

22002001

ASS. REC. BY: \_\_\_\_\_ REF: C33/ASM18021589/H52-1<sup>67</sup> Special Instructions: \_\_\_\_\_

Surveyor: \_\_\_\_\_ ASSIGNMENT (Office)

From (Person): Chen xin you of ASNI Date/Time: 1.11.2019

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

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

To Inspect Vehicle No: SJV 273U Insured: SHE 5361P

at Workshop m/n: Teamwork Tel: 6844 2475

of 53 Ubi Ave 1 201-24

Policy No: \_\_\_\_\_ Claim No: S8M014DT

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 26 1120 18

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

Date/Time: 29/11/2018 Person Contacted: Darren H.O.D. Endorsement: \_\_\_\_\_

Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SJV 273U - NA/1181150/11373/21</u> <u>CAF: 26/11/2018</u>
	<u>SHE 5361P - C33/1181150/11373/21</u> <u>CAF: 19/11/2018</u>
	<u>Dismantle: 4/12/2018</u>
	<u>After repair: 11/12/2018</u>
	<u>paper sent by H-ANN 7/11/19 5.10pm</u>

shirley case

Hock Ann,

RECEIVED 13 NOV 2019

pls re-check parts prices & see

my remarks/ok

13/11/19

submit 41 \$15,500/- @ 9 days  
( \$15,000/- Red- 47% )

*[Signature]*  
8/11/2019

ASS. REC. BY: \_\_\_\_\_ REF: CS3/ASM18021589/H53-11<sup>67</sup> Special Instructions: \_\_\_\_\_

Surveyor: \_\_\_\_\_ ASSIGNMENT (Office)  
 From (Person): Chen xin you of PSM Date/Time: 1.11.2019  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS  
 To Inspect Vehicle No: SJV 275U Insured: SNC 5361P  
 at Workshop n/s: Teamwork Tel: 6844 2475  
 of 53 Ubi Ave 301-24  
 Policy No: \_\_\_\_\_ Claim No: S8M014DT  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Make of Veh: \_\_\_\_\_ D.O.A. 26 1120 18  
 (Client's Record)  
 CA / REV / REP. / REV 24 HRS 'wp'  
 Date/Time: 29.11.2018 Person Contacted: Darren Vehicle: IN/OUT  
 H.O.D. Endorsement: \_\_\_\_\_

Date/Time	Action/Instruction (X) Estimate
	<u>SJV 275U - NA/180615U/11373/5U</u> <u>DA: 26/11/2018</u>
	<u>SNC 5361P - (13/11/18) 13011185 / Kp135U</u> <u>DA: 19/06/2013</u>
	<u>Dismantle: 4/12/2018</u>
	<u>After repair: 11/12/2018</u>
	<u>Pop song by H. ANN 7/11/19 5.30pm</u>

shirly case

RECEIVED 13 NOV 2019

Hock Ann,

pls re-check parts prices & see

my remarks/ok

13/11/19

Submit 41 \$15,500/- @ 9 days  
 (\$15,000/- Red 47%)

*[Signature]*  
 8/11/2019

140

REF: ASM (AXA)

## ASSIGNMENT

From: Date: 30/11/18

Estimated Cost:

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

To Inspect Vehicle No: SJV 273U  
at Workshop with: Teamwork Garage  
of: 53 Ubi Ave 1 # 01-24

Insured:

Policy No:

Claims No:

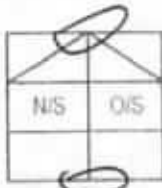
Sum Insured:

Excess:

(Client's Record)

Make of Vch:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 10 days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJV 273U Vt Regn: 7 Jan 2010

Type: ☒ M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes CC 1796

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

Sp. Reading: 96815 T/Radio: Insured / Std / NI / NA

Eng No:

C.No: WDD2120472 A117130

Gen. Cont: ☒ Good / Fair / Poor / BurntSteering: ☒ Normal / Jammed / Leaked / Burnt orBrake: ☒ Normal / Jammed / Leaked / Burnt orModi: Nil / ☒ STD A/Rim or

Tyre Size F: 245/45 R17

R: —

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

TOYO / YOKO or

Front

Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. D.O.I: 30/11/18 @ 10:30am

Survey held at: — @ 1040

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

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

Date / Time Action / Instruction

Range: \$14,000 - \$16,000  
10 days

RECEIVED 11 DEC 2018

Under Time: File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Under Time: File Return to?

2)

Report Format: PRE

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

Days Of Repair: 10

Resurvey No. of Trip: 2

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Insp (\$)☐ Workshop (\$)

Survey Fee:

Transportation

) 3-PM 34

) Photos

) Other

TOTAL

100

100

## << Service Request Details

Claim

S8M014DT

Reference

None 

Loss Date

November 26, 2018

Report Date

Nov 28, 2018 8:45:00 AM

Request Date

November 1, 2019

Due Date

November 8, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Re-inspection

### Actions

Next Step

Agree to perform service

Decline WorkAccept Work

### Vehicle Information

Incident Vehicle Registration #

SJV273U

MODEL

MERCEDES-BENZ

## Service Address

51 Ubi Avenue 1, #01-25, , 408933

## Primary Contact/Insured

TRANS-CAB SERVICES PTE LTD

No.2 ANG MO KIO STREET 63, 569111, Singapore

## Claim Handler

CHEN Xinyou

chen.xinyou@axa.com.sg

## Additional Instructions

Pls assist with paper resurvey

3

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

[New Message](#)

# Cheonghoh Law Corporation

3019821362---

60171407

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 Singapore 160304  
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply please quote our Reference Number  
Our Ref: LCH.lg/UB16-90766.19

22 October 2019

WITHOUT PREJUDICE



BY HAND

CERTIFICATE OF POSTING

AXA Insurance Singapore Pte Ltd  
8 Shenton Way #27-01  
AXA Tower  
Singapore 068811

Trans-cab Services Pte Ltd  
2 Ang Mo Kio Street 63  
Singapore 569111

Ahmad Bin Hussain  
Blk 50 Chai Chee Street  
#06-805  
Singapore 461050

Attn: Motor Claims Dept.  
(Vehicle No. SHC 5361 P)

Dear Sirs

**TRAFFIC ACCIDENT INVOLVING YOUR/YOUR INSURED'S VEHICLE SHC 5361 P / SHC 5766 E / SLK 4169 X / SLH 9805 B AND SJV 273 U ON 26 NOVEMBER 2018 AT 13:15 ALONG/AT CHANGI AIRPORT BOULEVARD BEFORE PIE**

We act for the claimant **Lilis Kosasi**, the owner of the above said motor vehicle no. **SJV 273 U**.

