

Surveyor

REF: CS3/INC19017201/71sd3⁵²1

Special Instruction:

HS: \$13,850.00

From (Person): Anna Yeo of INC Date/Time: 15/11/2019
Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: KTO Automobile Appraisers

Workshop: Guan Auto

OD/TP Re-inspection Evaluation

To Inspect Vehicle No: SJA 8475L Insured: SMN 3459M

at Workshop m/s: Guan Auto
of: Blk 7 Sin Ming Ind. Est #01-82

Policy No: Claim No: MT/1064253-002

Sum Insured: Excess:

Make of Veh: D.O.A. 25/09/2019

(Client's Record)

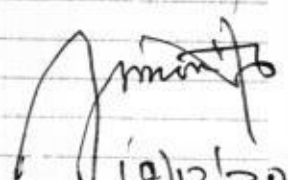
29/11/2019 @ 10am

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 21 days)

Date/Time: 19/12/19 Submit Final Fig 45,980.00, 18 days (Red \$ 4,000/- / 29 %; Original 2 / days)

| Date/Time | Action/Instruction |
|-----------|---|
| | Insp: Blk 623 woodlands Drive 52, 730623 Contact person: Mr. Ali @ 9446 4085 |
| | SJA 8475L - CS3/INC19017201/71sd3 SMN 3459M - CS3/INC19017201/71sd3 |
| | D.O.A: 25/9/2019 D.O.A: 25/9/2019 |
| |  18/12/2019 |

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 19 DEC 2019

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Date:

Basic & Add
Transport
Photos
Others
Total

300

1) Date/Time File Pass to

2) Date/Time

File Return to

3) Date/Time File Pass to

4) Date/Time

File Return to

5) Date/Time File Pass to

6) Date/Time

File Return to

ASS. REC. BY:

REF:

ASSIGNMENT

> CoF 2022 Nov

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SSA 8475 L

Yr Regn:

2007, Dec.

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

Truck / Trailer or

Make:

Toyota Vios

C.C.

1497

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR053HY 930.503 7181

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/65R15

R:

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

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

21/11/19.

Survey held at

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

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L&L: (\$)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS St

Photos

Others

TOTAL

ASS. REC. BY: Tau Pich REP: CS3/INC19017201/TIC13 Special Instruction:
Surveyor: Annie Koh of INC Date/Time: 30/09/2019

Estimated Cost: _____ Bill to: _____
OD/TP/WS/TP RES / OD RES / KVA / INV / MV / CS

To Inspect Vehicle No: STA8475L Insured: SMN3459M
at Workshop re/ Guan Auto Tel: 93884210
of BLK 7 STM #01-83

Policy No: _____ Claim No: MT/1064253-002

Sum Insured: _____ Excess: _____
Make of Veh: _____ D.O.A. 25/9/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: _____

Date/Time: 30/9 Person Conducted: _____ Vehicle: IN/OUT

| Date/Time | Action/Instruction | Initials () |
|-----------|--|--------------|
| | <u>STA8475L-X</u> | |
| | <u>SMN3459M - NA/INC19017201/24 D.O.A: 25/9/2019</u> | |
| | <u>Disassemble: 2/10/2019</u> | |
| | | |
| | | |
| | | |

PRS

INC

ASSIGNMENT

CE 2022 NW

Vehicle Date 1/10/2019

Vehicle No. STA 8475L Yr Regd 2007 Dec

Estimated Cost

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

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

Truck / Trailer or

To Inspect Vehicle No. STA 8475L

Make: Toyota VIOS E CC 1497

at Workshop/ins Guan Auto

Colour: Black AC: Insured / Std / NI / NA

of BIK 12 S/M #01-59 126 S/m 02-03

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

Insured

Eng/Hr.

Policy No.

C/A: MK053HY 930 503 7181

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured

Excess

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh.

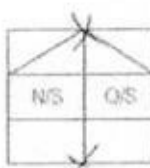
Mod: Nil / Si/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 185/65R15

R:

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



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

Est. or Market Value

920K

Front

Rear

IDAC: Accident Report

Consistent? Yes or No

R/Bal 6 mm

R/Bal 6 mm

GIA / PR Seen

Consistent? Yes or No

L/Bal 6 mm

L/Bal 6 mm

Est. Repairs

days Res.: Yes or No

D.O.A

D.O.A 01/10/19 @ 19:00

Lit. Sum

% J Val. Yes or No

Survey held at

Guan Auto

CA / REV / REP. / 24 HRS

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

Date

Person Contacted

Vehicle: IN / OUT

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

Date / Time Action / Instruction

PRS. BIK 7 #01-82 Sub May 1st 8.30 to 9.30 for Rebate: 113,274

Final Report, File Closed

☐ : Final Report

1)

☐ : Final Report

Final Report, File Closed

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee:

Transportation

S + PS: 9

Studio

Other

(1/1)

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech insp (\$)

☐ : Transport (\$)

Report Form

PRS

Final Report, File Closed

350/

Nivitha (LKK Auto)

From: Daniel Poon & Co. <law@dpco.com.sg>
Sent: Tuesday, 26 November 2019 11:53 AM
To: assignments@lkkauto.com; natalie.lee@income.com.sg
Subject: Our Ref: DP.sl.11066.19.GA Your Ref:
MT/CA/TP/036/1064253-002/NL [SMN3459M]

Dear Sir/s,

**ACCIDENT ON 25 SEPTEMBER 2019 INVOLVING SJA 8475L AND SMN 3459M, SME 4098L ALONG
TAMPINES AVENUE 10**

We refer to your letter dated 15 November 2019.

