

ASS. REC. BY: REP CS3/11119011709 / Gvd3^{OR} prev'd instruction.

mem/11

Surveyor Guo Qiang ASSIGNMENT (Office)

From (Person) Stanley of SIL Date/Time: 16/08/2019

Estimated Cost: _____ Bill to: _____

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

To inspect Vehicle No. SLD 6858 P Insured: SHD 4085M

at Workshop w/ Motor Intelligence Tel: 62810087

of 13 Kaki Bukit Rd 4 #01-20

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ (Client's Record) D.O.A. 28/6/2019

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

Date/Time: 2/7 Person Contacted: Ivy Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SHD 4085M - X
	SLD 6858P - X
	Dismantle: 3/7/2019 04:14 p.m
	After repair: 9/7/2019 03:18 p.m
	<u>\$6150, 8 Days.</u>

28/8/19 Submit (LS) 5900 Guo Qiang,

(Red 5100, 4690)

Pls see parts discount.

RECEIVED 28 AUG 2019

[Signature]
27/8/2019

36041 = 361
361-131 = 230

PRS
Cul.

C04306

ASSIGNMENT

Vehicle No: SLD 6858P

Estimated Cost: OO / TP / WS / TP RES / OO RES / EVA / INV / MV

To Inspect Vehicle No: SLD 6858P

at Workshop no: Motor Intelligence

13 Kaki Bukit Rd 4 #01-20

Insured: _____ Excess: _____

Policy No: _____

Claims No: _____

Sum Insured: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S
-----	-----

Bal. or Market Value: \$45K

IDAC Accredited Proof: _____ Consistent?: Yes or No

GA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 6 days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Web No: SLD 6858P Page: 27 Jan 2016

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

Truck / Trailer or _____

Make: Mit Attrage CC: 1193

Colour: Red AC: Insured / Std / NI / NA

Sp Reading: 192264 T/Code: Insured / Std / NI / NA

EngNo: _____

C/No: NMBSTA BAHH 001685

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or _____

Brake: In Order / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD / Rim or _____

Tyre Size F: 185/55 R15

R: 11

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

TOYO / YOKO or Road Stone

Front	Rear
R/Bal: <u>6</u> mm	R/Bal: <u>6</u> mm
L/Bal: <u>6</u> mm	L/Bal: <u>6</u> mm
D.O.A	D.O.I: <u>02-07-19</u>

Survey held at: w/s 3:30pm

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

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

Date / Time	Action / Instruction
	<u>\$5000 - \$6000</u>
	<u>3/1/2019</u>
	<u>35879</u>

Date/Time File Path: Proll. Report

ii Final Report

Date/Time File Name: _____

Days Of Repair: _____

Resurvey No. of Trip: 2

Survey Fee: 120

5 x 61 Fee: Site Insp 15

Interview 15

T-11 Insp 15

Final Insp 15

Report Format: PRS

Date / Time / File Name: _____

11

120

11

120

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Friday, 16 August 2019 5:16 PM
To: 'sur@lkkauto.com'; Admin-D (LKKAuto)
Cc: Mekavathanan Sarangapani; Manivel Priyadarshini
Subject: III REF: MCT19060741 | REQUEST PAPER SURVEY SLD6858P

Dear Sir/Mdm,

Cost of repair S\$11.7K?? Kindly adjust accordingly.

SLD6858P (5HD4085M) - Submitted by: LKK Auto Consultants Pte Ltd (HQ)



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. : SLD6858P

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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MET 119060741 101 /MP

RESERVES		
TPPD	PRESERVE	(1000) ↗
TPPI	PRESERVE	
UNINSURED LOSS	PRESERVE	
SUBRO	PRESERVE	
LPPN		
INVESTIGATION FEE		
SURVEY FEES		(300)
LEGAL FEES		P.S
OTHERS		
FRAUD CHECK	① Peter MJ	<input type="checkbox"/> SLD 6858 P ^
UPLOAD TO MERIMEN		<input type="checkbox"/> SMD 4085M 01V ^
GRANT RIGHTS		<input type="checkbox"/> SBV 1299 J

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1451
 RECIPIENT ADDRESS 62922665
 DESTINATION ID
 ST. TIME 08/08 11:38
 TIME USE 00'29
 PAGES SENT 2
 RESULT OK

FAXED
 06 AUG 2019
 MOTCLM DEPT.

