Zainator -			IGNMENT (Office)			
	try Patilla	of	A61		Date/Time:	10.19 2.16p-m
Estimated Cor			Bill to:			
To Inspect Ve	The state of the s	JP 16369	I MV I CS	Insured:	562	5726 L
of / kak	Bukit Au	ng Spray	01-61/01-34			64/ 67465510
Policy No:				C10000	4411	
Sum Insured:			Excess:			
Make of Veh (Client's Record				1	D.O.A. 19.	10.19
CA / REV	REP. / REV 24)	HRS Person Co	stacted: Im Yu	V	H.O.D. Factors	
Date/Time	Action/Instruction		Stimate			
			98-58748/Eban	ħ	04-26/11	12009
	562 57261	- X				
	16 61000	16.1.	cfed \$ 3797	Alf / A	0/3	

(Er

From: Dake	Veh No. SJ ? 1636 G .	Vi France 2009 March
Estimated Cost	Type M.Car M.Cycle / Bus / Van / Lorry	/ Taxi / Prime Mover i
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make Hyundai Avante	A/C: Insured/Std/NI/NA
ut Workshop mis	Colour Blue.	A/C: Insured / Std / NI / NA
of		T/Radio: Insured / Std / NI / NA
Insured.	Eng/No:	
Policy No.	CINO: KMH DY4181	294713067
Claims No.	Gen. Conf. Good Pair / Poor / Burnt	
Sum Insured: Excess:	Steering (norder) Jammed / Leaked / B	umt or
(Client's Record)	Brake: (Inorder / Jammed / Leaked / B	umt or
Make of Veh:	Modi: Nil S/Rim STD A/Rim or	
340	Tyre Size F: 215/451	217.
(Policy Condition)	R: 215/451	217 -
Remark: The veh had commenced its N/S O/S	BSY DUN / EXNOVA / GY / FS / LIZA / M	IC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or	
Ball, or Market Value.	Front	Rear
IDAC Accident Rport: Consistent? Yes or No	R/Bal. olg mm	R/Bal. 06, mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. Qo mm	L/Bal. 0 6 mm
Est Repairs: U days Res.: Yes or No	D.O.A.	0.01. 75/10/19.
Lum Sum: % 3 Val.: Yes or No	Survey held at Hara	very
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt. / Rear / O/S / / Recs of S -	WS / UNC / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body S	tructure affected due to collision
Date / Time Action / Instruction		
TP Budget Direct.	COE Expir	7:12/03/24.
		·
MV: 231C	RECEIVED 2 0 JAN 2020	
PV : 11.2K	LOLIVED	
Nett 11.8K		
1050		
Outs/Time. File Page In? : Prell, Report	Days Of Repair:	
1 1 25	Resurvey No. of Trip: 2	Survey Fee:
Constraint File Paramin Inc.	nosarray no. or rings.	Transportation
Add Fee	: Site Insp. (S	_3+R\$_3I
	: Interview (\$	I Photos
Report Former: 7P	:Tech loss (I	Harri I
Lung Small (800	Weatens (1)	
		250

Nivitha (LKK Auto)

From:

lvy Ratilla <ivy.r@budgetdirect.com.sg>

Sent:

Friday, 25 October 2019 2:16 PM

To:

Admin-D (LKKAuto) SUR; Julie Mangubat

Cc: Subject:

TPPD Survey: Claim ref:C10004411/JM || OI- SGZ5726L (Beige) TP- SJP1636G ||

Est:0.00 || Hua Meng

Attachments:

img-X22145507.pdf

Hi Team,

We would like to arrange TP PRS for SJP1636G please. They have chosen Mr. Adrian Ling to survey the vehicle.

Please confirm. Thank you.

Regards,

Ivy Ratilla Executive, Claims Admin

T +65 6540 2185 F +65 6725 0853 E ivv.r@budgetdirect.com.sg



Trusted Service Award

Claims +65 6221 2111 Claims +65 6221 2199 Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01 Singapore Shopping Centre Singapore 239924 budgetdirect.com.sq

auto 🗞 general

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

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From: Hua Meng < huameng@live.com.sg>
Sent: Wednesday, 23 October 2019 4:52 PM
To: Ivy Ratilla < ivv.r@budgetdirect.com.sg>

Subject: Re: PRS - AUTO&GENERAL INSURED: SGZ 5726 L OUR REF: SJP 1636 G D.O.A: 19.10.2019

Dear Ivy

We propose to choose Adrian Ling LKK Auto Consultants Pte Ltd to conduct pre-repair survey.