We are instructed to claim damages against you/your driver/your insured in connection with the above-captioned accident involving our client's vehicle registration number **SJV 273 U** and vehicle registration number **SHC 5361 P** driven by you/your driver/your insured at the material time.

We are instructed that the accident was caused by you/your driver's/your insured's negligent driving and/or management of motor-vehicle **SHC 5361 P**. As a result, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as stated in Part 1 of the Annexure.

A copy each of the supporting documents as stated in Part 2 of the Annexure is enclosed.

We have on **27 November 2018** notified your insurer (abovenamed addressee) of the accident and a pre-repair survey of our client's vehicle was carried out on **30 November 2018**. Our client's claim for costs of repairs is based on the amount negotiated and agreed with **LKK Auto Consultant** whom your insurer have appointed/agreed after the pre-repair survey was completed.

Please note that:

- (a) if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer;
- (b) you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your/your insurer receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer;
- (c) if you have a counterclaim against our client arising out of this accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

For the avoidance of doubt, unless otherwise indicated, this letter of claim is sent to the abovenamed addressees.

Yours faithfully

CHEONGHOH LAW CORPORATION

Lee Cheong Hoh  
Cheonghoh Law Corporation

enc.: supporting documents in paragraph 4 enclosed in covering letter to insurers only  
cc: client (via email /fax only) - SJV 273 U



## ANNEXURE

### Part 1 - particulars of loss and expense

Cost of repairs	\$32,635.00
Rental @ ~ 6 days	4,000.00
Survey Report	1,608.21
GIA Reports/LTA, RCB searches	73.00
Incidentals	0.00
Costs Contribution	50.00
	2,000.00
<b>TOTAL</b>	<b><u>\$40,366.21</u></b>

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### Part 2 - list of supporting documents enclosed in the letter of claim.

LTA search

GIA reports/Police reports & type-written transcripts

repairer's bill and evidence of payment (if any)

surveyor's report

photocopies of photos of damages to client's vehicle

rental agreement, invoice/receipt

the insurer has been notified of the accident and allowed to carry out a pre-repair inspection of claimant's vehicle

supporting documents for all other expenses claimed (if any)

correspondence with the potential defendant's insurer relating to pre-repair survey and/or post repair inspection of the claimant's vehicle



TeamWork Garage Pte Ltd  
53 Ubi Avenue 1 #01-23/24 Spore 408934  
Paya Ubi Industrial Park  
Tel : 6844 2475 Fax : 6844 2474  
E-mail : claims@teamworkgarage.com  
GST registered number : 201015366H

### PROFOMA INVOICE - PI-2018

LILIS KOSASI  
C/O 53 Ubi Avenue 1 #01-24  
Paya Ubi Industrial Park  
Singapore 408934

Date : 21-Oct-19  
Vehicle number : SJV273U  
Make Model : MERCEDES E250  
Accident date : 26-Nov-18  
Reference number : 1811-36

Description		Amount SGD\$
Inclusive of supplying parts, labour, panel beating and spray painting		
Lump sum repair	:	30500.00
7% GST	:	2135.00
Grand total	:	32635.00
Singdollars: THIRTY TWO THOUSAND SIX HUNDRED AND THIRTY FIVE DOLLARS		



Teamwork Garage Pte Ltd



# K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934  
Tel: 6844 5938 Fax: 6285 5228 Email: kntcars@gmail.com  
Biz Reg. No.: 53208985X

No.: 2726

Date: 14/12/18

## OFFICIAL RECEIPT

Received from Lilis Kosasi

The Sum of Dollars Four thousand Dollars

Being payment of SKA6723Y 26/11/18 to 12/12/18

K & t Cars

\$ 4000 / 00

Cheque No.: \_\_\_\_\_

f  
\_\_\_\_\_  
Authorised Signature

# K & t Cars

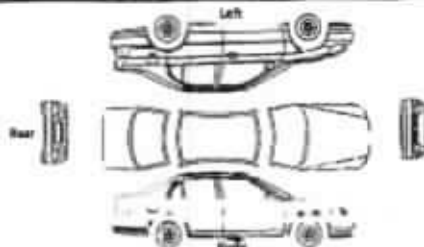
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park  
Singapore 408934  
Tel: 6844 5938 Fax: 6285 5228  
Email: kntcars@gmail.com  
Biz Reg. No.: S3208965X

## VEHICLE RENTAL AGREEMENT

NO.: KT-03927

Veh. No.: <u>SJV273U</u>	Replace Veh. No.: <u>SKA67234</u>
Veh. M / M: <u>Mercedes E250</u>	Replace Veh. M / M: <u>Mercedes</u>

HIRER'S PARTICULAR		<input checked="" type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name: <u>Lilis Kosasi</u>		Name:	
Address: <u>33 Amber Gardens #03-07</u> <u>S(439968)</u>		Address:	
I/C: <u>527426866</u>	D.O.B: <u>18/09/1958</u>	I/C:	D.O.B:
Contact: <u>90286739</u>	Pass Date: <u>19/01/2002</u>	Contact:	Pass Date:

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	

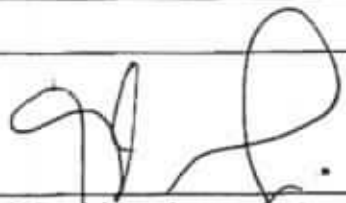
RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	<u>26/11/18</u>		Date In	<u>12/12/18</u>	
Time Out	<u>1530</u>		Time In	<u>1830</u>	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	<u>250</u>	<u>16</u> Days @ \$ <u>4000</u>	OUT	E	¼	½	¾	F
Weekly	@ \$		Wks @ \$						
Monthly	@ \$		Mth @ \$	IN	E	¼	½	¾	F
Hours	@ \$		Hrs @ \$						
*Inclusive of additional charges (if any)				Petrol Charges		YES	NO	AMT: _____	
Amt payable* \$ <u>4000</u>				CDW		YES	NO	AMT: _____	
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST				Security Deposit		YES	NO	AMT: _____	
Bank / Cheque No.:				Advance Payment		YES	NO	AMT: _____	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

### IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT		K & t Cars	
	X	53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934 Tel: 6844 5938 Fax: 6285 5228	
		For and on behalf of K & t CARS (authorised signature only)	

Signature of hirer / driver (company stamp if any)

**Enquire Vehicle & Owner Information ( Vehicle No. SHC5361P As At 26 Nov 2018 / 13:15:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: UB16-90766.19/LG

**Current Owner Details**

Owner ID Type: Company

Owner ID: 200303878K

Owner Name: TRANS-CAB SERVICES PTE. LTD.