We are instructed to arrange the re-inspection as follows:

Date: 29 November 2019, Friday
Time: 10am
Location: BLK 623 WOODLANDS DRIVE 52, SINGAPORE 730623
Contact person: Mr Ali Bin Ibrahim (9446-4085)

Kindly let us have your confirmation.

Yours faithfully,

Daniel C. K. Poon
Advocate & Solicitor

DANIEL POON & CO.

Advocates & Solicitors
Commissioners for Oaths

133 New Bridge Road
#11-02 Chinatown Point
Singapore 059413
Tel: +65 6227 2469
Fax: +65 6225 2579
E-mail: law@dpco.com.sg

Note: We do not accept service of Court documents via email

This email is confidential. If you are not the intended recipient, please inform us and then delete it from your system; you should not copy, disclose, or distribute its contents to anyone nor act in reliance on this email, as this is prohibited and may be unlawful.

Your Ref: DP.sl.isk.11066.19.GA
Our Ref: MT/CA/TP/036/1064253-002/NL

15 Nov 2019

OPEN LETTER

DANIEL POON & CO
133 NEW BRIDGE ROAD
#11-02 CHINATOWN POINT
SINGAPORE 059413

Dear Sir/Madam

CLAIM NUMBER: MT/1064253-002
ACCIDENT INVOLVING SMN3459M / SJA8475L on 25 Sept 2019

We refer to your claim.

We note that your repairer did not provide with their repair estimate to LKK Auto Consultants Pte Ltd/SJE for the pre-repair survey. Furthermore, they also did not arrange for the post repair inspection.

We are in view this is in breach of the NIMA protocol and we reserve our rights to raise this issue at the appropriate time.

As the delay was not caused by us, we shall not be responsible for any further losses.

Please liaise with our surveyor LKK Auto Consultants Pte Ltd at Tel: 6256 3561 or assignments@lkkauto.com for a physical re-inspection of your client's vehicle.

If you have any queries, please contact Natalie Lee at 6430 7973 or email us at natalie.lee@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

cc LKK Auto Consultants Pte Ltd

Your Ref: DP.sl.isk.11066.19.GA
Our Ref: MT/CA/TP/138/1064253-002/NL

01 Oct 2019

DANIEL POON & CO
133 NEW BRIDGE ROAD
#11-02 CHINATOWN POINT
SINGAPORE 059413

Dear Sir/Madam

CLAIM NUMBER: MT/1064253-002
ACCIDENT INVOLVING SMN3459M / SJA8475L on 25 Sep 2019

We refer to your letter of 27 Sep 2019.

We have selected Lkk Auto Consultants Pte Ltd from your list of surveyors to be our single joint expert for this matter. May we highlight that pre-repair survey as per NIMA protocol includes survey of the vehicle when its damaged parts are being dismantled before repairs. Please provide a list of items that were damaged and required to be replaced or repaired to facilitate an effective survey.

In addition, please note our intention to conduct a post-repair survey before the vehicle has been returned to your client. Please co-ordinate with the appointed single joint expert immediately after the repairs is completed.

If you have any queries, please contact Natalie Lee at 6430 7973 or email us at natalie.lee@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

cc Lkk Auto Consultants Pte Ltd

Nivitha (LKK Auto)

From: do_not_reply@income.com.sg
Sent: Friday, 15 November 2019 5:03 PM
To: law@dpco.com.sg; assignments@lkkauto.com
Subject: MT/1064253-002 - Claim Involving SMN3459M / SJA8475L on 25 Sep 2019
Attachments: EBGI-300002960-0000007947-1573807429761_EBAOGICLM_DLET_MT.pdf

Dear Sir / Madam,

We refer to the above claim.

Enclosed is the letter / document for your necessary attention.

Yours sincerely

Motor Insurance
Income

Note: This is a system generated email. Please do not reply to this email.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The insurer's 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 the 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 elsewhere.

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------|
| Date Of Report | 27/09/2019 12:15 |
| Date Of Accident | 25/09/2019 21:40 |
| Exact Location Of Accident | TAMPINES AVENUE 10 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJA8475L |
| Insured/Policyholder | |
| Name Of Registered Owner | ALI BIN IBRAHIM |
| NRIC No | S1272867J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94464085 |
| Alternative Phone No | OTHERS-94464085 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| 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 |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5095454368-01 (DRIVO CLASSIC) |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ZULKIFFLE BIN SA'AD |
| NRIC No | S6900487C |
| Date Of Birth | 09/01/1969 |
| Occupation | INDOOR |
| Date Of Driving Pass | 07/09/2019 |
| Driving Experience | 0 YEAR AND 0 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94464085 |
| Fax Number | |
| Contact Number | OTHERS-94464085 |
| Email Address | NOEMAIL |

Address BLK 623 WOODLANDS DRIVE 52 #04-04
 Postcode 730623
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured RELATIVE
 Vehicle Registration Number of Driver's Own Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 3
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 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 RAHMAH BINTE ATAN - WIFE
 GENDER FEMALE

Passenger 2 NAME SITI NORRURRAUDIAH PUTRI ZULKIFFLE - DAUGHTER
 GENDER FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name 10 UBI AVENUE 3
 Police Station Address ROAD, 10 UBI AVENUE 3, POSTCODE: 408665, COUNTRY: SINGAPORE
 Police Station Contact TEL NO. - FAX NO.
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20190926/2040 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 SMN3459M
 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 2

Vehicle Registration Number SME4098L
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 ZULKIFFLE BIN SA'AD
Approximate Age
Injuries Sustain REFER TO POLICE REPORT
Injured person in which vehicle? SJA8475L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name RAHMAH BINTE ATAN - WIFE
Approximate Age
Injuries Sustain REFER TO POLICE REPORT
Injured person in which vehicle? SJA8475L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name SITI NORRURRAUDIAH PUTRI ZULKIFFLE - DAUGHTER
Approximate Age
Injuries Sustain REFER TO POLICE REPORT
Injured person in which vehicle? SJA8475L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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 lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I, the undersigned, 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 insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' 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 insurers 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 #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

