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Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Friday, 6 September 2019 4:35 PM

To: sur@lkkauto.com; Admin-D (LKKAuto)

Cc: Mekavathanan Sarangapani; Sundari Nagarajan - III

Subject: III REF: MCT19070783 | REQUEST PAPER SURVEY TP VEH SLW9851M

Dear Sir/Mdm,

Please verify consistency of damages & adjust accordingly the cost of repairs stated (S\$12K). LOD uploaded and rights granted to you in Merimen.

TP Veh No.: SLW9851M



Thank you.

Warmest regards,

Stanley Lai

Motor Claims Department India International Insurance Pte Ltd

64 Cecil Street #04-02 IOB Building Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

S&P 'A-' rated Company



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

MC7 19070783 01 51V RESERVES PRESERVE TPPD ho his aported PRESERVE TPP UNINSURED LOSS PRESERVE PRESERVE SUBRO LPPN INVESTIGATION FEE Myc-P.S. SURVEY FEES LEGAL FEES OTHERS FRAUD CHECK UPLOAD TO MERIMEN **GRANT RIGHTS**

************* TX REPORT ***************

TRANSMISSION OK

TX/RX NO RECIPIENT ADDRESS

DESTINATION ID ST. TIME TIME USE PAGES SENT RESULT

1614 65383708

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SHANEN SID NANDO SIVA DAS EREMY CHEW YIEN MING

Your Ref : SH 9123C

Our Ref :

GS/19/4450/LT/jp/ym

Date

23 August 2019

India International Insurance Pte Ltd

64 Cecil Street #05 IOB Building Singapore 049711

Dear Sirs,

TAN HUI LING, VALERIE

C/o 10 Hoe Chiang Road #13-03A Keppel Towers Singapore 089315 ACCIDENT INVOLVING SJW 6836B, SLW 9851M AND SH 9123C CROSS JUNCTION BETWEEN WOODLANDS AVENUE 6 & 5 ON 30 JULY 2019

VVISSBORNI V

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 30 July 2019 at cross junction between Woodlands Avenue 6 & 5, involving a motor vehicle bearing registration number SJW 6836B, our client's motor vehicle bearing registration number SLW 9851M and the motor vehicle bearing registration number SH 9123C, which was insured by you at the material time.

We are instructed that the accident was caused by the negligent driving and/or management of the authorised driver of SH 9123C. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:



Colobrating 27 Years



MAIN OFFICE:

10 Hoe Chiang Road, #13-03A Keppel Towers, Singapore 089315 Tel: 6538 3611

Fax: 6538 3708

Website: www.kscap.com (Fax/Email not for service of court documents) Augistered in Singapore with Irrated liability as a Limited Liability Portnership

DID:

3152 0985

Email:

jiapei@ksegp.com

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Mam Date India hal SURSING P ! #CEEP SINGH SEKHON

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1.2AL MOHAMED ASHRAF

H.E JIAPEI

M YUN HENG

---ANEN SIO NANDO SIVA DAS

EREMY CHEW YIEN MING

Your Ref : SH 9123C

Our Ref : GS/19/4450/LT/jp/ym

Date : 23 August 2019

India International Insurance Pte Ltd

64 Cecil Street #05 IOB Building

Singapore 049711

Dear Sirs,

TAN HUI LING, VALERIE

C/o 10 Hoe Chiang Road #13-03A Keppel Towers Singapore 089315

Colobrating 27 Years of

ACCIDENT INVOLVING SJW 6836B, SLW 9851M AND SH 9123C CROSS JUNCTION BETWEEN WOODLANDS AVENUE 6 & 5 ON 30 JULY 2019

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2 3 AUG 2019

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(1) Cost of repairs

(2) Loss of Rental

(3) Survey fee

(4) LTA

(5) GIA search

(6) Incidentals

(7) Costs

(8) GST on items (6) & (7)

- /	S	11,970.00
-/	\$	2,240.00
-(\$	657.00
-/	\$	10.00
-	\$	29.00
	S	100.00
	S	900.00
		70.00

\$ 70.00 \$ 15,976.00

MAIN OFFICE:

Singapore 089315

Website: www.kscop.com

as a Limited Liability Partnership Registration Number T10LL 1855:

3152 0985

BY HANI

Keppel Towers,

Tel: 6538 3611

Fax: 6538 3708

DID:

10 Hoe Chiang Road, #13-03A

(Fax/Email not for service of court documents)

Registered in Singapore with limited liability

jiapei@kscgp.com

CM: PRIVATE PROPERTY CONVEYANCING Hong 6 Toe Payon Biz 3 Lobby 2 I HDB Hub Jore 319490 591 7696 Fex: 6258 1825

BRANCH: HDB CONVEYANCING 490 Lorong 6 Toa Payoh Biz 3 Lobby 2 809-18 HDB HD9 Singapore 310480 Tel: E581 7695 Fax: 5258 1409 BRANCH: SHIPPING, ADMIRALTY & COMMERCIAL 92 Arab Street #03-01 & #03-02 Singapore 199788 Tel: 6634 1346 Fax: 6634 1358

BRANCH: CORPORATE & LITIGATION 61 Robinson Road #15-02 Robinson Centre Singapore 068893 Tel: 5817 8795 Fax: 6224 1612 GURDEEP SINGH SEKHON CHIA KOK SENG REY FOO JONG HAN GOH LAM CHUAN NAVINDER SINGH P PADMAN "NEH SOON HAN

* AZAL MOHAMED ASHRAF HUE JIAPEI

TAN XIN ER LIM YUN HENG SHANEN SIO NANDO SIVA DAS JEREMY CHEW YIEN MING

Your Ref: SH 9123C

Our Ref : GS/19/4450/LT/jp/ym

Date : 23 August 2019

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C/o 10 Hoe Chiang Road #13-03A Keppel Towers Singapore 089315

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(2)	Loss of Rental
(3)	Survey fee
(4)	LTA
(5)	GIA search
(6)	Incidentals
(7)	Costs
(8)	GST on items (6) & (7)

	\$	15.976.00	
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-	\$	100.00	
	\$	29.00	
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MAIN OFFICE:

Singapore 089315

Website: www.kscgp.com

3152 0985

Keppel Towers,

Tel: 6538 3611

Fax: 6538 3708

DID:

Email:

10 Hoe Chiang Road, #13-03A

(Fax/Email not for service of court documents)

Registered in Singapore with limitest liability as a Limited Liability Partnership Registration Number T10LL1855L

jiapei@kscgp.com

RANCH: PRIVATE PROPERTY CONVEYANCING ID Lorong 6 Toe Pleyon Biz 3 Lobby 2 19-18 HDB Hub ngapore 310490 d: 6591 7696 Fex: 6256 1825

BRANCH: HDB CONVEYANCING 490 Lorong 6 Toa Payoh Biz 3 Lobby 2 MOB-16 HDB Hub Singapore 310490 Tel: 6591 7696 Fax: 6256 1409 BRANCH: SHIPPING.ADMIRALTY & COMMERCIAL 92 Arab Street #03-01 & #03-02 Singapore 199788 Tel: 6634 1346 Fair: 6634 1356 BRANCH: CORPORATE & LITIGATION 61 Robinson Road #15-02 Robinson Centre Singapore 068893 Tel: 5817 8795 Fax: 6224 1612 A copy each of the supporting documents are enclosed.