Moto Intell ✓
 WMC
 P.S.

Our Ref. : RSS/1907-7343 (MI)(PD)
 Your Ref. :

W : Natalie Ng
 E : natalie_ng@rssolomon.com

2 August 2019



INDIA INTERNATIONAL INSURANCE PTE LTD
 No. 64 Cecil Street
 #04-05 IOB Building
 Singapore 049711
 Attn: Motor Claim Dept

By PDX: 8172
WITHOUT PREJUDICE
 Our Ref: MC1/19060741

Dear Sirs,

ACCIDENT INVOLVING SLD6858P, SHD4085M & OTHERS ALONG AIRPORT BOULEVARD ROAD TOWARDS PAN ISLAND EXPRESSWAY ON 28TH JUNE 2019 AT ABOUT 2055 HRS

We act for TW Premium Automobile Pte Ltd ("our client"), owner of vehicle registration no. SLD6858P, and refer to the above-captioned matter.

2. We are instructed that you are the insurers of vehicle registration no. SHD4085M at the material time. We are further instructed that the aforesaid accident was caused solely by your insured and/or insured driver's negligence in her/his driving, controlling and/or management of the said vehicle. As a result of the accident, our Client's vehicle was damaged and its has been put to loss and expense, particulars of which are as follows: -

(a) Cost of Repair	\$ 11,770.00
(b) Loss of use for 14 working days at \$80.00 per day (i.e. including two days for Pre-repair survey)	\$ 1,120.00
(c) Survey report fee	\$ 779.00
(d) GIA report & search fees	\$ 29.00
(e) LTA search fee	\$ 7.49
(f) Costs	\$ 900.00
(g) Transport, Xerox, postages & Other Incidentals	\$ 50.00
Total:	\$14,655.49

Our Ref. : RSS/1907-7343 (MI)(PD)
Your Ref. :

W : Natalie Ng
E : natalie_ng@rssolomon.com

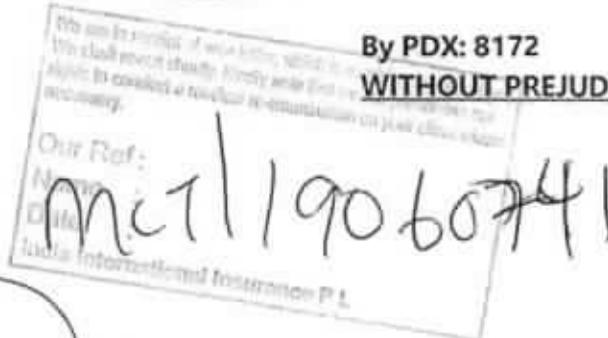
2 August 2019



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(d) GIA report & search fees	\$ 29.00
(e) LTA search fee	\$ 7.49
(f) Costs	\$ 900.00
(g) Transport, Xerox, postages & Other Incidentals	\$ 50.00
Total:	<u>\$14,655.49</u>

3. We enclose herewith copies of the following documents in support of our Client's claim: -
- (a) Final Repair Bill dated 12th July 2019 from Motor Intelligence Automo Pte. Ltd.;
 - (b) Survey Report with Invoice No. CL/190850 from CL Appraiser Pte Ltd;
 - (c) GIA and Police Report lodged by our client's driver;
 - (d) GIA report lodged by your insured driver with payment advice for search and report fees;
 - (e) LTA search result with payment advice; and
 - (f) 109 coloured photographs depicting damages to our client's vehicle registration No. SLD6858P.

...2

Our Ref. : RSS/1907-7343 (MI)(PD)
Your Ref. :

W : Natalie Ng
E : natalie_ng@rssolomon.com

2 August 2019



R. S. SOLOMON LLC
ADVOCATES & SOLICITORS

PAGE 2

4. **TAKE NOTICE** that unless we receive your acknowledgement of receipt to this letter and enclosures **within fourteen (14) days from the date hereof**, our Client will have no alternative but to commence proceedings against your insured and/or its driver without further notice to you.