K21, 22 & 23 Report of 22/09/2019

Report into the vehicle was in Traffic police Complaint -

DECLARATION

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

27 SEP 2019



Reporting Centre's Signature
Date & Time

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

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



SINGAPORE
POLICE FORCE



T/20190925/2040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190925/2040

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------|--------------------|
| Date/Time Report Made: 26/09/2019 10:53 | Video Report No.: | Station Diary No.: |
|--|-------------------|--------------------|

Informant's Particulars

| | | | |
|---|--|------------------------------|------------------------------|
| Name of Informant: ZULKIFFLE BIN SA'AD | Address: APT BLK 623 WOODLANDS DRIVE 52 #04-04 SINGAPORE 730623 | | |
| ID Type / ID No.: NRIC NO / S6900487C | Contact No.: Home/Office: Mobile: 94464085 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Male | Age: 50 | Date of Birth: 09/01/1969 | Type of Informant: Driver |
| Race: Chinese | Language: | | Institution / School Name: |
| Occupation: NIL | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|---------------------------------|-----------------------|---|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 25/09/2019 21:40 | Type of Location: |
| Location: Along Road 1 TAMPINES AVENUE 10 | | | | |
| TAMPINES AVE 10 NEAR TO IKEA | | | | |
| Weather: Clear | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|----------------|-------|-----------|-----------------|
| SJAB475L | | TOYOTA | VIOS E AUTO | Black | | 2 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



SINGAPORE
POLICE FORCE



T/20190926/2040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. 1/20190926/2040

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------------|--|-----------------------------------|
| Driver | | | |
| Name | ZULKIFFLE BIN SA'AD | ID No. | S6900487C |
| Related Vehicle | SJA9475L | Contact No. | 94464085 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 25/09/2019 | Date Discharge | 25/09/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS DRIVING ALONG TAMPINES AVEUENE 10 WHEN I STOPPED STATIONARY AT THE RED TRAFFIC LIGHT. A CAR FROM BEHIND HIT HARD FROM BEHIND AND THE IMPACT CAUSES MY CAR TO HIT THE FRONT CAR.

I WAS CONVEYED TO SENGKANG HOSPITAL WITH OTHER TWO PASSENGER (MY WIFE AND MY DAUGHTER). ALL THREE OF US WERE DISCHARGED ON THE SAME DAY WITH 3 DAYS MC. THAT ALL.



SINGAPORE
POLICE FORCE



T/20190926/2040

3 of 3

Report No. T/20190926/2040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

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

Signature Of Officer Recording The Report:
TP /
EUGENE AW WEI XUAN

Signature Of Interpreter:
Not applicable

Officer in Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP163

Signature Of Informant:

Date/Time:
26/09/2019 10:53

Classification Of Case:



SINGAPORE
POLICE FORCE

Eugene

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 | 27/09/2019 09:32 |
| Date Of Accident | 25/09/2019 21:25 |
| Exact Location Of Accident | TAMPINES AVE 10 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SMN3459M |
| Insured/Policyholder | |
| Name Of Registered Owner | SUPER STAR LIMO & CAR RENTAL |
| Co Reg No | 53359119L |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96233308 |
| Alternative Phone No | OFFICE-96233308 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | HONDA |
| Model | FREED HYBRID 1.5G AUTO |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 5108614334 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | KAIDEN TAN |
| NRIC No | S8017832H |
| Date Of Birth | 20/06/1980 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/10/2004 |
| Driving Experience | 14 YEARS AND 11 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-88695251 |
| Fax Number | |
| Contact Number | OFFICE-88695251 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 569 HOUGANG STREET 51 #12-95 |
| Postcode | 530569 |
| 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 | CHAIN COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|--------------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 3 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : SYARIFAH GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | HOUGANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4890999 - FAX NO: 63128989 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190926/2122.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SJA8475L |
| 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)
Passenger 1

3
NAME: :
GENDER: :

Passenger 2

NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SME4098L
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) 1

DETAILS OF INJURED PERSON 1

Name KAIDEN TAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMN3459M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SYARIFAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMN3459M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


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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)**

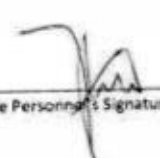
I understand, acknowledge, agree and consent that:

- (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.

SUPER STAR LIMO & CAR RENTAL
Reg. No.: S3359119L

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/19 0926/1122.

DECLARATION

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

SUPER STAR LIMO & CAR RENTAL
 Reg. No. 933501191
 Policyholder's Signature
 Date & Time:

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

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

GLA/MAC SketchPlanForm_V3

Police Report



**SINGAPORE
POLICE FORCE**



T/20190926/2122

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190926/2122

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 26/09/2019 15:51 | Vide Report No.: G/20190925/0239 | Station Diary No.: 70 |
|--|-------------------------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|---|------------------------------|
| Name of Informant: KAIDEN TAN | | Address: APT BLK 569 HOUGANG STREET 51 #12-95 SINGAPORE 530569 | |
| ID Type / ID No.: NRIC NO / S8017832H | | Contact No.: Home/Office: | Mobile: 88695251 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Female | Age: 39 | Date of Birth: 20/06/1980 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: Office Draftman | | Driving Licence Information: Class: | Date of Expiry: |

| General Information of the Accident | | | | |
|--|------------------------------|-----------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 25/09/2019 21:25 | Type of Location: Straight Road |
| Location: Along Road 1 TAMPINES AVENUE 10 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------------------|-------|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SJA8475L | Car | TOYOTA | Vios | Black | Seriously Damaged | 2 |
| SME4098L | Car | MERCEDES BENZ | | Gold | Seriously Damaged | 0 |
| SMN3459M | Car | HONDA | Freed | Blue | Seriously Damaged | 1 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20190926/2122

2 of 3

Report No. T/20190926/2122

Police Station Of Origin:
Hougang N.P.C
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | Use of Pedestrian Crossing: NA | |
| No. of Pedestrians Injured: NIL | | | |
| Driver | | | |
| Name | KAIDEN TAN | ID No. | S8017832H |
| Related Vehicle | SMN3459M (Car) | Contact No. | 88695251 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 26/09/2019 | Date Discharge | 26/09/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

Brief Details.