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

Registered Block/House No.: 2

Registered Street Name: ANG MO KIO STREET 63

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 569111

**Current Vehicle Details**

Vehicle No.: SHC5361P

Make Description/Model: RENAULT / LATITUDE 2.0L DCI AUTO D/AB 4DR

Insurance Company Name: AXA INSURANCE PTE LTD



Land Transport Authority  
10 Silo Mead Drive  
Singapore 677891  
GST Registration No.: M4-0000028-2

Print Date/Time: 27 Nov 2018 / 10:08:55  
Receipt Date/Time: 27 Nov 2018 / 10:08:55

## Tax Invoice/Receipt

Receipt No.: TTHET00000-08127-002346

Previous Receipt No.:

SR: Item Description/  
Business Transaction Reference  
No.

Result of Insurance Enquiry - SHCS201P  
As at 26 Nov 2018/12:15:00

Insurance Co: AXA INSURANCE PTE LTD

Insurance Enquiry - SHCS201P

Enquiry Fee

20181127160116000002

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
-------------------------------	------------------------	------------------------------

Sub-Total	1.00	0.48	1.48
Total Before Rounding	1.00	0.48	1.48
Rounding Difference			0.04
Total Amount Payable			1.48

Paid By: Credit Card/  
Visa/MasterCard

Total			1.48
Cash Change			0.00
Tendered Amount			1.48
Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are paid and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF



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-19-173910

Date of Request: 22/10/2019

Your Ref No: UB16-90766.19/LG

CHEONGHOH LAW CORPORATION  
53 Chin Swee Road #03-05  
Singapore 160053

Dear Sir/Madam,

Date of Accident: 26/11/2018

Vehicle No: SJV273U

Place of Accident: CHANGI AIRPORT BLVD BEFORE PIE

Involving Vehicle No: SLH9805B

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\$)
SLH9805B	CHANGI AIRPORT BLVD BEFORE PIE	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:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

RECORDS MANAGEMENT CENTRE

## TAX INVOICE

Our Ref No: GR-19-173913

Date of Request: 22/10/2019

Your Ref No: UB16-90766.19/LG

CHEONGHOH LAW CORPORATION  
53 Chin Swee Road #03-05  
Singapore 160053

Dear Sir/Madam,

Date of Accident: 26/11/2018  
Vehicle No: SJV273U  
Place of Accident: CHANGI AIRPORT BLVD BEFORE PIE  
Involving Vehicle No: SLK4169X

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\$)
SLK4169X	CHANGI AIRPORT BLVD BEFORE PIE	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



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-19-173914  
 Date of Request: 22/10/2019

Your Ref No: UB16-90766.19/LG

CHEONGHOH LAW CORPORATION  
 53 Chin Swee Road #03-05  
 Singapore 160053

Dear Sir/Madam,

Date of Accident: 26/11/2018  
 Vehicle No: SJV273U  
 Place of Accident: CHANGI AIRPORT BLVD BEFORE PIE  
 Involving Vehicle No: SHC5361P

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$\$)	QTY	AMOUNT (\$\$)
SHC5361P	CHANGI AIRPORT BLVD BEFORE PIE	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



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-19-173908  
Date of Request: 22/10/2019

Your Ref No: UB16-90766.19/LG

CHEONGHOH LAW CORPORATION  
53 Chin Swee Road #03-05  
Singapore 160053

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 26/11/2018  
Place of Accident: CHANGI AIRPORT BLVD B4 PIE  
Client Vehicle No: SJV273U

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:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque





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-19-173908

Date of Request: 22/10/2019

Your Ref No: UB16-90766.19/LG

CHEONGHOH LAW CORPORATION

53 Chin Swee Road #03-05

Singapore 160053

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 26/11/2018

Place of Accident: CHANGI AIRPORT BLVD B4 PIE

Client Vehicle No: SJV273U

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
SHC5361P	Airport Boulevard	26/11/2018 13:15
SLK4169X	AIRPORT BLVD TWDS CITY	26/11/2018 13:20
SLH9805B	AIRPORT BLVD TOWARDS CITY	26/11/2018 13:00

Thank You.

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This is a computer generated document and requires no signature.

paper survey  
7/11/19



TEAMWORK GARAGE PTE LTD  
Block 53  
Ubi Avenue 1  
#01-24 Paya Ubi Industrial Park Singapore 408934

