

2300298

ASS. REC. BY:

REF: CS3/III19013434/Fqd30X

direction:

Simvar: RAM

ASSIGNMENT (Office)

From (Person):

Stanley Leu

of

III

Date/Time:

6/9/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJT 5162J

Insured:

SHC 8591Y

at Workshop w/:

Galaxy Auto

Tel:

90108488

of

13 Keki Bukit Road 4 #01-23

Policy No:

MCOM0015

Claim No:

MCT19020750

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/7/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11:27am @ 31/7/19

Person Contacted:

William

Vehicle:  IN /  OUT

Date/Time	Action/Instruction
	SJT 5162J - 1/11/2019 @ 11:27am X
	SHC 8591Y - 6/6/2019
	Dismantle: 2/8/2019 @ 4:55pm (TP vehicle seems unscathed. Kindly verify consistency of damages & adjust cost of repairs (\$5.7k))
	After repair: 5/8/2019 @ 4:15pm

Ram

RECEIVED 18 SEP 2019

Pls check parts prices.

16/9/19 Submit LS @ 3250, 5 days.

Check @ 2050, 43%.

  
11/9/2019

250-131 = 119

119+11 = 130

PRS

ASSIGNMENT

From: Date: 31/7/19

Veh No: SJT 5162 J yr Regn: Oct 2009

Estimated Cost

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

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

Truck / Trailer or

To inspect Vehicle No: S/T 5162 J

Make: KIA CERICO Forte 1.6A cc 1591

at Workshop nos: CHAKI AVON

Colour: Silver A/C: Insured / Std / NI / NA

of 13 kaki Bukit Road 4 # 01-2

Sp Reading: 17447g T/Radio: Insured / Std / NI / NA

Insured: Bentley Biz Centre

Eng No: -

Policy No

C/No: RIAFWA/1MA5U5716

Claims No

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: William 90108488

Modi: Nil / 5/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 215/45 R17

R: 215/45 R17

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



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

TOYO / YOKO or RoadStone

Bal. or Market Value

Front Rear

IDAC Accident Rpt: Consistent? Yes or No

R/Bal. 5 mm

GIA / PR Seen: Consistent? Yes or No

L/Bal. 5 mm

Est. Repairs: days Res. Yes or No

D.O.A: 29/01/19 D.O.I: 31/07/19

Lum Sum % 3 Val. Yes or No

Survey held at: GALAXY ALAO

CA / REV / REP. / 24 HRS (up)

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

Date: Person Contacted: Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	Range: \$2000-3000
	Repair days: 4 days
	<i>[Signature]</i>
	2/8/2019
	MV: \$11,000
	PV: \$7355
	NV: \$3,645

Date/Time File Pass out

: Prel. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Site Insp:  \$5

Interview:  \$5

Technical:  \$5

Approval:  \$5

Report Format: PRS.

Long Date / Etc.:

120

11

131

## Nivitha (LKK Auto)

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**From:** Stanley Lai <stanley.lai@iii.com.sg>  
**Sent:** Friday, 6 September 2019 5:05 PM  
**To:** sur@lkkauto.com; Admin-D (LKKAuto)  
**Cc:** Mekavathanan Sarangapani; Zuhaidah Samsuri  
**Subject:** III REF: MCT19070750 | REQUEST PAPER SURVEY TP VEH SJT5162J

Dear Sir/Mdm,

TP vehicle seems unscathed. Kindly verify consistency of damages & adjust cost of repairs (S\$5.7K). LOD uploaded and rights granted to you in Merimen.

TP Veh No. : SJT5162J

Accident Photo



Accident Photo



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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## Nivitha (LKK Auto)

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**From:** Linda Phua <linda@lindaphualaw.com>  
**Sent:** Saturday, 7 September 2019 12:03 PM  
**To:** Catherine Chong (LKK Auto)  
**Subject:** FW: QUOTATION AND CV FOR APPOINTMENT OF SJE - LP/NTUC/2019-0631 - M/C FL 8167R - MT/1007077-002

Dear Sir

1. We act for NTUC Income Insurance CO-Op Ltd.
2. We have not been able to resolve the claim for cost of repairs made by the owner of the above motor cycle.
3. The court will be appointing a Single Joint Expert on the 24 Sep 2019. We wish to file our supporting affidavit no later than 17.09.2019. We have been directed by the court to file our supporting affidavit annexing your surveyor's CV and quotation for the preparation of an SJE report.
4. To assist us and the State Courts, please let us have the following information and CV.

a	Quotation of your preparation of SJE report base on (i) physical inspection and (ii) without physical reinspection	Please specify if GST is included
b	Quotation for ½ day court attendance as an expert witness	Please specify if GST is included
c	Duration of your completion of SJE report	
d	Any other charges in addition to the SJE report fee	
e	Cost of affirming Affidavit of Evidence-In-Chief if necessary or directed by the court	Please specify if GST is included

5. To allow you to furnish us the relevant quotation, please be informed of the following :-

a	Date of accident	13.08.2018
b(i)	Vehicle	FL 8167R
(ii)	Make/Model	Honda NV400CR
c	Amount claimed for COR	\$7,100.00
d	Amount claimed for LOU and for 67 days	\$ 3,350.00
e	Repairer	Chuan Motor Workshop 25 Kaki Bukit Avenue 4#01-70 Synergy @Kaki Bukit
f	Claimant's surveyor	Pro-Option Services

g	Defendant's surveyor	AJAX Inspection Services Pte Ltd
---	----------------------	----------------------------------

