

ASS. REC. BY:

REF: CS3/III19012266/Gtd3<sup>27</sup>

at Instruction:

Summary: Car accident

member

ASSIGNMENT (Office)

From (Person):

Stanley Lai

at

III

Date/Time:

16/08/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKC 9660P

Insured:

SHC 3454E

at Workshop info:

Eng Shing Mechanical

Tel:

6453 7380

at

160 Sin Ming Drive # 06-21

Policy No:

MCOM0015

Claim No:

MCT19070233

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

9/7/19

CA / REV / REP. / REV 24 HRS

Date/Time:

11:20am @ 11/7/19

Person Contacted:

Mr. Ten

H.O.D. Endorsement:

Vehicle:

IN/OUT

Date/Time

Action/Instruction

3/9/19 X

SKC 9660P X

SHC 3454E - 018/AXA/11007720/11125303

2019 24/7/2019

Dismantle: 12/7/2019 0130pm

After repair: 16/7/2019 0652pm

\$3600, 6 Days.

(Red: \$650; 15%)

*[Signature]*  
3/9/2019

RECEIVED 05 SEP 2019

250+11=261  
261-131=130

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Eng shing Mechanical  
 of \_\_\_\_\_  
 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.

Bal. or Market Value: \$24k  
 IDAC Accident Rpt.: \_\_\_\_\_ Consistent? Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? Yes or No  
 Est. Repairs: 6 days Res.: Yes or No  
 Lim Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle IN / OUT

Date / Time Action / Instruction

\$500 - \$6000  
COB: 14812  
12/7/2019

Veh No: SKC9660P Yr Regn: 07Jul/2008 (2023)  
 Type: M. Car M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or

Make: Toyota U60S CC 1497  
 Colour: Black A/C Insured / Std / NI / NA  
 Sp Reading: 243291 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_

C/No: MR053HY93050 69359  
 Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ins / Jammed / Leaked / Burnt or

Brake: Ins / Jammed / Leaked / Burnt or

Mod: Nil / STD A/Rim or

Tyre Size: F: 205/45R17 < CH BS  
 R: 205/45R17 - kapsen Green Max

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or

Front

Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 11-07-19

Survey held at: W/S 12:15pm

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

RECEIVED 24 JUL 2019

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee

Transportation

2 - 100 - 10

1 - 100 - 10

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

170

## Nivitha (LKK Auto)

---

**From:** Stanley Lai <stanley.lai@iii.com.sg>  
**Sent:** Friday, 16 August 2019 3:31 PM  
**To:** 'sur@lkkauto.com'; Admin-D (LKKAuto)  
**Cc:** Mekavathanan Sarangapani; Pooi Chin Han Daniel  
**Subject:** III REF: MCT19070233 | REQUEST PAPER SURVEY SKC9660P

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. : SKC9660P

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**



This email is intended solely for the person to whom it has been addressed. It may contain confidential and/or legally privileged information. If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses. Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

MC 1 / 19010253 / 01 / V 8

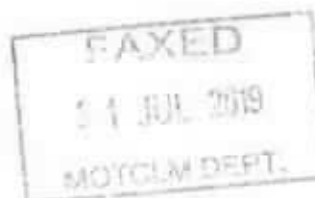
	RESERVES			
	TPPD	PRESERVE		
	TPPI	PRESERVE	in high TP SRS	
	UNINSURED LOSS	PRESERVE		
	SUBRO	PRESERVE		
	LPPN			
	INVESTIGATION FEE			
	SURVEY FEES		260	
	LEGAL FEES		Not sure	
	OTHERS			
	FRAUD CHECK			
	UPLOAD TO MERIMEN			
	GRANT RIGHTS			

SNG MIN &amp; CO ✓

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 1407  
 RECIPIENT ADDRESS 05381860  
 DESTINATION ID  
 ST. TIME 31/07 17:39  
 TIME USE 01'19  
 PAGES SENT 2  
 RESULT OK

