

Merina

CS3/1119013069/F/d3-4

Category: Rent

ASSIGNMENT (Office)

Person/Person: Stanley Ken

III

Time/Time: 10/09/2019

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

GR / TR / W / P / H / S / O / D / B / S / T / V / A / I / N / V / M / Y / I / C / ?

Location of Vehicle: SJP 1351C

Insured: SHC 8455H

or Workshop name: T.W Lim Motor

Tel: 9740 9067

Address: 160 Sin Ming Drive # 08-12

Index No: \_\_\_\_\_ U/Jun No: \_\_\_\_\_

Time In/Out: \_\_\_\_\_ From: \_\_\_\_\_

Date of Vehicle: \_\_\_\_\_ Date: 17/09/2019

CA / REV / REP / REV 5 HRS

H.O. Endorsement: \_\_\_\_\_

Date/Time: 4:00pm @ 29/7/16 Person Contacted: Mr Lim

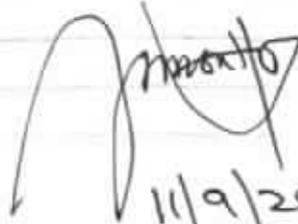
Vehicle IN (OUT) (OUT)

Time/Time Action/Instruction  X

SHC 8455H CS3/A/A/2018/24/4110/92 11/9/12

Remarks: 26/9/2019 @ 11.00am

Submit:  
Lump Sum \$2750 (Red: 2050; 42%)  
Repair days: 4 days

  
11/9/2019

RECEIVED 10 SEP 2019

280-121 = 119  
119+11 = 130

RRM

III

PRS

ASSIGNMENT

25/7/19

25/7/19

TP RES / OD RES / EVA / INV / MV

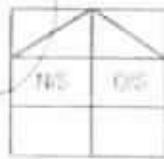
SJP BSIC

T.W Lim Motor

1608n Ming Drive # 08-12

Make of Veh

After 9am



The veh had commenced its repair at the time of inspection

Consistent? Yes or No

Consistent? Yes or No

days Res: Yes or No

Yes or No

24 HRS <sup>1up</sup>

Vehicle: IN / OUT

SJP BSIC MAY 2009

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

Truck / Trailer or

Make MITSUBISHI LANCER 1-6CVT cc 1524

Colour BLUE AC Insured / Std / NI / NA

Tp Reading 115717 Titains Insured / Std / NI / NA

Engine

CNo JM75TC53A9V005398

Gen Cond Good (Fair / Poor / Burnt)

Steering (Inorder / Jammed / Leaked / Burnt) or

Brake (Inorder / Jammed / Leaked / Burnt) or

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

Tyre Size F: 195/60 R15

R: 195/60 R15

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

TOYO / YOKO or Good for

Front Rear

R/Bal 5 mm R/Bal 5 mm

L/Bal 5 mm L/Bal 5 mm

D.O.A 17/7/2019 D.O.I 25/7/2019 0154pm

Survey held at T.W LIM MOTOR

Des of Damages rt / Rear / O/S (N/S) UIC / Rooftop or

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

Date / Time Action / Instruction

Range: \$2000 - \$3000

Repair time: 4 days

Signature  
26/7/2019

MV: \$21000

PV: \$11900

NV: \$12000

Partial Payment  
Full Payment

Days Of Repair:

Re-survey No. of Trip: 1

Survey Fee	120
Inspection	
Travel	
Food	
Accommodation	
Other	
<b>Total</b>	<b>120</b>

Site Insp: \$  
Interview: \$  
Photography: \$

PRS

## Nivitha (LKK Auto)

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**From:** Stanley Lai <stanley.lai@iii.com.sg>  
**Sent:** Friday, 6 September 2019 11:39 AM  
**To:** 'sur@lkkauto.com'; Admin-D (LKKAuto)  
**Cc:** Mekavathanan Sarangapani; Manivel Priyadarshini  
**Subject:** III REF: MCT19070432 | REQUEST PAPER SURVEY TP VEH SJP1351C

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. : SJP1351C

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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MCT | 19070432 / 01 / MP

RESERVES			
TPPD	PRESERVE	(41C) ↑	
TPPI	PRESERVE	Nothing reported.	
UNINSURED LOSS	PRESERVE		
SUBRO	PRESERVE		
LPPN			
INVESTIGATION FEE			
SURVEY FEES		(261) Use P.S.	
LEGAL FEES			
OTHERS			
FRAUD CHECK			
UPLOAD TO MERIMEN			
GRANT RIGHTS			

T.W. LIM ✓

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

TRANSMISSION OK

TX/RX NO 1595  
RECIPIENT ADDRESS 65381860  
DESTINATION ID  
ST. TIME 23/08 10:38  
TIME USE 01'18  
PAGES SENT 2  
RESULT OK

FAXED  
23 AUG 2019  
MOTCLM DEPT.

WKC  
P.C.

# ORACLE LAW CORPORATION

Advocates & Solicitors

BRN2009045722



Our Reference : SB/PO/Acc/2019-9056  
Date : 20th August 2019

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

**\*\* BY HAND ONLY \*\***

**Mr Amir Bin Ali Banama**  
Block 842 Sims Avenue  
#18-770  
Singapore 400842

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

SAC SHC 8455H

MCT/19070432  
Pnyg  
23/8/2019

Dear Sirs

**ACCIDENT INVOLVING SJP 1351C & SHC 8445H ALONG THOMSON WALK ON 17.7.2019**

We act for Mr Goh Yun Ker Lawrence, the owner of vehicle registration no. SJP 1351C 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 8455H, namely Mr Amir Bin Ali Banama, in connection with the above captioned accident.