**VICOM LTD**  
385 Sin Ming Drive Singapore 575718

Mainline (65) 6458 4555  
Facsimile (65) 6458 1040

www.vicom.com.sg  
Company Registration No: 196100329K

## SURVEY REPORT

GENERAL INFORMATION			
VAC Ref. No.	: 536128	Claim No.	: NOT AVAILABLE
Accident Date	: 26/11/2018	Claim Type	: THIRD PARTY
Assignment Date	: 03/12/2018	Policy No.	:
Survey Date	: 01/12/2018	Finalised Dt.:	06/09/2019
Survey Report Date	: 19/09/2019		
VEHICLE PARTICULARS			
Vehicle No.	: SJV273U	Chassis No.	: WDD2120472A117130
Registration Date	: 07/01/2010	Engine No.	: 27186030014904
Make	: MERCEDES BENZ	Engine Cap.	: 1796 CC
Model	: E 250CGI	Transmission	: AUTOMATIC
		Colour	: BROWN
CONDITION OF VEHICLE DURING SURVEY (VISUAL and STATIC TEST ONLY)			
Foot Brake	: SERVICEABLE	Steering	: SERVICEABLE
Hand Brake	: SERVICEABLE	Modification	: NONE
Mileage	: 96815 KM		
<b><u>TYRES</u></b>	<b><u>SIZE</u></b>	<b><u>MAKE</u></b>	<b><u>BALANCE (mm)</u></b>
FRONT RH	245/45ZR17	MICHELIN	6
FRONT LH	245/45ZR17	MICHELIN	6
REAR RH	245/45ZR17	MICHELIN	7
REAR LH	245/45ZR17	MICHELIN	7
SURVEY CONDUCTED AT			
TEAMWORK GARAGE PTE LTD Block 53 Ubi Avenue 1 #01-24 Paya Ubi Industrial Park Singapore 408934			
REMARKS			
[1] Workshop Estimate : S\$ 56,719.94 [2] Our Adjustment : S\$ 30,500.00 [3] Repair Period : 12 days [4] We have not authorised repairs. This survey was carried out on without prejudice basis.			



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Company Registration No: 198100320K

## TAX INVOICE

TEAMWORK GARAGE PTE LTD

Block 53

Ubi Avenue 1

#01-24 Paya Ubi Industrial Park Singapore 408934

ATTN : MOTOR CLAIMS DEPT.

GST REG No. : M9-0000652-A

CUSTOMER ID : VACT0018

VEHICLE No. : SJV273U

INVOICE No. : CL022057

ACCIDENT DATE : 26/11/2018

INVOICE DATE : 19/09/2019

CLAIM No. : NOT AVAILABLE

PAYMENT TERM : 30 Days Credit

INSURED VEH.No: SHC5361P

DESCRIPTION	QTY	UNIT PRICE (SG\$)	AMOUNT (SG\$)
Photographs	171	1.00	\$ 171.00
Transportation	1	60.00	\$ 60.00
VAC Assessment Fee	1	1,272.00	\$ 1,272.00

GROSS AMOUNT \$ 1,503.00

GST @ 7% \$ 105.21

INVOICE AMOUNT \$ 1,608.21

This is a computer generated TAX INVOICE

No signature required

Cheque should be made payable to 'VICOM LTD'.

**Sin Ming**

385 Sin Ming Drive Singapore 575718  
Tel: (65) 6455 5358 Fax: (65) 6455 8638

**Bukit Batok**

511 Bukit Batok St 23 Singapore 659545  
Tel: (65) 6560 3312 Fax: (65) 6569 0722

**Kaki Bukit**

23 Kaki Bukit Ave 4 Singapore 415933  
Tel: (65) 6741 6697 Fax: (65) 6749 2305

## SURVEY REPORT

## Annex A: Adjustment on Spare Parts

#	Qty	Vehicle Parts Description	Condition	Workshop Estimate (S\$)	VAC Adjustment (S\$)
1	1	Bonnet	Buckled X (SVC) R	3019.90	3019.90
2	2	Bonnet Hinge	Repair X (SVC)	188.60	0.00
3	1	Bonnet Upper Safety Catch	Reuse X (SVC)	90.85	0.00
4	1	Bonnet Upper Latch Striker	Reuse X (SVC)	41.40	0.00
5	1	Bonnet Upper Catch Spring	Reuse X (SVC)	73.60	0.00
6	1	Lower Hood Safety Catch	Reuse X (SVC)	78.20	0.00
7	1	Bonnet Emblem	Grazed ✓ nec	127.65	127.65 127.
8	1	Front Grille	Cracked ✓ CRA	1309.85	1309.85 680
9	1	Front Grille Emblem	Grazed ✓ one notch for 116	54.05	54.05
10	1	Front Bumper	Deformed ✓	1822.75	1822.75 1276.
11	2	Front Bumper Side Retainer	Deformed ✓ nec	154.10	154.10 154.
12	1	Front Bumper Reinforcement	Bent ✓ B+	670.45	670.45 470.
13	1	Front Bumper Inner Guide	Deformed / Cracked ✓ CRA	146.05	146.05 146.
14	2	Front Bumper Side Inner Guide	Deformed X (SVC)	154.10	154.10
15	2	Front Fog Lamp	Reuse X (SVC)	891.40	0.00
16	2	Front Fog Lamp Garnish	Reuse X (SVC)	322.20	0.00
17	1	Front Bumper Tow Cover	Deformed ✓ CRA	106.95	106.95 106.
18	2	Wiper Cover	Reuse X (SVC)	110.20	0.00
19	2	Wiper Nozzle	Reuse X (SVC)	463.02	0.00
20	2	Front Headlamp ( Hid )	Cracked ✓ CRA	8618.18	8618.18 4760
21	2	Front Headlamp Top Panel	Repair X (SVC)(R)	648.60	0.00
22	1	Front Bumper Centre Grille	Reuse X (SVC)	112.78	0.00
23	4	Front Bumper Sensor Holder	Necessary ✓ (nec)	214.50	214.50 75.5
24	1	Front Bumper Splash Cover	Reuse X (SVC)	98.00	0.00
25	1	Front Number Plate Base	Deformed ✓ CRA	101.50	101.50 77.5
26	1	Radiator	Reuse X (SVC)	1738.80	0.00
27	1	Radiator Fan Motor With Cowling	Reuse X (SVC)	1603.10	0.00
28	1	Support Panel	Bent X (SVC)(R)	535.90	535.90
29	1	Oil Cooler Pipe	Reuse X (SVC)	1587.00	0.00
30	1	Aircon Condenser	Reuse X (SVC)	1643.35	0.00
31	1	Aircon Condenser Fan Cowling	Reuse X (SVC)	483.00	0.00
32	1	Aircon Condenser Suction Pipe	Reuse X (SVC)	140.30	0.00
33	1	Front Brace Panel	Bent ✓ B+	555.45	555.45 107.8
34	1	Front Bumper Sponge Centre	Cracked ✓ CRA	159.85	159.85 82.90
35	1	Front Bumper Sponge Rh	Cracked ✓ CRA	102.35	102.35 70.30
36	1	Front Bumper Sponge Lh	Cracked ✓ CRA	102.35	102.35 70.30
37	1	Bootlid	Buckled X (SVC)(R)	3430.45	3430.45
38	1	Bootlid Lock	Jammed / Bent ✓ Jm	361.10	361.10 221.1
39	1	Bootlid Lock Striker	Reuse X (SVC)	92.58	0.00
40	2	Bootlid Hinge	Repair X (SVC)	370.30	0.00
41	1	Bootlid Inner Trim	Reuse X (SVC)	278.30	0.00
42	1	Bootlid Outer Chrome Garnish	Reuse X (SVC)	142.60	0.00
43	1	Bootlid Emblem - Logo	Necessary ✓ nec	58.65	58.65 58.6
44	1	Bootlid Emblem - Cgl	Necessary ✓ nec	94.30	94.30 94.3
45	1	Bootlid Emblem - E250	Necessary ✓ nec	93.15	93.15 93.1