**ORACLE LAW CORPORATION**

Advocates &amp; Solicitors

BRN:2009045722

Our Reference : SB/PO/Acc/2019-9039  
 Date : 31<sup>st</sup> July 2019

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

Mr Loy Loong Tak  
 Block 81 Marine Parade Central  
 #02-648  
 Singapore 440081



\*\* BY HAND ONLY \*\*

\*\* BY POST ONLY \*\*

Dear Sirs

**ACCIDENT INVOLVING SKC 9660P & SHC 3984E ALONG THE PAN ISLAND EXPRESSWAY ON 9.7.2019.**

We act for Mr Sim Hae See, the owner of vehicle registration no. SKC 9660P 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. SHC 3984E, namely Mr Loy Loong Tak, in connection with the above captioned accident.

We are instructed that the accident was caused by Mr Loy Loong Tak's negligent driving and management of your Insured's said taxi registration no. SHC 3984E. 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\$ 4,250.00
2. Rental fees (7 days @ S\$120.00 per day)	S\$ 840.00
3. Loss of use (3 days @ S\$180.00 per day - including PRI)	S\$ 540.00
4. Costs contribution	S\$ 1,200.00
5. Disbursements:-	
a. Survey report fees	S\$543.00
b. GIA reports fees & LTA fees	S\$ 36.49
c. Xerox, transport & postage charges	S\$120.00
	<u>S\$ 699.49</u>
	<u>S\$ 7,529.49</u>

# ORACLE LAW CORPORATION

Advocates & Solicitors

BRN:2009045722



Our Reference : SB/PO/Acc/2019-9039  
Date : 31<sup>st</sup> July 2019

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

Our Ref: **MC1/19070233**  
Name: **India International Insurance P.L.**  
Date: **31/7/2019**  
**\*\* BY HAND ONLY \*\***

**\*\* BY POST ONLY \*\***

Mr Loy Loong Tak  
Block 81 Marine Parade Central  
#02-648  
Singapore 440081

Dear Sirs

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	<u>S\$ 699.49</u>
	<u><b>S\$ 7,529.49</b></u>

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

- Singapore Accident Statements of vehicles registration nos. SKC 9660P & SHC 3984E;
- LTA search result on vehicle registration no. SHC 3984E;
- Eng Shing Mechanical Works' Invoice No. 21987 dated 22<sup>nd</sup> July 2019 for the sum of S\$4,250.00;
- JL Limousine & Car Rental Services Pte Ltd's Invoice for the sum of S\$840.00;
- Absolute Appraisal Services Pte Ltd's Invoice No. NS-2019-341 dated 18<sup>th</sup> July 2019 for the sum of S\$543.00; and
- Original copy of Absolute Appraisal Services Pte Ltd's Vehicle Inspection Report No. AAS/2019/341 dated 18<sup>th</sup> July 2019 together with coloured photographs showing the damages sustained by our client's vehicle.

.../2

STANLEY BAY  
LLB (Honours), Sheffield

PAULINE ONG  
LLB (Honours), Sheffield

ALAN KOH  
LLB (Honours), NUS

237 Alexandra Road  
#04-11 The Alexclar  
Singapore 159929

T (65) 6538 6250  
F (65) 6538 1860  
E mal@oraclelaw.sg

# Oracle Law Corporation

• Advocates & Solicitors • UEN/GST Reg No. 2009045722

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

Our Reference : SB/PO/Acc/2019-9039  
Date : 31<sup>st</sup> July 2019

Page 2

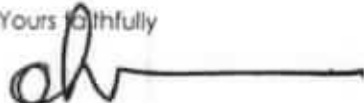
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We have on 10<sup>th</sup> July 2019 notified you of the above captioned accident and requested for a pre-repair survey of our client's vehicle to be carried out.

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.