On 25/09/19 at about 2125hrs, I was driving my vehicle SMN3459M along Tampines Ave 10 going towards Pasir Ris. At that point of time, I had 1 female passenger onboard my vehicle. While I was travelling along the said road and approaching the traffic light junction, the vehicle SJA8475L which was travelling in front of me suddenly came to a stop. I did not manage to slow down in time and come to a stop as such my vehicle hit onto the rear of the said vehicle. I came out of the vehicle to see what had happened and realized that I was involved in a chain collision with 2 vehicles (SJA8475L and SME4098L) in front of me.

I wish to state that I could not recall the traffic light condition at the time of incident as it happened very quickly. Traffic police and ambulance was at scene to render assistance. The 2 passengers and the driver of vehicle SJA8475L were conveyed to hospital as they complained of pain at that point of time. My passenger was also conveyed as she was bleeding from her teeth. My vehicle and the one in front of me was towed away due to the damages sustained. I am unsure if the first vehicle was towed as well.

At the time of incident, I also felt some pain and aches but I stayed behind to settle the vehicle before making my own way to the hospital to seek medical attention. I was subsequently given 4 days of MC. I wish to state that there is in-car CCTV installed in my vehicle.

I am lodging this police report as a requirement by traffic police and also for my own record purposes. That is all.

Police Report



SINGAPORE
POLICE FORCE



T/20190926/2122

3 of 3

Report No. T/20190926/2122

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

F /

SI MOHAMMAD FIRDHAUS BIN SHARIFFUDIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

Signature Of Informant:

Date/Time:

26/09/2019 15:51

Classification Of Case:

Authentication Stamp

NP168

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UTN: S645500200 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA119127846 Vehicle Registration No: SMN3459M
Name(as shown in NRIC) : SUPER STAR LIMO & CAR RENTAL NRIC/FIN/Passport No : 53359119L
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96233308
Email Address : _____
Date of Accident : 25/09/2019 Time of Accident : 21:25
Place of Accident : TAMPINES AVE 10
Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

Amend driver gender _____

Policyholder / Driver's Signature
Date:



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

**KTO Automobile Assessors**

Reg. No : 52941122M

470 Segar Road #09-232 Singapore 670470 Email: ktoa@singnet.com.sg HP: 98505311

INVOICE

M/S: Ali Bin Ibrahim
C/O Guan Auto Service.
Blk 7 Sin Ming Industrial Estate Sector C,
#01-82 Singapore 575642.

Invoice No : 19-08254

Invoice Ref : TP/GAS/SJA8475L/8254

Date : 29 October 2019

| DESCRIPTION | AMOUNT |
|--|----------|
| For Services Rendered Inspection report fees inclusive of: Re-Inspection, Transportation & Photographs Seventy-Two (72) copies. Vehicle No : SJA 8475 L Make/Model : Toyota Vios E Auto | S 762.00 |
| Singapore Dollars: Seven Hundred Sixty Two Only | S 762.00 |

Cheques should be made payable to KTO AUTOMOBILE ASSESSORS. Please indicate our Invoice No. on the reverse of your cheque.

KTO AUTOMOBILE ASSESSORS

Ong Ah Keng (CAE, AMIMI, MSAAA)
Automotive Appraiser

**ACCIDENT DAMAGED VEHICLE INSPECTION REPORT**

M/S : Ali Bin Ibrahim
C/O Guan Auto Service.
Blk 7 Sin Ming Industrial Estate Sector C.
#01-82 Singapore 575642.

Date : 29 October 2019
Our Ref : TP/GAS/SJA8475L/8254

REFERENCE PARTICULARS

Date of Accident : 25 September 2019
Date of Inspection : 27 September 2019

Type of Inspection : Third Party Claim
Date of Re-Inspn : 17 October 2019

VEHICLE PARTICULARS

Registration No : SJA 8475 L
Make : Toyota
Model : Vios E Auto
Year : 2007 (COE Expiry 30/11/2022)

Engine No : 1NZX652208
Chassis No : MR0531HY9305037181
Odometer : ~
Colour : Black

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Front brake : Serviceable
Rear brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

| | Make | Size | Thread Balance |
|-----------------|---------------|-----------|----------------|
| Front Near side | : Continental | 185/60R15 | 4 mm |
| Front Off Side | : Continental | 185/60R15 | 4 mm |
| Rear Near Side | : Continental | 185/60R15 | 5 mm |
| Rear off Side | : Continental | 185/60R15 | 5 mm |

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the front & rear portion.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **\$13,850.00 nett** at lump sum basis. (Subject to GST if applicable).

Under normal circumstances, estimated period required for repairs : Twenty-One (21) working days.

Enclosed Seventy-Two (72) photographs depicting damage to the vehicle and after repair.

Inspection conducted at : Guan Auto Service.
Blk 7 #01-82 Sin Ming Industrial Estate Sector C, Singapore 575642.