S/NO.	AVAILABLE DOCS	PARTICULARS
	Client's Documents	
1.	30.07.2019	GIA Statement / Traffic Police report
2.		Witness(es) Statement
3.		Accident site photographs
4.		Video footage / CCTV / CD recording
5.	13.08.2019	Repair-bill / invoice / Excess Tax invoice
6.	21.08.2019	Rental bill / invoice and agreement / receipts
7.		Vehicle Entry Permit receipt / E-day license for off-peak vehicle
8.		Towing fees / receipt (Singapore / Malaysia)
9.		Client sold off vehicle and produce letter from LTA
10.		Spare Part Ordering Form
11.		Levy at Custom / receipts
12.	08.08.2019	Survey invoice and surveyor's report
13.	08.08.2019	92 Original / Copies of damage photographs
14.		Enquire PARF / COE Rebate for Registered Vehicle
15.		Enquire Transfer fee
16.		Certificate of Insurance / Motor Cover Note / New Policy Schedule / Registration Card / Grant / Road Tax
17.	01.08.2019	Pre-repair Inspection Notices
18.		Traffic Police investigation results
19.		Estimated agreement between surveyor and repairer
20.	08.08.2019	Tax invoices and search results from General Insurance Association of Singapore (GIA) and Traffic Police search fees
	Third Party's Document	ts
21.	30.07.2019	GIA Statement / Traffic Police report
22.		Admission Note
23.	01.08.2019	LTA search / receipt / tax invoice
24.		Malaysia Vehicles Searches / service
25.		RCB / ACRA search
26.		Enhanced Individual search / receipt
	Others (Apply only in ch	nain collisions and/or any other documents)
27.	30.07.2019	GIA Statement of SJW 6836B

We have, on 1 August 2019, notified you of the accident and a pre-repair inspection of our client's motor vehicle was carried out by the appointed surveyors.

Subject to our client's instructions, please confirm in writing within 7 days hereof if you or your insured wish to inspect our client's vehicle or conduct a second re-inspection.

Please note that you or your insured should send to us an acknowledgement of receipt of this letter within 14 days of your 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. In this event, you will be liable for any and all legal costs incurred.

Please also note that if your insured has a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter, which we will then forward to our client and/or the insurers for consideration on a without prejudice basis.

For avoidance of doubt, kindly note that this claim is made without prejudice to our client's personal injury claim.

Yours faithfully,

(Main Office)

Enc.

Cc client

Cc owner - Comfort Transportation Pte Ltd

Cc driver - Ng Kim Choo

MYT3190ligil56 / Yew Tee Ausmobile Tech the Lid - Woodlands ENTRY DATE & TIME: 30/07/2016 18:56 SUBMITTED BY: Toh Tee Chang

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 willul misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The leaus and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any talse 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.
- 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. ploresald.

	ACCIDENT STATEMENT	7
Date Of Report	30/07/2019 18:56	
Date Of Accident	30/07/2019 07:15	
Exact Location Of Accident	CROSS JUNCTION BETWEEN WOODLANDS AVE 6 &	5
Country/State of Loss	SINGAPORE	
	DETAILS OF GUALLETING 5	771

	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW9851M
Insured/Policyholder	
Name Of Registered Owner	TAN HUI LING VALERIE
NRIC No	S8222231F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96405349
Alternative Phone No	OFFICE-96405349

Vehicle Particulars

Manufacturer MAZDA

Model 3-1.5 SEDAN EU6 (A)

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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 5107013333

Cover Note Number

Driver

Name of Driver TAN HUI LING VALERIE

NRIC No S8222231F Date Of Birth 08/07/1982 Occupation INDOOR

Date Of Driving Pass 08/01/2019

Driving Experience 0 YEAR AND 6 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-96405349

Fax Number

Contact Number OFFICE-96405349

EMail Addmon AIDERRAIL Address

15 WOODLANDS AVENUE 6 #02-12 TWIN FOUNTAINS

Postcode

OWNER

CLEAR DRY

NO

3

NO

YES

NO

NO

NO

1

CHAIN COLLISION

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

YES

YES

VIDEO WITH OWNER

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SH9123C

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

TAX

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SJW68369

PRIVATE CAR

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Pierce report <u>currectly</u> 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 willul misropresentation or withholding of material
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation
- 6. The report will be forwarded by the insurers of the GtA Accords Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be reach available upon application by
- 7. By the indement of this report to the Insurers, you becoby consent to the archiving of this report at the centre and to copies of
- 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 use or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Interer(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 "losurers" I, the insurers lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (f) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (iii) investigating the accident and/or my claims,
 - (i/O carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (by) autoministering my chains (including the mailing of correspondence, statuments, invoices, reputs 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 vatil my claims (collectively the
- (b) all insurer(s) who have moured vehicle(s) availagd in the 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 she above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to they third party service providers or agents (including their lawyers/law firms), which may be sted 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 feaud desection,
- (e) the information so collected under (d) above may be shared / disclosed
 - fill to all insurers and/or any other third parties that assist is 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 Synature

(if direct areas the collepholder) Date & Street

Enporting Control Personnel's SALIvetary

NARCHIN No. -

Sketch Plan #2 Seagate AVES Woodlands SKETCH PLAN A: 5LW 985(M. B: 549123 L' 5546836B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Pate: 30 July 2019, Time: 0715hs, Lacertion: Cross Junction traffic Light along woodlands Are 6 &5. above mentioned from green light denuge but the taxi drive have no intention to stop of check. CLARATION Ve declare the fores particy are an other Lai Driver's Signature # & Time: (ferriver to runt the policyholder) Reporting Centre Personnel's Signature Late & Time Name: NRIC/FIN No.













Invoice

Invoice No.:

Salesperson:



LEGACY TECNICA MOTORSPORTS

UEN (53360701M)
39, Woodlands Close #01-08 MEGA@WOODLANDS
Singapore 737856
+65 8858 8851 | +65 6256 1519
Email: inquiry@legacytecnica.com

BIII To: TAN HUI LONG VALERIE SLW9851M

Oty Item Description

1 ACCIDENT LUMP SUM REPAIR

Unit Price

\$11,970.00

Barance 317,9(0.0)

Thank you for your business.