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

Yours faithfully



Mr Stanley Bay & Miss Pauline Ong  
Encl (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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report 10/07/2019 13:32  
 Date Of Accident 09/07/2019 18:25  
 Exact Location Of Accident PIE NEAR KALLANG BAHRU SWIMMING COMPLEX  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC9660P  
**Insured/Policyholder**  
 Name Of Registered Owner SIM HAE SEE  
 NRIC No S0905750A  
 Email Address JASON\_SCREAMER@HOTMAIL.COM  
 Mobile Phone No (LOCAL) +65-91857282  
 Alternative Phone No OTHERS-91857282

### 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 THIRD PARTY FIRE AND/OR THEFT  
 Fleet Policy NO  
 Policy Number 5101948766-01  
 Cover Note Number

### Driver

Name of Driver JASON CHUA  
 NRIC No S9319073D  
 Date Of Birth 28/05/1993  
 Occupation OUTDOOR  
 Date Of Driving Pass 25/04/2014  
 Driving Experience 5 YEARS AND 2 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-91857282  
 Fax Number  
 Contact Number  
 Email Address JASON\_SCREAMER@HOTMAIL.COM



Address	BLK 226C SUMANG LANE #03-232
Postcode	823226
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

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

#### Other Information

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

#### Details of Police Action

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

#### Circumstances of Accident

REFER ATTACHED.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3984E
Vehicle Make/Model/Colour	
Details Of Properties	FRONT
Vehicle Category	TAXI
Name of Driver	LOY LOONG TAK
NRIC/Passport Number	
Contact Number	91449399
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.
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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:

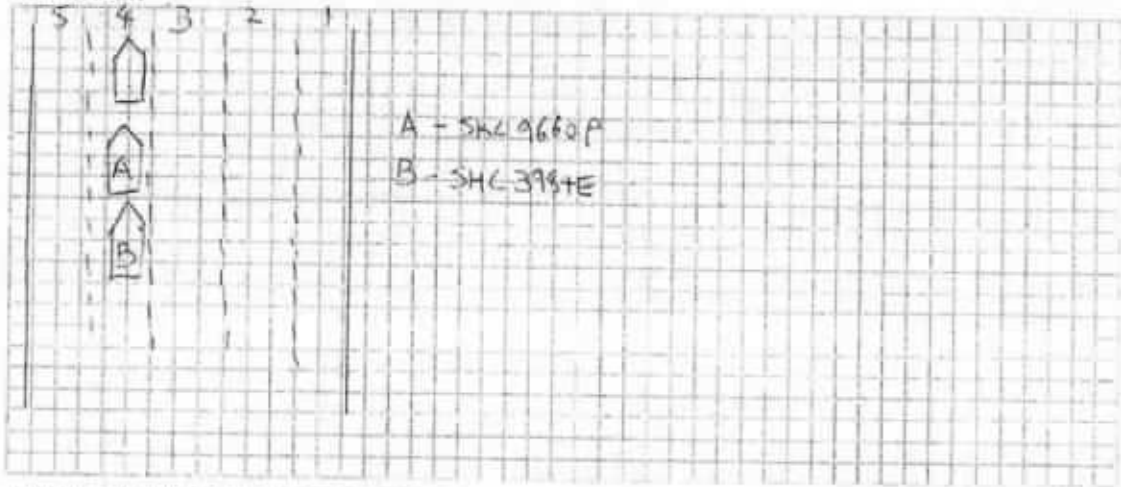
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE near Kallang between swimming complex and I was driving in lane 4 and in front car stop so I slow down and stop so vehicle B bump me from the rear.

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/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo

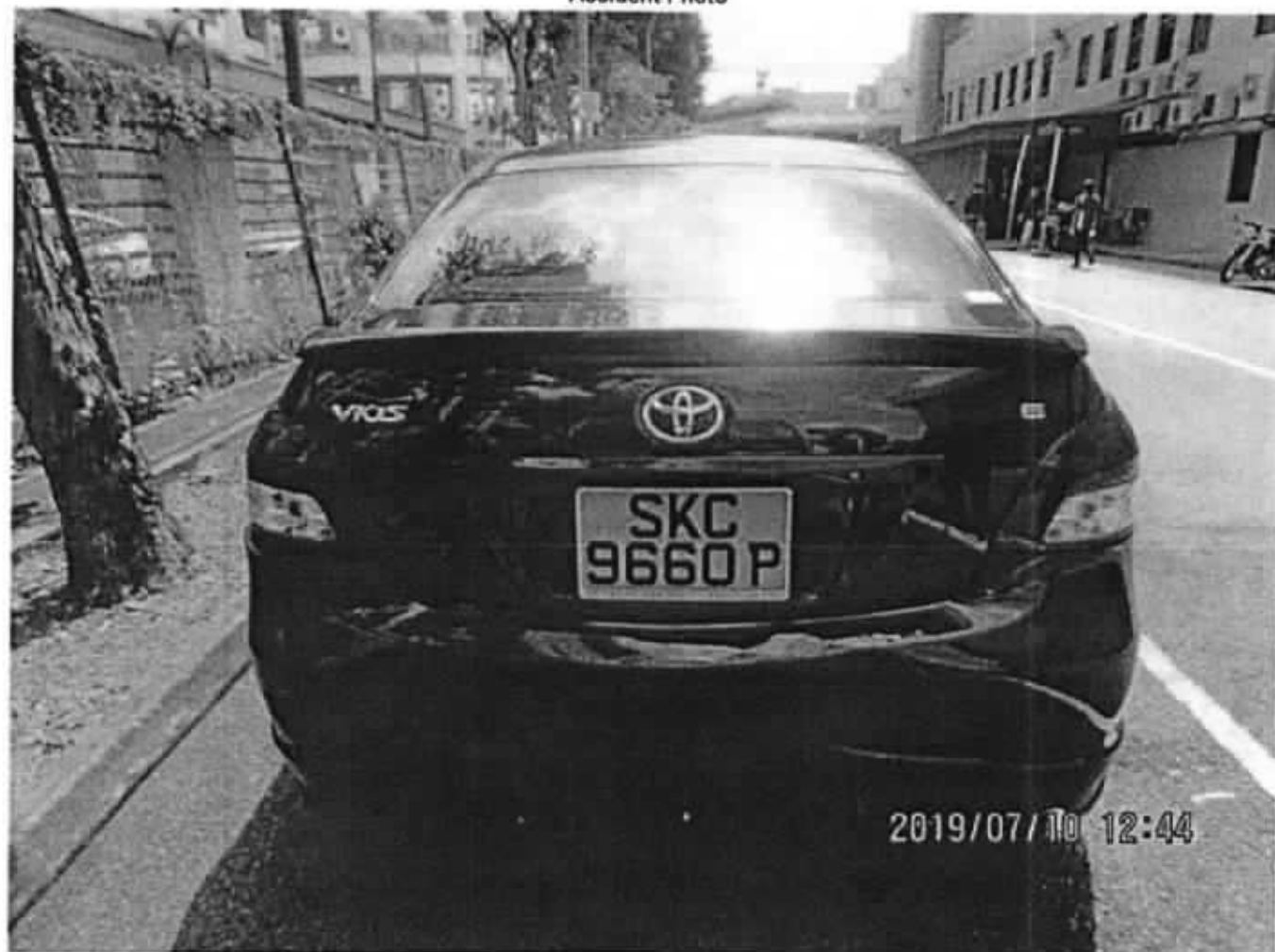




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo







## SEARCH RESULTS

Our Ref No: GR-19-121923  
Date of Request: 29/07/2019

Your Ref No: SB/PO/ACC/2019-9039

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

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 09/07/2019  
Place of Accident: PIE/KALLANG BAHRU SWIM COMPLEX  
Client Vehicle No: SKC9660P

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
SHC3984E	PIE SLIP RD TWDS CTE STRIAGHT TO TUAS	09/07/2019 18:20

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-19-121923

Date of Request: 29/07/2019

Your Ref No: SB/PO/ACC/2019-9039

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

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 09/07/2019

Place of Accident: PIE/KALLANG BAHRU SWIM COMPLEX

Client Vehicle No: SKC9660P

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.