In accordance to your instruction, we have **not authorise** repairs and inspection was conducted strictly on a "**WITHOUT PREJUDICE BASIS**".

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

| DESCRIPTION OF PARTS AND NATURE OF REPAIRS | | | | ORIGINAL QUOTATION | | REVISED QUOTATION | |
|--|--|---------------|-----------------------|--------------------|-----------|-------------------|--------------|
| A) | SPARE PARTS | QTY PC/SET | ASSESSED CONDITION | | | | |
| 1 | Front bumper | 1 | Deformed/Grazed | \$ | 598.40 | \$ 293.66 | 598.40 ✓ |
| 2 | Front bumper reinforcement | 1 | Dented | \$ | 379.20 | \$ 265 | 379.20 ✓ |
| 3 | Front bumper side support L/R @ \$27.50 | 2 | Damaged | \$ | 55.00 | \$ | 55.00 ✓ |
| 4 | Front radiator grille | 1 | Sheared off | \$ | 379.20 | \$ 223 | 379.20 ✓ |
| 5 | Front radiator grille chrome moulding | 1 | Cut | \$ | 75.20 | \$ | 75.20 ✓ |
| 6 | Front upper absorber | 1 | Cracked | \$ | 195.00 | \$ | 195.00 ✓ |
| 7 | Front support panel | 1 | Repair | \$ | 385.50 | | |
| 8 | Front brace panel | 1 | Bent | \$ | 98.50 | \$ | 98.50 ✓ |
| 9 | Front air-con condenser | 1 | Pierced/Punctured | \$ | 933.80 | \$ 48 X | 933.80 ✓ |
| 10 | Front bonnet lock | 1 | Jammed | \$ | 51.70 | \$ | 51.70 ✓ |
| 11 | Front headlamp L/R @ \$495.60 32.0 | 2 | Cracked | \$ | 991.20 | \$ 640 | 991.20 ✓ |
| 12 | Front radiator assy | 1 | Pierced/Punctured | \$ | 758.50 | \$ | 758.50 X SVC |
| 13 | Front radiator fan motor assy | 1 | Serviceable | \$ | 483.70 | | |
| 14 | Rear bumper | 1 | Distorted | \$ | 579.00 | \$ 298 | 579.00 ✓ |
| 15 | Rear bumper bracket L/R @ \$28.70 | 2 | Bent | \$ | 57.40 | \$ | 57.40 ✓ |
| 16 | Rear bumper side retainer L/R @ \$84.90 | 2 | Damaged | \$ | 169.80 | \$ | 169.80 ✓ |
| 17 | Rear bumper reflector lamp L/R @ \$135.70 | 2 | LH only (Cracked) | \$ | 271.40 | \$ | 135.70 ✓ |
| 18 | Rear boot lid | 1 | Dented | \$ | 658.60 | \$ 543 | 658.60 ✓ |
| 19 | Rear boot lid hinges L/R @ \$49.60 | 2 | Bent | \$ | 99.20 | \$ | 99.20 ✓ |
| 20 | Rear boot lock | 1 | Jammed | \$ | 87.90 | \$ | 87.90 ✓ |
| 21 | Rear end panel top garnish | 1 | Dislodged | \$ | 185.64 | \$ 86 | 185.64 ✓ |
| 22 | Rear boot lid license lamp moulding | 1 | Sheared off | \$ | 63.50 | \$ | 63.50 ✓ |
| 23 | Rear end panel | 1 | Dented | \$ | 527.79 | \$ | 527.79 ✓ |
| 24 | Rear spare tyre panel | 1 | Crumpled | \$ | 789.40 | \$ 637.80 | 789.40 ✓ |
| 25 | Rear boot lid weather-strip | 1 | Cut | \$ | 162.50 | \$ | 162.50 ✓ |
| 26 | Rear fender L/R @ \$654.30 544 | 2 | Crumpled/Dented | \$ | 1,308.60 | \$ 1088 | 1,308.60 ✓ |
| 27 | Rear fender air vent LH | 1 | Torn | \$ | 115.20 | \$ | 115.20 ✓ |
| 28 | Rear fender wheel house LH | 1 | Crumpled | \$ | 894.30 | \$ 358.60 | 894.30 ✓ |
| 29 | Rear floor side rail panel LH | 1 | Bent | \$ | 596.00 | \$ | 596.00 ✓ |
| 30 | Rear fender splash shield LH | 1 | Torn | \$ | 69.50 | \$ | 69.50 ✓ |
| 31 | Rear fender inner trim cover L/R @ \$429.50 213.60 | 2 | LH only (Torn) | \$ | 859.00 | \$ 213.60 | 429.50 ✓ |
| 32 | Rear windscreen glass moulding | 1 | Necessary | \$ | 158.20 | \$ | 158.20 ✓ |
| 33 | Rear tail lamp panel L/R @ \$98.80 | 2 | Dented | \$ | 197.60 | \$ | 197.60 ✓ |
| 34 | Rear tail lamp L/R @ \$397.50 256.10 | 2 | Broken/Cracked | \$ | 795.00 | \$ 512.20 | 795.00 ✓ |
| 35 | Rear shock absorber LH | 1 | Bent | \$ | 395.00 | \$ | 395.00 ✓ |
| 36 | Rear exhaust silencer pipe | 1 | Bent | \$ | 725.70 | \$ | 725.70 RX |
| 37 | Rear spare tyre side foam tray LH | 1 | Broken | \$ | 372.50 | \$ 225 | 372.50 ✓ |
| | | | | \$ | 15,523.63 | \$ | 14,089.23 |
| | | | | \$ | 3,880.91 | \$ | 3,522.31 |
| | | | | \$ | 11,642.72 | \$ | 10,566.92 |
| | | | | | | | 8794.55 |
| | | | | | | | 6595.91 |
| B) | SNITT FILM | | | | | | |
| 38 | Front number plate with casing | 1 set | Cracked/Bent | \$ | 60.00 | \$ | 60.00 45 |
| 39 | Front bumper clips | 1 set | Necessary | \$ | 35.00 | \$ | 35.00 30 |
| 40 | Front bumper emblem | 1 | Cut | \$ | 38.50 | \$ | 38.50 |
| | | | | \$ | 11,776.22 | \$ | 10,700.42 |