Thank You.

Regards,

ling Yee

Hua Meng Spray Painting Workshop

Tel: 6746 5519 Fax: 6743 4896

From: Hua Meng < huameng@live.com.sg> Sent: Tuesday, 22 October 2019 3:02 PM To: Claims < claims@budgetdirect.com.sg>

Subject: PRS - AUTO&GENERAL INSURED: SGZ 5726 L OUR REF: SJP 1636 G D.O.A: 19.10.2019

Importance: High

Dear Sir

Please refer the attachment for your necessary action and revert your surveyor name list to us urgently.

Your prompt reply will be appreciated by us.

Thank You.

Regards,

Jing Yee

Hua Meng Spray Painting Workshop

Tel: 6746 5519 Fax: 6743 4896

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Used Cars

Sell My Car

Directory

Products

Insurance

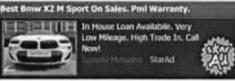
Articles

Forum

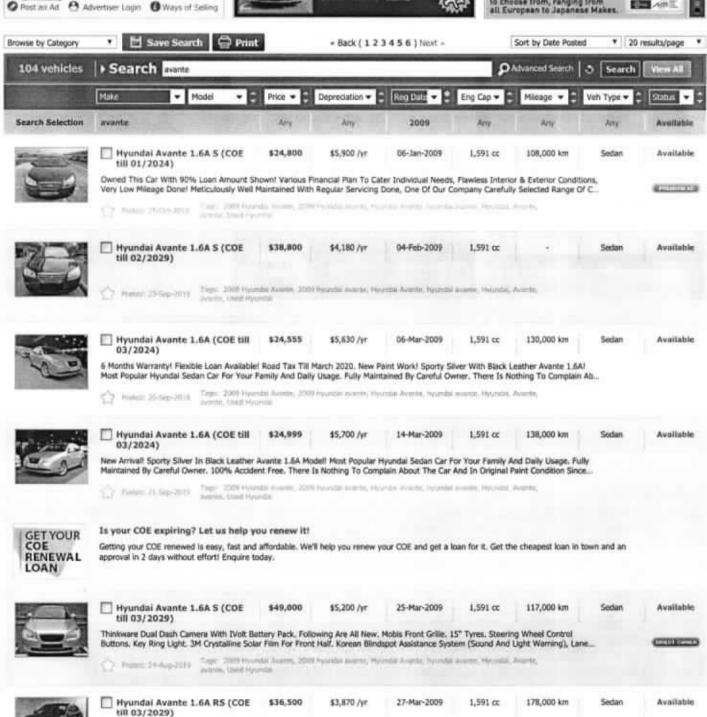
Resources













Hyundai Avante 1.6M (COE till 02/2024)

\$19,988

Consignment Unit. Flexible Loan Arrangement Available With Interest Rates As Low As 2.98%. Trade In Welcomed.

Information Or If You Have Any Questions Please Do Not Hesitate To Contact Us.

\$4,590 /yr

Consignment Code: A439 Flexible And Attractive Loan Available. Trade In Available For Your Carl No Hidden Costs. For Further

31-Mar-2009

1,591 cc

92,884 km

Section

Available

(COMMONWALKE)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	001)	
Vehicle Cetalis		
Vehicle No.:	SJP1636G	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	25 Oct 2019	
Vehicle Make:	HYUNDAI	
Vehicle Model:	HD AVANTE 1.6 M	
Primary Colour:	White	
Manufacturing Year:	2009	
Engine No:	G4FC9U619359	
Chassis No.:	KMHDU41BR9U713067	
Maximum Power Output:	89.7 kW (120 bhp)	
Open Market Value:	\$9,772.00	
Original Registration Date:	13 Mar 2009	
First Registration Date:	13 Mar 2009	
Transfer Count:	2	
Actual ARF Paid:	\$9,772.00	
Intended PARE Reliate Details		
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Internació COERTIBUTA DEBATO		(C.)
COE Expiry Date:	12 Mar 2024	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	5	
PQP Paid:	\$12,763.00	
COE Rebate Amount:	\$11.172.00	
Total Rebate Amount:	\$11,172.00	

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 25 Oct 2019

100

MSME18139488 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 21/10/2019 16:26 SUBMITTED BY: Chia Pel Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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,
- 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.