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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-19-121926

Date of Request: 29/07/2019

Your Ref No: SB/PO/ACC/2019-9039

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

Dear Sir/Madam,

Date of Accident: 09/07/2019

Vehicle No: SKC9660P

Place of Accident: PIE NEAR KALLANG BAHRU SWIMMING COMPLEX

Involving Vehicle No: SHC3984E

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SHC3984E	PIE NEAR KALLANG BAHRU SWIMMING COMPLEX	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque





ENG SHING MECHANICAL WORKS (34823200D)  
SIN MING AUTOCITY 160 SIN MING DRIVE #06-21 S575722

## INVOICE

SIM HAE SEE

Blk 226C Sumang Lane

#03-232 Singapore 823226

Vehicle description: Fiat Bravo SJW1042H (White)

Duration: 10 July 2019 to 17 July 2019 (7 days)

Rate: SGD \$120/ day

Total payable: SGD \$840





**ABSOLUTE APPRAISAL SERVICES PTE LTD**  
**LOSS ADJUSTERS & MOTOR APPRAISERS**  
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722  
Mobile: 9688-0413 Fax: 6266-7596  
Email: absolute.app.svcs@gmail.com

### Invoice

Customer: Sim Hae See  
C/o: 160 Sin Ming Drive #06-21  
Sin Ming AutoCity (S) 575722

Date: 18.07.2019

Invoice No: NS-2019-341

Description		Amount
Vehicle No:	SKC9660P	
Make & Model:	Toyota Vios E (A)	
Our reference:	AAS/2019/341	
<b>Services rendered for appraiser / inspection report</b>		
Survey Fee		
Photographs		
Transport Fees		
Re-inspection Fees		
SGD Dollar : Five hundred forty three dollar only	Total:	SGD \$ 543.00

**Notes:**

All cheques payment should be crossed and made payment to "Absolute Appraisal Services Pte Ltd"

Please indicate our "Invoice No." on the reverse side of the cheque.

Please do not hesitate to contact us should you have any enquires.



Absolute Appraisal Services Pte Ltd





**ABSOLUTE APPRAISAL SERVICES PTE LTD  
LOSS ADJUSTERS & MOTOR APPRAISERS**

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

---

**Vehicle Inspection Report**

To: Sim Hae See  
C/o: 160 Sin Ming Drive #06-21  
Sin Ming AutoCity (S) 575722

Date of report: 18.07.2019  
Date of request: 11.07.2019  
Date of inspection: 11.07.2019  
Date of accident: 09.07.2019  
Claim type: Third Party Claim

Report No: AAS/2019/341

**Particulars of affected vehicle:**

Registration no: SKC9660P  
Make/Model: Toyota Vios E (A)  
Year of registration: 2008  
Colour: Metallic Black

Odometer: 243291 km  
Engine Capacity: 1497 cc  
Engine no: 1NZX767361  
Chassis no: MR053HY9305069339

**Condition of tires:**

Front Left: 6mm  
Make: Kapsen  
Rear Left: 6mm  
Make: Bridgestone

Front Right: 6mm  
Make: Kapsen  
Rear Right: 6mm  
Make: Bridgestone

Type of road wheel: Alloy (The above represent the remaining life of the tire thread)

**Pre-accident condition (Static tests only)**

General Bodywork : Good  
Paintwork : Good  
Handbrake : In order  
Footbrake : In order  
Steering : In order  
Apparent engine modification : Nil

**The Assignment**

The inspection was conducted at M/s. Eng Shing Mechanical Works  
160 Sin Ming Drive #06-21  
Sin Ming AutoCity (S) 575722

[Subsequent inspection was conducted]

**Assessment**

Repairer's estimate: \$ 7,134.35  
Revised estimate: \$ 5,327.68  
Recommended reserve: \$ 4,250.00 (Lump sum)

Estimated normal duration of repairs : 8 Working days



**ABSOLUTE APPRAISAL SERVICES PTE LTD  
LOSS ADJUSTERS & MOTOR APPRAISERS**

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0418 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle No: SKC9660P

Report No: AAS/2019/341

**W/O PREJUDICE**

**Point of impact**

At the rear portion.