## VICOM LTD

SJV273U @ 26/11/2018

## SURVEY REPORT

## Annex A: Adjustment on Spare Parts

#	Qty	Vehicle Parts Description	Condition	Workshop Estimate (\$\$)	VAC Adjustment (\$\$)
46	1	Bootlid Emblem - C&C	Necessary ✓ <i>new</i>	92.50	<del>92.50</del> 92.5
47	2	Taillamp	Cracked / Grazed ✓ <i>1</i>	1879.10	<del>1879.10</del> 124
48	2	Taillamp Inner Panel	Repair X (svc) R	653.20	0.00
49	1	Rear Bumper	Deformed ✓ <i>cut</i>	2064.25	<del>2064.25</del> 1203
50	1	Rear Bumper Chrome Centre	Bent ✓ <i>new</i>	350.50	<del>350.50</del> 165
51	2	Rear Bumper Chrome Side	Bent ✓ <i>new</i>	220.40	<del>220.40</del> 220.1
52	4	Rear Bumper Sensor Holder	Necessary ✓ <i>new</i>	152.95	<del>152.95</del> 88
53	2	Rear Bumper Retainer	Deformed ✓ <i>new</i>	75.90	<del>75.90</del> 75.9
54	1	Rear Bumper Reinforcement	Bent ✓ <i>at</i>	999.35	<del>999.35</del> 700
55	1	Rear Bumper Inner Guide	Deformed ✓ <i>new</i>	266.80	<del>266.80</del> 266.8
56	1	Rear Bumper Lower Garnish	Deformed ✓ <i>new</i>	286.35	<del>286.35</del> 286.3
57	4	Rear Pdc Sensor Holder	Repeat X (rpt)	240.00	0.00
58	1	End Panel	Buckled ✓ <i>at</i>	1554.80	<del>1554.80</del> 979.1
59	1	End Panel Top Garnish	Cracked / Deformed ✓ <i>new</i>	158.70	<del>158.70</del> 158.7
60	1	Bootlid Weatherstrip	Deformed X (svc)	180.90	180.90
61	1	Spare Tyre Top Board	Reuse X (svc) R	663.21	0.00
62	1	Spare Tyre Top Board Panel	Cracked X (cut) A ✓ <i>A</i>	353.05	<del>353.05</del> 353.1
63	1	Spare Tyre Panel Lower Garnish Tray	Deformed ✓ <i>new</i>	963.70	<del>963.70</del> 515
64	1	Rear Exhaust	Bent ✓ <i>at</i>	2448.35	<del>2448.35</del> 1600
65	2	Rear Exhaust Mounting	Deformed ✓ <i>new</i>	55.00	<del>55.00</del> 55
66	1	Rear Exhaust Heatshield Outer	Bent ✓ <i>new</i>	350.10	<del>350.10</del> 125
67	1	Rear Exhaust Heatshield Inner	Bent ✓ <i>new</i>	350.10	<del>350.10</del> 125
68	1	Rear Exhaust Heatshield Bracket	Bent X (svc)	180.00	180.00
69	1	Rear Exhaust Chrome Tip	Dented ✓ <i>at</i>	250.30	<del>250.30</del> 188
70	2	Boot Lid Reflector	Grazed X svc	322.00	322.00
71	2	Front Bumper Chassis Bracket	Dented/ Bent X (svc)	220.00	220.00
Subtotal :				48523.27	35768.68
Less 10 %				4852.33	3576.87
TOTAL :				43670.94	32191.81

## SPECIAL NETT ITEM

1	1	Front Number Plate	Bent ✓ <i>at</i>	50.00	20.00 ✓
2	1	Front Bumper Clip <i>set</i>	Cracked ✓ <i>new</i>	60.00	20.00 ✓
3	1	Front Grille Clip <i>set</i>	Cracked ✓ <i>new</i>	60.00	14.00 ✓
4	1x	Front Sensor	Malfunction 3 PC 2 ps	800.00	<del>800.00</del> 400.0
5	1	Bonnet Insulator Clip <i>set</i>	Cracked ✓ <i>new</i>	50.00	<del>20.00</del> 15 ✓
6	1	Coolant	Necessary ✓	150.00	<del>30.00</del> 20 ✓
7	1	Brake Fluid	No Necessary X (svc)	150.00	0.00
8	1	Rear Number Plate	Reuse X	50.00	0.00
9	1	Rear Bumper Clip <i>set</i>	Cracked ✓ <i>new</i>	60.00	20.00 ✓
10	1	Rear Fender Inner Trim Clip	Cracked X (svc)	60.00	40.00

11	1	Bootlid Insulator Clip <i>set</i>	Cracked <i>✓</i>	60.00	20.00 <i>✓</i>
12	1	Joint Sealant	Necessary <i>X (suc)</i>	150.00	60.00
13	1	Windscreen Sealant	No Necessary <i>X (suc)</i>	200.00	0.00
14	1	Front Number Plate Holder	Deformed <i>✓</i>	89.50	30.00 <i>25</i>
15	1	Rear Number Plate Holder	Reuse <i>X (suc)</i>	89.50	0.00
16	<i>1</i>	Rear Pdc Sensor	Malfunction 3 Pc <i>✓</i>	800.00	600.00 <i>✓</i>
<b>TOTAL</b>			:	<u>2879.00</u>	<u>1474.00</u>

