

ASS. REC. BY:

REF:

CS1AG219018128/K9f3n2

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Ivy Paklin

of

AG1

Date/Time: 15.10.2019 8:34p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SKT 3686M

Insured:

SLS 2617R

at Workshop m/s Wei Lu Motor

Tel:

64569830

of Blk 9 sin ming Industria / Estate #01-32

Policy No:

Claim No:

C10004222/JM

Sum Insured:

Excess:

Make of Veh:

D.O.A. 7.10.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 15.10.19 9.41a.m

Person Contacted:

Karan Seah

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLS 2617R: X
	SKK 3686M: X
16/10/19 2:11pm	revised to lvy by email.
14/11 11pm	@ 600 confirm (Ked \$1056.31, 64%)

ASS. REC. BY:

REF:

ALW

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKK 3888 Yr Regn: 07, 13

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

Truck / Trailer or

Make:

Toy Atlas c.c. 1598

Colour:

M. Gold A/C: Insured / Std / NI / NA

Sp. Reading

104328 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NR053REE104157088

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

195/65R15

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

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

1 / File pass to

RECEIVED 14 NOV 2013

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

11/4/11 turner

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trlp:

1

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

250

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

TP

Lump Sum / I.B.I. (\$

600



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: C10004222/JM

Date: 16 October 2019

Our Ref: CS/AGI19018128/Kqf3

The Motor Claims Department  
Auto & General Insurance (Budget Direct Insurance)

Attn: Ivy

Dear Sirs/Mdm

**PRELIMINARY ADVICE OF VEHICLE NO. SKK 3686M**

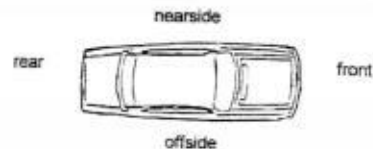
We thank you for the instruction on 15/10/2019.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 15/10/2019 at the premises of M/s WEI LEE MOTOR and have the following to report:-

Workshop Estimate Amount	: S\$	<u>1,656.31</u>	.
Revised Estimate Amount	: S\$	<u>785.69</u>	.
"Check" Items Amount	: S\$	<u>-</u>	.
Market Value	: S\$	<u>-</u>	.
LTA Rebate Amount	: S\$	<u>-</u>	.
Nett Value	: S\$	<u>-</u>	.

Description of Damage:

The vehicle sustained damages at the front o/s portion.



Comments/ Present Status:

Damages consistent.

Days of repair: 2 days.

We have NOT authorise repair.

Yours faithfully

KONG SENG CHEONG  
Licensed Appraiser

## Summer Lee (LKK Auto)

**From:** Ivy Ratilla <ivy.r@budgetdirect.com.sg>  
**Sent:** Tuesday, 15 October, 2019 8:34 AM  
**To:** Admin-D (LKKAuto)  
**Cc:** SUR; Julie Mangubat  
**Subject:** FW: TPPD Survey: Claim ref:C10004222/JM || OI-SLS2617R (White) TP- SKK3686M || Est:0.00 || Wei Lee Motor

Hi Team,

Good morning.  
We would like to arrange TP survey for SKK3686M.

Please confirm. Thank you.

Regards,

**Ivy Ratilla**  
**Executive, Claims Admin**

T +65 6540 2185  
F +65 6725 0853  
E [ivy.r@budgetdirect.com.sg](mailto:ivy.r@budgetdirect.com.sg)



**Customer Care** +65 6221 2111  
**Claims** +65 6221 2199  
**Claims (Int.)** +65 6540 2199

190 Clemenceau Avenue, #03-01  
Singapore Shopping Centre  
Singapore  
239924  
[budgetdirect.com.sg](http://budgetdirect.com.sg)

auto & general

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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**From:** karen Seah <weileemotorworks@gmail.com>  
**Sent:** Monday, 14 October 2019 9:44 AM  
**To:** Claims <claims@budgetdirect.com.sg>  
**Subject:** TP survey for vehicle no: SKK3686M

Your insured vehicle no: SLS2617R  
Accident involving vehicle no: SKK3686M/SLS2617R  
DOA: 07/10/2019

Dear officer incharge  
I refer to the above matters, attached with the accident report. Please arrange to survey the vehicle ASAP.  
Thank you.