| Balance B/F | | | | \$ | 11,776.22 | \$ | 10,700.42 |
|-------------------------------------|--|-------|--------------|----|-----------|----|------------------|
| 41 | Rear bumper clips | 1 set | Necessary | \$ | 35.00 | \$ | 35.00 30 |
| 42 | Rear boot lid "Vios" emblem | 1 | Necessary | \$ | 21.80 | \$ | 21.80 |
| 43 | Rear boot lid "E" emblem | 1 | Necessary | \$ | 12.90 | \$ | 12.90 |
| 44 | Rear boot lid emblem | 1 | Cut | \$ | 38.50 | \$ | 38.50 |
| 45 | Fuel tank filler pipe | 1 | Bent | \$ | 271.00 | \$ | 271.00 |
| 46 | Fuel tank filler pipe shield rubber | 1 | Torn | \$ | 45.00 | \$ | 45.00 |
| 47 | Fuel tank fuel door | 1 | Bent | \$ | 58.00 | \$ | 58.00 |
| 48 | Rear number plate with casing | 1 set | Bent/Cracked | \$ | 60.00 | \$ | 60.00 45 |
| 49 | Rear bumper reverse sensor L/R | 1 set | Malfunction | \$ | 250.00 | \$ | 250.00 200 |
| Parts Total : | | | | \$ | 12,568.42 | \$ | 11,492.62 835.70 |
| C) <u>LABOUR CHARGES & MISC</u> | | | | | | | |
| 50 | Spray painting on above new & repaired parts including supply of paint materials. | | | \$ | 2,000.00 | \$ | 1,500.00 / |
| 51 | Remove damaged parts, knock out dent, straighten, jack out damaged panel, panel bearing, cutting, welding, remove & reinstall necessary fittings to facilitate repairs, refit, adjust, replace and realign all relevant parts. | | | \$ | 3,500.00 | \$ | 2,500.00 2000 |
| 52 | To mount vehicle onto chassis alignment bench, repair, straighten chassis frame and re-align body structure panel. | | | \$ | 480.00 | \$ | 350.00 250 |
| 53 | Remove & reinstall air-con system, vacuum & refill air-con gas. | | | \$ | 120.00 | \$ | 120.00 / |
| 54 | To carry out diagnostic checks and reset. | | | \$ | 350.00 | \$ | 250.00 150 |
| 55 | Check wiring, lighting, focus headlight, electrical circuit, reconnection wire, socket & centre locking system for proper function. | | | \$ | 80.00 | \$ | 50.00 / |
| 56 | To transfer rear boot lid mechanism & components. | | | \$ | 80.00 | \$ | 40.00 / |
| 57 | To apply undercoating, anti-rust proofing on affected panel & re-seal body panel joint. | | | \$ | 250.00 | \$ | 180.00 120 |
| 58 | To remove & reinstall fuel tank, pipe, hose, filter & socket to assist repair. | | | \$ | 380.00 | \$ | 250.00 100 |
| 59 | To remove & reinstall cushion seat, trims garnish, interior upholstery etc. to enable necessary repairs, check, refit as same. | | | \$ | 180.00 | \$ | 120.00 80 |
| 60 | Remove & reinstall rear windscreen to assist repair. | | | \$ | 120.00 | \$ | 120.00 / |
| 61 | To drill holes & reinstall rear bumper reverse sensor. | | | \$ | 120.00 | \$ | 80.00 30 |
| 62 | To replace exhaust pipe, straighten & realign exhaust system to position. | | | \$ | 150.00 | \$ | 80.00 60 |
| 63 | To conduct rear wheel alignment & balancing. | | | \$ | 120.00 | \$ | 120.00 80 |
| 64 | To provide towing service. | | | \$ | 60.00 | \$ | 60.00 / |
| 65 | To supply rear windscreen glass sealant. | | | \$ | 50.00 | \$ | 50.00 / 480 |
| Labour Total : | | | | \$ | 8,040.00 | \$ | 5,870.00 |
| Total Parts and Labour | | | | \$ | 20,608.42 | \$ | 17,362.62 |

FINAL LUMP SUM ADJUSTMENT

\$ 13,850.00

12241.61
41519800
18 days

POINT OF IMPACT

The impact was confined to the front & rear portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of **\$13,850.00 nett**, corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully
KTO Automobile Assessors



Ong Ah Keng (CAE, AMIMI, MSAAA)
Automotive Appraiser

GUAN AUTO SERVICE

Blk 7 Sin Ming Industrial Estate Sector C, # #01-82 Singapore 575642

TO : Ali Bin Ibrahim
Blk 623 Woodlands Drive 52
#04-04 Singapore 730623

Date : 30 October 2019

Tax Invoice : GAS/SJA8475L/198254

Vehicle No : SJA 8475 L
Make/Model : Toyota Vios E Auto
Date Of Accident : 25.09.2019

| PARTICULAR | Amount S\$ |
|--|-------------|
| Front & Rear Portion damaged Repair, Replace, Straighten, Alignment, Panel Beating, Cutting, Welding, Setting, Labour And spraypainting etc. | |
| Lump Sum Repair as per surveyor recommendation ----- | \$13,850.00 |