We are instructed that the accident was caused by Mr Amir Bin Ali Banama's negligent driving and management of your insured's said taxi registration no. SHC 8445H. 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\$ 4,800.00
2. Rental fees (7 days @ S\$110.00 per day)	S\$ 770.00
3. Costs contribution	S\$ 1,200.00
4. Disbursements:-	
a. Survey report fees	S\$427.00

# ORACLE LAW CORPORATION

Advocates & Solicitors

BRN 2009045722



Our Reference : SB/PO/Acc/2019-9056  
Date : 20th August 2019

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

**\*\* BY HAND ONLY \*\***

SAC 8455H

**Mr Amir Bin Ali Banama**  
Block 842 Sims Avenue  
#18-770  
Singapore 400842

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

MCT/19070432  
Pnyg  
23/8/2019

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### PARTICULARS

Description	Amount
1. Cost of repair	S\$ 4,800.00
2. Rental fees (7 days @ S\$110.00 per day)	S\$ 770.00
3. Costs contribution	S\$ 1,200.00
4. Disbursements:-	
a. Survey report fees	S\$427.00
b. GIA report & LTA search fees	S\$ 36.49
c. Xerox, transport & postage charges	S\$120.00
	<u>S\$ 583.49</u>
	<u><b>S\$ 7,353.49</b></u>

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

- Singapore Accident Statements of vehicles registration nos. SJP 1351C & SHC 8445H;
- LTA search result on vehicle registration no. SHC 8445H;
- T.W. Lim Motor Works' Final Repair Bill No. TWLMW 07/19 dated 10th August 2019 for the sum of S\$4,800.00;
- Win Win Rent-A-Car Pte Ltd's Vehicle Rental Agreement No. 34316 and Invoice No. WWIN0002287 dated 31st July 2019 for the sum of S\$770.00;
- CA Appraisal Pte Ltd's invoice No. TP19-0075 dated 10th August 2019 for the sum of S\$427.00; and
- Original copy of CA Appraisal Pte Ltd's Vehicle Appraisal Report No. TP19-078093-TWL dated 10th August 2019 together with original coloured photographs showing damages sustained by our client's said vehicle.

.../2

# 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/2019-9056  
Date : 20<sup>th</sup> August 2019

Page 2

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We have on 24<sup>th</sup> July 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 against your insured 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	23/07/2019 16:06
Date Of Accident	17/07/2019 00:30
Exact Location Of Accident	IN FRONT OF HOUSE NO. 16 THOMSON WALK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1351C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH YUN KER LAWRENCE
NRIC No	S6809788F
Email Address	LAWRENCEGOH@ME.COM
Mobile Phone No	(LOCAL) +65-81886326
Alternative Phone No	OFFICE-NOPHONE
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 CVT SPORTS GLX AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00002944-01
Cover Note Number	12/03/2019 TO 11/03/2020
<b>Driver</b>	
Name of Driver	GOH YUN KER LAWRENCE
NRIC No	S6809788F
Date Of Birth	11/03/1968
Occupation	INDOOR
Date Of Driving Pass	13/08/1990
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81886326
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	LAWRENCEGOH@ME.COM



Address	15 THOMSON WALK
Postcode	574463
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)	0

**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 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	SHC8455H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	AMIR BIN ALI BANAMA
NRIC/Passport Number	S7822079A
Contact Number	90518249
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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)

FWD  
Vehicle: SJP 134 C

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:  
23/7/19  
2:40pm

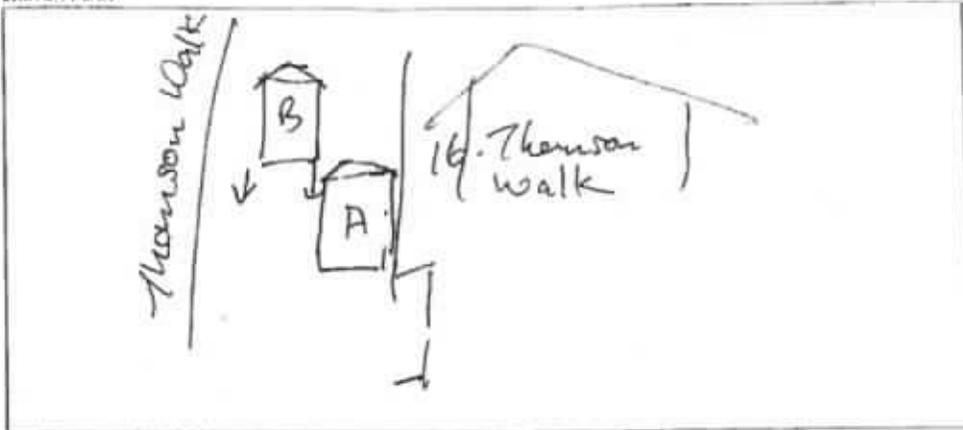
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Meili  
NRIC/PIN No.: 2210712019

Sketch Plan Pg. 2

Date of accident: 17/07/2019 Time: 12:30am Location: 16 Thomson Walk S(574963)  
 My Vehicle A: SJP1351C Vehicle B: SHC 8455H Vehicle C: /

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the early morning on 17<sup>th</sup> July 2019, we heard a noise outside my house at 16 Thomson Walk. What we discovered is that Vehicle B SHC8455H ~~be~~ driven by Amir Bin Ali Bangma (NRIC 57822079A) had hit my stationary vehicle on the left front corner. He reversed into us. We exchange contact details.

Claim OD/TP at Ah Lim Motor  Claim OD/TP at other workshop  Reporting Only

Remarks: Please forward a copy of my file accident report to:  
 My workshop: T. W. Lim Motor Works

Email address: & myself  
 Email address: Lawrence Goh@me.com.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Vehicle: SJP 1351C

*[Handwritten Signature]*

*[Handwritten Signature]*

Policyholder's Signature  
 Date & Time: 23/7/19 3:30 pm  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Person's Signature  
 Name: Neil  
 NRIC/PPN No.: 22/07/2019  
 AH LIM MOTOR WORKS



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
If Your Car breaks down or is involved in an accident.  
All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2018-0002944-01 (Comprehensive - Classic Plan)

Car plate number: SJP1351C

Your name (As the policyholder): Goh Yun Ker Lawrence

Coverage start date: 12/03/2019

Coverage end date: 11/03/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 105)