Yours faithfully,

R. S. SOLOMON LLC
ADVOCATES & SOLICITORS

Encl.

Cc: **COMFORT TRANSPORTATION PTE LTD**
383 Sin Ming Drive
GAS Building
Singapore 575717

BY CERTIFICATE OF POSTING
WITHOUT PREJUDICE

Note to insured and/or the driver: No enclosures have been provided to you; should you require copies of the afore-mentioned enclosures, please contact our office.

TAKE NOTICE that if you have a counterclaim against our Client arising out of the above-captioned accident, you are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of you receiving this letter.



Motor Intelligence Automo Pte. Ltd.
Regn & GST No. : 201732961N
Bartley Biz Centre, 13 Kaki Bukit Road 4, #01-20
Singapore 417807
Phone: 6281 0087/Fax: 6281 0187/Mobile: 9150 1587
Email: sales@mia.com.sg

Customer: TW PREMIUM AUTOMOBILE C/O MOTOR INTELLIGENCE AUTOMO PTE LTD	Tax Invoice No: INVOICE	Date: 12/Jul/2019
Contact Details:	Make and Model: MIT ATTRAGE	Due upon receipt
	Mileage: 192264KM	Chasis/Car Plate No: SLD 6858 P

S/No:	Product	Description	Qty	Unit	Priced (SGD)	Amount (SGD)
1	COST OF REPAIR	LUMP SUM REPAIR OF ACCIDENT PORTION	1	JOB	11000.00	11000.00

Sub Total (SGD)	11000.00
GST 7%	770.00
Total (SGD)	11770.00

Amount in words:
DOLLARS ELEVEN THOUSAND SEVEN HUNDRED AND SEVENTY ONLY.

Declaration:
We declare that this Tax Invoice shows the actual price of the goods described and that all particulars are true and correct.

or Motor Intelligence Automo Pte. Ltd

Authorized Signatory

Remarks :

Receiver Chop & Sign

CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

TW Premium Automobile Pte Ltd
C/o: Motor Intelligence Automo Pte Ltd
13 Kaki Bukit Road 4, #01-20
Bartley Biz Centre, Singapore 417807

Invoice No: CL/190850

Ref No: MITA/07/1903/TP

Date: 10 July 2019

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SLD 6858 P
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
(*INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS*)
- TRANSPORTATION

GRAND TOTAL **SS 779.00**

E & O. E

All cheque payment should be "Crossed" and made payable to " C L APPRAISER PTE LTD "

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd

SLC L APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 20100228E

VEHICLE INSPECTION REPORT

To: TW Premium Automobile Pte Ltd
C/o: Motor Intelligence Automo Pte Ltd
13 Kaki Bukit Road 4, #01-20
Bartley Biz Centre, Singapore 417807

Date : 10 July 2019
Our ref : MITA/07/1903/TP

Accident Date : 28 June 2019
Inspection Date : 02 July 2019
Repairer Name : Motor Intelligence Automo Pte Ltd
13 Kaki Bukit Road 4, #01-20
Bartley Biz Centre, Singapore 417807

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : SLD 6858 P
Year / Capacity : 2016 / 1193 cc
Make / Model : Mitsubishi Attrage
Colour : Red
Chassis No : MMBST13AHH001685
Mileage : 192264
Engine No : 3A92UDH3823

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Double Star	195/55 R15	5 mm	Sport
Front Offside	: Double Star	195/55 R15	5 mm	Sport
Rear Nearside	: Double Star	195/55 R15	5 mm	Sport
Rear Offside	: Double Star	195/55 R15	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion.
(Details refer to the photographs attached)

Enclosed number of photographs: 109 copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of S 11,000.00** on a contractual basis.

Under normal circumstances, the repair period would be about 12 (Twelve) working days.