Regards  
Linda Phua



**LINDA PHUA LAW PRACTICE**  
**COMMISSIONER FOR OATHS**

E: [linda@lindaphualaw.com](mailto:linda@lindaphualaw.com)

T: +65 6534 7388 F: +65 6534 8911 M: 9777 2781

20 Havelock Road, Central Square #02-45 Singapore 059765

Website: [www.lindaphualaw.com](http://www.lindaphualaw.com)

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RESERVES			
TPPD	PRESERVE	MCT/19070750	
TPPI	PRESERVE		
UNINSURED LOSS	PRESERVE		
SUBRO	PRESERVE	2009 Ver 7, Feb 24 - ARC	
LPPN			P-5
INVESTIGATION FEE			
SURVEY FEES			
LEGAL FEES			
OTHERS			
FRAUD CHECK			
UPLOAD TO MERIMEN			
GRANT RIGHTS			

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

TRANSMISSION OK

TX/RX NO 1881  
RECIPIENT ADDRESS 62922665  
DESTINATION ID  
ST. TIME 03/09 14:15  
TIME USE 00'29  
PAGES SENT 2  
RESULT OK

FAXED  
03 SEP 2019  
MOTCLM DEPT.

Our Ref. : RSS/1907-7392 (GA)(PD)  
Your Ref. :

W : Natalie Ng  
E : natalie\_ng@rssolomon.com

30 August 2019

*Handwritten signature: Heleny Ant...*



R. S. SOLOMON LLC  
ADVOCATES & SOLICITORS

**INDIA INTERNATIONAL INSURANCE PTE LTD**

No. 64 Cecil Street  
#04-05 IOB Building  
Singapore 049711  
Attn: Motor Claim Dept

By PDX-8172  
**WITHOUT PREJUDICE**  
We are in receipt of your letter, which is receiving our attention. We shall report shortly. Kindly note that we are not liable to conduct a medical re-examination of your client where necessary.  
Our Ref: MCT/19070750  
Name: A  
Date: 2/9/2019  
India International Insurance Pte Ltd

Dear Sirs,

**ACCIDENT INVOLVING SJT5162J & SHC8591Y ALONG NEW UPPER CHANGI ROAD EAST ON 29<sup>TH</sup> JULY 2019 AT ABOUT 1415 HRS**

*Handwritten date: 2/9/2019*

We act for Tan Cheng Eng ("our client"), the owner and driver of vehicle registration no. SJT5162J, and refer to the above-captioned matter.

2. We are instructed that you are the insurers of vehicle registration no. SHC8591Y at the material time. We are further instructed that the aforesaid accident was caused solely by your insured and/or insured driver's negligence in her/his driving, controlling and/or management of the said vehicle. As a result of the accident, our Client's vehicle was damaged and it's has been put to loss and expense, particulars of which are as follows:-

(a) Cost of Repair	\$ 5,700.00
(b) Loss of use for 8 working days at \$120.00 per day (i.e. including two days for Pre-repair survey)	\$ 960.00
(c) Survey report fee	\$ 620.00
(d) GIA report & search fees	\$ 29.00
(e) LTA search fee	\$ 7.49

*Handwritten vertical line/initials*

Our Ref. : RSS/1907-7392 (GA)(PD)

Your Ref. :

W : Natalie Ng

E : natalie\_ng@rssolomon.com

30 August 2019



R. S. SOLOMON LLC  
ADVOCATES & SOLICITORS

**INDIA INTERNATIONAL INSURANCE PTE LTD**

No. 64 Cecil Street

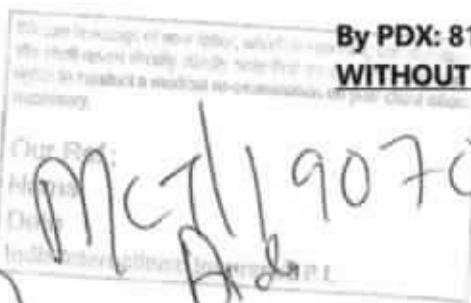
#04-05 IOB Building

Singapore 049711

Attn: Motor Claim Dept

By PDX: 8172

**WITHOUT PREJUDICE**



Dear Sirs,

**ACCIDENT INVOLVING SJT5162J & SHC8591Y ALONG NEW UPPER CHANGI ROAD EAST ON 29<sup>TH</sup> JULY 2019 AT ABOUT 1415 HRS**

We act for Tan Cheng Eng ("our client"), the owner and driver of vehicle registration no. SJT5162J, and refer to the above-captioned matter.

2. We are instructed that you are the insurers of vehicle registration no. SHC8591Y at the material time. We are further instructed that the aforesaid accident was caused solely by your insured and/or insured driver's negligence in her/his driving, controlling and/or management of the said vehicle. As a result of the accident, our Client's vehicle was damaged and it's has been put to loss and expense, particulars of which are as follows:-

(a) Cost of Repair	\$ 5,700.00
(b) Loss of use for 8 working days at \$120.00 per day (i.e. including two days for Pre-repair survey)	\$ 960.00
(c) Survey report fee	\$ 620.00
(d) GIA report & search fees	\$ 29.00
(e) LTA search fee	\$ 7.49
(f) Costs	\$ 600.00
(g) Transport, Xerox, postages & Other Incidentals	\$ 50.00
Total:	<b>\$ 7,966.49</b>

3. We enclose herewith copies of the following documents in support of our Clients' claim:-

- Final Repair Bill dated 7<sup>th</sup> August 2019 by Galaxy Auto Care Pte Ltd;
- Survey Report with Invoice No. CL/190962 from CL Appraiser Pte Ltd;
- GIA report lodged by our client;
- GIA report lodged by your insured driver with payment advice for search and report fees;
- LTA search result; and
- 100 coloured photographs depicting damages to our client's vehicle registration No. SJT5162J.