Singapore Dollars : Thirteen Thousand Eight Hundred Fifty Only

Total \$ \$13,850.00 Nett



Fong

GUAN AUTO SERVICE



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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref : CS3/INC19017201/T1sd3s2-1

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556

Date : 24-12-2019



ATTN: NATALIE LEE

Code : INC

1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SMN 3459M | Veh. Inspected | SJA 8475L |
| Policy No. | 5108614334 | Coverage (\$) | 0.00 |
| Claim No. | MT/1064253-002 | Excess (\$) | 0.00 |
| Assign From | ANNA YEO | Assign Date | 15/11/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|------------|
| Make & Model | TOYOTA VIOS | c.c | 1497 |
| Engine No. | HIDDEN | Year of Reg. | 2007 |
| Chassis No. | MR053HY9305037181 | Colour | BLACK |
| Odometer | - | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|-------------|---------|
| R/H Front Tyre | 185/65 R15 | CONTINENTAL | 6 mm |
| L/H Front Tyre | 185/65 R15 | CONTINENTAL | 6 mm |
| R/H Rear Tyre | 185/65 R15 | CONTINENTAL | 6 mm |
| L/H Rear Tyre | 185/65 R15 | CONTINENTAL | 6 mm |

4. Description of Damages

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.
REPAIR CONDITION SEE DETAILS.

5. General Information

| | | | |
|----------------|---|-----------------|------------|
| Accident Date | 25/09/2019 | Inspection Date | 29/11/2019 |
| Survey held at | BLK 7 SIN MING INDUSTRIAL ESTATE #01-82 | | |
| Repairer | GUAN AUTO SERVICE | | |

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: 18 Working Days



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Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJA 8475L

| Qty | Description of Parts | Condition | Initial Surveyor (\$) | Our Adjusted (\$) |
|-----|---|---------------------|-----------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | FRONT BUMPER | REPLACED | 598.40 | 393.66 |
| 1 | FRONT BUMPER REINFORCEMENT | REPLACED | 379.20 | 265.00 |
| 2 | FRONT BUMPER SIDE SUPPORT L/R @ \$27.50 | REPLACED | 55.00 | 55.00 |
| 1 | FRONT RADIATOR GRILLE | REPLACED | 379.20 | 223.00 |
| 1 | FRONT RADIATOR GRILLE CHROME MOULDING | REPLACED | 75.20 | 75.20 |
| 1 | FRONT UPPER ABSORBER | REPLACED | 195.00 | 195.00 |
| 1 | FRONT SUPPORT PANEL | REPAIRED SEE LABOUR | - | - |
| 1 | FRONT BRACE PANEL | REPLACED | 98.50 | 98.50 |
| 1 | FRONT AIR-CON CONDENSER | USED BACK | 933.80 | - |
| 1 | FRONT BONNET LOCK | REPLACED | 51.70 | 51.70 |
| 2 | FRONT HEADLAMP L/R @ \$495.60 | REPLACED | 991.20 | 640.00 |
| 1 | FRONT RADIATOR ASSY | SERVICEABLE | 758.50 | - |
| 1 | FRONT RADIATOR FA MOTOR ASSY | SERVICEABLE | - | - |
| 1 | REAR BUMPER | REPLACED | 579.00 | 298.00 |
| 2 | REAR BUMPER BRACKET L/R @ \$28.70 | REPLACED | 57.40 | 57.40 |
| 2 | REAR BUMPER SIDE RETAINER L/R @ \$84.90 | REPLACED | 169.80 | 169.80 |
| 2 | REAR BUMPER REFLECTOR LAMP L/R @ \$135.70 | N/S REPLACED | 135.70 | 135.70 |
| 1 | REAR BOOT LID | REPLACED | 658.60 | 543.00 |
| 2 | REAR BOOT LID HINGES L/R @ \$49.60 | REPLACED | 99.20 | 99.20 |
| 1 | REAR BOOT LOCK | REPLACED | 87.90 | 87.90 |
| 1 | REAR END PANEL TOP GARNISH | REPLACED | 185.64 | 86.00 |
| 1 | REAR BOOT LID LICENSE LAMP MOULDING | REPLACED | 63.50 | 63.50 |
| 1 | REAR END PANEL | REPLACED | 527.79 | 527.79 |
| 1 | REAR SPARE TYRE PANEL | REPLACED | 789.40 | 637.80 |
| 1 | REAR BOOT LID WEATHER-STRIP | REPLACED | 162.50 | 162.50 |
| 2 | REAR FENDER L/R @ \$654.30 | REPLACED | 1,308.60 | 1,088.00 |
| 1 | REAR FENDER AIR VENT LH | REPLACED | 115.20 | 115.20 |
| 1 | REAR FENDER WHEEL HOUSE LH | REPLACED | 894.30 | 358.60 |
| 1 | REAR FLOOR SIDE RAIL PANEL LH | REPLACED | 596.00 | 596.00 |
| 1 | REAR FENDER SPLASH SHIELD LH | REPLACED | 69.50 | 69.50 |
| 2 | REAR FENDER INNER TRIM COVER L/R @ \$429.50 | N/S REPLACED | 429.50 | 213.60 |
| 1 | REAR WINDSCREEN GLASS MOULDING | REPLACED | 158.20 | 158.20 |
| 2 | REAR TAIL LAMP PANEL L/R @ \$98.80 | REPLACED | 197.60 | 197.60 |