SC L APPRAISER PTE LTD

Vehicle Registration No: SLD 6858 P

Our Ref No: MIA/07/1903/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
-----	-------------	------------	---------------------	----------------

SPARE PARTS - LIST ITEMS

1	Rear windscreen moulding	Necessary	\$ 105.00	\$ X 105.00 <i>new</i>
1	Rear boot lid	Damage	\$ 725.00	\$ / 725.00 <i>/</i>
2	Rear boot hinges	Damage	\$ 196.00	\$ / 196.00 <i>153</i>
1	Rear boot lock	Damage	\$ 145.00	\$ / 145.00 <i>/</i>
1	Rear boot logo	Necessary	\$ 48.00	\$ / 48.00 <i>/</i>
1	Rear boot rubber	Necessary	\$ 142.00	\$ / 142.00 <i>/</i>
1	Rear boot "ATTRAGE" emblem	Necessary	\$ 55.00	\$ / 55.00 <i>42</i>
1	Rear boot "C & C" emblem	Necessary	\$ 40.00	\$ / 40.00 <i>/</i>
1	Rear boot outer chrome garnish	Damage	\$ 145.00	\$ X 145.00 <i>new</i>
2	Rear taillamps	Damage	\$ 970.00	\$ / 970.00 <i>621</i>
2	Rear taillamp panels <i>LH / RTRX</i>	Damage	\$ 370.00	\$ / 370.00 <i>208</i>
1	Rear end panel <i>RTRX</i>	Damage	\$ 558.00	\$ / 558.00 <i>452</i>
1	Rear end panel inner garnish	Damage	\$ 145.00	\$ / 145.00 <i>/</i>
1	Rear smart keyless sensor	Damage	\$ 195.00	\$ / 195.00 <i>163</i>
1	Rear bumper	Damage	\$ 785.00	\$ / 785.00 <i>/</i>
1	Rear bumper inner garnish	Damage	\$ 70.00	\$ / 70.00 <i>/</i>
2	Rear bumper reflectors	Damage	\$ 130.00	\$ / 130.00 <i>/</i>
2	Rear bumper side retainers	Necessary	\$ 97.00	\$ / 97.00 <i>/</i>
1	Rear floor panel	Damage	\$ 955.00	\$ / 955.00 <i>/</i>
1	Rear floor board	Damage	\$ 203.00	\$ / 203.00 <i>/</i>
1	Rear n/s chassis member	Damage	\$ 658.00	\$ X 658.00 <i>repair</i>
1	Rear exhaust silencer	Damage	\$ 758.00	\$ X 758.00 <i>new</i>
2	Rear exhaust mountings	Necessary	\$ 76.00	\$ X 76.00 <i>/</i>
1	Centre exhaust pipe	Damage	\$ 1,275.00	\$ X 1,275.00 <i>/</i>
2	Rear fenders	N/S Damage	\$ 1,790.00	\$ X 895.00 <i>repair</i>
1	Rear n/s fender air vent	Damage	\$ 48.00	\$ / 48.00 <i>/</i>
2	Rear fender inner trims	N/S Damage	\$ 382.00	\$ / 191.00 <i>/</i>
			\$ 11,066.00	\$ 9,980.00 <i>5363</i>
		Less 20%	\$ 2,213.20	\$ 1,996.00
	Total Cost - List Items		\$ 8,852.80	\$ 7,984.00

20% = 4290.4

SLC L APPRAISER PTE LTD

Vehicle Registration No: SLD 6858 P

Our Ref No: MITA/07/1903/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
List Items Total c/f			\$ 8,852.80	\$ 7,984.00

SPECIAL NETT ITEMS

1	Rear windscreen sealant	Necessary	\$ 80.00	\$ 150.00	} NN
1	"PRIVATE HIRE" sticker	Necessary	\$ 48.00	\$ 48.00	
1	Rear bumper clip (1 set)	Necessary	\$ 50.00	\$ 150.00	20
1	Rear reverse sensor (1 set)	Damage	\$ 350.00	\$ 350.00	200
1	Rear floor panel insulator	Necessary	\$ 150.00	\$ 150.00	
Total Cost - Special Nett items			\$ 678.00	\$ 648.00	370