Payment Mode:

Cheque: Please write to "LEGACY TECNICA MOTORSPORTS"

PAYNOW: 88588851 (ERIC WONG) Bank Transfer: DBS Bank 003-947126-2

Note MICA/MACTER/AMEY: Available at Counter

JIN & WEI ENTERPRISES

210 TURF CLUB ROAD LOT C3 CARMART@ GRANDSTAND 5287995 TFLEPHONE: 64661009 FAX: 64660109

BUSINESS REG NO. 2015336542

Bill to:

Invoice: 03588 Date: 21/08/2019

1FGACY TECNICA MOTORSPORTS 39, WOODLANDS CLOSE #01-08 MEGA@WOODLANDS 5737856

Description

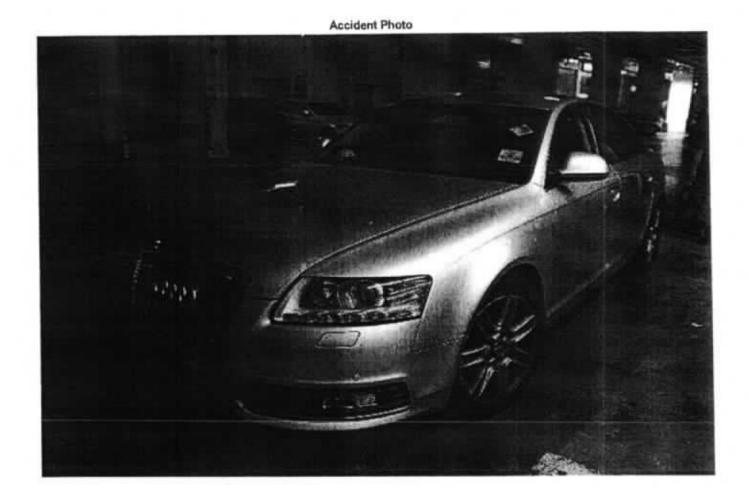
Vehicle Rental For Period of 31/07/2018-16/08/2019. Billing For 16 Days \$140.00/ Day (Vehicle No. SMG1649G) Amount

\$2,240

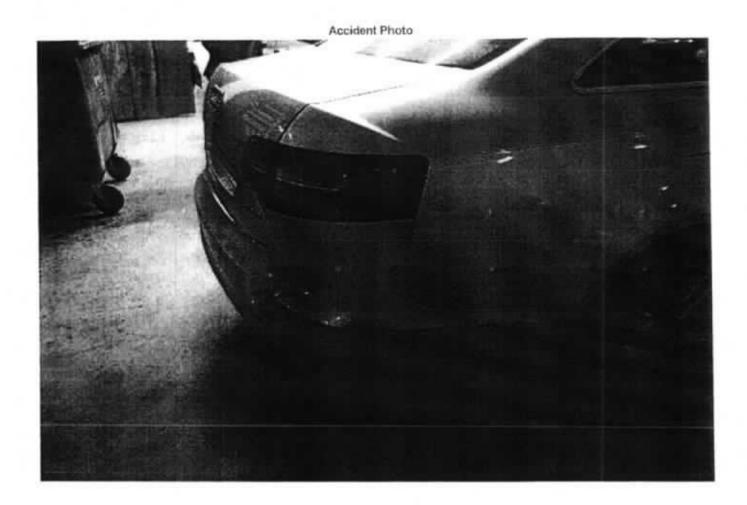
Picase Make Payment To : JIN & WEI ENTERPRISES Maybank Singapore Limited: 04061075105 Total \$2,240

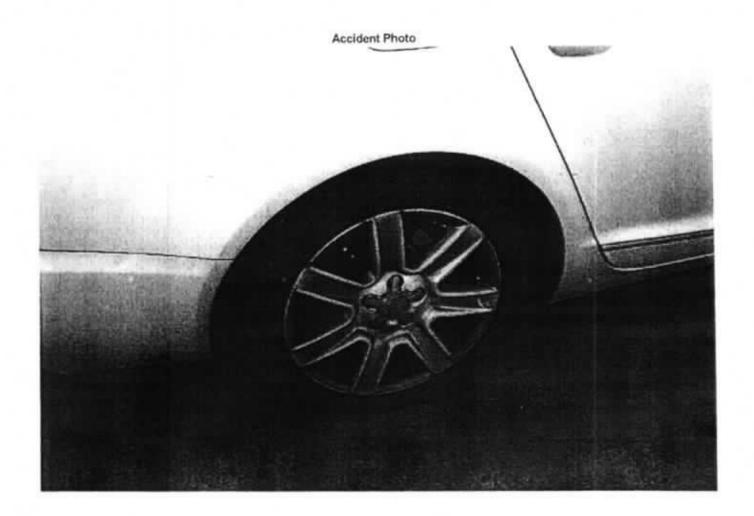




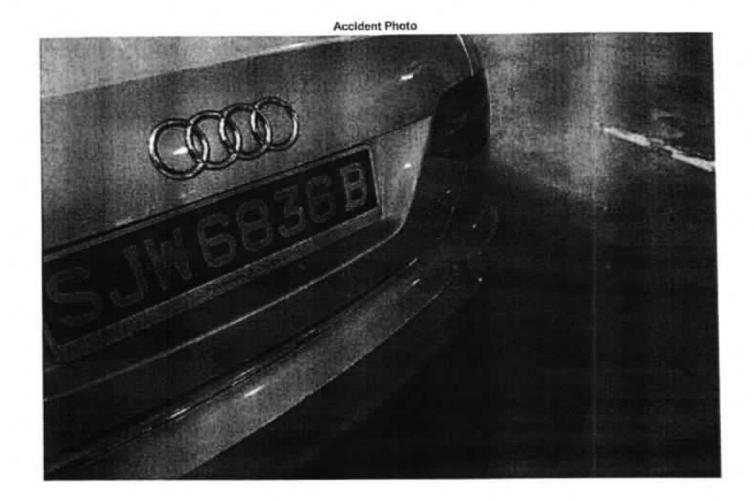














MCD619099843 / ComfortDelGro Engineering Phe Ltd - Loyang ENTRY DATE & TIME: 30/07/2019 16:25 SUBMITTED BY: Janet Lim Slang Gek

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

Occupation

Gender

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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.
- Any faise reporting may be referred to the Police for investigation.
 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.

By the lodgement of this report to the insurers, you hereby con aforesaid.	seent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/07/2019 16:25
Date Of Accident	30/07/2019 07:30
Exact Location Of Accident	WOODLANDS AVE 5 >> SLE
Country/State of Loss	SINGAPORE
A STATE OF THE STATE OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH9123C
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	тоуота
Model	PRIUS HYBRID 4G
Exact Purpose for which vehicle was being used a time of accident	t .
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	NG KIM CHOO
NRIC No	S1207166C

14/11/1955

OUTDOOR

21/08/1978

MALE

40 YEARS AND 11 MONTHS

(LOCAL) +65-96561349

BLK 351 HOUGANG AVENUE 7 Address

#08-749

Postcode 530351

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: 100

GENDER:

YES

NO

2

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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

Vehicle Make/Model/Colour

SLW9851M

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Nature Of Damage

FRONT RH AND FRONT LH

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR RH

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NG KIM CHOO

Approximate Age

Injuries Sustain

HAND, NECK ND SHOULDER

Injured person in which vehicle?