**General description of damages**

The boot lid, tail lamps, RH tail lamp panel, rear bumper, rear bumper lower spoiler, rear end panel, spare tyre panel, etc.

Other parts were also found damaged. (See schedule for details)

**Recommendation**

The estimate cost of repair submitted by M/s Eng Shing Mechanical Works as per schedule attached have been revise and scrutinize. We list the breakdown of our findings and recommendation as per attached.

Our adjusted amount for the cost of repair is SGD \$5,327.68

**Conclusion**

The repairer has agreed to undertake the repair at a lumpsum of SGD \$4,250.00

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of 8 working days.

We have **Not Authorised** and/or instruction to the repairer to proceed with the repairs. This inspection was conducted entirely on a '**Without Prejudice**' basis.

We are pleased to advise that the inspection was carried out accordingly and hereby submit our appraisal report which includes 63 photographs.

Your Faithfully

Absolute Appraisal Services Pte Ltd



Nicky Seah  
Automobile Appraiser  
MSAAA / MSMCTA



# ABSOLUTE APPRAISAL SERVICES PTE LTD LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle No: SKC9660P

Report No: AAS/2019/341

## Appraisal Schedule

S/N	Parts Description	Qty	Condition		Repairer's Est	Revised Est
1	Boot lid	1	Distorted/Repair		\$ 650.90	-
2	Boot lid emblem	1	Necessary		\$ 50.20	\$ / 50.20
3	Boot lid nameplate 'Vios'	1	Necessary		\$ 56.50	\$ / 56.50
4	Boot lid nameplate 'E'	1	Necessary		\$ 36.20	\$ / 36.20
5	Boot lid outer moulding	1	Serviceable		\$ 192.20	SVC
6	Boot lid lock	1	Distorted/Jammed		\$ 100.80	\$ / 100.80
7	Boot lid striker	1	Distorted		\$ 20.10	\$ / 20.10
8	Boot lid cable	1	Broken		\$ 133.70	\$ / 133.70
9	Boot lid weather-strip	1	Necessary		\$ 194.60	\$ / 194.60
10	Boot lid hinge LH/RH	2	Serviceable	\$ 76.40	\$ 152.80	SVC
11	Tail lamp LH/RH	2	Cracked/Grazed	\$ 282.60	\$ 565.20	\$ / 565.20
12	Rear bumper	1	Dented		\$ 467.60	\$ / 467.60
13	Rear bumper lower spoiler	1	Dented/Cracked		\$ 492.80	\$ / 492.80
14	Rear bumper reflector LH/RH	2	LH Cracked	\$ 97.20	\$ 194.40	\$ / 97.20
15	Rear bumper seal LH/RH	2	Serviceable	\$ 57.90	\$ 115.80	SVC
16	Rear bumper retainer LH/RH	2	Necessary	\$ 97.20	\$ 194.40	\$ / 194.40
17	Rear bumper support LH/RH	2	Necessary	\$ 42.90	\$ 85.80	SVC x 85.80
18	Rear end panel	1	Dented		\$ 610.80	\$ / 610.80
19	Rear end panel trim	1	Deformed		\$ 211.00	\$ / 211.00

3231.1  
25%: 2423.33

Total:	\$ 4,525.80	\$ 3,316.90
-25%	\$ 1,131.45	\$ 829.23
List total:	\$ 3,394.35	\$ 2,487.68

1	Rear bumper clips	1set	Necessary		\$ 50.00	\$ / 30.00
2	Reverse sensor	1set	Malfunctioned		\$ 300.00	\$ 250.00
3	Joint sealant	1	Necessary		\$ 60.00	\$ / 40.00

Special nett total:	\$ 410.00	\$ 320.00
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Parts Total:	\$ 3,804.35	\$ 2,807.68
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270