Our Ref. : RSS/1907-7392 (GA)(PD)  
Your Ref. :

W : Natalie Ng  
E : natalie\_ng@rssolomon.com

30 August 2019



R. S. SOLOMON LLC  
ADVOCATES & SOLICITORS

PAGE 2

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

Yours faithfully,

**R. S. SOLOMON LLC**  
ADVOCATES & SOLICITORS

Encl.

Cc: **Comfort Transportation Pte Ltd**  
383 Sin Ming Drive  
Gas Building  
Singapore 575717

**BY CERTIFICATE OF POSTING**  
**WITHOUT PREJUDICE**

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

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



# **GALAXY AUTO CARE PTE LTD**

13 Kaki Bukit Road 4 #01-23 Bartley Biz Centre Singapore 417807

Tel: 9010 8488 Fax: 9010 8488

Email: galaxyautosg@gmail.com

---

7 Aug 2019

Accident Date: 29 Jul 2019

Vehicle No: SJT 5162 J

Made / Model: Kia Cerato Forte

Owner : Tan Cheng Eng

Address : C/o: 13 Kaki Bukit Road 4 #01-23

Bartley Biz Centre Singapore 417807

## **RE: FINAL REPAIR BILL FOR THE VEHICLE AS MENTIONED ABOVE**

To supply and replace parts, labour charges for repairing,  
knocking, welding and respray painting

(LUMP SUM REPAIR)

**\$ 5,700.00**

**SINGAPORE DOLLARS: Five Thousand And Seven Hundred Only.**

# CL APPRAISER PTE LTD

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

## INVOICE

Tan Cheng Eng  
C/o: Galaxy Auto Care Pte Ltd  
13 Kaki Bukit Road 4 #01-23  
Bartley Biz Centre, Singapore 417807

Invoice No: CL/190962  
Ref No: GAL/07/1902/TP  
Date: 7 August 2019

### DESCRIPTION

### AMOUNT

#### OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SJT 5162 J
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES  
(*INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS*)
- TRANSPORTATION

**GRAND TOTAL**      **SS 620.00**

E & O. E

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

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



**CL Appraiser Pte Ltd**

# SCL APPRAISER PTE LTD

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

## VEHICLE INSPECTION REPORT

To: Tan Cheng Eng  
C/o: Galaxy Auto Care Pte Ltd  
13 Kaki Bukit Road 4 #01-23  
Bartley Biz Centre, Singapore 417807

Date : 7 August 2019  
Our ref : GAL/07/1902/TP

Accident Date : 29 July 2019  
Inspection Date : 31 July 2019  
Repairer Name : Galaxy Auto Care Pte Ltd  
13 Kaki Bukit Road 4 #01-23  
Bartley Biz Centre, Singapore 417807

Type of Survey : Third Party

### PARTICULARS OF VEHICLE

Registration No : SJT 5162 J  
Make / Model : Kia Cerato Forte  
Chassis No : KNAFW411MA5125716  
Engine No : G4FC9H293329

Year / Capacity : 2009 / 1591 cc  
Colour : Grey  
Mileage : 174478

### CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	Roadstone	215/45 R17	5 mm	Sport
Front Offside	Roadstone	215/45 R17	5 mm	Sport
Rear Nearside	Roadstone	215/45 R17	5 mm	Sport
Rear Offside	Roadstone	215/45 R17	5 mm	Sport

### GENERAL DESCRIPTION OF DAMAGE VEHICLE

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

Enclosed number of photographs: 100 copies

### REMARKS

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

### RECOMMENDATIONS

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

The repairer has agreed to undertake the job at a **Lump Sum of S 5,700.00** on a contractual basis.

Under normal circumstances, the repair period would be about 6 (Six) working days.