Issued on: 08/03/2019

*A. Shrivastava*

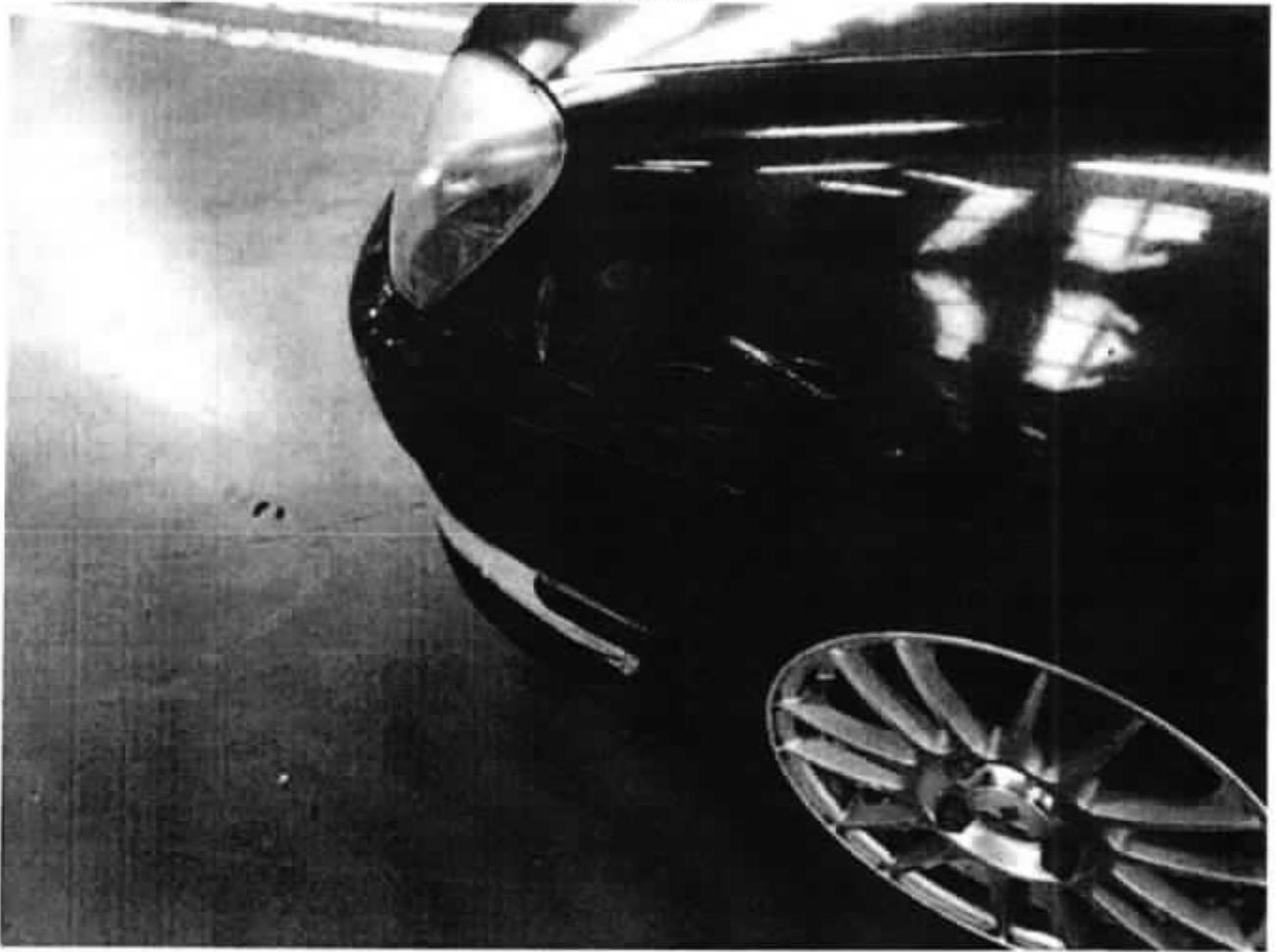
Ashishank Shrivastava  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