5. Any false 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 consent to the archiving of this report at the centre and to copies of the report being made available
 aforesaid.

ntert watering	
	ACCIDENT STATEMENT
Date Of Report	21/10/2019 16:26
Date Of Accident	19/10/2019 17:35
Exact Location Of Accident	BLK 199 TOA PAYOH CENTRAL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP1636G
Insured/Policyholder	
Name Of Registered Owner	LIM HAN CHAI
NRIC No	S1265001I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90929159
Alternative Phone No	OFFICE-90929159
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA059247
Cover Note Number	
Driver	
Name of Driver	LIM HAN CHAI
NRIC No	\$12650011
Date Of Birth	19/10/1957
Occupation	INDOOR
Date Of Driving Pass	11/08/1981
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90929159
Fax Number	

OFFICE-90929159

NOEMAIL

Address

BLK 641 YISHUN ST 61 #11-206

Postcode

760641

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - 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)

2

involved in the accident

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)

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

I WAS DRIVING STRAIGHT ALONG BLK 199 TOA PAYOH CENTRAL ON 19/10/2019 AT 1735HRS. I SEE THERE WAS A PARKING LOT ON MY LEFT HAND SIDE. I STOPPED AND ON MY HAZARD LIGHT AND ABOUT TO REVERSE INTO THE PARKING LOT, SUDDENLY, I SAW A CAR (VEH B) COMING IN HIGH SPEED AND COULDN'T STOP IN TIME AND COLLIDED ONTO MY REAR RIGHT HAND SIDE.

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

SGZ5726L

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM HAN CHAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJP1636G

Were seat belts wom?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- L. 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.
- 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.
- 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.
- 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)

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) as imministering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoive 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.

7.

Policyholder's Signature Date & Time: E

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN	CERTAIN SECRET	
A: 97 1636 B: 967 973		
		100
I WAS driv		Tea Payen Central on 19:10 30
@ 1735 hours	I see there have a par	king lot on my left hand sia
I stop and on	my hazard light and aba	at to reverse into the parking
	L see a car (lehicle B) come in a	right hand side,
CLARATION We declare the foregoing par	ticulars are true in every respect.	
1=	Ŀ	
licyholder's Signature Ie & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

HUA MENG SPRAY PAINTING WORKSHOP

1, Kaki Bukit Avenue 6, Blk C #01-61 / 01-34, Singapore 417883 Autobay @ Kaki Bukit

Tel: 6747 8064, 6746 5519 / 9666 9680 Fax: 6743 4896

ESTIMATE

KMH DU41BR9 11713067.

DESCR	IPTION	Qty	Amount (S\$
S 760641		Accident date	:19.10.2019
#11-206	VIIIA FAIR.	Make/Model	:HYUNDAI AVANTE
BLK 641 YISHUN ST 61	Xiao Chur.	Vehicle No	:SJP 1636 G
LIM HAN CHAI	TP Budget Direct	Date	:31.10.2019