SH9123C

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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 .
 - 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:
 - 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)

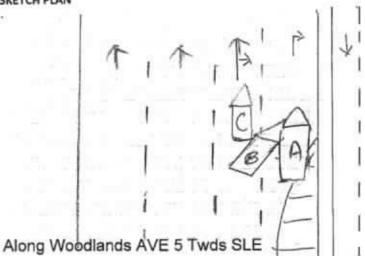
Date & Time: 30.07.2019 @ 1400hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: June

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.07.2019 @ 0730hrs I was travelling along Woodlands AVE 5 Twds SLE with one female passenger onboard.

As I was travelling straight suddenly veh(B) SLW 9851M cut into my lane and hit onto my vehicle front left portion.

psylovne

There was another vehicle invovied however, I did not took down the carplate number as well as the driver's details.

I have company video and photos at scene to support my claims

After the accident I felt pain on my hand, neck and shoulder. Will consult a doctor later.

Veh(B) SLW 9851M Ms Tan Hui Ling Valerie

DECLARATION

CCIMPOREPRENTES POREPINE DESTRY INFORMATION THE IN EVERY respect

CO. REG. NO. 199303821R

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30.07.2019 @ 1400hrs

Reporting Centre Personnel's Signature

NRIC/FIN No.: June





















Your Ref : SH 9123C

Our Ref : SLW 9851M/LT/jp/ps

Date : 1 August 2019

India International Insurance Pte Ltd

Fax : 6538 3708

Tei : 3152 0984

Email: accident@kscgp.com

By Email Only

DATE OF ACCIDENT: 30 JULY 2019 NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of SLW 9851M to notify you of a road traffic accident on 30 July 2019 at about 7.15 am at the cross junction between woodlands Avenue 6 & 5, involving our client's vehicle registration number SLW 9851M, and vehicle registration number SH 9123C which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

PS

Enc.

Your Ref : SH 9123C

Dir Ref : SLW 9851M

Date : 1 August 2019

Fax 6538 3708 Tel 3152 0984

Email accident@kscgp.com

India International Insurance Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 30 JULY 2019 NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor		
1	Richard Wong of RW Automotive Appraisers Services		

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address

Legacy Tecnica Motorsports
 Woodlands Close

39 Woodiands Close

#01-08, MEGA @ Woodlands

Singapore 737856

Contact Person/Tel

: Mr Eric Wong / 8858 8851

Yours faithfully,

PS

Your Ref : SH 9123C
Our Ref : SLW 9851M
Date : 1 August 2019

Acknowledgement

Thi	s is to confirm that I		9.0 99.07 197 199.05
_	[S	urveyor's Company	have completed as follows:
(a)	Pre- Repair Survey/Inspection on	[Date] at	[Time].
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:	
(b)	Pre- Repair Survey/Inspection (during dismar	ntling) on	[Date] at[Time].
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:	
(c)	Re-inspection of new replacement part (part	by part) on[D	oate] at[Time].
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:	
(d)	Post - Repair Survey/Inspection on	[Date] at	[Time].
	Name and signature of Appointed Surveyor Company Stamp	Witnessed by: Date:	2



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

rur Ref No:

GR-19-128666

ate of Request:

08/08/2019

Your Ref No:

GS/19/4450/LT/JP/PS

SCGP JURIS LLP) Hoe Chiang Road #13-03A

appel Tower ingapore 089315

ear Sir/Madam,

rate of Accident:

30/07/2019

chicle No:

SLW9851M

e of Accident:

CROSS JUNCTION BETWEEN WOODLANDS AVE 6 & 5

wolving Vehicle No:

SJW6636B

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

OCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
JW6836B	CROSS JUNCTION BETWEEN WOODLANDS AVE 6 & 5	14.00	1	13.0
3ST Amount				2.0
otal Amount Due (GST Inclusive)				14.0

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

hank You.

his is a computer generated document and requires no signature,

or GIARMC Official use:

X] 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 GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-19-128667

Date of Request:

08/08/2019

Your Ref No:

GS/19/4450/LT/JP/PS

KSCGP JURIS LLP

10 Hoe Chiang Road #13-03A

Keppel Tower Singapore 089315

Dear Sir/Magam,

Date of Accident:

30/07/2019

Vehicle No:

SLW9851M

a of Accident:

CROSS JUNCTION BETWEEN WOODLANDS AVE 8 & 5

Involving Vehicle No:

SH9123C

With reference to your application for the accident report, we have attached the following accident reports as requested: DOCUMENTS ACCIDENT LOCATION PER DOC (S\$) AMOUNT (S\$) SH9123C CROSS JUNCTION BETWEEN WOODLANDS AVE 6 & 5 14.00 13.0

GST Amount 0.5 Total Amount Due (GST Inclusive) 14.0

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 los or damage arising out of or in connection with the reports or their images.

Thank You.

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For GIARMC Official use:

[X] 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

GST Registration No: M400017735

TAX INVOICE

Jur Ref No:

GR-19-128588

Jate of Request:

08/08/2019

Your Ref No:

GS/19/4450/LT/JP/PS

SCGP JURIS LLP 0 Hoe Chiang Road #18 03A eppel Tower

eppel Tower Ingapore 089315

Jear Sir/Madam,

'our Search Criteria:

) of Accident

30/07/2019

1 a of Accident

X-JUCN BTW WOODLANDS AVE 6 & 5

Dient Vehicle No:

SLW9851M

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.0
3ST Amount	0,6
Total Amount Due (GST, Indusive)	15.0

hank You.

his is a computer generated document and requires no signature.

or GIARMC Official use.

Sala

X] 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 GST Registration No: M400017735

SEARCH RESULTS

· Our Ref No:

GR-19-128588

Date of Request:

08/08/2019

Your Ref No:

GS/19/4450/LT/JP/PS

KSCGP JURIS LLP 10 Hoe Chiang Road #13,03A Keppel Tower Singapore 089315

Dear Sir/Madam.

Your Search Criteria:

Date of Accident:

30/07/2019

se of Accident:

X-JUCN BTW WOOD! ANDS AVE 6 & 5

Client Vehicle No:

SLW9851M

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
SH9123C	WOODLANDS AVE 5 >> SLE	30/07/2019 07:30
SJW6836B	CROSS JUNCTION BETWEEN WOODLANDS AVE 6 & 5	30/07/2019 07:15

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapi 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 connect with the reports or their images.

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This is a computer generated document and requires no signature.

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3, Information provided must be as truthful and accurate as possible. Any willul intregressmission or willinging of material lacts may allow inquante companies to repodule policy liability.
- 4. The samp and acceptance of this Form by essential companies to not us administer of policy habitay on the part of the immunities companies.
- 5 Any false reporting may be referred to the Police for investigation.
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	ACCIDENT STATEMENT		
Date Of Report	30/07/2019 16:25		
Date Of Accident	30/07/2019 07:30		
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Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SH9123C		
Insured/Policyholder			
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	PRIUS HYBRID 4G		
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	NG KIM CHOO		
NRIC No S1207166C			
Address	BLK 351 HOUGANG AVENUE 7 #08-749		
General Information of the Accident			
Type Of Accident	CHAIN COLLISION		

Weather Conditions CLEAR

Other Information

Was any foreign vehicle involved in this accident? Was any body injured in the Accident? YES YES Was any other material or property damaged? Number of Passengers (Including Driver) 2

Circumstances of Accident

REFER ATTACHED

Remarks/ Reasons:

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLW9851M

Vehicle Make/Model/Colour

Name of Driver

Name of Driver

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

UNKNOWN

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

NG KIM CHOO

Injured person in which vehicle?