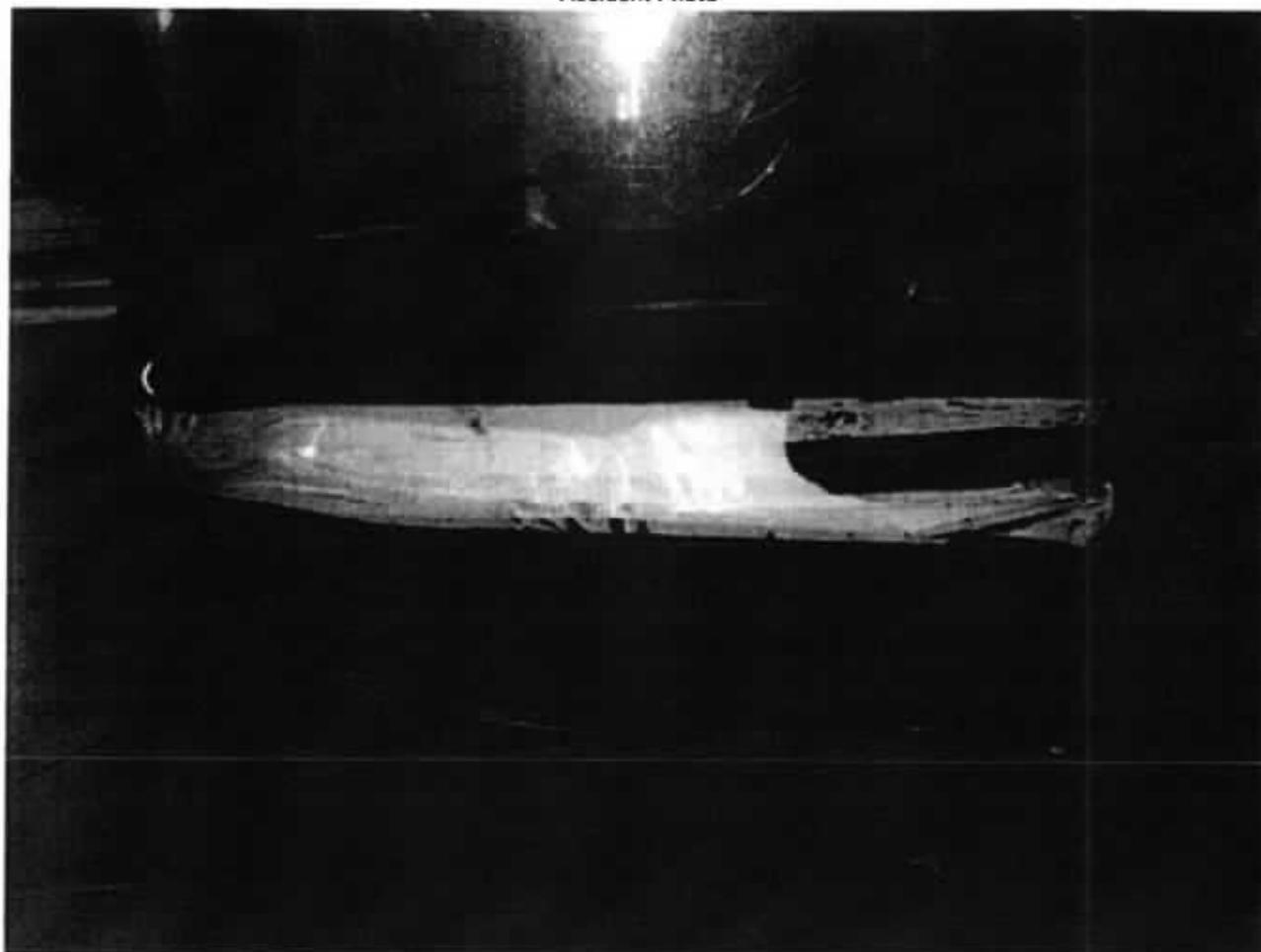
Accident Photo



Accident Photo



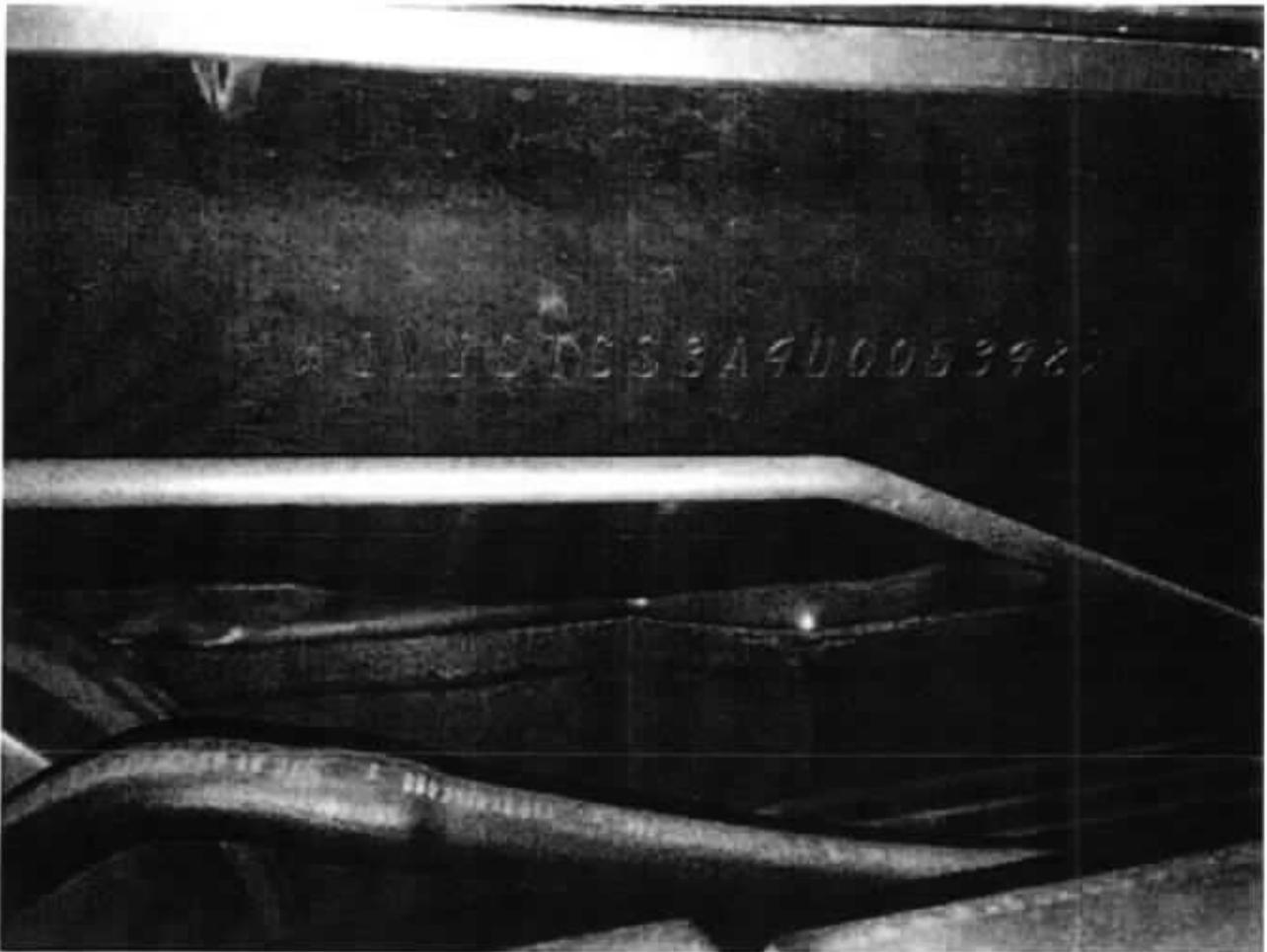
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**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-19-133789

Date of Request: 19/08/2019

Your Ref No: SB/PO/ACC/2019-9056

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

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 17/07/2019

Place of Accident: HSE NO16 THOMSON WALK

Client Vehicle No: SJP1351C

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
SHC8455H	THOMSON WALK	17/07/2019 00:25

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.



**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-19-133789  
Date of Request: 19/08/2019

Your Ref No: SB/PO/ACC/2019-9056

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

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 17/07/2019  
Place of Accident: HSE NO16 THOMSON WALK  
Client Vehicle No: SJP1351C

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**

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-19-133793  
Date of Request: 19/08/2019

Your Ref No: SB/PO/ACC/2019-9056

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

Dear Sir/Madam,

Date of Accident: 17/07/2019  
Vehicle No: SJP1351C  
Place of Accident: IN FRONT OF HOUSE NO. 16 THOMSON WALK  
Involving Vehicle No: SHC8455H

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\$)
SHC8455H	IN FRONT OF HOUSE NO. 16 THOMSON WALK	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



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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	17/07/2019 13:50
Date Of Accident	17/07/2019 00:25
Exact Location Of Accident	THOMSON WALK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8455H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	I40
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	AMIR BIN ALI BANAMA
NRIC No	S7822079A
Address	BLK 842 SIMS AVENUE #18-770

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	2

### Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident : TAXI REVERSING

### 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	SJP1351C
Vehicle Make/Model/Colour	
Name of Driver	PATRICAL
Insurance Company Name	

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.
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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. 199303821R

Policyholder's Signature  
Date & Time:

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

12/7/19  
Jackson Heng  
CSO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FN No.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



