIM LI CHING
BLK 3 NO. B
BRISTOL ROAD
SINGAPORE 219842

INVOICE : AR201904-000136

DATE : 09/04/2019

TERMS : C.O.D

STAFF ID : EDWIN

PO NO :

OUR REF : BS201904-000177

ATTN : LIM LI CHING

REMARKS : Rental Billing From 09/04/2019 11:18:00 To 15/04/2019 11:17:00
(SLG2603T)

NO.	ITEM CODE / REF	DESCRIPTION	QTY	UNIT	U/PRICE (\$)	AMOUNT (\$)
1	REIT201609-000004	HONDA - VEZEL 1465 Item S/N: SLG2603T Item Code: SLG2603T	1.00	5 day(s)	360.00	360.00
AMOUNT : S\$					SUB TOTAL :	360.00
THREE HUNDRED AND SIXTY DOLLARS AND ZERO CENTS ONLY					GST 0.00% :	0.00
					TOTAL S\$:	360.00

FOR CAR COVE LEASING PTE LTD

Authorised Signature

17/04/2019 11:20 am

Page 1 of 1

PAR Automotive Consultancy

Regn. No: 52986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 64531173, Fax : 64536131.
Consultants: Vehicle appraisal & inspection, accident investigation, expert witness

Report No: 0068-19-HLm

28 June 2019

Lim Li Ching
160 Sin Ming Drive #05-17 Sin Ming Autocity
Singapore 575722



INVOICE No. 0068-19-HLm

Vehicle No. SGG1880A

<u>S/NO.</u>	<u>SERVICES RENDERED</u>	<u>Amount due</u>
1	Being accident vehicle appraisal services, transport, photographs and re-inspection (work in progress and post repair inspection).	\$739.00
Total amount payable		<u>\$739.00</u>

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

We thank you in anticipation for your prompt payment.

PAR Automotive Consultancy

A handwritten signature in black ink, consisting of a large, stylized 'P' followed by a series of loops and a long horizontal stroke, positioned above a solid horizontal line.

PAR Automotive Consultancy

Regn. No: S2986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 64531173, Fax : 64536131
Consultants: Vehicle appraisal & inspection, accident investigation, expert witness

Report No: 0068-19-HLm

28 June 2019

ACCIDENT VEHICLE SURVEY REPORT

Lim Li Ching
160 Sin Ming Drive #05-17 Sin Ming Autocity
Singapore 575722

VEHICLE INFORMATION:

Vehicle Reg No.:	SGG1880A	Odometer:	204787km
Make & Model:	Toyota Vios 1.5E A	Colour:	Black
Chassis number:	MR053HY4204184508	Date of accident:	29/03/2019
Year of Regn.:	04/05/2006	Date inspected:	01/04/2019
Repairer at:	Hiap Lek Automobile Trading	Date inspected (After Repair):	12/04/2019
	160 Sin Ming Drive #05-17 Sin Ming Autocity		
	Singapore 575722		

STATIC CHECKS, where applicable:

Steering :	serviceable
Footbrake :	serviceable
Handbrake :	serviceable
Paintwork :	Good
General condition :	Good

TIRE CONDITION:

	<u>LH / Make</u>	<u>RH / Make</u>	<u>Size</u>
Front:	6mm/Daytone	6mm/Daytone	185/60R15
Rear:	6mm/Daytone	6mm/Daytone	185/60R15

POINT OF IMPACT AND DAMAGE, where applicable:

Impact on the front 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: 0068-19-HLM