SH9123C

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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 interested parties.
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 - 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 ciains;
 - (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, invalces, reports or notices to me, which could involve disclosure of costain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail oxickages); 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' lowyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Europeas; 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 bistory for the purpose of fraud netection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / distlosed:
 - to all incurers 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: 30.07.2019 @ 1400hrs

Reporting Centre Personnel's Signature

Hame:

NINCZNIK No: June

		. 1	ال ام ا
	1	1 3	,
	t	1 Tcl	A
	1	1/8	7 AK
	í	1	17-11
Along Wood	Í lands ÁVE	5 Twds SLE	

A- SH 9123C B- SLW 9851M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30,07,2019 @ 0730hrs I was travelling along Woodlands AVE 5 Twds SLE with one female passenger onboard.

As I was travelling straight suddenly veh(B) SLW 9851M cut into my lane and hit onto my vehicle front left portion.

parloved

There was another vehicle invovied however, I did not took down the carplate number as well as the driver's details,

I have company video and photos at scene to support my claims.

After the accident I felt pain on my hand, neck and shoulder. Will consult a doctor later.

Veh(B) SLW 9851M Ms Tan Hui Ling Valerie

DECLARATION

CCIMPOPPFIPERARSPOREPINE BATEVETE True in every respect.

CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

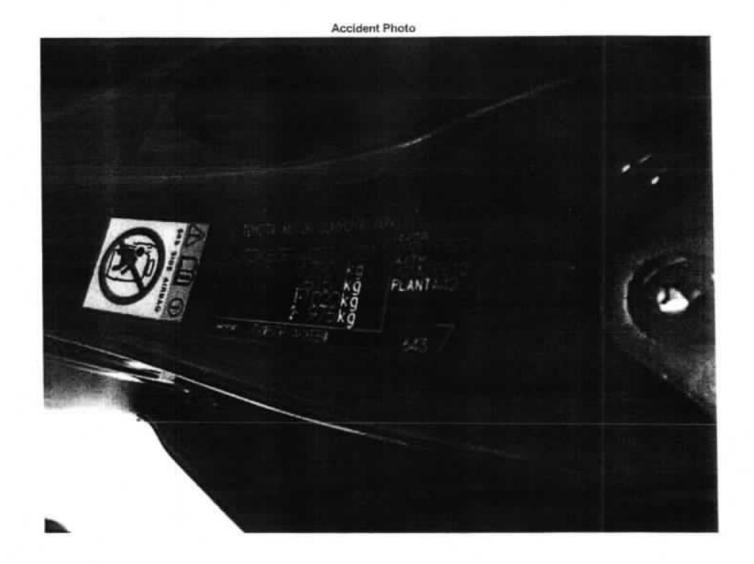
Oriver's Signature (If driver is not the policyholder) Date & Time: 30.07.2019 @ 1400hrs 1.

Reporting Centre Personnel's Signature

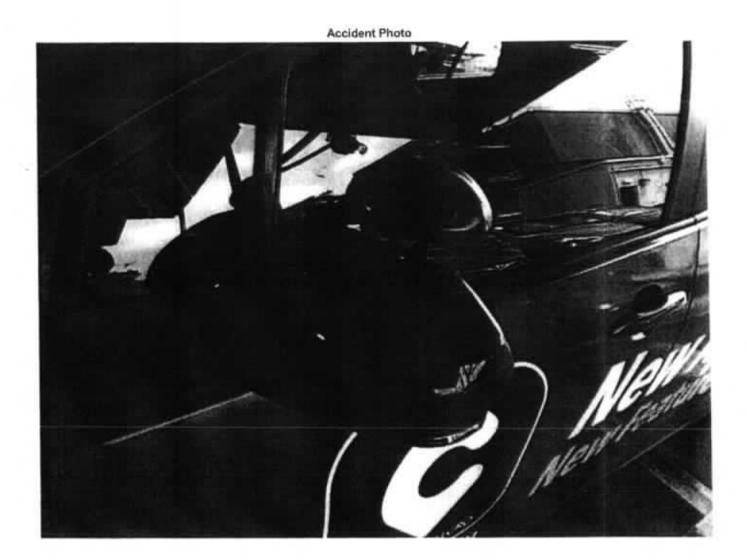
NRIC/FIN No.: June





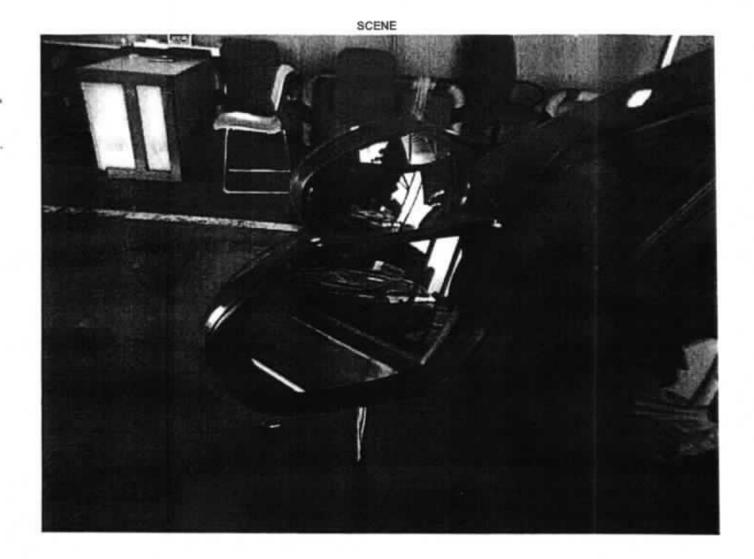
















Enquire Vehicle & Owner Information (Vehicle No. SH9123C As At 30 Jul 2019 / 07:15:00)

Insurance claim in relation to traffic accident.

Law Firm Capit No.

SLW 9851M/LT/JP/P5

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

Rogistered Street Name: SIN MING DRIVE

Registered Unit No.:

Registered Building Name: GAS BUILDING Pregistered Postal Code: 575717

Current Vehicle Details

Vehicle No.:

SH9123C

Make Description/Model: TOYOTA / PRIUS HYBRID 1.8 CVT

Insurance Company Name: INDIA INT'L INS PTE LTD.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Premie report corructly the details of the accident to specifup the claims process.
- The Form recent be completed by the Policyteckler studies the Authorised Diver.
 Information provided must be as truthful and accurate as possible. Any willul minrepresentation or willnothing 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 administra of policy hability on the part of the insurance companies.

Any false reporting may be referred to the Police for Investigation.