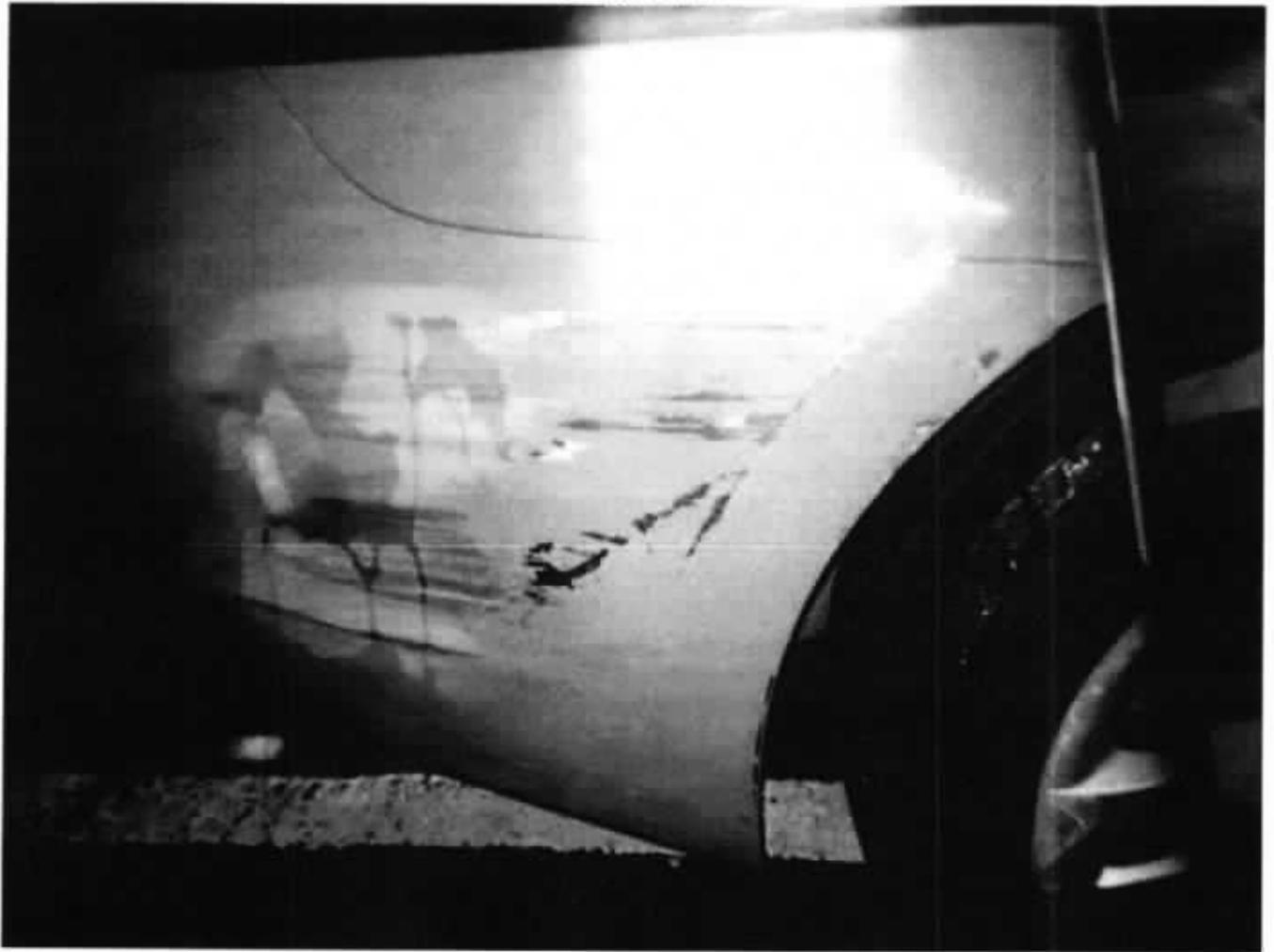
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Enquire Vehicle & Owner Information ( Vehicle No. SHC8455H As At 17 Jul 2019 / 00:30:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: SB/PO/ACC/2019-9056

**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.:363

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

**Current Vehicle Details**

Vehicle No.: SHC8455H

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 24 Jul 2019, 09:30:38.

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	SHC8455H -		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	24 Jul 2019 / 09:32:05

## T.W.LIM MOTOR WORKS

Blk 160 Sin Ming Drive  
#08-12 Singapore 575722  
Registration No. 450898/OOL

Tel: 6453 2230  
Fax: 6457 2371

### FINAL BILL

To: Goh Yun Ker Lawrence  
c/o Blk 160 Sin Ming Drive  
#08-12 Singapore 575722

Date: 10-Aug-19  
Bill No. TWLMW 07/19

### PARTICULAR

### AMOUNT

VEHICLE NO:- SJP1351C  
ACCIDENT DATE: 17-Jul-19

Being supply all necessary parts, labour & spray painting charges  
to repair the entire vehicle at

**\$4,800.00**

As recommended by CA Appraiser Pte Ltd.

SIN DOLLARS: FOUR THOUSAND AND EIGHT HUNDRED ONLY.

T. W. LIM MOTOR WORKS



T.W. LIM  
H/P: 9740 9067





**WIN WIN CAR RENTAL**

**Invoice**

GOH YUN KER LAWRENCE  
16 THOMSON WALK  
S(574463)

Invoice No : WWIN0002287  
Invoice Date : 31/7/2019  
Due Date : 31/7/2019  
VHA No : 34316  
Referral ID : T002

Description :	Amount
Rental for 7 Day/s @ \$110 per Day \$	770.00

Vehicle No : SJU 3023 K  
Vehicle Description : Toyota Vios J 1.5 A  
Rental Period : 25/07/2019 to 31/07/2019

Total Amount Payable : \$ 770.00

# WIN WIN CAR RENTAL

8 Kaki Bukit Ave 4 #06-04 Premier @ Kaki Bukit Singapore 415875  
Tel: 6315 8479 H/P: 9833 0807

VHA No: 34316

## VEHICLE RENTAL AGREEMENT

ROC No: 52987763E

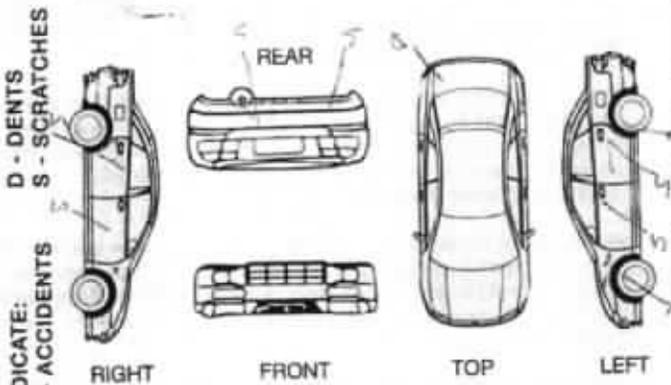
**HIRER'S PARTICULAR**  
Name: (as in I/C) \_\_\_\_\_  
NRIC/PASSPORT No: \_\_\_\_\_  
Address (Res) \_\_\_\_\_  
Name & Address of Employer \_\_\_\_\_