Vehicle No: SGG1880A

Description of part	Qty	Condition as inspected	Repairer's estimate	Our adjustment
Front bonnet	1	buckled	372.00	X 372.00
Front bonnet hinges RH/LH	2	bent	40.00	X 40.00
Front bonnet insulation clip	10	necessary	20.00	X 20.00
Front bonnet lock	1	bent	38.80	X 38.80
Front grille	1	fractured	281.70	/ 281.70
Front grille emblem 'Toyota' logo	1	necessary	47.35	/ 47.35
Front head lamp RH/LH	2	fractured	465.40	/ 465.40
Front bumper	1	squashed	481.70	/ 481.70
Front bumper fog lamp garnish RH/LH	2	ripped	113.40	113.40
Front bumper lower centre grille	1	deformed	85.50	X 85.50
Front bumper reinforcement	1	bent	281.50	X 281.50
Front bumper reinforcement bracket RH/LH	2	bent	113.40	X 113.40
Front bumper side retainer RH/LH	2	necessary	103.40	/ 103.40
Front bumper clip set	1	necessary	50.00	/ 50.00
Front fender RH	1	buckled	231.30	/ 231.30
Front fender inner shield RH	1	deformed	75.40	/ 75.40
Front fender inner shield clip set RH	1	necessary	30.00	/ 30.00
Front support panel	1	bent	497.00	X 497.00
Front brace panel	1	bent	100.45	X 100.45
Support panel side garnish (big)	1	deformed	55.00	X 55.00
Horn	1	distortion	60.50	X 60.50
Wiper tank	1	deformed	101.20	/ 101.20
Wiper tank motor	1	shorted	131.10	/ 131.10
Radiator assy	1	bent	548.50	X 548.50
Radiator fan motor	1	jammed	301.10	X 301.10
Radiator fan cowling	1	fractured	127.00	X 127.00
Air con condenser	1	bent	720.85	X 720.85
Air con receiver drier	1	necessary	115.00	X 115.00
Front knuckle arm RH/LH	2	bent	263.00	263.00
Front knuckle arm bearing RH/LH	1	dislodged	131.80	131.80
Front lower arm RH/LH	1	bent	737.96	X 737.96
Subtotal before discount			6,721.31	6,721.31
Percentage discount 0% and 25%			0.00	1,680.33
Sub-total 1			6,721.31	5,040.98
Front sport rim RH/LH	2	buckled/bent	1,100.00	1,100.00
Radiator coolant	1	necessary	80.00	X 50.00
Subtotal before discount			1,180.00	1,150.00
Percentage discount 0% and 0%			0.00	0.00

1753.56
25%: 1465.17

Percentage discount 0% and 25%

CH - BT
RH X NN

Percentage discount 0% and 0%

Sub-total 2	1,180.00	1,150.00
Parts-total	7,901.31	6,190.98

LABOUR

1. To straighten and panel beating front chassis frame member and front frame member. To cut/weld front support panel. To remove and refit above parts.
2. To putty, re-spray painting and polish affected areas.
3. To check and rectify wiring system.
4. To rust proof affected areas.
5. To remove, refit air con condenser and recharge air con gas.
6. To remove, refit RH/LH front sport rim/tyre and balancing.
7. To remove and refit front suspension system.
8. To conduct electronic wheel alignment test.

1,400.00	1,100.00	500
1,250.00	1,000.00	600
80.00	50.00	30
120.00	60.00	1
150.00	X120.00	RM
100.00	80.00	30
400.00	350.00	200
180.00	150.00	60

Labour total	3,680.00	2,910.00	148
Parts & Labour total	11,581.31	9,100.98	

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

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 : **\$7,200.00**
and the recommended number of working days for the repairs is : **8**


B J Loi (I Eng. MIMI, AIRTE)
Automotive Appraiser

2245.17
20% : 2600
6 Days

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.
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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	30/03/2019 09:57
Date Of Accident	29/03/2019 22:15
Exact Location Of Accident	CLEMENCEAU AVE NORTH TWDS NEWTON
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH6453U
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	HYUNDAI
Model	I40
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	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	TAN KENG HOCK
NRIC No	S1241475G
Date Of Birth	30/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	01/07/1977
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81269646
Fax Number	
Contact Number	
Email Address	DANIELKH.TAN@YAHOO.COM.SG

Address	BLK 792 WOODLANDS AVENUE 6 #06-685
Postcode	730792
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	SIDE SWIPE
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 / Type Of Accident : HEAD TO SIDE

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	SGG1880A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM LI CHING
NRIC/Passport Number	S7806380G
Contact Number	98364880
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
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.
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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. 199703621K

Policyholder's Signature
Date & Time:

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

30/3/19
Jackson Heng
CSO

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/3/2019 at about 2215 hrs, I vehicle A was driving my taxi along Clarendon North making a U turn. Vehicle B didn't stop at the stop line and he dash out from Cavenagh house collided onto vehicle H left front portion. No one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION FIELD
 25-22 NO 100073219

Policyholder's Signature
Date & Time:

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

38/3/19
Jackson Ho: Jackson.
CSC

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

Accident Photo



Accident Photo



Accident Photo



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/III19005815/Gtd3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 06-08-2019	
		Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SH 6453U	Veh. Inspected	SGG 1880A
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19030777	Excess (\$)	0.00
Assign From	STANLEY LAI	Assign Date	29/07/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VIOS	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	MR053HY4204184508	Colour	GREY
Odometer	204787	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/60 R15	DAYTON	5 mm
L/H Front Tyre	185/60 R15	DAYTON	5 mm
R/H Rear Tyre	185/60 R15	DAYTON	5 mm
L/H Rear Tyre	185/60 R15	DAYTON	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S AND FRONT O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	29/03/2019	Inspection Date	03/04/2019
Survey held at	160 SIN MING DRIVE# 05-17		
Repairer	HIAP LEK AUTOMOBILE TRADING		
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:		6 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGG 1880A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BONNET	NOT NECESSARY	372.00	-
2	FRONT BONNET HINGES RH / LH	NOT NECESSARY	40.00	-
10	FRONT BONNET INSULATION CLIP	NOT NECESSARY	20.00	-
1	FRONT BONNET LOCK	NOT NECESSARY	38.80	-
1	FRONT GRILLE	FRACTURED	281.70	281.70
1	FRONT GRILLE EMBLEM 'TOYOTA' LOGO	NECESSARY	47.35	47.35
2	FRONT HEAD LAMP RH / LH	FRACTURED	465.40	465.40
1	FRONT BUMPER	SQUASHED	481.70	262.95
2	FRONT BUMPER FOG LAMP GARNISH RH / LH	N/S NOT NECESSARY / O/S DEFORMED	113.40	58.70
1	FRONT BUMPER LOWER CENTRE GRILLE	NOT NECESSARY	85.50	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	281.50	-
2	FRONT BUMPER REINFORCEMENT BRACKET RH / LH	NOT NECESSARY	113.40	-
2	FRONT BUMPER SIDE RETAINER RH / LH	NECESSARY	103.40	60.00
1	SET FRONT BUMPER CLIP	NECESSARY	50.00	50.00
1	FRONT FENDER RH	BUCKLED	231.30	179.00
1	FRONT FENDER INNER SHIELD RH	DEFORMED	75.40	42.20
1	SET FRONT FENDER INNER SHIELD CLIP RH	NECESSARY	30.00	12.66
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	497.00	-
1	FRONT BRACE PANEL	NOT NECESSARY	100.45	-
1	SUPPORT PANEL SIDE GARNISH (BIG)	NOT NECESSARY	55.00	-
1	HORN	NOT NECESSARY	60.50	-
1	WIPER TANK	DEFORMED	101.20	101.20
1	WIPER TANK MOTOR	SHORTED	131.10	131.10
1	RADIATOR ASSY	NOT NECESSARY	548.50	-
1	RADIATOR FAN MOTOR	NOT NECESSARY	301.10	-
1	RADIATOR FAN COWLING	NOT NECESSARY	127.00	-
1	AIR CON CONDENSER	NOT NECESSARY	720.85	-
1	AIR CON RECEIVER DRIER	NOT NECESSARY	115.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	FRONT KNUCKLE ARM RH / LH	N/S BENT / O/S NOT NECESSARY	263.00	131.50
2	FRONT KNUCKLE ARM BEARING RH / LH	DISLODGE	131.80	131.80
2	FRONT LOWER ARM RH / LH	NOT NECESSARY	737.96	-
	LESS 25% DISCOUNT		-	-488.39
			6,721.31	1,465.17
	SPECIAL NETT ITEMS			
2	FRONT SPORT RIM RH / LH (SN)	N/S CUT / O/S NOT NECESSARY	1,100.00	300.00
1	RADIATOR COOLANT (SN)	NOT NECESSARY	80.00	-
			1,180.00	300.00
	LABOUR			
	TO STRAIGHTEN AND PANEL BEATING FRONT CHASSIS FRAME MEMBER AND FRONT FRAME MEMBER. TO CUT / WELD FRONT SUPPORT PANEL. TO REMOVE AND REFIT ABOVE PARTS. INCLUSIVE OF THE REPAIR OF FRONT SUPPORT PANEL.		1,400.00	500.00
	TO PUTTY, RE-SPRAY PAINTING AND POLISH AFFECTED AREAS.		1,250.00	600.00
	TO CHECK AND RECTIFY WIRING SYSTEM.		80.00	30.00
	TO RUST PROOF AFFECTED AREAS.		120.00	60.00
	TO REMOVE, REFIT AIR CON CONDENSER AND RECHARGE AIR CON GAS.	NOT NECESSARY	150.00	-
	TO REMOVE, REFIT RH / LH FRONT SPORT RIM / TYRE AND BALANCING.		100.00	30.00
	TO REMOVE AND REFIT FRONT SUSPENSION SYSTEM.		400.00	200.00
	TO CONDUCT ELECTRONIC WHEEL ALIGNMENT TEST.		180.00	60.00
			3,680.00	1,480.00
	GRAND TOTAL		11,581.31	3,245.17
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,600.00

Report Ref No. CS3/III19005815/Gtd3e2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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