**ABSOLUTE APPRAISAL SERVICES PTE LTD**  
**LOSS ADJUSTERS & MOTOR APPRAISERS**

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle No: SKC9660P		Report No: AAS/2019/341	
S/N	Labour Description	Repairer's Est	Revised Est
1	Remove & refit rear trimmings.	\$ 80.00	\$ / 60.00
2	Transfer boot lid fittings.	\$ 100.00	-
3	Renew reverse sensor.	\$ 100.00	\$ 40 50.00
4	Anti rust on rust affected area.	\$ 100.00	\$ / 60.00
5	Check all lightings & wirings for proper function.	\$ 50.00	\$ / 30.00
6	Supply sealant, renew rear bumper lower spoiler.	\$ 150.00	\$ 40 120.00 800
7	To renew damaged parts. Repair, reform, realign all damaged area.	\$ 1,250.00	\$ 1,000.00 800
8	To conduct spray painting on replacement & affected area.	\$ 1,500.00	\$ 1,200.00
Labour Total:		\$ 3,330.00	\$ 2,520.00
Grand Total:		\$ 7,134.35	\$ 5,327.68

The final adjusted lump sum amount is \$4,250.00

Under normal circumstances, the repair should be completed within a reasonable period of 8 working days.

63 Photographs were taken at the time of inspection.

4523.33

20% : 3600

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	10/07/2019 10:11
Date Of Accident	09/07/2019 18:20
Exact Location Of Accident	PIE SLIP RD TWDS CTE STRIAGHT TO TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC3984E
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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	REPORTING ONLY
Vehicle Category	TAXI
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	LOY LOONG TAK
NRIC No	S8506859H
Date Of Birth	27/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91449399
Fax Number	
Contact Number	

Address	BLK 81 MARINE PARADE CENTRAL #02-648
Postcode	440081
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

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

#### Circumstances of Accident

REFER ATTACHED

#### 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	SKC9660P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASON CHUA
NRIC/Passport Number	S9319073D
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

REAR

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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. 199303821R

Policyholder's Signature  
Date & Time:

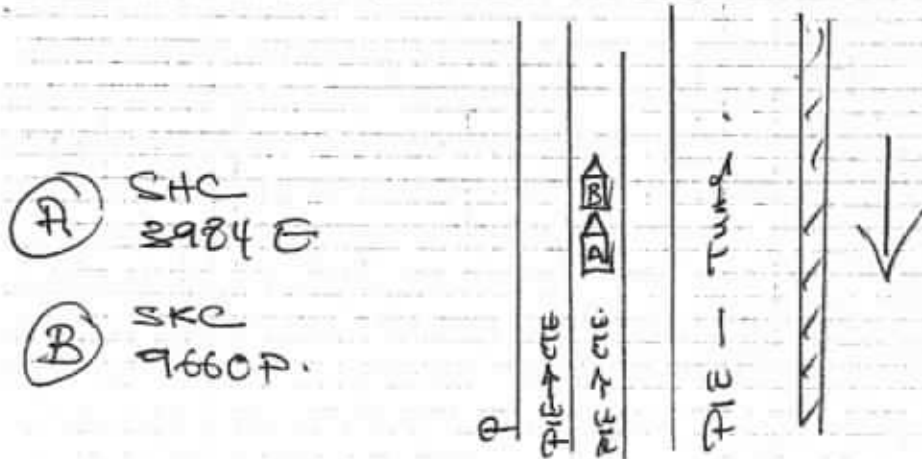
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 9 July 2019 @ 18.20 hrs I went to  
 road driving straight ahead on above  
 Location & Suddenly VEH B in front  
 E broke I VEH A cannot stop  
 entered and hit VEH B rear.  
 at the point of accident VEH A ferry  
 is male p.m. with injury.