# S&L APPRAISER PTE LTD

Vehicle Registration No: SJT 5162 J

Our Ref No: GAL/07/1902/TP

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

**SPARE PARTS - LIST ITEMS**

1	Rear boot lid	Repair	\$ 885.00	
1	Rear boot inner trim	Intact	\$ 148.60	part
2	Rear boot lamps	Damage	\$ 373.00	\$ 373.00 xnn
1	Rear boot inner lock	Damage	\$ 135.00	\$ 135.00 xnn
1	Rear boot logo	Necessary	\$ 52.50	\$ 52.50 nec
1	Rear boot weatherstrip	Intact	\$ 142.60	part
1	Rear boot "CERATO" emblem	Necessary	\$ 52.50	\$ 52.50 nec
1	Rear boot "FORTE" emblem	Necessary	\$ 48.60	\$ 48.60 nec
2	Rear taillamps	Damage	\$ 971.00	\$ 971.00 car \$130
1	Rear end panel	Damage	\$ 696.50	\$ 696.50 Repair
1	Rear end panel inner garnish	Damage	\$ 185.00	\$ 185.00 Br \$120
1	Rear bumper	Damage	\$ 758.00	\$ 758.00 Scr \$640
1	Rear bumper lower difusser	Damage	\$ 242.60	\$ 242.60 Br \$180
1	Rear bumper inner sponge	Damage	\$ 148.50	\$ 148.50 Br
1	Rear bumper reinforcement	Damage	\$ 356.00	\$ 356.00 rd \$295
2	Rear bumper reinforcement stays	Damage	\$ 270.00	\$ 270.00 rd \$210
2	Rear bumper side retainers	Necessary	\$ 77.20	\$ 77.20 nec
2	Rear bumper PDC sensors	Damage	\$ 378.00	\$ 378.00 DM
1	Rear exhaust silencer	Damage	\$ 880.50	\$ 880.50 xnn
2	Rear exhaust mountings	Necessary	\$ 85.20	\$ 85.20 xnn
1	Rear exhaust chrome tail pipe	Damage	\$ 105.00	\$ 105.00 xnn
			<b>\$ 6,991.30</b>	<b>\$ 5,815.10</b> 33132.3
		Less 10%	\$ 699.13	\$ 581.51 \$ 313.23
	<b>Total Cost - List Items</b>		<b>\$ 6,292.17</b>	<b>\$ 5,233.59</b> \$2819.07

**Total cost of parts**

**\$ 6,292.17 \$ 5,233.59**

# S&C L APPRAISER PTE LTD

Vehicle Registration No: SJT 5162 J

Our Ref No: GAL/07/1902/TP

S/No	Description	Repairer's Estimate	Revised Amount
	<b>Total cost of parts c/f</b>	<b>\$ 6,292.17</b>	<b>\$ 5,233.59</b>

## LABOUR

1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 50.00 <sup>30 Δ</sup>
2	To remove and refit inner garnishes, inner trim to assist repair.	\$ 150.00	\$ 120.00 <sup>30 Δ</sup>
3	To remove and refit rear reverse sensor.	\$ 120.00	\$ 80.00 <sup>40</sup>
4	To transfer boot lid mechanism and wiring assembly to assist repair.	\$ 80.00	\$ 60.00 <sup>X Δ</sup>
5	To remove, refit and replace exhaust silencer and mountings.	\$ 120.00	\$ 80.00 <sup>X Δ</sup>
6	To apply undercoating on repaired and replaced panel.	\$ 100.00	\$ 60.00 <sup>40</sup>
7	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,080.00	\$ 750.00 <sup>330</sup>
8	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,000.00	\$ 660.00 <sup>340</sup>

## GRAND TOTAL

**\$ 9,022.17    \$ 7,093.59**

List Item : \$2819.07  
 Labour : \$1270  
 Total : \$4089.07  
 20% L/S : \$817.81  
 Repair days : 5 days

# C L APPRAISER PTE LTD

Vehicle Registration No: SJT 5162 J

Our Ref No: GAL/07/1902/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 5,700.00**

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

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

### Disclaimer

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

C L APPRAISER PTE LTD



---

Cheong K. H  
Automotive Appraiser





MADONNACALY 200 - New SGP  
FORM SATE 5 1000 3007 2019 01  
SUBMITTED BY: SGT/SA/SA/SA/SA/SA

### 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 within the Authorized Dates.
3. Information provided must be on honest and accurate information. Any false information will result in the report being voided and will result in the loss of the policyholder's right to recover policy liability.
4. The issuance and acceptance of this Form by Insurers/Insurance Companies is not an admission of liability on the part of the Insurers/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 G.A. Branch Management Centre established by the General Insurance Association of Singapore (GIAS) for arriving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the judgement of this report to the Insurers, you hereby consent to the issuing of this report of the police and to copies of the report being made available to the Insurers.

ACCIDENT STATEMENT	
Date Of Report	30/07/2019 09:41
Date Of Accident	29/07/2019 14:15
Exact Location Of Accident	NEW UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT5162J
Insured/Policyholder	
Name Of Registered Owner	TAN CHENG ENG
NRIC No	S1808856H
Email Address	NORMAL
Mobile Phone No	(LOCAL) +65-96287636
Alternative Phone No	OFFICE-96287636
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.8 AT SX ABS DIAB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104413046 CLASSIC
Cover Note Number	
Driver	
Name of Driver	TAN CHENG ENG
NRIC No	S1808856H
Date Of Birth	04/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1987
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96287636
Fax Number	
Contact Number	OFFICE-96287636
Email Address	NORMAL

Address: 51, J. LEWIS STREET, WEST HESLINGTON  
 Postcode: W40 1JH  
 Was either an employee of the Network'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 - 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: GOJEK PASSENGER  
 GENDER: FEMALE

**Details of Police Action**

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

**Circumstances of Accident**

I WAS STOPPING AT THE RED TRAFFIC LIGHT ALONG NEW UPPER CHANGI ROAD EAST, WHILE MY CAR WAS STATIONARY, SUDDENLY A TAXI(SHC8591Y) CAME FROM BEHIND, HIT ONTO THE REAR PORTION OF MY CAR.

**Attachment(s)**

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number: SHC8591Y  
 Vehicle Make/Model/Colour: HYUNDAI / I40 1.7 CRDI  
 Details Of Properties:  
 Vehicle Category: TAXI  
 Name of Driver:  
 NRIC/Passport Number:  
 Contact Number:  
 Address:  
 Postcode:  
 Insurance Company Name:

Sketch Plan Pg. 1

SKETCH PLAN

**IMPORTANT NOTICE**

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

**Consent under the Personal Data Protection Act (PDPA)**

I understand, in knowledge, agree and consent that:

- (a) My Insurer, my Insuring 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 processed 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' lawyer/law firms, the Ministry 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 queries 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' lawyer/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/are be disclosed by one of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be used 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 (a) 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 of court orders.