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 By the ladgement of this round to the insurers, you alone said. 	a heroby consent to the semining of this report at the centre and to sopius of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	30/07/2019 11:54	
Date Of Accident	30/07/2019 07:15	
Exact Location Of Accident	CROSS JUNCTION BETWEEN WOODLANDS AVE 6 & 5	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW6836B	
Insured/Policyholder		
Name Of Registered Owner	RAYMOND RAJ MENON	
Vehicle Particulars		
Manufacturer AUDI		
Model A6 2.0T FSI MU CVT ABS D/AB HID 2WD 4DR		
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	5080947838-02	
Cover Note Number		
Driver		

Name of Driver RAYMOND RAJ MENON

NRIC No S7641996E

Address BLK 690C WOODLANDS DRIVE 75 #04-180

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR

Other Information

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

Circumstances of Accident REFER TO ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

trabilete Produktorion Mineral

Vehicle Make/Model/Colour Name of Driver

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SH9123C

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Restaration secretly 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 an truthful and accurate as possible. Any willut misrepresentation of withholding of material facts may allow insurance comunities to reputilize policy liability.
- 4. The issue and acceptance of this form by insurance companies is not an oursession of policy liability on the part of the insurance companies.
- 5 Any take reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General leasurance Association of Singapore (GIA) for arthiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the longment of this report to the insurers, you havely 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General knowance Association of Singapure ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out is 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 webicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' (avvers/raw firms, the Monetary Authority of Singapore and any relevant government approxymathority (such as the police), for the purpose(s) of
 - processing, francting and/or dealing with my claims including the settlement of the claims and any accessary investigations relating to the claims;
 - (ir) investigating the accident and/or my claring
 - (iii) carrying out and/or dealing with my instructions or responding to any enquires by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, 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 low in administering, processing, handling and/or dooling with my doms.(collectively the "Furposes")
- (b) all insurer(s) who have insured vehicle(s) analyed is this accident and the insurers' (awyorg/law firms, may/are permitted to collect, use, sixtless 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 agentisfied using their lawyers/law films), which may be sided outside of Singapore. (or one or more of the above Perposes.
- (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 to collected under (ii) above may be shared / disclosed:
 - to all insurers and/or any other third payles that assist in evaluating, towestigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (iii) for complying with requirements under any regulations, laws or court codura-

Policyholder's Signature Date & Time

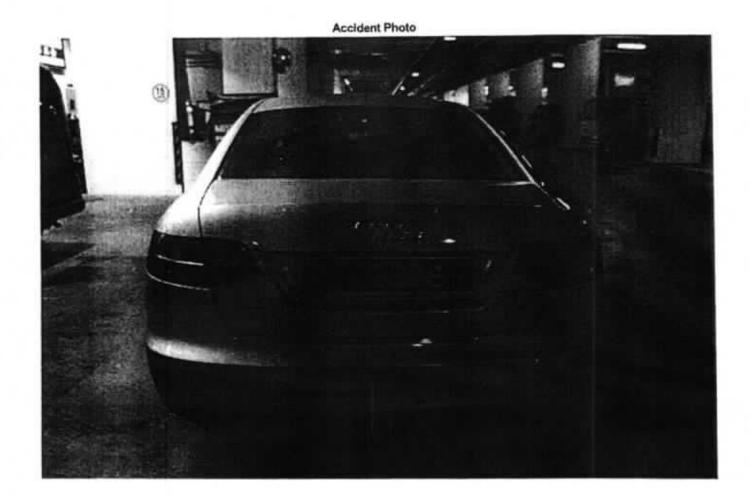
Oricer's Signature (If driver is out the policyholdry) Date & Time: Personnel's Signature

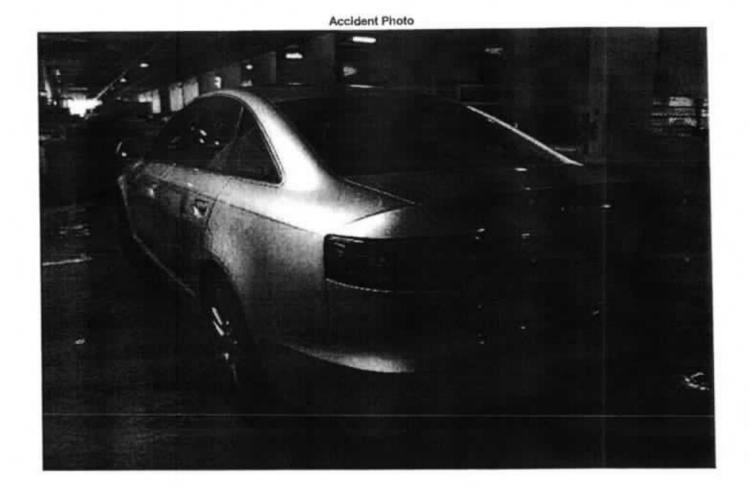
NRICZEN Hu.

Sketch Plan #2 SKETCH PLAN Seagure wordlands here's A: 5546836B B: SLW98SIM C. SH9123C DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 30/9/2019 @ 0717/15 Accident Date & Time: Acoklent Location : 6745 Junction along Woodlands Ave 625 dute time & location I was driving from Afren light □ Reporting Only □ Own Damage □ Third Party □ Claim at other workshop (OD/TP) DECLARATION We declare the foregoing particulars and from in every respect. lai Princyhotier's Signature Diffuer's Signature Reporting Centre Personnel's Signeture Date & True; (If shiver is you the policyholder)

HHIC/TIN NO.

Dole & Time:











(Licensed Appraisers & Claims Adjusters) 256 Bishan St. 22 #12-472 Singapore 570256 Tel: +65 6996 9988 Hp: +65 8338 9988 Fax: +65 6553 3912 Reg. No. 52621270B

INVOICE

Legacy Tecnica Motorsports

Invoice No

190065

38, Woodlands Close

#01-08, MEGA@Woodlands

Date

: 08.08.2019

Singapore 737856

On behalf of Tan Hui Ling Valerie

Being:

Survey Fees

(including 92 photographs and transport charges)

\$ 657.00

S'pore Dollars

Six Hundred and Fifty-Seven only.

\$ 657.00

Our Reference No.

RW/0065/19TP

Vehicle No.

SLW 9851 M

SURVEYED WITHOUT PREJUDICE

RICHARD WONG (Licensed Appraiser)



(Licensed Appraisers & Claims Adjusters) 256 Bishan St. 22 #12-472 Singapore 570256 Tel: +65 6996 9988 Hp: +65 8338 9988 Fax: +65 6553 3912 Reg. No. 528212708

Page: 3

Vehicle No: SLW 9851 M

Report No.: RW/0065/19TP

POINT OF IMPACT

At the front portion, front right side and front undercarriage right side of the vehicle.

RECOMMENDATION

The vehicle was inspected thoroughly based on the repairer's estimate against the actual damages found on the vehicle. My findings and recommendation are listed as per attached.

My adjusted amount for the cost of repair is \$14,083.92.

CONCLUSION

The repairer has agreed to undertake repairs at a lump sum of \$11,970.00 corresponding to labour charges, spray painting and replacement of parts.