Occupation: \_\_\_\_\_ Driving Exp: \_\_\_\_\_  
Driving Licence No: \_\_\_\_\_ D/L Type: Local / International  
Issue Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Tel: (O) \_\_\_\_\_ (H) \_\_\_\_\_ HP \_\_\_\_\_

**ADDITIONAL DRIVER'S PARTICULARS**  
Name: (as in I/C) \_\_\_\_\_  
NRIC/PASSPORT No: \_\_\_\_\_  
Address (Res): \_\_\_\_\_

Driving License No: \_\_\_\_\_ D/L Type: Local / International  
Issue Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Driving Exp: \_\_\_\_\_

**VEHICLE CHECK LIST**



**ACCESSORIES CHECK**

- Ashtray     Cig Lighter     S/Tyre  
 STD Tools     Jack     Hub Caps  
 Radio/Cass     CD     Cartridges

Vehicle No: \_\_\_\_\_ (Replace Veh No: \_\_\_\_\_)  
Mileage Out: \_\_\_\_\_ Mileage Out: \_\_\_\_\_  
Make & Model: \_\_\_\_\_ Auto / Manual Group: \_\_\_\_\_  
Out : Date: \_\_\_\_\_ Time: \_\_\_\_\_  
HIRE / PERIOD EXPIRY \_\_\_\_\_ Time: \_\_\_\_\_  
NON-WAIVER EXCESS=\$ \_\_\_\_\_

CHARGES		
Daily	@\$ 115	per day
Weekly	@\$	per week
Monthly	@\$	per month
Hours	@\$	per hour
Others	@\$	
CDW	@\$	per day/month
PAI	@\$	per day/month
Delivery/Collection Service		
<b>SUB-TOTAL \$</b>		

**PETROL LEVEL**

Out	E	1/4	1/2	3/4	F
In	E	1/4	1/2	3/4	F

**EXTENSION**

Misc. \_\_\_\_\_

**TOTAL CHARGES \$**

Hirer's Signature \_\_\_\_\_

Additional Driver's Signature \_\_\_\_\_

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN CAR RENTAL in connection with this agreement is true.

**\* IMPORTANT**

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
  - ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
  - THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
  - IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
  - VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN CAR RENTAL.
- RETURN OF VEHICLE. THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN \* SINGAPORE OF HIRER / DRIVER \* FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN CAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS



## INVOICE

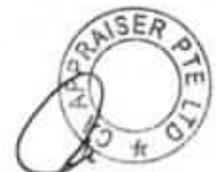
To: Goh Yun Ker Lawrence  
C/o T.W.LIM MOTOR WORKS,  
10 Anson Road #10-06  
International Plaza  
Singapore 079903

Invoice No: TP19-0075  
Your Ref: SJP1351C  
Our Ref: TP19-078093-TWL  
Date: 10-Aug-19

Description	Amount S\$
<b><u>PARTICULARS</u></b>	
Vehicle Registration No. : SJP1351C	
Date of Accident : 17-Jul-19	
Date of Inspection : 25-Jul-19	
<b>SERVICES :</b>	
Assessment with report (inclusive of transport charges and photographs etc)	\$ 427.00
Singapore Dollars Four Hundred And Twenty Seven Only	
<b>Total Amount</b>	<b>\$ 427.00</b>

We would appreciate your cheque crossed and made payable to:  
**CA APPRAISER PTE LTD**

**CA APPRAISER PTE LTD**



## VEHICLE APPRAISAL REPORT

Our Reference: **TP19-078093-TWL**  
 Your Reference: -  
 Vehicle Number: **SJP1351C**

Date: 10-Aug-19

To: Goh Yun Ker Lawrence  
 C/o T.W.LIM MOTOR WORKS,  
 10 Anson Road #10-06  
 International Plaza  
 Singapore 079903

**Assessment of Vehicle No:** SJP1351C  
**Date of Accident:** 17-Jul-19  
**Date of Inspection:** 25-Jul-19

We have carried out a physical assessment of **SJP1351C** at **M/s T.W.LIM Motor Works** according to your instruction on **25-Jul-19** and are pleased to submit our report herewith.

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJP1351C	Make:	MITSUBISHI
Reg date:	2009	Model:	LANCER 1.6 CVT SPORTS GLX
Colour:	Blue	Engine No:	-
Type:	-	Chassis No:	JMYSTCS3A9U005398
Type of Claim:	-	Odometer No:	115717 km
Market Value:	-	Engine Cap.:	1584 cc

### CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

<b>General Condition</b> : Good	<b>Steering</b> : Serviceable	<b>Engine Modification</b> : NA
<b>Paint work</b> : Good	<b>Handbrake</b> : Serviceable	<b>Pre-accident damage</b> : NA
	<b>Footbrake</b> : Serviceable	

### CONDITION OF TYRES

Front Left Size:	Goodyear 195/60 R15 40%	Front Right Size:	Goodyear 195/60 R15 40%
Rear Left Size:	Yokohama 195/60 R15 20%	Rear Right Size:	Yokohama 195/60 R15 20%

*The above percentages represent the remaining life of the tyre treads*

### COST OF REPAIRS

	Repairer's S\$	Adjuster's S\$	Difference S\$
Parts	4,740.50	4,018.30	722.20
Labour	2,440.00	1,960.00	480.00
<b>Calculated Cost (S\$) :</b>	<b>7,180.50</b>	<b>5,978.30</b>	<b>1,202.20</b>

**Recommended Lump Sum Repair:** SS4,800.00

**Estimated Repair Period:** 6 days

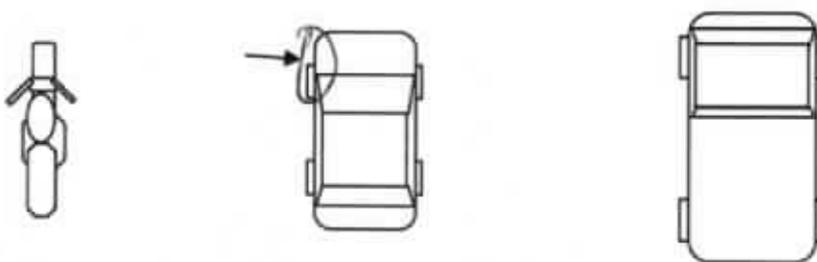
**Repair Status:**

Surveyed on a "Without Prejudice" basis.