Policyholder's Signature  
Date & Time

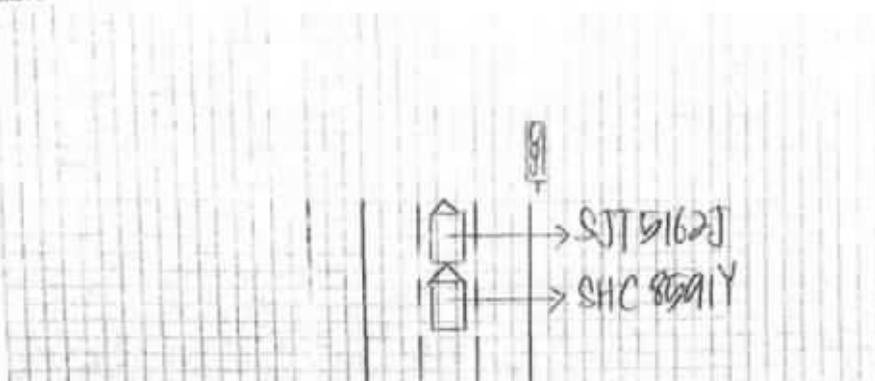
30 JUL 2019

Insurer's Signature  
Date & Time

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Website: [www.idac.com.sg](http://www.idac.com.sg)

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
e-file

DECLARATION

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

Policyholder's Signature  
Date & Time

30 JUL 2019

Driver's Signature  
Of driver at the policy holder's  
Date & Time

EDAC KAKI BUKIT (VAG)  
23 Kaki Bukit Ave 4  
Singapore 41933  
Tel: 67416697 Fax: 67492305  
Email: [ycsh@rainforest.com.sg](mailto:ycsh@rainforest.com.sg)

Supervisor/Claim Examiner's Signature  
Name  
No. & Date

## 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	29/07/2019 16:04
Date Of Accident	29/07/2019 14:20
Exact Location Of Accident	UPPER CHANGI RD TWDS BEDOK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8591Y
<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	LEE KUAN YONG
NRIC No	S1803663J
Address	467 10-134 TAMPINES STREET 44
<b>General Information of the Accident</b>	
Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
<b>Other Information</b>	
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	2
<b>Circumstances of Accident</b>	
SEE ATTACH.	
<b>Attachment(s)</b>	
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





Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

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

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 29.07.2019@ 1540HRS

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

## POLICE REPORT Pg. 1

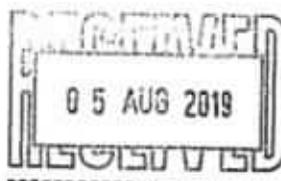


**SINGAPORE  
POLICE FORCE**



T/20190729/2167

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-281  
SINGAPORE 521109  
Tel No: 1800-7819999



1 of 4

Report No. T/20190729/2167

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2019 19:09		Vide Report No.:		Station Diary No.: 29	
<b>Informant's Particulars</b>					
Name of Informant: LEE KUAN YONG			Address: APT BLK 467 TAMPINES STREET 44 #10-134 SINGAPORE 520467		
ID Type / ID No.: NRIC NO / S1803663J			Contact No.: Home/Office: Mobile: 84488166		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 24/05/1967	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A Date of Expiry:			

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2019 14:20	Type of Location: Straight Road
Location: Along Road 1 UPPER CHANGI ROAD TOWARDS BEDOK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2194R	Car	MITSUBISHI	CANTER FEA01BR2S DEB (CBU)	White	Slightly Damaged	0
SHC8591Y	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1

## POLICE REPORT Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20190729/2167

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

2 of 4

Report No. T/20190729/2167

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJT5162J	Car	KIA	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR	Silver	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JURAIIDI BIN JAMAL	ID No.	NIL
Related Vehicle	GBD2194R (Car)	Contact No.	84289258
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE KUAN YONG	ID No.	S1803663J
Related Vehicle	SHC8591Y (Car)	Contact No.	84488166
Hospital/Clinic	LIFE-LINK CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	29/07/2019	Date Discharge	29/07/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On the 29/07/2019 at about 1420hrs, I was driving along Upper Changi Road heading towards Bedok with a passenger. The traffic light then turn red, the car in front of me SJT5162J came to a stop and I stop behind him. When all of a sudden, I felt a sudden impact from the rear and it moved my car forward and I hit the car in front of mine. I then got out of my car and saw a van, GBD2194R had hit onto my car.