**TOTAL FOR SPARE PARTS** : 46549.94 33665.81

# VICOM LTD

## SURVEY REPORT

### Annex B: Adjustment on Labour and Spray Painting

#	Job Description	Workshop Estimate (S\$)	VAC Adjustment (S\$)
1	Check front, rear wiring and lighting system ✓	120.00	<del>80.00</del> 40
2	Remove and renew condenser and top up gas ✓	200.00	<del>120.00</del> 80
3	Remove and renew radiator and top up gas ✓	200.00	<del>80.00</del> 120
4	Diagnosis check and clear fault code ✓	500.00	<del>200.00</del> 120
5	Remove and renew abs module X	200.00	0.00
6	Remove, renew airbag assy clear fault code and download ec X	500.00	200.00
7	Remove and renew front instrument panel X	500.00	0.00
8	Remove and renew front sensor ✓	150.00	<del>40.00</del> 20
9	Remove and renew rear reverse sensor ✓	150.00	<del>40.00</del> 20
10	Remove and refit rear lining, trim and garnish ✓	400.00	<del>300.00</del> 120
11	Remove and refit rear windscreen X	150.00	0.00
12	Remove and refit fuel tank X	150.00	60.00
13	Remove and renew rear exhaust assy ✓	150.00	<del>60.00</del> 40
14	Transfer parts attachment from old bootlid to new ✓	200.00	<del>80.00</del> 120
15	Panel beating on affected areas ✓	3500.00	<del>1540.00</del> 120
16	Spray painting on affected areas ✓	2800.00	<del>1540.00</del> 120
17	Apply anti rust on affected areas ✓	300.00	<del>120.00</del> 40
TOTAL FOR LABOUR AND SPRAY PAINTING :		10170.00	4460.00

## Summary

Description		Workshop Estimate (S\$)	VAC Adjustment (S\$)
TOTAL FOR SPARE PARTS	:	46549.94	33665.81
TOTAL FOR LABOUR AND SPRAY PAINTING	:	10170.00	4460.00
TOTAL REPAIR COST	:	56719.94	38125.81



**VICOM LTD**  
**SURVEY REPORT**  
**Annex C: Conclusion**

**ASSESSOR'S REPORT**

At the place of inspection, we saw this vehicle sustained front and rear portion damage.

The damages seen during our survey were bonnet assy, front bumper assy, both head lamps, front support panel, front grille assy, boot lid assy, rear bumper assy, rear end panel assy, spare tyre compartment panel, rear exhaust pipe assy, both tail lamps and surrounding areas. A fuller detailed description of the damages is in Annex A of this survey report.

**ASSESSOR'S RECOMMENDATION**

Teamwork Garage Pte Ltd estimated a repair cost of S\$56,719.94. We adjusted it to S\$38,125.81.

Accordingly, we recommend repairs to this vehicle be carried out on a lumpsum basis at S\$30,500.00.

The repairs would require a period of 12 working days.



Tommie Lim  
for VICOM Ltd

Parts -	17116.25
Paint -	10%
less -	
	15404.62
net	1154
labor	2880
	19438.62
4/s less	20%
total 4/s	15550.89
Amount	
	\$15500

*paper survey -  
 2/11/17  
 H-ANN  
 5.30pm  
 9 days  
 4/s repair  
 without prejudice.*

## 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	27/11/2018 13:07
Date Of Accident	26/11/2018 13:15
Exact Location Of Accident	CHANGI AIRPORT BLVD BEFORE PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV273U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LILIS KOSASI
NRIC No	S2742686G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90286739
Alternative Phone No	OFFICE-90286739
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	E 250CGI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D29088525QMX
Cover Note Number	
<b>Driver</b>	
Name of Driver	LILIS KOSASI
NRIC No	S2742686G
Date Of Birth	18/09/1958
Occupation	INDOOR
Date Of Driving Pass	19/01/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90286739
Fax Number	
Contact Number	OFFICE-90286739
Email Address	NOEMAIL

Address 33 AMBER GARDENS  
#03-07  
Postcode 439968  
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 CHAIN COLLISION  
Weather Conditions CLEAR  
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Number of vehicles involved in the accident 5  
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

REFER TO STATEMENT.

#### 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 SHC5361P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category (TAXI)  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC5766E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLK4169X

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

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLH9805B

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

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LILIS KOSASI

Approximate Age

Injuries Sustain NECK & CHEST

Injured person in which vehicle? SJV273U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
1. This Form must be completed by the Policyholder and/or the Authorized Driver.
  2. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may void insurance companies to negotiate policy liability.
  3. The issue and usage of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
  4. Any false statement may be referred to the Police for investigation.
  5. The report will be forwarded by the insurers of the GUA 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.
  6. By the completion 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 aforesaid.

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 any 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 material 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 (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 or court orders.

Policyholder's Signature  
Date & Time:

26/11/23

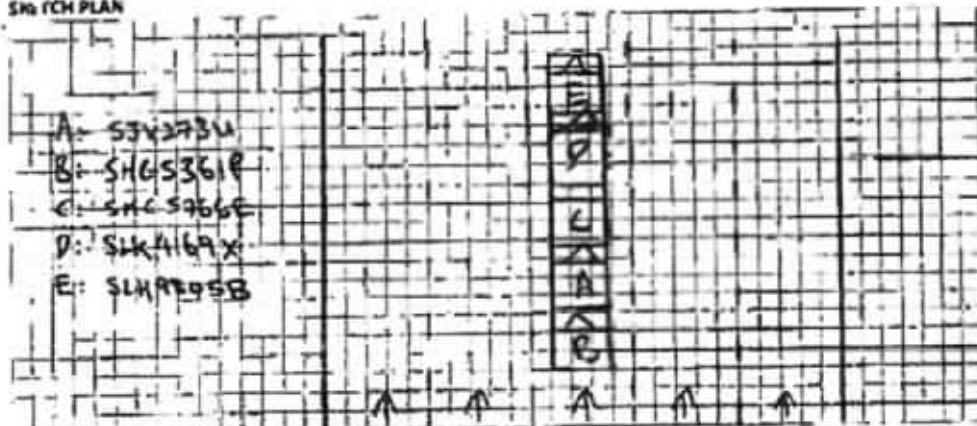
Insurance Agent's Signature

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS travelling along Changi Airport Road before PLE on the 2nd lane. While I was travelling straight, the vehicle in front of me suddenly stop so I follow to stop as well without any contact with the front vehicle. All of a sudden, I felt a huge impact from my vehicle rear position and the impact caused my car to swerve forward and hit into the vehicle in front.