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Page No.:2 of 3

| Qty | Description of Parts | Condition | Initial Surveyor (\$) | Our Adjusted (\$) |
|-----|--|---------------------|-----------------------|-------------------|
| 2 | REAR TAIL LAMP L/R @ \$397.50 | REPLACED | 795.00 | 512.20 |
| 1 | REAR SHOCK ABSORBER LH | REPLACED | 395.00 | 395.00 |
| 1 | REAR EXHAUST SILENCER PIPE | REPAIRED SEE LABOUR | 725.70 | - |
| 1 | REAR SPARE TYRE SIDE FOAM TRAY LH | REPLACED | 372.50 | 225.00 |
| | LESS 25% DISCOUNT | | -3,522.31 | -2,198.64 |
| | | | 10,566.92 | 6,595.91 |
| | <u>SPECIAL NETT ITEMS</u> | | | |
| 1 | SET FRONT NUMBER PLATE WITH CASING (SN) | REPLACED | 60.00 | 45.00 |
| 1 | SET FRONT BUMPER CLIPS (SN) | REPLACED | 35.00 | 30.00 |
| 1 | FRONT BUMPER EMBLEM (SN) | REPLACED | 38.50 | 38.50 |
| 1 | SET REAR BUMPER CLIPS (SN) | REPLACED | 35.00 | 30.00 |
| 1 | REAR BOOT LID "VIOS" EMBLEM (SN) | REPLACED | 21.80 | 21.80 |
| 1 | REAR BOOT LID "E" EMBLEM (SN) | REPLACED | 12.90 | 12.90 |
| 1 | REAR BOOT LID EMBLEM (SN) | REPLACED | 38.50 | 38.50 |
| 1 | FUEL TANK FILLER PIPE (SN) | REPLACED | 271.00 | 271.00 |
| 1 | FUEL TANK FILLER PIPE SHIELD RUBBER (SN) | REPLACED | 45.00 | 45.00 |
| 1 | FUEL TANK FUEL DOOR (SN) | REPLACED | 58.00 | 58.00 |
| 1 | SE REAR NUMBER PLATE WITH CASING (SN) | REPLACED | 60.00 | 45.00 |
| 1 | SET REAR BUMPER REVERSE SENSOR L/R (SN) | REPLACED | 250.00 | 200.00 |
| | | | 925.70 | 835.70 |
| | <u>LABOUR</u> | | | |
| | SPRAY PAINTING ON ABOVE NEW & REPAIRED PARTS INCLUDING SUPPLY OF PAINT MATERIALS. | | 1,500.00 | 1,500.00 |
| | REMOVE DAMAGED PARTS, KNOCK OUT DENTS, STRAIGHTEN, JACK OUT DAMAGED PANEL, PANEL BEATING, CUTTING, WELDING, REMOVE & REINSTALL NECESSARY FITTINGS TO FACILITATE REPAIRS, REFIT, ADJUST, REPLACE AND REALIGN ALL RELEVANT PARTS. INCLUSIVE OF THE REPAIR OF FRONT SUPPORT PANEL AND REAR EXHAUST SILENCER PIPE. | | 2,500.00 | 2,000.00 |
| | TO MOUNT VEHICLE ONTO CHASSIS ALIGNMENT BENCH, REPAIR, STRAIGHTEN CHASSIS FRAME AND RE-ALIGN BODY STRUCTURE PANEL. | | 350.00 | 250.00 |
| | REMOVE & REINSTALL AIR-CON SYSTEM, VACUUM & REFILL AIR-CON GAS. | | 120.00 | 120.00 |
| | TO CARRY OUT DIAGNOSTIC CHECKS AND RESET. | | 250.00 | 150.00 |
| | CHECK WIRING, LIGHTING, FOCUS HEADLIGHT, ELECTRICAL CIRCUIT, RECONNECTION WIRE, SOCKETS & CENTRE LOCKING SYSTEM FOR PROPER FUNCTION. | | 50.00 | 50.00 |

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Page No.: 3 of 3

| Qty | Description of Parts | Condition | Initial Surveyor (\$) | Our Adjusted (\$) |
|---|--|-----------|-----------------------|-------------------|
| | TO TRANSFER REAR BOOT LID MECHANISM & COMPONENTS. | | 40.00 | 40.00 |
| | TO APPLY UNDERCOATING, ANTI-RUST PROOFING ON AFFECTED PANEL & RE-SEAL BODY PANEL JOINT. | | 180.00 | 120.00 |
| | TO REMOVE & REINSTALL FUEL TANK, PIPE, HOSE, FILTER & SOCKET TO ASSIST REPAIR. | | 250.00 | 100.00 |
| | TO REMOVE & REINSTALL CUSHION SEAT, TRIMS GARNISH, INTERIOR UPHOLSTERY ETC. TO ENABLE NECESSARY REPAIRS, CHECK, REFIT AS SAME. | | 120.00 | 80.00 |
| | REMOVE & REINSTALL REAR WINDSCREEN TO ASSIST REPAIR. | | 120.00 | 120.00 |
| | TO DRILL HOLES & REINSTALL REAR BUMPER REVERSE SENSOR. | | 80.00 | 30.00 |
| | TO REPLACE EXHAUST PIPE, STRAIGHTEN & REALIGN EXHAUST SYSTEM TO POSITION. | | 80.00 | 60.00 |
| | TO CONDUCT REAR WHEEL ALIGNMENT & BALANCING. | | 120.00 | 80.00 |
| | TO PROVIDE TOWING SERVICE. | | 60.00 | 60.00 |
| | TO SUPPLY REAR WINDSCREEN GLASS SEALANT. | | 50.00 | 50.00 |
| | | | 5,870.00 | 4,810.00 |
| GRAND TOTAL | | | 17,362.62 | 12,241.61 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 13,850.00 | 9,800.00 |

Report Ref No. CS3/INC19017201/T1sd3s2-1

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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