SURVEYED WITHOUT PREJUDICE

RICHARD WONG (Licensed Appraiser)



(Licensed Appraisers & Claims Adjusters) 256 Bishan St. 22 #12-472 Singapore 570256 Tel: +65 6996 9988 Hp: +65 8338 9988 Fax: + 65 6553 3912 Reg. No. 52821270B

Tan Hui Ling Valerie c/o Legacy Tecnica Motorsports 38. Woodlands Close #01-08, MEGA@Woodlands Singapore 737856

Report No

: RW/0065/19TP

Date

: 08.08.2019

VEHICLE INSPECTION REPORT

REFERENCE

Requested by

Workshop, owner's behalf

Date of Request Date of Accident 01.08.2019 30.07.2019

Date of Inspection :

01.08.2019

Inspected at

Legacy Tecnica Motorsports

38, Woodlands Close, MEGA@Woodlands

#01-08, Singapore 737856

VEHICLE DETAILS

Vehicle No.

SLW 9851 M

Make & Model

: Mazda 3

Year Make

2018

Colour Chassis No. Dark Grey JM6BN22A8H0169153

Engine No.

P520460768 1496 cc

Mileage

5,288 km

Engine Capacity

Radio/CD/Cassette

Air-Con

Yes

: Yes

Seat Belt

Yes

Rims

: Sport

GENERAL CONDITION OF VEHICLE

General Condition :

Good

Modification

Brakes Steering

Serviceable Serviceable Handbrake

Serviceable

Tyres Front Right

Make Toyo

Size 205/60 R16

Rim Sport Sport Tread Balance 7 mm 7 mm

Front Left Rear Right Rear Left

Toyo Toyo Toyo

205/60 R16 205/60 R16 205/60 R16

Repairer's Estimate

10,566.32

Sport Sport 7 mm 7 mm

ASSESSMENT

Spare Parts Labour Charges

Paint Work **Towing Charges** Total

\$ 2,730.00 1.500.00 \$ S \$ 14,796,32

\$

Recommendation

10.483.92 \$ 2,300.00 \$ 1,300.00 \$ 14,083.92

Recommend lump sum repairs

Reduction

11,970.00 2,826.32

Estimated Period Required for Repair

8 days



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Page: 1

ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

Vahirle No:	SLW 9851 M	

Report No.: RW/0065/19TP

S/No	QTY	Description	Condition/ Remarks		pairer's timates	Recor	My nmendation
REPL	ACEME	NT OF DAMAGED PARTS					
1)	1	Front bumper	Torn	\$	1,032.00	\$	1,032.00
2)	1set	Front bumper clips	Necessary	\$	50.00	\$	50.00 Jar
3)	2	Front bumper side holders	Necessary	S	90.00	\$	90.00
4)	1	Front bumper reinforcement	Bent	\$	478.80	\$	478.80
5)	2	Front bumper signal lamps	Cracked	\$	592.00	\$	592.00 × ///
6)	1	Front bumper lower grille (Jumps 1964)	Torn	\$	185.50	\$	185.50
7)	2	Front bumper lower grille side covers	Distorted	\$	70.00	\$	70.00 X M
8)	2	Front bumper signal lamp covers	Distorted	\$	96.00	\$	96.00 X M
9)	1	Front bumper lower reinforcement	Bent	\$	190.40	\$	190.40 × ///
10)	1	Front bumper undercover	Torn	\$	291.50	\$	291.50 x AM
11)	1set	Front bumper undercover clips	Necessary	\$	30.00	\$	30.00 🗶 🏄
12)	1	Front bumper top cover	Cracked	\$	285.80	\$	285.80
13)	1	Front support panel top beam	Bent	\$	185.10	\$	185.10 × M
14)	4	Front support panel top cover	Distorted	\$	95.40	\$	95.40 × M
15)	2	Front headiamps	Cracked	\$	2,040.00	\$	2,040.00 /020
16)	4	Front grille	Torn	\$	545.20	\$	545.20
17)	1	Front grille logo	Necessary	\$	75.00	\$	75.00 /
18)	- 1	Front grille chrome moulding	Broken	\$	328.00	\$	328.00
19)	- 1	Front bonnet	Dented/Bent	\$	1,068.00	\$	1,068.00
20)	- 1	Front bonnet lock	Dented	\$	183.00	\$	183.00
21)	1	Front fender RH	Dented	\$	383.90	\$	
22)	1	Front fender inner shield RH	Distorted	\$	129.40	5	
23)	1set		Necessary	\$	30.00	S	
24)	1	Front door RH	Dented	\$	1,062.00	\$	1,062.00 X R
25)	1	Front door wing mirror RH	Cracked	\$	378.00	\$	378.00 /
26)	1	Front door wing mirror cover RH	Missing	\$	122.00		122.00
27)	1	Front door wing mirror glass RH	Serviceable	\$	103.00		
28)	4	Front door wing mirror lamp RH	Cracked	\$	105.00		105.00 X M
29)	1	Front lower arm RH	Bent	\$	482.20		the state of the s
30)	1	Front shock absorber RH	Bent	\$	307.00		307.00
31)	1	Front knuckle arm RH	Distorted	\$	398.00		398.00
32)	- 1	Front wheel hub c/w bearing RH	Necessary	\$	405.30		405.30
33)	1	Front anti roll bar linkage RH	Bent	\$	11 EDOMINS		65.40 × //
		1.01.20			11,882.90		\$ 11,779.90
		- 70%	Less 20%	\$	2,376.58		\$ 2,355.98
		6357.60		\$	9,508.32		\$ 9,423.92
34)	1	Front number plate	Dented	5	30.00	SN	
35)	1	Front number plate holder	Torn			SN	\$ 30.00



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Page: 2

Vehi	cle No:	SLW 9851 M		Re	port No.:	RW	/006	55/19TP	
		Balance brought forward		\$	9,566.32		\$	9,483.92	
36) 37)	1	Front wheel rim RH Front tyre RH	Dented Cut	\$	750.00 250.00		\$	750.00 250.00	ZO (
			Total (Parts):	\$	10,566.32		\$	10,483.92	541
LAB	OUR CH	MARGES							
38)		t, replace and weld front support panel. F Straighten front left chassis. Remove an		\$	1,700.00		\$	1,500.00	70
39)	Remov	ve and reinstall air cond condenser and r	echarge gas (134a).	\$	150.00		\$	120.00	Х
40)	Remov	ve and reinstall front radiator assy and co	induct pressure test.	\$	120.00		\$	80.00	Х
41)	Comp	uterise wheel alignment.		\$	150.00		\$	120.00	60
42)	Remov	ve and reinstall right undercarriage.		\$	350.00	0	\$	280.00	200
43)	Check	lightings and wiring.		\$	60.00)	\$	40.00	1
44)	Rust p	roofing treatment on affected area.		\$	200.00)	\$	160.00	30
45)	Spray	painting on affected area.		\$	1,500.00)	\$	1,300.00	110
			Total (Labour):	\$	4,230.00)	\$	3,600.00	
		P- 635768	Total:	\$	14,796.3	2	\$	14,083.92	130
		N- 540 L- 2130 9027-68	7 report chys						
		9011-00	100						
		115 - 7999 14							