Total cost of parts

\$ 9,530.80 \$ 8,632.00

SCL APPRAISER PTE LTD

Vehicle Registration No: SLD 6858 P

Our Ref No: MITA/07/1903/TP

S/No	Description	Repairer's Estimate	Revised Amount
Total cost of parts c/f		\$ 9,530.80	\$ 8,632.00
<u>LABOUR</u>			
1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 30 50.00
2	To remove and refit inner garnishes, inner trim to assist repair.	\$ 150.00	\$ 60 120.00
3	To remove and refit rear reverse sensor.	\$ 150.00	\$ 40 120.00
4	To transfer boot lid mechanism and wiring assembly to assist repair.	\$ 80.00	\$ / 60.00
5	To remove and refit rear windscreen glass.	\$ 180.00	\$ X 120.00 NA
6	To remove, refit and replace exhaust silencer and mountings.	\$ 180.00	\$ / 150.00 60
7	To apply undercoating on repaired and replaced panel.	\$ 300.00	\$ 80 210.00
8	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 2,500.00	\$ 2,250.00 1200 1200
9	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 2,400.00	\$ 1,980.00 2730
GRAND TOTAL		\$ 15,550.80	\$ 13,692.00

7390.4
20% = 5900
8 Days.

C L APPRAISER PTE LTD

Vehicle Registration No: SLD 6858 P

Our Ref No: MITA/07/1903/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 11,000.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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	01/07/2019 14:51
Date Of Accident	28/06/2019 20:55
Exact Location Of Accident	AIRPORT BOULEVARD ROAD TWRDS (PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD6858P
Insured/Policyholder	
Name Of Registered Owner	TW PREMIUM AUTOMOBILE PTE LTD
Co Reg No	201320430G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63882323
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102734533
Cover Note Number	
Driver	
Name of Driver	LOO SEA KUAN
NRIC No	S7344130G
Date Of Birth	03/12/1973
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96477325
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 450 BUKIT PANJANG RING ROAD #14-595
Postcode	670450
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : GRAB PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4085M
Vehicle Make/Model/Colour	HYUNDAI / SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

- Insurance Company Name
- Nature Of Damage
- No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBV1299J
Vehicle Make/Model/Colour CHERY / T11 2.0L MANUAL ABS AIRBAG SUNROOF 2WD
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LOO SEA KWAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLD6858P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address BLK 450 BUKIT PANJANG RING ROAD #14-595
Postcode 670450

Accident Sketch Plan Pg. 1

REF: 201101

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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders;



Policyholder's Signature
Date & Time:

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

IDAAC KARI BUKIT (VAC)
21 KARI BUKIT AVE 4

Reporting Centre: 63499910

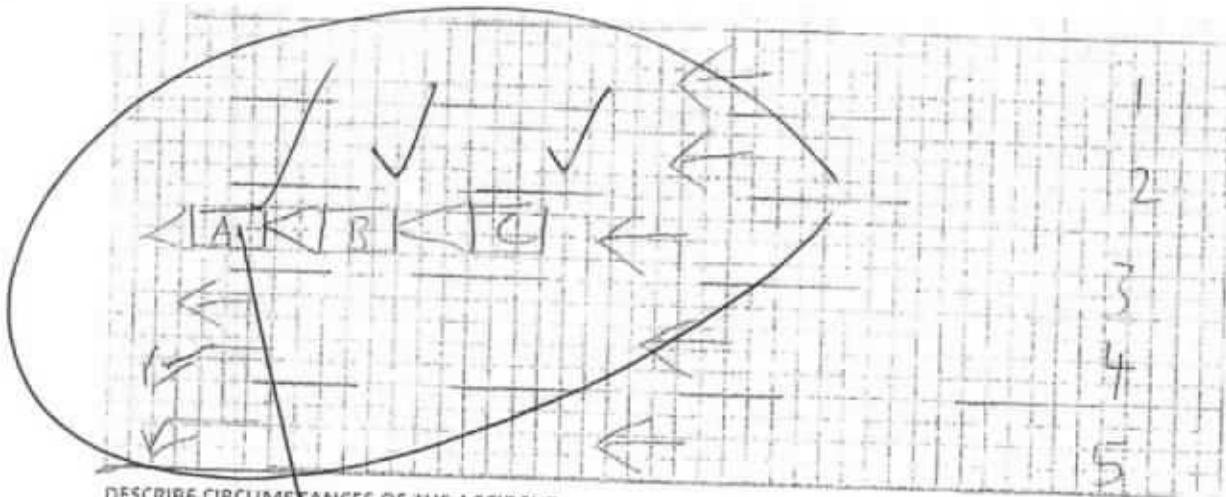
Name: Tel: 67416897

NRIC/FIN no.: Fax: 67492305

Email: voc@idaac.com.sg

KLASSE 1481 PD/FORM 02

Accident Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

(A) SLD 6858P

(B) SHD 4085m

(C) SBV 1299J

Only Driver

DECLARATION

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


 Police Officer's Signature
 Date & Time:


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

IDAC KAKI BUKIT (VAC)
 Reporting Centre Personnel's Signature
 Name: Singapore 415933
 NRIC/ID No.: Tel: 67416697
 Fax: 67492305
 Email: voc@idacnet.com.sg



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG GEK PING	ID No.	S6975524J
Related Vehicle	SBV1299J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA YONG KHNG	ID No.	S1041476H
Related Vehicle	SHD4085M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOO SEA KWAN	ID No.	S7344130G
Related Vehicle	SLD6858P (Car)	Contact No.	96477325
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/06/2019 at about 2057hrs, I am driving my vehicle, SLD6858P, working for Grab and picked up a passenger at Changi Airport Terminal and proceeding to Jurong West. I was travelling on lane 3 of Airport Boulevard Road exiting towards Pan-Island Expressway (PIE) when a vehicle, SBV1299J, in front of me suddenly come to a complete stop. I was able to stop in time and avoid colliding into the rear of the vehicle. However, another vehicle, SHD4085M, travelling behind me, was unable to stop and collided into the rear of my vehicle.

After which, I stepped out of my vehicle to check on the damages and the other driver when I discovered



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

that there is another vehicle behind which collided into vehicle, SHD4085M. All the drivers and passengers involved did not sustain any injury. We assessed the damages and my vehicle sustained dents to the rear and the other vehicle, SHD4085M, was totally unmovable and sustained damages to the front and rear. I was informed by the driver of SBV1299J that another vehicle had cut into her lane, causing her to stop. We exchanged particulars, and afterwards, tow truck came to shift vehicle SHD4085M away. The other drivers and I moved off afterwards to prevent congestion on the expressway.

I wish to state that at the point of time, the traffic condition was moderate and I was travelling at around 70km/h. The road surface is dry and the weather is clear. There is dash camera installed to the front of my vehicle. All drivers involved agreed to lodge a Police report and inform insurance regarding the matter. I will be seeking doctor regarding my back ache due to the incident.



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: J/ CHOY ZHAN HAO	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151	SN 117
Authentication Stamp NP168	Signature:

Singapore Police Force

Signature Of Informant:
Date/Time: 29/06/2019 09:59
Classification Of Case:

7/30/2019

Invoice



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-19-104762
Date of Request: 01/07/2019

Your Ref No: RSS/1907-7343(MI)(PD)

R.S. SOLOMON LLC
300 Beach Road
#12-03/04 The Concourse
Singapore 199555

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 28/06/2019
Place of Accident: ALONG AIRPORT BLVD RD>PIE
Client Vehicle No: SLD6858P

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



**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
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RECORDS MANAGEMENT CENTRE

SEARCH RESULTS

Your Ref No: GR-19-104762

Date of Request: 01/07/2019

Your Ref No: RSS/1907-7343(MI)(PD)

M.S. SOLOMON LLC
100 Beach Road
12-03/04 The Concourse
Singapore 199555

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 28/06/2019

Place of Accident: ALONG AIRPORT BLVD RD>PIE

Client Vehicle No: SLD6858P

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
3HD4085M	AIRPORT BLVD TWDS ECP (CITY)	28/06/2019 20:55

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.