--  
Best Regards,

Karen Seah

-----  
Wei Lee Motor Works  
Block 9 Sin Ming Industrial Estate  
#01-32 Singapore 575644  
Tel: 6456 9830  
Fax: 6458 0128

Company registration: 269436/00J

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## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Wednesday, 16 October 2019 2:11 PM  
**To:** 'Ivy Ratilla'  
**Cc:** SUR; 'Julie Mangubat'  
**Subject:** RE: TPPD Survey: Claim ref:C10004222/JM || OI-SLS2617R (White) TP- SKK3686M || Est:0.00 || Wei Lee Motor  
**Attachments:** CSAGI19018128Kqf3.pdf

Dear Ivy,

Enclosed herewith preliminary advice of SKK 3686M.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [sjewsc@lkkauto.com](mailto:sjewsc@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Admin-D (LKKAUTO) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Sent:** Tuesday, 15 October 2019 9:44 AM  
**To:** 'Ivy Ratilla' <[ivy.r@budgetdirect.com.sg](mailto:ivy.r@budgetdirect.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>; 'Julie Mangubat' <[julie.m@budgetdirect.com.sg](mailto:julie.m@budgetdirect.com.sg)>  
**Subject:** RE: TPPD Survey: Claim ref:C10004222/JM || OI-SLS2617R (White) TP- SKK3686M || Est:0.00 || Wei Lee Motor

Dear Sir/Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

**Summer Lee** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

---

**From:** Ivy Ratilla <[ivy.r@budgetdirect.com.sg](mailto:ivy.r@budgetdirect.com.sg)>  
**Sent:** Tuesday, 15 October, 2019 8:34 AM  
**To:** Admin-D (LKKAUTO) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>; Julie Mangubat <[julie.m@budgetdirect.com.sg](mailto:julie.m@budgetdirect.com.sg)>  
**Subject:** FW: TPPD Survey: Claim ref:C10004222/JM || OI-SLS2617R (White) TP- SKK3686M || Est:0.00 || Wei Lee Motor

Hi Team,

Good morning.

We would like to arrange TP survey for SKK3686M.

## 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	08/10/2019 13:52
Date Of Accident	07/10/2019 07:15
Exact Location Of Accident	BLK 251A CHOA CHU KANG AVE 2 MULTI-STOREY CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK3686M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98635954
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110893050
Cover Note Number	
<b>Driver</b>	
Name of Driver	THAHIR BIN ALI
NRIC No	S1513601D
Date Of Birth	25/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	06/01/1990
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98635954
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address BLK 251 CHOA CHU KANG AVE 2  
#07-288

Postcode 680251

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - HEAD ON 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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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) 1

#### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS2617R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver WONG KOK BOON TONY

NRIC/Passport Number S6847100A

Contact Number 92952123

Address

Postcode

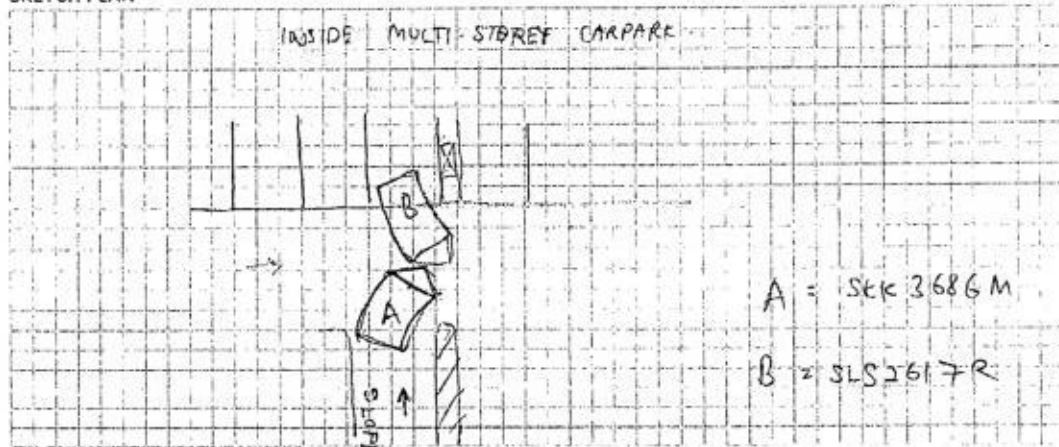
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7th October 2019 at about 07:15 hrs whilst I was driving out my carpark and on the ramp stop there was a white car no. SLS 2617R Mazda came out from a carpark lot in front of me. Since my car at stop could not see he came out and my front right bumper hit at his car's right front bumper. A dent to his car back bumper and also slight dent to my car.