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 Intern	nationale Des Experts En Autom	obile	
IND	IA INTERNATIONA	AL INSURANCE PL	Ref : CS3/III19013550	0/Etd3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711			Date: 12-09-2019 Code: III2		
1.		Policy Particul	ars :- THIRD PARTY CLAIR	М	
	Insured Veh.	SH 9123C	Veh. Inspected	SLW 9851M	
	Policy No.	MCOM0015	Coverage (\$)	0.00	
	Claim No.	MCT19070783	Excess (\$)	0.00	
	Assign From	STANLEY LAI	Assign Date	06/09/2019	
2.		Vehicle P	articulars & Condition		
	Make & Model	MAZDA 3	c.c	1496	
	Engine No.	HIDDEN	Year of Reg.	2018	
	Chassis No.	JM6BN22A8H0169153	Colour	GREY	
	Odometer	5288	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	SPORTS RIM	
	General	GOOD			
3.		Con	ditions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	205/60 R16	TOYO	6 mm	
	L/H Front Tyre	205/60 R16	TOYO	6 mm	
	R/H Rear Tyre	205/60 R16	TOYO	6 mm	
	L/H Rear Tyre	205/60 R16	TOYO	6 mm	
4.		Descr	iption of Damages		
	THE VEHICLE SU DAMAGES SEE D		O/S BODY AND FRONT POR	ITION.	
5.		Gen	eral Information		
	Accident Date	30/07/2019	Inspection Date	02/08/2019	
	Survey held at Repairer	LEGACY TECHNICIAN-39 V	VOODLANDS CLOSE#01-08		
5a.	in electric in		Remarks		
	A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"	WITHOUT PREJUDICE" BASI S, WE HAVE NOT AUTHORISI	S. ED REPAIRS.	
5b.		Estim	ate Days of Repair		
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	7 Working Days	1	



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3581 FAX: 6256 4315

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

Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLW 9851M

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	TORN	1,032.00	1,032.00
1	SET FRONT BUMPER CLIPS	NECESSARY	50.00	30.00
2	FRONT BUMPER SIDE HOLDERS	NECESSARY	90.00	90.00
1	FRONT BUMPER REINFORCEMENT	BENT	478.80	478.80
2	FRONT BUMPER SIGNAL LAMPS	NOT NECESSARY	592.00	
1	FRONT BUMPER LOWER GRILLE	TORN	185.50	185.50
2	FRONT BUMPER LOWER GRILLE SIDE COVERS	NOT NECESSARY	70.00	
2	FRONT BUMPER SIGNAL LAMP COVERS	NOT NECESSARY	96.00	
1	FRONT BUMPER LOWER REINFORCEMENT	NOT NECESSARY	190.40	
1	FRONT BUMPER UNDERCOVER	NOT NECESSARY	291.50	
1	SET FRONT BUMPER UNDERCOVER CLIPS	NOT NECESSARY	30.00	
1	FRONT BUMPER TOP COVER	CRACKED	285.80	285.80
1	FRONT SUPPORT PANEL TOP BEAM	NOT NECESSARY	185.10	
1	FRONT SUPPORT PANEL TOP COVER	NOT NECESSARY	95.40	
2	FRONT HEADLAMPS	CRACKED-1PC ONLY	2,040.00	1,020.00
1	FRONT GRILLE	TORN	545.20	545.20
1	FRONT GRILLE LOGO	NECESSARY	75.00	75.00
1	FRONT GRILLE CHROME MOULDING	BROKEN	328.00	328.00
1	FRONT BONNET	DENTED / BENT	1,068.00	1,068.00
1	FRONT BONNET LOCK	DENTED	183.00	183.00
1	FRONT FENDER RH	DENTED	383.90	383.90
1	FRONT FENDER INNER SHIELD RH	DISTORTED	129.40	129.40
1	SET FRONT FENDER INNER SHIELD CLIPS RH	NECESSARY	30.00	20.00
1	FRONT DOOR RH	TO REPAIR SEE LABOUR	1,062.00	
1	FRONT DOOR WING MIRROR RH	CRACKED	378.00	378.00
1	FRONT DOOR WING MIRROR COVER RH	MISSING	122.00	122.00
1	FRONT DOOR WING MIRROR GLASS RH	SERVICEABLE	103.00	
1	FRONT DOOR WING MIRROR LAMP RH	NOT NECESSARY	105.00	
1	FRONT LOWER ARM RH	BENT	482.20	482.20

Report Ref No. CS3/III19013550/Etd3e2-1



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 (\$)
.1	FRONT SHOCK ABSORBER RH	BENT	307.00	307,00
- 1	FRONT KNUCKLE ARM RH	DISTORTED	398.00	398.00
1	FRONT WHEEL HUB C/W BEARING RH	NECESSARY	405.30	405.30
11	FRONT ANTI ROLL BAR LINKAGE RH	NOT NECESSARY	65.40	
	LESS 20% DISCOUNT		-2,376.58	-1,589.42
			9,506.32	6,357.68
	SPECIAL NETT ITEMS			
- 1	FRONT NUMBER PLATE (SN))	DENTED	30.00	40.00
1	FRONT NUMBER PLATE HOLDER (SN) }	TORN	30.00	
1	FRONT WHEEL RIM RH (SN)	DENTED	750.00	500.00
- 1	FRONT TYRE RH (SN)	NOT NECESSARY	250.00	
	State Ville State - American State (Ch.	0.000	1,060.00	540.00
	LABOUR			
	CUT OUT, REPLACE AND WELD FRONT SUPPORT PANEL. PANEL BEAT LEFT ROCKER PANEL. STRAIGHTEN FRONT LEFT CHASSIS. REMOVE AND REPLACE ALL DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT DOOR RH.		1,700.00	700.00
	REMOVE AND REINSTALL AIR COND CONDENSER AND RECHARGE GAS (134A).	NOT NECESSARY	150.00	
	REMOVE AND REINSTALL FRONT RADIATOR ASSY AND CONDUCT PRESSURE TEST.	NOT NECESSARY	120.00	
	COMPUTERISE WHEEL ALIGNMENT.		150.00	60.00
	REMOVE AND REINSTALL RIGHT UNDERCARRIAGE.		350.00	200.00
	CHECK LIGHTINGS AND WIRING.		60.00	40.00
	RUST PROOFING TREATMENT ON AFFECTED AREA.		200.00	30.00
	SPRAY PAINTING ON AFFECTED AREA.		1,500.00	1,100.00
			4,230.00	2,130.00
	GRAND TOTAL		14,796.32	9,027.68

-		
	RECOMMENDED COST OF LUMP SUM REPAIRS	7,200.00
- 111	(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS3/III19013550/Etd3e2-1







CHEN TSUE YEE

Automotive Assessor



ADRIAN LING WAI PING

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

Licensed Appraiser

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No liability of responsibility whatsoever, in contact or tors, is accepted to any third party who may reply on the Report wholly or in part. Any third party ecting or replying on this Report, in whole or in part, does so at his or her own risk.

Report Ref No. CS3/III19013550/Etd3e2-1