Our Reference: TP19-078093-TWL  
Your Reference: -  
Vehicle Number: SJP1351C

### DESCRIPTION OF DAMAGE

At the time of inspection, this vehicle sustained damages to the **Left Side portion**. Please see attached scheduled details.



### SPECIAL REMARKS

We have not authorised repair. Under normal circumstances, estimated **6 working days** are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



---

**Ang Guea Kiang**  
Automotive Appraiser  
MSAAA

#### Disclaimer

Pursuant to your instruction, we have **NOT AUTHORIZED** repair. The assessment was conducted on a "**Without Prejudice**" basis. If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

This report is intended for the exclusive use of the address solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **CA APPRAISER PTE LTD** for any reliance on this report by any third party.

Our Reference : TP19-078093-TWL

Your Reference : -

Vehicle Number : SJP1351C

S/N	QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
<b><u>PARTS (NETT ITEMS)</u></b>					
1	1	FRONT BUMPER FASCIA	CUT/DEFORMED	681.00	681.00
2	1	FRONT BUMPER SIDE RETAINER LH	DISTORTED	34.00	34.00
3	1	FRONT BUMPER SIDE RETAINER RH	NECESSARY	34.00	34.00
4	1SET	FRONT BUMPER CLIP	NECESSARY	50.00	50.00
5	1	FRONT SUPPORT PANEL	REPAIR	558.00	-
6	1	HEADLAMP LH	CUT	528.00	528.00
7	1	FRONT FENDER LH	BUCKLED	415.00	415.00
8	1	FRONT FENDER INNER SHIELD LH	TORN	88.00	88.00
9	1SET	FRT FENDER INNER SHIELD CLIP	NECESSARY	20.00	20.00
10	1	FRONT LH LOWER ARM	BENT	228.00	228.00
11	1	FRONT LH SHOCK ABSORBER	BENT	344.00	344.00
12	1	FRONT LH KNUCKLE ARM	DISTORTED	354.00	354.00
13	1	FRT LH KNUCKLE BEARING	DISTORTED	106.00	106.00
14	1	FRT LH WHEEL BEARING HUB	DISTORTED	305.00	305.00
				<b>3,745.00</b>	<b>3,187.00</b>
<b>Less Discount :</b>				10% <b>374.50</b>	10% <b>318.70</b>
<b>Parts Total :</b>				<b>3,370.50</b>	<b>2,868.30</b>
<b><u>SPECIAL NETT ITEMS</u></b>					
15	1	FRONT BUMPER LOWER SPOILER	CRACKED	600.00	600.00
16	1	FRONT LH SPORTS RIM	CUT/BENT	550.00	550.00
17	1	FRONT LH TYRE	REUSE	220.00	-
<b>Special Nett Total:</b>				<b>1,370.00</b>	<b>1,150.00</b>
<b>Total Parts:</b>				<b>4,740.50</b>	<b>4,018.30</b>

Our Reference : TP19-078093-TWL

Your Reference : -

Vehicle Number : SJP1351C

S/N	DESCRIPTION	REPAIRER'S ESTIMATE(SS)	OUR ASSESSMENT(SS)
<b><u>LABOUR &amp; MISC CHARGES</u></b>			
1	To remove & dismantle damaged parts to cut and chisel out attachment parts. To knock, straighten out dents where necessary to weld, refix, readjust & reshape same.	900.00	<del>1400</del> 700.00
2	To respray painting on all affected parts, to supply paint material i.e. sand paper, rubbing compound, thinner, paint, lacquer etc.	1,000.00	<del>1500</del> 800.00
3	To check wirings and lightings.	60.00	<del>130</del> 50.00
4	To check steering geometry and conduct wheel alignment according to specification.	120.00	<del>160</del> 120.00
5	To remove, install & replace front suspension/under carriage	280.00	<del>500</del> 240.00
6	To supply and apply rust proofing treatment to affected panel.	80.00	<del>130</del> 50.00
<b>Labour Total :</b>		<b>2,440.00</b>	<b><del>1120</del> 1,960.00</b>
<b>TOTAL (PARTS &amp; LABOUR) :</b>		<b>7,180.50</b>	<b>5,978.30</b>

**Adjustment / Recommendations**

**Note : (For Lump Sum Repair)**

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex-stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements).

The final adjusted Lump Sum contract amount is **SS4,800.00**

Under normal circumstances, the repair period would be about **6** working days.

Net item : 21621.30  
 special net : 1700  
 labour : 1120  
 Total : 23441.30  
 20% 1/3 : 22750.00  
 repair days : 4 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.
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### ACCIDENT STATEMENT

Date Of Report	17/07/2019 13:50
Date Of Accident	17/07/2019 00:25
Exact Location Of Accident	THOMSON WALK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8455H
<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

### 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	REPORTING ONLY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	AMIR BIN ALI BANAMA
NRIC No	S7822079A
Date Of Birth	31/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1996
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90518249
Fax Number	
Contact Number	

Address	BLK 842 SIMS AVENUE #18-770
Postcode	400842
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

PLS REFER TO ATTACHED / Type Of Accident : TAXI REVERSING

#### 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	SJP1351C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PATRICAL
NRIC/Passport Number	
Contact Number	81393949
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

**IMPORTANT NOTICE**

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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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