I then got out of my car and made a check on my taxi, the damages to my taxi was to my rear bumper and the boot of my car. There was also damages to my right rear light. As I hit onto the vehicle in front of me, the front bumper of my car was also damage. We then exchange particulars before I continued my journey to drop of my passenger.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-281  
SINGAPORE 521109  
Tel No: 1800-7819999



T/20190729/2167

3 of 4

Report No. T/20190729/2167

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20190729/2167

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

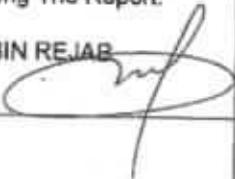
4 of 4  
Report No. T/20190729/2167

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: G / Sgt 3 MUHAMAD ZHAFRI BIN REJAB 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/07/2019 19:09
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZL Contact No.: 65476204 	Classification Of Case: 
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



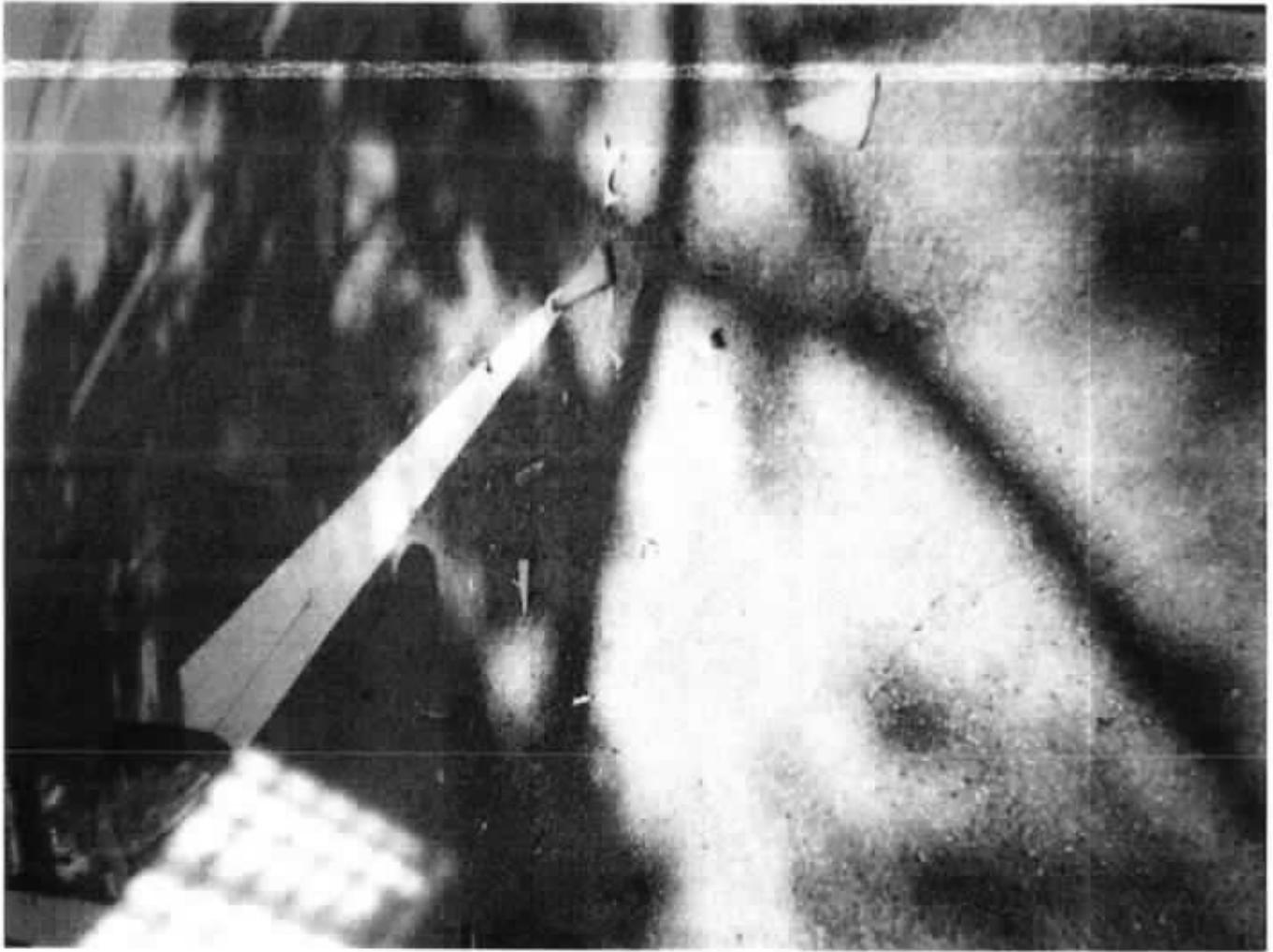
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
8 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550200 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MCD619099071 Vehicle Registration No: SHC8591Y  
Name (as shown in NRIC) : Lee Kuan Yong NRIC/FIN/Passport No : Sxxxx663J  
(\* **Vehicle Drive** / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 467 Tampines Street 44 # 10-134 Singapore(520467 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 8448 8166  
Email Address : \_\_\_\_\_  
Date of Accident : 29/7/2019 Time of Accident : 14:20hrs  
Place of Accident : Upper Changi Rd twds Bedok  
Insurance Company: India International Insurance Pte Ltd

**(B) **ADDITIONAL INFORMATION** / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Submit Police Report No: T/20190729/2167 and 4 days MC given by doctor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Policyholder / ~~Driver's~~ Signature  
Date: 05 AUG 2019

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

8/21/2019

Invoice



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

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

**TAX INVOICE**

Our Ref No: GR-19-135676

Date of Request: 21/08/2019

Your Ref No: RSS/1907-7392(GA)(PD)

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

Dear Sir/Madam,

Date of Accident: 29/07/2019

Vehicle No: SJT5162J

Place of Accident: NEW UPPER CHANGI ROAD EAST

Involving Vehicle No: SHC8591Y

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\$)
SHC8591Y	NEW UPPER CHANGI ROAD EAST	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

8/21/2019

Invoice



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

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

**SEARCH RESULTS**

Our Ref No: GR-19-135637

Date of Request: 21/08/2019

Your Ref No: RSS/1907-7392(GA)(PD)

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

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 29/07/2019

Place of Accident: ALONG NEW UPP CHANGI ROAD EAST

Client Vehicle No: SJT5162J

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
SHC8591Y	UPPER CHANGI RD TWDS BEDOK	29/07/2019 14:20

Thank You.