S 760641	Accident date	:19.10	.2019
o DESCRIPTION	Qty		Amount (S\$)
List Items			
1 Rear windscreen rubber	1	\$	69.1
2 Rear bumper Seland	1	\$	613.8
3 Rear bumper side holder @ \$41.80 P	St. 2	\$	83.6 4/80
4 Rear bumper reinforcement MM	1134.80	\$	327.8
5 Rear bumper clips (1 set)	907.84 1	\$	66 30
6 Rear RH lamp cacalida	1	\$	283.8
7 Rear end panel	1	\$	332.2
8 Rear RH fender	1	\$	1030.7
9 Rear RH fender inner trim	1	\$	151.8
		\$	2958.8
	Less 20% Disc	\$	591.76
	Total	\$	2367.04
Special Nett Items			100
1 Rear bumper reverse sensor (1 set)	lver	\$	380 ×
	Total	\$	380
Labour Cost			
1 To supply rear windscreen sealant of		\$	50 ×
 To supply rear end panel inner sealant not 		\$	200-60
3 Remove & reinstall rear windscreen	1370	\$	150 >
4 Remove & reinstall reverse sensor	1370	\$	150-50
5 Remove ,replace & repair consistent to the	accident	\$	1200 600
6 Respray painting		\$	1000 600
7 Tuff kote		\$	100 60
	Total	\$	2850
	Grand Total	- \$	5597.04
LKK Auto Consultants hence notify			
To resurvey before after some policies.		10	steel: 2277.
To biophy Serraged partial during services			1 104
The state of the s		h	181
Third party survey is on a "Without Prejudice" basis No. illegal modification(s) is allowed.		1	oterl. 2277. Is. 18K.
Supplementary dam/st must be seen.			04Dan
is subject to final approval front 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/AGI19018976/Aqf3n2

(BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE

Date: 21-01-2020



2399	124		Code: AGI	
1.	3-8 9-9 3-0	Policy Particula	ars :- THIRD PARTY CLA	UM
	Insured Veh.	SGZ 5726L	Veh. Inspected	SJP 1636G
	Policy No.		Coverage (\$)	0.00
	Claim No.	C10004411/JM	Excess (\$)	0.00
	Assign From	IVY RATILLA	Assign Date	25/10/2019
2.		Vehicle Pa	articulars & Condition	
	Make & Model	HYUNDAI AVANTE	c.c	1591
	Engine No.	HIDDEN	Year of Reg.	2009
	Chassis No.	KMHDU41BR9U713067	Colour	BLUE
	Odometer	463834	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Con	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/45 R17	BRIDGESTONE	6 mm
	L/H Front Tyre	215/45 R17	BRIDGESTONE	6 mm
	R/H Rear Tyre	215/45 R17	BRIDGESTONE	6 mm
	L/H Rear Tyre	215/45 R17	BRIDGESTONE	6 mm
4.		Descri	iption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	REAR O/S PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Gen	eral Information	SERVICE SERVICE
	Accident Date	19/10/2019	Inspection Date	25/10/2019
	Survey held at	HUA MENG SPRAY PAINTI	NG WORKSHOP	
		1 KAKI BUKIT AVE 6 #01-61 AUTOBAY SINGAPORE 417883		
5a.			Remarks	
		ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS		
5b.	MAN THE R	Estim	ate Days of Repair	STEED IN COLUMN
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	4 Working Da	ays



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. SJP 1636G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR WINDSCREEN RUBBER	NOT NECESSARY	69.10	
1	REAR BUMPER	DEFORMED	613.80	447.00
2	REAR BUMPER SIDE HOLDER @\$41.80	O/S NECESSARY	83.60	41.80
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	327.80	
1	SET REAR BUMPER CLIPS	NECESSARY	66.00	30.00
1	REAR RH LAMP	CRACKED	283.80	283.80
1	REAR END PANEL	DENTED	332.20	332.20
1	REAR RH FENDER	TO REPAIR SEE LABOUR	1,030.70	
1	REAR RH FENDER INNER TRIM	NOT NECESSARY	151.80	
	LESS 20% DISCOUNT		-591.76	-226.96
			2,367.04	907.84
	SPECIAL NETT ITEMS			
1	SET REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	380.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	50.00	
1	REAR END PANEL INNER SEALANT (SN)	NECESSARY	200.00	60.00
			630.00	60.00
	LABOUR			
	REMOVE & REINSTALL REAR WINDSCREEN.	NOT NECESSARY	150.00	9
	REMOVE & REINSTALL REVERSE SENSOR.		150.00	50.00
	REMOVE, REPLACE & REPAIR CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR RH FENDER.		1,200.00	600.00
	RESPRAY PAINTING.		1,000.00	600.00
	TUFF KOTE.		100.00	60.00
			2,600.00	1,310.00
	GRAND TOTAL		5,597.04	2,277.84

RECOMMENDED COST OF LUMP SUM REPAIRS	1,800.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/AGI19018976/Aqf3n2

ADRIAN LING WAI PING

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

Licensed Appraiser

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