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 199303821R

Policyholder's Signature  
 Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE







# 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/III19012266/Gtd3e2-1

64 CECIL STREET  
#05-02 IOB BUILDING SINGAPORE 049711

Date : 05-09-2019



Code : III2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 3984E	Veh. Inspected	SKC 9660P
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19070233	Excess (\$)	0.00
Assign From	STANLEY LAI	Assign Date	16/08/2019

## 2. Vehicle Particulars & Condition

Make & Model	TOYOTA VIOS	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	MR053HY9305069339	Colour	BLACK
Odometer	243291	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/40Z R17	GREEN MAX	6 mm
L/H Front Tyre	205/45Z R17	BRIDGESTONE	6 mm
R/H Rear Tyre	205/45 R17	KAPSEN	6 mm
L/H Rear Tyre	205/45 R17	KAPSEN	6 mm

## 4. Description of Damages

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

## 5. General Information

Accident Date	09/07/2019	Inspection Date	11/07/2019
Survey held at	160 SIN MING DRIVE# 06-21		
Repairer	ENG SHING MECHANICAL WORKS		

## 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



# LKK Auto Consultants Pte Ltd

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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. SKC 9660P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BOOT LID	TO REPAIR SEE LABOUR	650.90	-
1	BOOT LID EMBLEM	NECESSARY	50.20	50.20
1	BOOT LID NAMEPLATE 'VIOS'	NECESSARY	56.50	56.50
1	BOOTLID NAMEPLATE 'E'	NECESSARY	36.20	36.20
1	BOOT LID OUTER MOULDING	SERVICEABLE	192.20	-
1	BOOT LID LOCK	DISTORTED / JAMMED	100.80	100.80
1	BOOT LID STRIKER	DISTORTED	20.10	20.10
1	BOOT LID CABLE	BROKEN	133.70	133.70
1	BOOT LID WEATHER-STRIP	NECESSARY	194.60	194.60
2	BOOT LID HINGE LH / RH @\$76.40	SERVICEABLE	152.80	-
2	TAIL LAMP LH / RH @\$282.60	CRACKED / GRAZED	565.20	565.20
1	REAR BUMPER	DENTED	467.60	467.60
1	REAR BUMPER LOWER SPOILER	DENTED / CRACKED	492.80	492.80
2	REAR BUMPER REFLECTOR LH / RH @\$97.20	N/S CRACKED	194.40	97.20
2	REAR BUMPER SEAL LH / RH @\$57.90	SERVICEABLE	115.80	-
2	REAR BUMPER RETAINER LH / RH @\$97.20	NECESSARY	194.40	194.40
2	REAR BUMPER SUPPORT LH / RH @\$42.90	SERVICEABLE	85.80	-
1	REAR END PANEL	DENTED	610.80	610.80
1	REAR END PANEL TRIM	DEFORMED	211.00	211.00
	LESS 25% DISCOUNT		-1,131.45	-807.78
			3,394.35	2,423.32
<b>SPECIAL NETT ITEMS</b>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	30.00
1	SET REVERSE SENSOR (SN)	MALFUNCTIONED	300.00	200.00
1	JOINT SEALANT (SN)	NECESSARY	60.00	40.00
			410.00	270.00

**LKK Auto Consultants Pte Ltd**

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Page No. 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b>			
	REMOVE & REFIT REAR TRIMMINGS.	NOT NECESSARY	80.00	60.00
	TRANSFER BOOT LID FITTINGS.		100.00	-
	RENEW REVERSE SENSOR.		100.00	40.00
	ANTI RUST ON RUST AFFECTED AREA.		100.00	60.00
	CHECK ALL LIGHTINGS & WIRINGS FOR PROPER FUNCTION.		50.00	30.00
	SUPPLY SEALANT, RENEW REAR BUMPER LOWER SPOILER.		150.00	40.00
	TO RENEW DAMAGED PARTS. REPAIR, REFORM, REALIGN ALL DAMAGED AREA. INCLUSIVE OF THE REPAIR OF BOOT LID.		1,250.00	800.00
	TO CONDUCT SPRAY PAINTING ON REPLACEMENT & AFFECTED AREA.		1,500.00	800.00
			3,330.00	1,830.00
	<b>GRAND TOTAL</b>		<b>7,134.35</b>	<b>4,523.32</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>3,600.00</b>

Report Ref No. CS3/III19012266/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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