12/7/19  
Jackson Heng  
CSO

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



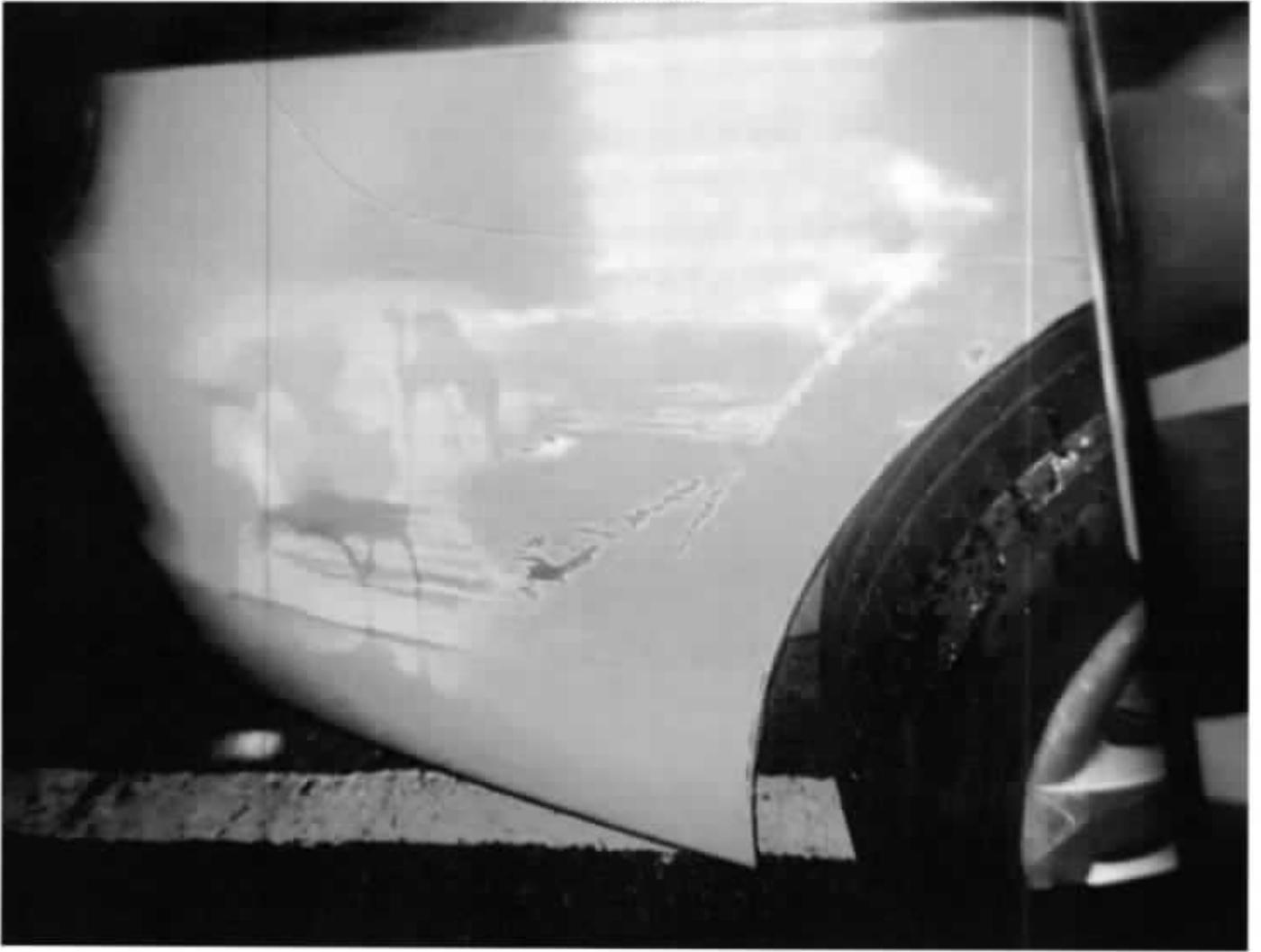
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Accident Photo





## 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/III19013069/Ftd3e2-1		
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 16-09-2019		
		Code : III2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 8455H	Veh. Inspected	SJP 1351C	
Policy No.	MCOM0015	Coverage (\$)	0.00	
Claim No.	MCT19070432	Excess (\$)	0.00	
Assign From	STANLEY LAI	Assign Date	06/09/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	mitsubishi LANCER 1.6 CVT	c.c	1584	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JMYSTCS3A9U005398	Colour	BLUE	
Odometer	115717	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/60 R15	GOODYEAR	5 mm	
L/H Front Tyre	195/60 R15	GOODYEAR	5 mm	
R/H Rear Tyre	195/60 R15	GOODYEAR	5 mm	
L/H Rear Tyre	195/60 R15	GOODYEAR	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	17/07/2019	Inspection Date	25/07/2019	
Survey held at	160 SIN MING DRIVE# 08-12			
Repairer	T.W.LIM MOTOR WORKS			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>4 Working Days</b>		



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJP 1351C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER FASCIA	CUT	681.00	681.00
1	FRONT BUMPER SIDE RETAINER LH	DISTORTED	34.00	34.00
1	FRONT BUMPER SIDE RETAINER RH	NECESSARY	34.00	34.00
1	SET FRONT BUMPER CLIP	NECESSARY	50.00	30.00
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	558.00	-
1	HEADLAMP LH	SCRATCHED	528.00	420.00
1	FRONT FENDER LH	BUCKLED	415.00	415.00
1	FRONT FENDER INNER SHIELD LH	TORN	88.00	88.00
1	SET FRT FENDER INNER SHIELD CLIP	NECESSARY	20.00	20.00
1	FRONT LH LOWER ARM	NOT NECESSARY	228.00	-
1	FRONT LH SHOCK ABSORBER	NOT NECESSARY	344.00	-
1	FRONT LH KNUCKLE ARM	NOT NECESSARY	354.00	-
1	FRT LH KNUCKLE BEARING	DISTORTED	106.00	80.00
1	FRT LH WHEEL BEARING HUB	NOT NECESSARY	305.00	-
	LESS 10% DISCOUNT		-374.50	-180.20
			3,370.50	1,621.80
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT BUMPER LOWER SPOILER (SN)	BROKEN	600.00	400.00
1	FRONT LH SPORTS RIM (SN)	CUT	550.00	300.00
1	FRONT LH TYRE (SN)	REUSE	220.00	-
			1,370.00	700.00
<b><u>LABOUR</u></b>				
	TO REMOVE & DISMANTLE DAMAGED PARTS TO CUT AND CHISEL OUT ATTACHEMENT PARTS. TO KNOCK, STRAIGHTEN OUT DENTS WHERE NECESSARY TO WELD, REFIX, READJUST & RESHAPE SAME. INCLUSIVE OF THE REPAIR OF FRONT SUPPORT PANEL.		900.00	400.00
	TO RESPRAY PAINTING ON ALL AFFECTED PARTS, TO SUPPLY PAINT MATERIAL I.E. SAND PAPER, RUBBING COMPOUND, THINNER, PAINT, LACQUER ETC.		1,000.00	500.00
	TO CHECK WIRINGS AND LIGHTINGS.		60.00	30.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK STEERING GEOMETRY AND CONDUCT WHEEL ALIGNMENT ACCORDING TO SPECIFICATION.		120.00	60.00
	TO REMOVE, INSTALL & REPLACE FRONT SUSPENSION / UNDER CARRIAGE.		280.00	100.00
	TO SUPPLY AND APPLY RUST PROOFING TREATMENT TO AFFECTED PANEL.		80.00	30.00
			2,440.00	1,120.00
	<b>GRAND TOTAL</b>		<b>7,180.50</b>	<b>3,441.80</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>2,750.00</b>

Report Ref No. CS3/III19013069/Ftd3e2-1

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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