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

This is a computer generated document and requires no signature.

8/21/2019

Invoice



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

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

**TAX INVOICE**

Our Ref No: GR-19-135637  
Date of Request: 21/08/2019

Your Ref No: RSS/1907-7392(GA)(PD)

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

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 29/07/2019  
Place of Accident: ALONG NEW UPP CHANGI ROAD EAST  
Client Vehicle No: SJT5162J

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

**Enquire Vehicle & Owner Information ( Vehicle No. SHC8591Y As At 29 Jul 2019 / 14:15:00 )**

## Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: RSS/1907-7392-GA-PD

## Current Owner Details

Owner ID Type: Company

Owner ID: 199303821R

Owner Name: COMFORT TRANSPORTATION PTE LTD

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 383

Registered Street Name: SIN MING DRIVE

Registered Unit No.: -

Registered Building Name: GAS BUILDING

Registered Postal Code: 575717

## Current Vehicle Details

Vehicle No.: SHC8591Y

Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name: INDIA INT'L INS PTE LTD



2019 Lexus Singapore  
 2019 Lexus Singapore  
 2019 Lexus Singapore

Join Us! New financing options  
 Your rights and interests (Lexus Finance)  
 To view TOOLS, click on the link below  
 For more details, please CLEAR YOUR CACHE for each device.

### Session Transaction History

S No.	Asset Type	Asset ID	Asset Descr. ID	Transaction Type	Transaction Amt. (SGD)	Lockout Time
1	Vehicle	SG00001		REQUIRE TO OBTAIN NEW CREDIT BY LEXUS	7.4K	30 JUN 2019 14:07:20

Please do not use your browser's Back or Forward buttons as this may result in information loss.

Last updated: 28 Jul 2019  
 Exec: jensin@sgll11.fiberlink.com.sg  
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 Terms of Use | Privacy Statement | Sitemap | Contact Us



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	29/07/2019 16:04
Date Of Accident	29/07/2019 14:20
Exact Location Of Accident	UPPER CHANGI RD TWDS BEDOK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8591Y
<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	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

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

### Driver

Name of Driver	LEE KUAN YONG
NRIC No	S1803663J
Date Of Birth	24/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	26/05/1987
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84488166
Fax Number	
Contact Number	

Address	467 10-134 TAMPINES STREET 44
Postcode	520467
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### 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

SEE ATTACH.

#### 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	GBD2194R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JURAI DI BIN JAMAL
NRIC/Passport Number	
Contact Number	84289258
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Vehicle Registration Number	SJT5162J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LEE KUAN YONG
Approximate Age	52
Injuries Sustain	GIDDY
Injured person in which vehicle?	SHC8591Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