Enquire Vehicle & Owner Information (Vehicle No. SHD4085M As At 28 Jun 2019 / 20:55:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: RSS/1907-7343(MI-PD)

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.: SHD4085M
Make Description/Model: HYUNDAI / SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Insurance Company Name: INDIA INT'L INS PTE LTD

MOTORING



SALE OF MOTORING

Saw Kin Yew has successfully logged out.

Your last login date and time was 01 Jul 2015, 14:07:18.

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(S\$)	Log Date/Time
1	Vehicle	SHD4080M		18.19 Equire Veh-Owner (Others) by Law Firm	7.49	01 Jul 2015 / 14:09:02

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	29/06/2019 10:12
Date Of Accident	28/06/2019 20:55
Exact Location Of Accident	AIRPORT BLVD TWDS ECP (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4085M
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	SONATA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	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	CHUA YONG KHNG
NRIC No	S1041478H
Date Of Birth	23/10/1953
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1975
Driving Experience	43 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97551362
Fax Number	
Contact Number	

Address	BLK 458 TAMPINES STREET 42 #10-296
Postcode	520458
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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	SKQ2751H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TIMOTHY TOR SENG LEONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage FRONT
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLD6858P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRONT AND REAR
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

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

DETAILS OF INJURED PERSON 1

Name CHUA YONG KHNG
Approximate Age
Injuries Sustain BACK
Injured person in which vehicle? SHD4085M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan Pg. 1

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.
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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:

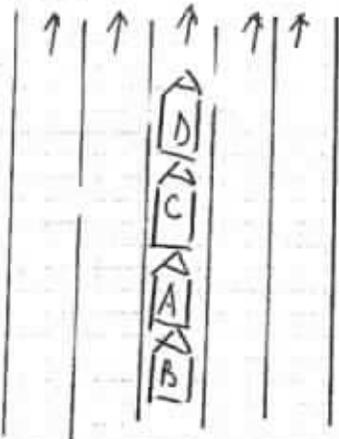
Driver's Signature
(If driver is not the policyholder)
Date & Time: 29.06.2019@09:10hrs



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

Sketch Plan Pg. 2

SKETCH PLAN



- A - SHD 4085M
- B - SKQ 2751H
- C - SLD 6858P
- D - Unknown Car

Along Airport BLVD towards ECP (City).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28.06.2019 @ 20:55hrs I was travelling along Airport BLVD towards ECP (City).
With 1 male passenger onboard.
I was on the middle lane ,while travelling straight,I saw infront of my vehicles slowing down, So I follow too.Suddenly,Veh(B) from the rear portion and lose control collided to my taxi (A), and surged forward,colliided onto Veh (C) rear portion.My taxi (A) front and rear portion was damaged.
I assessed the damaged to my taxi (A) and come to know that there were 4 vehicles involved in the chain accident.
After the accident I felt pain at my back.
The parties involved in the accident are:
A - SHD 4085M
B - SKQ 2751H. Mr.Timothy Tor Seng Leong.
C - SLD 6858P. Male Driver.
D - Unknown Car.

DECLARATION

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Accident Photo



Accident Photo



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/III19011709/Gvd3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 28-08-2019	
		Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 4085M	Veh. Inspected	SLD 6858P
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19060741	Excess (\$)	0.00
Assign From	STANLEY LAI	Assign Date	16/08/2019
2. Vehicle Particulars & Condition			
Make & Model	MITSUBISHI ATTRAGE	c.c	1193
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	MMBSTA13AHH001685	Colour	RED
Odometer	192264	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/55 R15	ROADSTONE	6 mm
L/H Front Tyre	185/55 R15	ROADSTONE	6 mm
R/H Rear Tyre	185/55 R15	ROADSTONE	6 mm
L/H Rear Tyre	185/55 R15	ROADSTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	28/06/2019	Inspection Date	02/07/2019
Survey held at	MOTOR INTEL AUTOMO PTE LTD 13 KAKI BUKIT ROAD 4 @ BARTLEY BIZ CENTRE #01-20 SINGAPORE 147807		
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:		8 Working Days	