Both parties agreed to lodged accident report to own insurance company.

That's all.

DECLARATION

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

Policyholder's Signature  
Date & Time:

QC001700 Sparta Insurance Pte Ltd

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

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

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.



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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

# 威利摩哆 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,  
SINGAPORE 575644.

TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com  
Business Regn No: 269436/00J

*Not Authorized*  
*11 Sep @?*  
*Review After Paint*  
*2 day*

14,OCT 2019

Auto & General insurance (S) Pte  
190,Clemenceau Avenue  
#03-01 Singapore Shopping Centre  
S 239924

Attn: Motor claim dept-3<sup>rd</sup> party claim  
Claiming against your insured vehicle no: SLS2617R  
Accident involving vehicle no: SKK3686M/SLS2617R  
DOA: 07/10/2019 AT Blk251A Choa Chu Kang Ave 2 Multi storey carpark

Dear officer incharge

Re: estimate cost of repair for vehicle no: SKK3686M

To supply--

Description	Qty	Amount
Front bumper	1 <i>Bu</i>	459.75 <i>—</i>
Bumper retainer	1 <i>Di</i>	54.50 <i>—</i>
Bumper lower grille	1 <i>Sh</i>	127.00 <i>X</i>
Bumper foglamp	1 <i>Sh</i>	248.20 <i>X</i>
Foglamp cover	1 <i>Sh</i>	52.30 <i>X</i>
Parts		941.75
Parts less 25%		235.44
		706.31

To remove damaged parts and attachments.

To repair/reshape dented areas.

Renew/replace above parts.

To spray paint

550.00 *2000*  
400.00 *2000*

1,656.31

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and  
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:




## 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			
AUTO & GENERAL INSURANCE (S) PL		Ref : CS/AGI19018128/Kqf3n2	
(BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE 239924		Date : 15-11-2019	
Code : AGI			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLS 2617R	Veh. Inspected	SKK 3686M
Policy No.		Coverage (\$)	0.00
Claim No.	C10004222/JM	Excess (\$)	0.00
Assign From	IVY RATILLA	Assign Date	15/10/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA ALTIS (A)	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	MR053REE104157088	Colour	METALLIC GOLD
Odometer	104328	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	3 mm
L/H Front Tyre	195/65 R15	MICHELIN	3 mm
R/H Rear Tyre	195/65 R15	MICHELIN	7 mm
L/H Rear Tyre	195/65 R15	MICHELIN	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	07/10/2019	Inspection Date	15/10/2019
Survey held at	WEI LEE MOTOR WORKS BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32 SINGAPORE 575644.		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKK 3686M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	FRONT BUMPER	BUCKLED	459.75	459.75
1	BUMPER RETAINER	DISTORTED	54.50	54.50
1	BUMPER LOWER GRILLE	SERVICEABLE	127.00	-
1	BUMPER FOGLAMP	SERVICEABLE	248.20	-
1	FOGLAMP COVER	SERVICEABLE	52.30	-
	LESS 25% DISCOUNT		-235.44	-128.56
			706.31	385.69
	<b>LABOUR</b>			
	TO REMOVE DAMAGED PARTS AND ATTACHMENTS.TO REPAIR/RESHAPE DENTED AREAS.RENEW/REPLACE ABOVE PARTS.		550.00	200.00
	TO SPRAY PAINT.		400.00	200.00
			950.00	400.00
	<b>GRAND TOTAL</b>		<b>1,656.31</b>	<b>785.69</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>600.00</b>

Report Ref No. CS/AGI19018128/Kqf3n2

KONG SENG CHEONG

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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