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

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 29.07.2019@ 1540HRS

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.: June

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



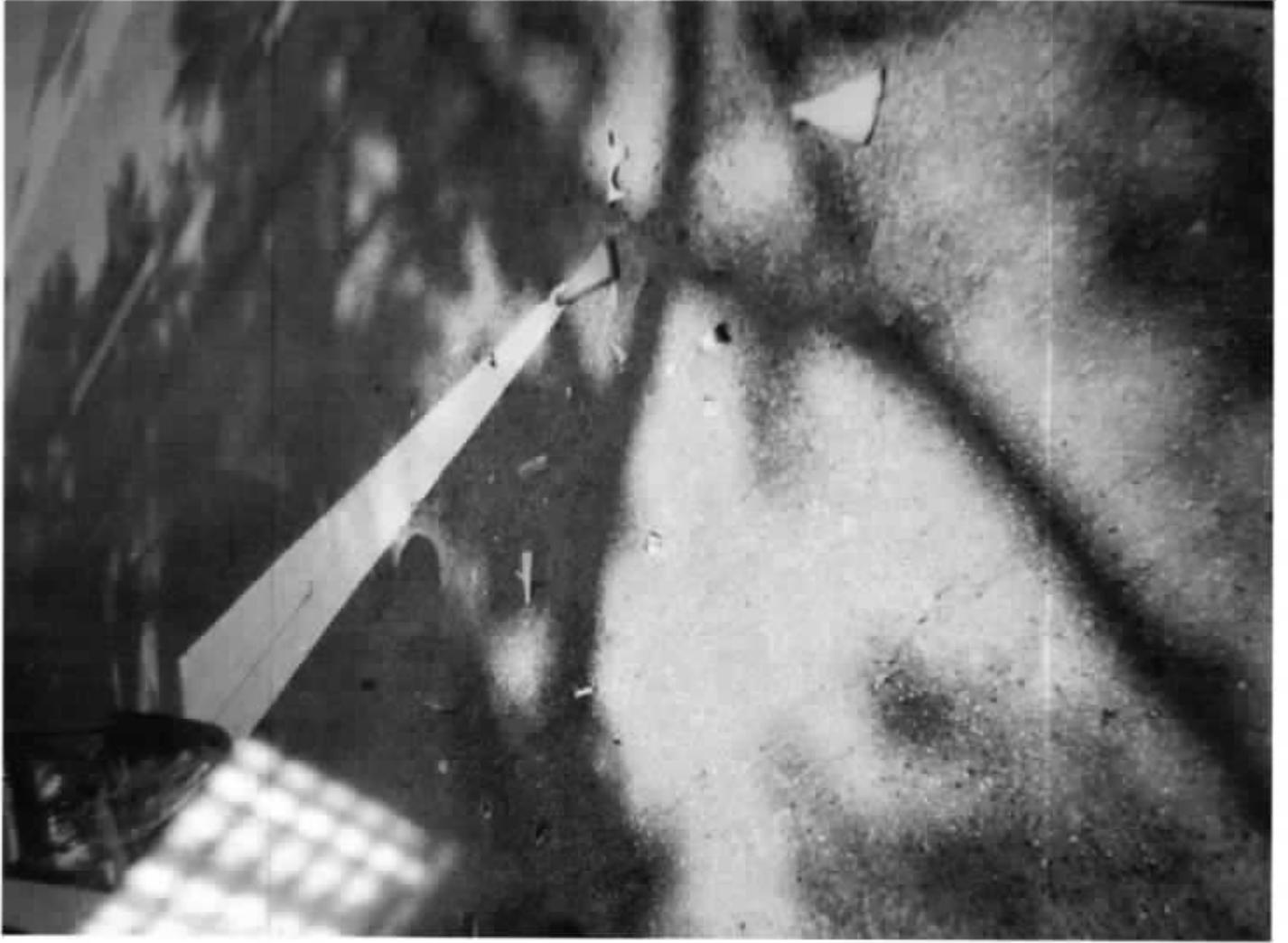
Accident Photo



Accident Photo



Accident Photo



Accident Photo





## 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/III19013434/Fqd3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711		Date : 18-09-2019	
		Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 8591Y	Veh. Inspected	SJT 5162J
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19070750	Excess (\$)	0.00
Assign From	STANLEY LAI	Assign Date	06/09/2019
2. Vehicle Particulars & Condition			
Make & Model	KIA CERATO FORTE 1.6 A	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	KNAFW411MA5125716	Colour	SILVER
Odometer	174478	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/45 R17	ROADSTONE	5 mm
L/H Front Tyre	215/45 R17	ROADSTONE	5 mm
R/H Rear Tyre	215/45 R17	ROADSTONE	5 mm
L/H Rear Tyre	215/45 R17	ROADSTONE	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	29/07/2019	Inspection Date	31/07/2019
Survey held at	GALAXY AUTO CARE PTE. LTD 13 KAKI BUKIT ROAD 4 #01-23 BARTLEY BIZ CENTRE SINGAPORE 417807		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days	



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJT 5162J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BOOT LID	TO REPAIR SEE LABOUR	885.00	-
1	REAR BOOT INNER TRIM	NOT NECESSARY	148.60	-
2	REAR BOOT LAMPS	NOT NECESSARY	373.00	-
1	REAR BOOT INNER LOCK	NOT NECESSARY	135.00	-
1	REAR BOOT LOGO	NECESSARY	52.50	52.50
1	REAR BOOT WEATHERSTRIP	NOT NECESSARY	142.60	-
1	REAR BOOT "CERATO" EMBLEM	NECESSARY	52.50	52.50
1	REAR BOOT "FORTE" EMBLEM	NECESSARY	48.60	48.60
2	REAR TAILLAMPS	CRACKED	971.00	930.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	696.50	-
1	REAR END PANEL INNER GARNISH	BROKEN	185.00	120.00
1	REAR BUMPER	SCRATCHED	758.00	640.00
1	REAR BUMPER LOWER DIFUSSER	BROKEN	242.60	180.00
1	REAR BUMPER INNER SPONGE	BROKEN	148.50	148.50
1	REAR BUMPER REINFORCEMENT	CUT	356.00	295.00
2	REAR BUMPER REINFORCEMENT STAYS	DENTED	270.00	210.00
2	REAR BUMPER SIDE RETAINERS	NECESSARY	77.20	77.20
2	REAR BUMPER PDC SENSORS	SHORTED / DAMAGED	378.00	378.00
1	REAR EXHAUST SILENCER	NOT NECESSARY	880.50	-
2	REAR EXHAUST MOUNTINGS	NOT NECESSARY	85.20	-
1	REAR EXHAUST CHROME TAIL PIPE	NOT NECESSARY	105.00	-
	LESS 10% DISCOUNT		-699.13	-313.23
			<b>6,292.17</b>	<b>2,819.07</b>
<b>LABOUR</b>				
	TO REMOVE, REFIT, REPLACED DAMAGED LAMPS AND CHECK UP REAR ELECTRICAL WIRING.		80.00	30.00
	TO REMOVE AND REFIT INNER GARNISHES, INNER TRIM TO ASSIST REPAIR.		150.00	60.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR.		120.00	50.00

Report Ref No. CS3/III19013434/Fqd3e2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER BOOT LID MECHANISM AND WIRING ASSEMBLY TO ASSIST REPAIR.	NOT NECESSARY	80.00	-
	TO REMOVE, REFIT AND REPLACE EXHAUST SILENCER AND MOUNTINGS.	NOT NECESSARY	120.00	-
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		100.00	30.00
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR BOOT LID AND REAR END PANEL.		1,080.00	600.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,000.00	500.00
			2,730.00	1,270.00
	<b>GRAND TOTAL</b>		<b>9,022.17</b>	<b>4,089.07</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>3,250.00</b>

Report Ref No. CS3/III19013434/Fqd3e2-1

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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