## DECLARATION

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

Signature of Driver  
Date & Time: 26/11/18

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

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

Acc'dent 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



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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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	26/11/2018 17:17
Date Of Accident	26/11/2018 13:15
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5361P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

### Driver

Name of Driver	AHMAD BIN HUSSAIN
NRIC No	S1590206Z
Date Of Birth	01/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93624248
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 50 CHAI CHEE STREET #06-805
Postcode	481050
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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

On 26.11.2018 at about 1315 hours, I was travelling straight on the second lane along Airport Boulevard when Vehicle B (SJV273U) in front of me suddenly jammed brake. I immediately applied brake to avoid collision but to no avail my taxi had collided onto Vehicle B's rear portion. After the accident, I alighted and realized that it was a chain collision accident involving Vehicle B, Vehicle C (SHC5766E), Vehicle D (SLK4169X) and Vehicle E (SLH9805H).

#### 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	SJV273U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LILIS KOSASI
NRIC/Passport Number	S2742686G
Contact Number	90286739



Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC5766E  
Vehicle Make/Model/Colour TRANSCAB  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver SOH SIM GUAN  
NRIC/Passport Number S1128916I  
Contact Number 97365476  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLK4169X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE HIRE  
Name of Driver SEE NIVASAN  
NRIC/Passport Number S8701579C  
Contact Number 90487710  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLH9805H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver YOUNG CHEE HOE  
NRIC/Passport Number S7535182H  
Contact Number 91705212  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**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 Authorized 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:

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

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

### SKETCH PLAN

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

plz see the attach EIA report

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Your Ref: S8M014DT

Date: 15<sup>th</sup> Nov 2019

Our Ref: CS3/ASM18021589/Hsf3c2-1

**M/s Axa Insurance Pte Ltd**  
8 Shenton Way #24-01  
Axa Tower  
Singapore 068811  
(The Motor Claims Department)

Attn : Chen Xin You

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SJV 273U**  
**INSURED VEHICLE: SHC 5361P**  
**ACCIDENT DATE: 26/11/2018**

We thank you for your instruction on 01/11/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SJV 273U from M/s Vicom Ltd.
- b) Singapore Accident Statement of Vehicles SJV 273U and SHC 5361P.
- c) Final Repair Bill of SJV 273U from M/s TeamWork Garage Pte Ltd.
- d) Colour damaged vehicle photographs of SJV 273U.

Pre-Repair Inspection Date : 30/11/2018 at M/s TeamWork Garage Pte Ltd, 53 Ubi Avenue 1 #01-24, Singapore 408934.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SJV 273U
Make & Model	: Mercedes Benz E 250CGI
Year of Registration	: 2010
Chassis Number	: WDD2120472A117130
Engine Capacity	: 1796 cc

2. We recommend that the repairs of the entire damage require about 9 (Nine) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



# 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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJV 273U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	BONNET	TO REPAIR SEE LABOUR	3,019.90	-
2	BONNET HINGE	SERVICEABLE	188.60	-
1	BONNET UPPER SAFETY CATCH	SERVICEABLE	90.85	-
1	BONNET UPPER LATCH STRIKER	SERVICEABLE	41.40	-
1	BONNET UPPER CATCH SPRING	SERVICEABLE	73.60	-
1	LOWER HOOD SAFETY CATCH	SERVICEABLE	78.20	-
1	BONNET EMBLEM	NECESSARY	127.65	127.65
1	FRONT GRILLE )	CRACKED	1,309.85	680.00
1	FRONT GRILLE EMBLEM )		54.05	-
1	FRONT BUMPER	DEFORMED	1,822.75	1,276.50
2	FRONT BUMPER SIDE RETAINER	NECESSARY	154.10	154.10
1	FRONT BUMPER REINFORCEMENT	BENT	670.45	470.50
1	FRONT BUMPER INNER GUIDE	CRACKED	146.05	146.05
2	FRONT BUMPER SIDE INNER GUIDE	SERVICEABLE	154.10	-
2	FRONT FOG LAMP	SERVICEABLE	891.40	-
2	FRONT FOG LAMP GARNISH	SERVICEABLE	322.20	-
1	FRONT BUMPER TOW COVER	CRUSHED	106.95	106.95
2	WIPER COVER	SERVICEABLE	110.20	-
2	WIPER NOZZLE	SERVICEABLE	463.02	-
2	FRONT HEADLAMP (HID)	CRACKED	8,618.18	4,760.00
2	FRONT HEADLAMP TOP PANEL	TO REPAIR SEE LABOUR	648.60	-
1	FRONT BUMPER CENTRE GRILLE	SERVICEABLE	112.78	-
4	FRONT BUMPER SENSOR HOLDER	NECESSARY	214.50	75.50
1	FRONT BUMPER SPLASH COVER	SERVICEABLE	98.00	-
1	FRONT NUMBER PLATE BASE	CRUSHED	101.50	77.80
1	RADIATOR	SERVICEABLE	1,738.80	-
1	RADIATOR FAN MOTOR WITH COWLING	SERVICEABLE	1,603.10	-
1	SUPPORT PANEL	TO REPAIR SEE LABOUR	535.90	-
1	OIL COOLER PIPE	SERVICEABLE	1,587.00	-