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLD 6858P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	105.00	-
1	REAR BOOT LID	DAMAGED	725.00	725.00
2	REAR BOOT HINGES	DAMAGED	196.00	153.00
1	REAR BOOT LOCK	DAMAGED	145.00	145.00
1	REAR BOOT LOGO	NECESSARY	48.00	48.00
1	REAR BOOT RUBBER	NECESSARY	142.00	142.00
1	REAR BOOT "ATTRAGE" EMBLEM	NECESSARY	55.00	42.00
1	REAR BOOT "C&C" EMBLEM	NECESSARY	40.00	40.00
1	REAR BOOT OUTER CHROME GARNISH	NOT NECESSARY	145.00	-
2	REAR TAILLAMPS	DAMAGED	970.00	621.00
2	REAR TAILLAMP PANELS	N/S BUCKLED / O/S TO REPAIR SEE LABOUR	370.00	208.00
1	REAR END PANEL	DAMAGED	558.00	452.00
1	REAR END PANEL INNER GARNISH	DAMAGED	145.00	145.00
1	REAR SMART KEYLESS SENSOR	DAMAGED	195.00	163.00
1	REAR BUMPER	DAMAGED	785.00	785.00
1	REAR BUMPER INNER GARNISH	DAMAGED	70.00	70.00
2	REAR BUMPER REFLECTORS	DAMAGED	130.00	130.00
2	REAR BUMPER SIDE RETAINERS	NECESSARY	97.00	97.00
1	REAR FLOOR PANEL	DAMAGED	955.00	955.00
1	REAR FLOOR BOARD	DAMAGED	203.00	203.00
1	REAR N/S CHASSIS MEMBER	TO REPAIR SEE LABOUR	658.00	-
1	REAR EXHAUST SILENCER	NOT NECESSARY	758.00	-
2	REAR EXHAUST MOUNTINGS	NOT NECESSARY	76.00	-
1	CENTRE EXHAUST PIPE	NOT NECESSARY	1,275.00	-
2	REAR FENDERS	TO REPAIR SEE LABOUR	1,790.00	-
1	REAR N/S FENDER AIR VENT	DAMAGED	48.00	48.00
2	REAR FENDER INNER TRIMS	N/S DAMAGED	382.00	191.00

Report Ref No. CS3/III19011709/Gvd3e2-1



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 20% DISCOUNT		-2,213.20	-1,072.80
			8,852.80	4,290.40
	<u>SPECIAL NETT ITEMS</u>			
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
1	"PRIVATE HIRE" STICKER (SN)	NOT NECESSARY	48.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	50.00	20.00
1	SET REAR REVERSE SENSOR (SN)	DAMAGED	350.00	200.00
1	REAR FLOOR PANEL INSULATOR (SN)	NECESSARY	150.00	150.00
			678.00	370.00
	<u>LABOUR</u>			
	TO REMOVE, REFIT, REPLACED DAMAGED LAMPS AND CHECK UP REAR ELECTRICAL WIRING.		80.00	30.00
	TO REMOVE AND REFIT INNER GARNISHES, INNER TRIM TO ASSIST REPAIR.		150.00	60.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR.		150.00	40.00
	TO TRANSFER BOOT LID MECHANISM AND WIRING ASSEMBLY TO ASSIST REPAIR.		80.00	60.00
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS.	NOT NECESSARY	180.00	-
	TO REMOVE, REFIT AND REPLACE EXHAUST SILENCER AND MOUNTINGS.		180.00	60.00
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		300.00	80.00
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF O/S REAR TAILLAMP PANELS, REAR N/S CHASSIS MEMBER AND REAR FENDERS.		2,500.00	1,200.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		2,400.00	1,200.00
			6,020.00	2,730.00
	GRAND TOTAL		15,550.80	7,390.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			5,900.00



Report Ref No. CS3/III19011709/Gvd3e2-1

A handwritten signature in black ink, appearing to be 'XGQ'.

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

A handwritten signature in black ink, appearing to be 'ALWP'.

ADRIAN LING WAI PING

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

Licensed Appraiser

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