Report Ref No. CS3/ASM18021589/Hsf3e2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	AIRCON CONDENSER	SERVICEABLE	1,643.35	-
1	AIRCON CONDENSER FAN COWLING	SERVICEABLE	483.00	-
1	AIRCON CONDENSER SUCTION PIPE	SERVICEABLE	140.30	-
1	FRONT BRACE PANEL	BENT	555.45	107.80
1	FRONT BUMPER SPONGE CENTRE	CRACKED	159.85	87.70
1	FRONT BUMPER SPONGE RH	CRACKED	102.35	70.30
1	FRONT BUMPER SPONGE LH	CRACKED	102.35	70.30
1	BOOTLID	TO REPAIR SEE LABOUR	3,430.45	-
1	BOOTLID LOCK	JAMMED	361.10	221.20
1	BOOTLID LOCK STRIKER	SERVICEABLE	92.58	-
2	BOOTLID HINGE	SERVICEABLE	370.30	-
1	BOOTLID INNER TRIM	SERVICEABLE	278.30	-
1	BOOTLID OUTER CHROME GARNISH	SERVICEABLE	142.60	-
1	BOOTLID EMBLEM - LOGO	NECESSARY	58.65	58.65
1	BOOTLID EMBLEM - CGI	NECESSARY	94.30	94.30
1	BOOTLID EMBLEM - E250	NECESSARY	93.15	93.15
1	BOOTLID EMBLEM - C&C	NECESSARY	92.50	92.50
2	TAILLAMP	CRACKED / GRAZED	1,879.10	1,240.00
2	TAILLAMP INNER PANEL	TO REPAIR SEE LABOUR	653.20	-
1	REAR BUMPER	CUT	2,064.25	1,203.75
1	REAR BUMPER CHROME CENTRE	NECESSARY	350.50	165.00
2	REAR BUMPER CHROME SIDE	NECESSARY	220.40	220.40
4	REAR BUMPER SENSOR HOLDER	NECESSARY	152.95	88.00
2	REAR BUMPER RETAINER	NECESSARY	75.90	75.90
1	REAR BUMPER REINFORCEMENT	BENT	999.35	700.30
1	REAR BUMPER INNER GUIDE	CRUSHED	266.80	266.80
1	REAR BUMPER LOWER GARNISH	CRUSHED	286.35	286.35
4	REAR PDC SENSOR HOLDER	REPEATED	240.00	-
1	END PANEL	BENT	1,554.80	979.05
1	END PANEL TOP GARNISH	CRUSHED	158.70	158.70
1	BOOTLID WEATHERSTRIP	SERVICEABLE	180.90	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SPARE TYRE TOP BOARD	TO REPAIR SEE LABOUR	663.21	-
1	SPARE TYRE TOP BOARD PANEL	CRACKED	353.05	353.05
1	SPARE TYRE PANEL LOWER GARNISH TRAY	CRACKED	963.70	515.00
1	REAR EXHAUST	BENT	2,448.35	1,600.00
2	REAR EXHAUST MOUNTING	NECESSARY	55.00	55.00
1	REAR EXHAUST HEATSHIELD OUTER	CRUSHED	350.10	125.00
1	REAR EXHAUST HEATSHIELD INNER	CRUSHED	350.10	125.00
1	REAR EXHAUST HEATSHIELD BRACKET	SERVICEABLE	180.00	-
1	REAR EXHAUST CHROME TIP	BENT	250.30	188.00
2	BOOT LID REFLECTOR	SERVICEABLE	322.00	-
2	FRONT BUMPER CHASSIS BRACKET	SERVICEABLE	220.00	-
	LESS 10% DISCOUNT		-4,852.33	-1,711.63
			43,670.94	15,404.62
	<b>SPECIAL NETT ITEMS</b>			
1	FRONT NUMBER PLATE (SN)	BENT	50.00	20.00
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	60.00	20.00
1	SET FRONT GRILLE CLIP (SN)	NECESSARY	60.00	14.00
4	FRONT SENSOR (SN)	MALFUNCTION (2 PCS ONLY)	800.00	400.00
1	SET BONNET INSULATOR CLIP (SN)	NECESSARY	50.00	15.00
1	COOLANT (SN)	NECESSARY	150.00	20.00
1	BRAKE FLUID (SN)	SERVICEABLE	150.00	-
1	REAR NUMBER PLATE (SN)	REUSE	50.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	60.00	20.00
1	REAR FENDER INNER TRIM CLIP (SN)	SERVICEABLE	60.00	-
1	SET BOOTLID INSULATOR CLIP (SN)	NECESSARY	60.00	20.00
1	JOINT SEALANT (SN)	SERVICEABLE	150.00	-
1	WINDSCREEN SEALANT (SN)	SERVICEABLE	200.00	-
1	FRONT NUMBER PLATE HOLDER (SN)	DEFORMED	89.50	25.00
1	REAR NUMBER PLATE HOLDER (SN)	SERVICEABLE	89.50	-



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
4	REAR PDC SENSOR (SN)	MALFUNCTION (3PCS ONLY)	800.00	600.00
			2,879.00	1,154.00
	<b>LABOUR</b>			
	CHECK FRONT, REAR WIRING AND LIGHTING SYSTEM.		120.00	40.00
	REMOVE AND RENEW CONDENSER AND TOP UP GAS. }		200.00	80.00
	REMOVE AND RENEW RADIATOR AND TOP UP GAS. }		200.00	-
	DIAGNOIS CHECK AND CLEAR FAULT CODE.		500.00	120.00
	REMOVE AND RENEW ABS MODULE.	NOT NECESSARY	200.00	-
	REMOVE, RENEW AIRBAG ASSY CLEAR FAULT CODE AND DOWNLOAD EC.	NOT NECESSARY	500.00	-
	REMOVE AND RENEW FRONT INSTRUMENT PANEL.	NOT NECESSARY	500.00	-
	REMOVE AND RENEW FRONT SENSOR.		150.00	20.00
	REMOVE AND RENEW REAR REVERSE SENSOR.		150.00	20.00
	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH.		400.00	120.00
	REMOVE AND REFIT REAR WINDSCREEN.	NOT NECESSARY	150.00	-
	REMOVE AND REFIT FUEL TANK.	NOT NECESSARY	150.00	-
	REMOVE AND RENEW REAR EXHAUST ASSY.		150.00	40.00
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF BONNET, FRONT HEADLAMP TOP PANEL, SUPPORT PANEL, BOOTLID, TAILLAMP INNER PANEL AND SPARE TYRE TOP BOARD.)		3,500.00	1,200.00
	TRANSFER PARTS ATTACHMENT FROM OLD BOOTLID TO NEW. }		200.00	-
	SPRAY PAINTING ON AFFECTED AREAS.		2,800.00	1,200.00
	APPLY ANTI RUST ON AFFECTED AREAS.		300.00	40.00
			10,170.00	2,680.00
<b>GRAND TOTAL</b>			<b>56,719.94</b>	<b>19,438.62</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>15,500.00</b>

Report Ref No. CS3/ASM18021589/Hsf3e2-1

LEE HOCK ANN

Asst. Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.